PREVENTION OF CHILD SEXUAL EXPLOITATION IN SRI LANKA

Sri Lanka College of
Sexual Health and HIV Medicine
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- Mr.Sithum Manjika, University of Sri Jayewardanepura

Acronyms

ACE	-	Adverse childhood events
ACTH	-	Adrenocorticotropic hormone
CSA	-	Child sexual abuse
CSE	-	Child sexual exploitation
FHB	-	Family health bureau
GBI	-	Gamma butyrolactone
HPA	-	Hypothalamic pituitary adrenal
IWF	-	International watch foundation
JMO	-	Judicial medical officer
MOH	-	Medical officer of health
NCPA	-	National child protection authority
PHI	-	Public health inspector
PHM	-	Pablic health midwife
SPARC	-	Social policy analysis and reseach center
STD	-	Sexually transmitted diseases
STIS	-	Sexually transmitted Infections

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PREFACE

Child sexual exploitation (CSE) is a disturbing problem reported from every part of Sri Lanka across all social categories. Both male and female children become victims of sexual abuse resulting in serious physical, mental consequences which most of the time leave unrecoverable damage for their life time. Many cases go unnoticed or unreported because of social and cultural reasons.

Prevention of child sexual exploitations is feasible through careful planning of interventions to identify vulnerable factors and important early warning signs. In most instances CSE has taken place before an abuse where the advantage of the power imbalance or force has been used to push a child to engage in sexual activity in exchange of certain benefits to the child, parents or guardians.

Child sexual abuse is often not a sudden provocation and children have been living with perpetrators in a risky environment for long time before they become victims. All possible measures must be taken to identify the children at risk of sexual exploitation or abuse and this should be the duty and responsibility of all. Awareness of the problem, providing child safeguarding services and empowerment and creating a supportive environment for reporting are utmost important strategies for prevention of child sexual abuse. A coordinated and concerted efforts of all parties are therefore, necessary for the prevention of child sexual abuse in any setting.

This document is developed, including the proceedings of the symposium on "child sexual exploitation" held on 21st July 2023 at the Sri Lanka Medical Association (SLMA)organized by the Sri Lanka College of Sexual Health and HIV Medicine jointly with UNICEF. In the symposium different aspects of the problem, current trends and prevention strategies were discussed by some of the main stakeholders and professionals involved in child safety in the country. Representatives of the National Child Protection Authority, Child and Women Bureau of Sri Lanka Police, Sri Lanka College of Sexual Health and HIV Medicine, Sri Lanka College of Pediatrics, College of Child and Adolescent Psychiatry, College of Forensic Pathologists and the College of Community Physicians were resource persons. At this forum recommendations and suggestions including new innovations to strengthen the system in Sri Lanka were discussed.

I acknowledge and sincerely thank all who contributed and funded to fulfill this task. I hope that this document will add to the efforts to continue the dialogue, to lobby and advocate for the prevention of child sexual abuse in Sri Lanka.

Dr Thilani Ratnayake
President
Sri Lanka College of Sexual Health and HIV Medicine

CHAPTER 1

Child sexual exploitation, important historical & policy milestones; sharing experiences.

Vidyajyothi Harendra De Silva,
Emeritus Professor of Paediatrics, University of Colombo
Founder Chairman NCPA,

Justification of sexual abuse and exploitation.

Historically, child sexual abuse, including that of boys was documented in many countries. It was (is) wrongly justified! E.g., in Greece it was justified as an: "educational institution for the inculcation of moral and cultural values, as well as a form of sexual expression". Boy abuse in Sri Lanka at one time was justified as : "මුහුදේ නැව් ගියාට පාර හිටින්නේ නෑ..." (Ships don't leave tracks on water). In Pakistan and Afghanistan, Pashtun boys and youth, are specially trained to take the place of dancing-girls, and are sexually exploited. In South India, the Devadasi system "Servant of God" has existed from the 3rd century AD.

The Vicious cycle of abuse

In studies by Harendra de Silva et al 1996 about 11% of girls and 21% of boys admitted sexual abuse during childhood. About 12 % of the adolescent boys in the study population had abused a child, and 64% of these boys had been abused during childhood.(1) This illustrates how "today's abused become tomorrow's abusers. A study in the STD clinic in Galle approximately 30% promiscuous males admitted childhood sexual abuse and 42% of female sex workers also admitted childhood sexual abuse. Victimisation too shows a vicious cycle of those abused being more vulnerable to abuse and exploitation in older life.

United Nations convention on the rights of the child(UNCRC) was ratified in 1989. Sri Lanka signed it in 1991. It was an obligation for countries to enact laws against offences of child rights. The 1995 amendment no. 22 to the penal code was part of this obligation by focusing on violence against children and women. It introduced of new definitions of abuse, enhanced punishments and introduced mandatory sentences.

While obligations to the UN were going on, physical abuse was identified in Sri Lanka(2) and the problem of sexual abuse domestic child labour, and conscription as a form of child abuse were described. Meanwhile non-governmental organizations (NGOs) agitated against sex tourism. These factors culminated into the appointment of the Presidential Task Force on Child Protection and the Act no.50 of 1998 established the statutory body called the National Child Protection Authority (NCPA). In 1999, Professor Harendra de Silva was appointed as the founder Chairman. (3,4,5,)

Sexual exploitation

Although commercial sexual exploitation of boys was known to the sexually transmitted diseases control programme in 1965, it catered only to a few locals (6). With the explosion in tourism, foreigners came in large numbers for child sex in the 1970's and 1980's. Tim Bond in 1980 published a report that identified Sri Lanka as second only to the Philippines as a source for "cheap child sex (7). Many NGOs cited Inflated numbers of com¬mercially exploited children for obvious reasons of funding. "Spartacus" the gay travel guidebook was notorious for promot¬ing countries such as Sri Lanka, for supposed 'homosexual' tourism. But it also mentioned the availability of children. Following the prosecution of one of their editors in Europe, they stopped using the word 'children', but

substituted it as "young" and still continues to do so. **They purposely confuse 'gay' and possible paedophilia to cover legal responsibility.**

Factors that contribute to abuse and exploitation include, poverty, domestic violence, drug and alcohol abuse by parents, single parents, dysfunctional families with domestic violence, mother working in Middle East etc become 'PUSH' factors, while promises of presents, money, house repairs, foreign education become 'PULL' factors.

We need to develop **A Surveillance Unit with officers aided by the NCPA police Unit & a Cyber Surveillance Unit. The objective should be to have a proactive SURVEILLANCE system designed to STOP and DETER CRIMES before they happen AND to augment THE relatively ineffective Reactive surveillance systems THAT rely solely on recording events AFTER THE OFFENCE.**

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CHAPTER 2

Legal background for child safety in Sri Lanka

Renuka Jayasundara,
Deputy Inspector General, *Child and Women's Bureau, Sri Lanka Police*

Translated by Dr. Chani Ratnayaka,
Senior Registrar in Venereology, National STD AIDS Control Programme

According to the International Convention on the Rights of the Child and the Penal Code of Sri Lanka, a person aged less than 18 years of age is defined as a child. All children should be given education until 16 years of age. Furthermore, 71 hazardous occupations have been identified, in which children aged between 16 to 18 should not be engaged in.(1,2)

All children should be under the care of an adult guardian. Active guardians are the parents whereas the temporary guardians are the teachers, caretakers etc. The legal guardian is the government, courts or the Department of Probation and Childcare Services. Law plays an important role in protecting children; hence Children and Women Bureau of Sri Lanka Police was established with the objective of safeguarding the children and women.

A crime committed by a child less than 12 years old is not considered a crime (penal code 75), however, when a child is between 12 - 14 years of age, an assessment by a medical board is needed before considering it as a crime (penal code 76).

There are 41 child rights as per the International Convention for Children, and some of them are as below : (1)

- Right to live
- Right to be raised by or have a relationship with their parents
- Right to life, survival and development
- Right to an education that enables them to fulfil their potential
- Right to express their opinions and be listened to
- Right to rest and play
- Right to protection from sexual abuse
- Right to protection of privacy
- Right to protection from violence

The 3 main categories of abuse that can occur against children are

1. Physical abuse
2. Emotional abuse
3. Sexual abuse

Physical abuse includes assaults, burns, intoxication, poisoning, homicide, denying medical treatment, food and slavery among others. Emotional abuse includes negligence, verbal abuse, causing fear, threats, discrimination, humiliation, and not listening toto name a few. Sexual abuse against children includes involving in pornography, rape, sexual exploitation, engaging in child prostitution, cyber sexual violences etc.

Some causes for child sexual abuse are

- Intimate partner relationships
- Family disputes
- Lack of guardians
- Irresponsibility of guardians
- Insecurity
- Drug addiction
- Extramarital affairs of parents
- Inappropriate web-surfing habits

Prevention of domestic violence act, no. 34 of 2005, clause 23 safeguards children in a setting of domestic violence.

(1) A person, in respect of whom an act of domestic violence has been, is, or is likely to be, committed (hereinafter referred to as "an aggrieved person") may make an application to the Magistrate's Court for a Protection Order, for the prevention of such act of domestic violence.

(2) An application under subsection (1) may be made:

(a) by an aggrieved person;

(b) where the aggrieved person is a child, on behalf of such child by

(i) a parent or guardian of the child.

(ii) a person with whom the child resides.

(iii) a person authorized in writing by the National Child Protection Authority established under the National Child Protection Authority Act, No. 50 of 1998; or

(c) by a police officer on behalf of an aggrieved person.

Types of crimes against children

1. **Rape (penal code 364)** *Imprisonment up to 20 years*

- Woman under 16 years of age with or without consent
- Obtaining consent by intimidation
- Obtaining consent by use of drugs or causing intoxication
- Obtaining consent by implying to be her husband
- Sex without consent after a legal divorce

2. **Grave sexual offenses (penal code 365)** *Imprisonment up to 20 years*

For sexual gratification, does any act, using his genitals or any other part of the human body or any instrument on any orifice or part of the body of any other person, being an act, which does not amount to rape.

3. Sexual harassment (penal code 345) *Imprisonment up to 5 years*

By assault or criminal force, sexually harasses another person, or using words or actions, causes sexual annoyance or harassment.

4. Cruelty to children (penal code 308) *Imprisonment up to 10 years*

Whoever has custody of any under 18 persons, willfully assaults, ill-treats, neglects, abandons such person in a manner likely to cause suffering or injury to health.

5. Obscene publication, exhibition relating to children (penal code 286 A) *Imprisonment up to 5 years.*

Any person who hires, employs, assists, persuades uses, induces or coerces. any child to appear or perform. In any obscene or indecent exhibition or show or to pose or model for, or to appear in, any obscene or indecent photograph or film of who sells or distributes, or otherwise publishes, or has to his possession, any such photograph or film.

6. Punishment for kidnapping (penal code 354) *Imprisonment up to 10 years*

Kidnapping boys <14 years or girls <16 years from the lawful guardianship

7. Kidnapping or abducting (Penal code 360 A) *Imprisonment up to 10 years*

Procures, or attempts to procure, any person, whether male or female of whatever age (whether with or without the consent of such person) to become, within or outside Sri Lanka, a prostitute.

8. Sexual exploitation of children (penal code 360 B) *Imprisonment up to 20 years*

Knowingly permits any child to remain on any premises, for the purpose of causing such child to be sexually abused or to participate in any form or sexual activity or in any obscene or indecent exhibition or show.

9. Trafficking (penal code 360 B) *Imprisonment up to 20 years*

Engages in the act of buying or selling or bartering with any person for money or for any other consideration.

10. Procuration (penal code 360 C) *Imprisonment up to 20 years*

Obtains an affidavit of consent from a pregnant woman, for money or for any other consideration, for the adoption of the unborn child of such woman or recruit women or couples to bear children or impersonates the mother or assists in such impersonation.

11. Persuasion for sex (penal code 360) *Imprisonment up to 20 years*

Threatens, or uses violence towards, a child to procure such child for sexual intercourse or any form of sexual abuse; or gives monetary consideration, goods or other benefits to a child or his parents with intent to procure such child for sexual intercourse or any form of sexual abuse,

12. Child slavery (penal code 358 A) *Imprisonment up to 30 years Any person who*

(a) subjects or causes any person to be subjected to debt, bondage or serfdom.
(b) subjects or causes any person to be subjected to forced or compulsory labour.
(c) subjects or causes any person to be subjected to slavery; or
(d) engages or recruits a child for use in armed conflict, shall be guilty of an offence.

Rights of a victimized child are

- Freedom from being victimized.
- Prevent from revictimization.
- Justice
- Protection from future influences
- Access to psychosocial counselling
- Access to safe guardianship
- Attain normalcy.

Officials responsible for child protection are

- Police officers
- Child rights officers
- Social service officers
- Probation officers
- Child protection authority officers
- Job promotion officers
- Labour officers
- Counsellors / Psychologists
- Human resource development officers
- Early childhood development officers
- Vidatha officers from Ministry of Industries

Government organizations responsible for child protection are

- Sri Lanka Police
- Children and Women's Affairs Ministry
- Department of Probation and Childcare Services
- Social Services Department
- National Child Protection Authority
- Legal Aid Commission
- Labour Department
- Education Department
- Ministry of Health
- Divisional Secretariat Office

How should government officials act for the protection of child victims?

- Build an enabling environment for victimized children to reveal their difficulties and harassments.
- Prevent revictimization
- Take prompt legal actions
- When continuous influences are present, take necessary actions according to the Victim and Witness Protection Act of 1982.4
- Offer psychosocial counselling
- Arrange safe custody.
- Provide school education.
- Continuous supervision.

Important phone numbers

- Child and Women's Bureau of Sri Lanka Police 0112 444444
- National Child Protection Authority 1929
- Police Headquarters 118 / 119
- Legal Aid Commission 0112 433618
- Department of Probation and Childcare Services 0112 187283

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CHAPTER 3

Situation Analysis of Children Under 18 Years of Age Attending Sexual Health Clinics in Sri Lanka

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Consultant Venereologist
STD Clinic - Anuradhapura & National STD/AIDS Control Programme, Sri Lanka

Background

The provision of sexual health services to young people is of utmost importance for ensuring the safety of future generations. Children under 18 years attend STD clinics either as referrals or voluntarily. Young victims of sexual assaults are referred to STI clinics for screening and treatment of sexually transmitted infections (STIs). This is a routine practice and is a place where the darkest aspects of child sexual abuse in Sri Lanka can be seen.

In Sri Lanka, it is also a common assumption that children of school age are not sexually active and do not need sex education to be a part of their school curriculum.

A situation analysis was planned to understand the intensity of child sexual abuse and the services received by young people attending sexual health clinics. The goal was to provide evidence for policymakers to take necessary actions in safeguarding children against sexual exploitation and keeping them safe from STIs and unwanted pregnancies in Sri Lanka.

Methods

All 41 STD clinics under the Ministry of Health, covering all 25 districts, were invited to participate in the situation analysis and 31 clinics took part. All children under 18 years of age who were registered from 1st January to 31st December 2022 were included, and relevant data were extracted by reviewing case notes. Mean values, proportions, and chi-square values were computed ($p < 0.05$). A total of 1968 (97%) case notes were included for data analysis after data clearance.

Results (Socio-demography)

Out of the 1968 children aged 18 years or below who attended during the year 2022, the majority (66%) were between the ages of 11-15 years, with a mean age of 14. Females accounted for 80.7%.

The clinics in Hambantota, Kandy, and Kalutara provided services to more than 100 children under the age of 18 years during the year 2022.

The majority (75.2%) of these children were referred by a judicial medical officer to sexual health clinics following suspected sexual assault.. Additionally, 15% were referred by other medical professionals, while 4.3% of children under the age of 18 years attended voluntarily.

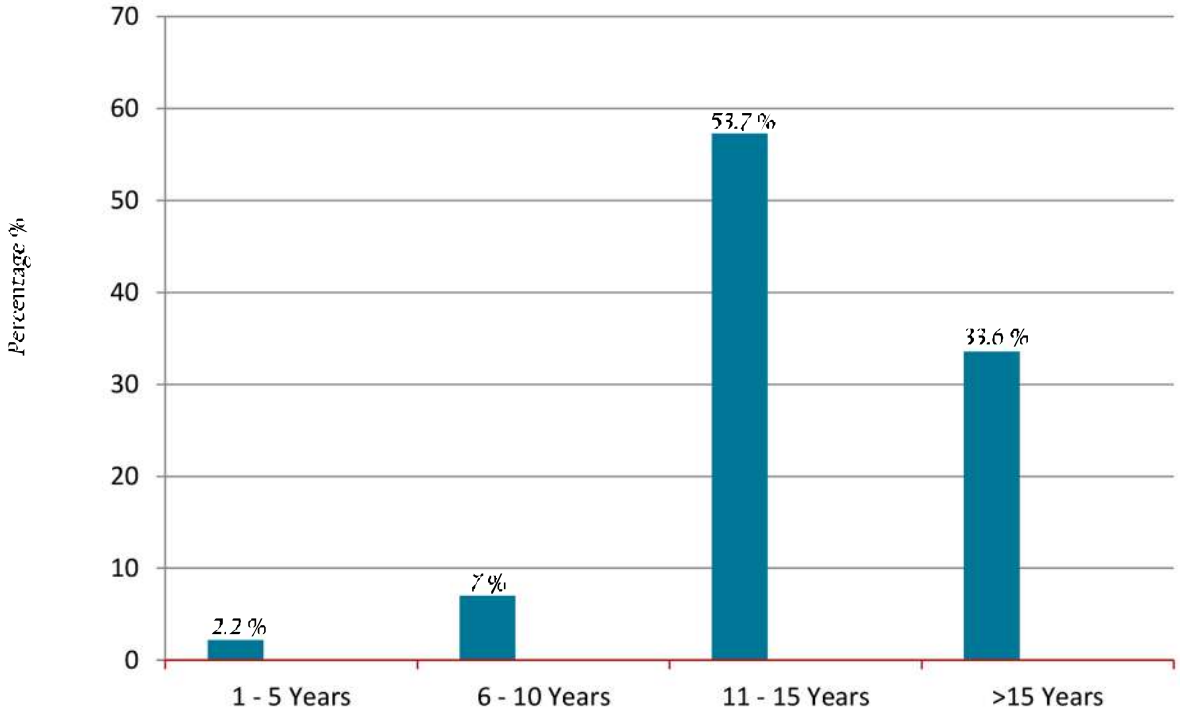

Figure 01 : Age distribution of the study population.

Reported STIs

A total of 203 (10.3%) children received treatment for confirmed STIs or non-STI conditions and out of this 101 were confirmed STIs including syphilis, gonorrhoea, genital herpes, genital warts, trichomoniasis. Genital herpes infection, was the most common STI.

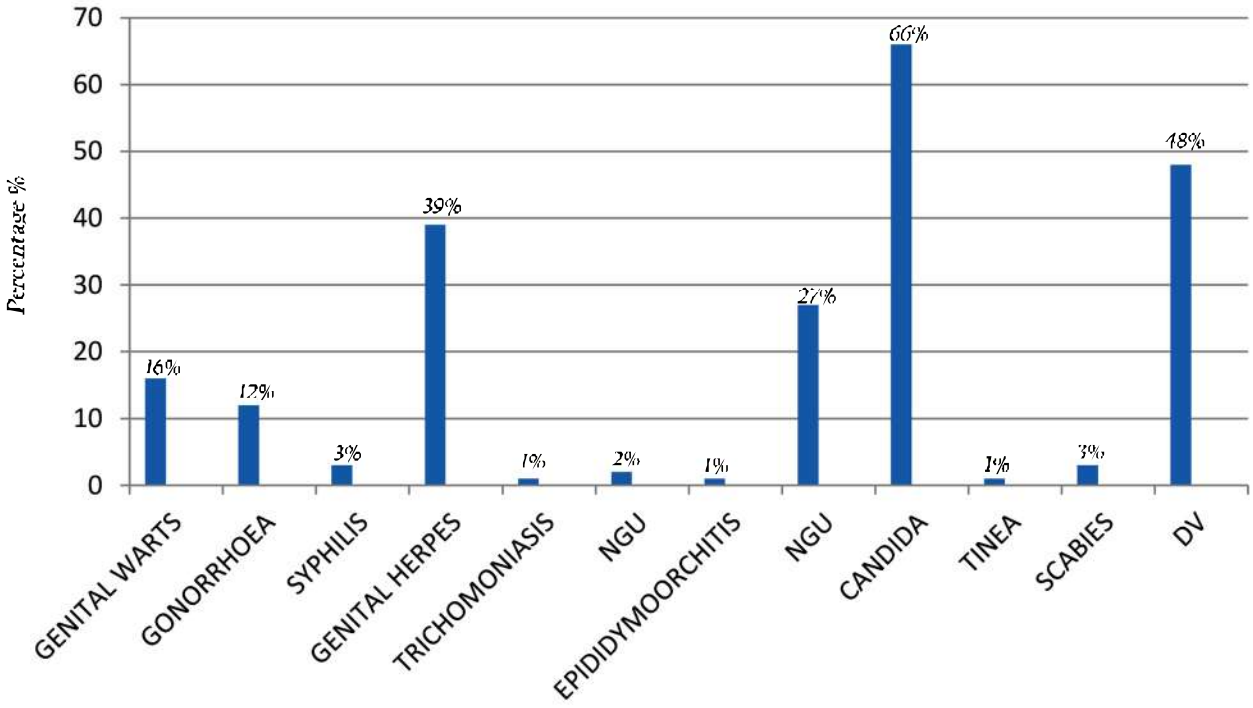

Figure 02: Frequencies of the STIs diagnosed among the study sample.(n-219)
(Note: more than one pathology was diagnosed in some)

Reported sexual assaults.

A total of 1473 children attended the sexual health clinic following a sexual assault. The majority (87%) of them were females, and 62.4% of the child victims were between 14-16 years of age, with a mean age for sexual assault reported as 14 years. This result may be biased due to the legal age for consent for sexual intercourse in Sri Lanka being 16 years for females, Most of these incidents involved consensual sex. However, the result truly indicates that there is a significant number of children under the age of 18 who are sexually active and in need of age-appropriate sex education before they complete their school education.

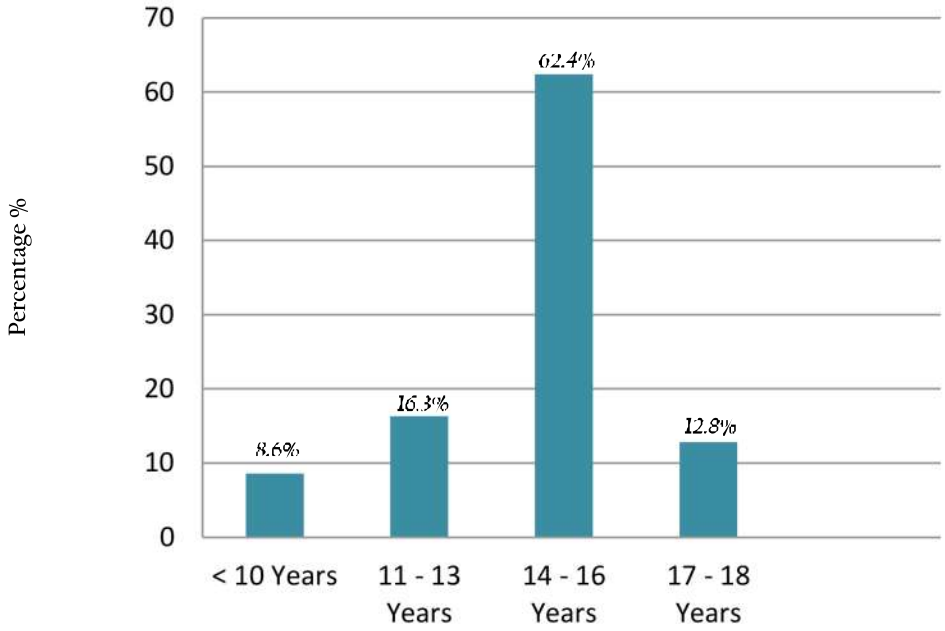

Figure 03: Age distribution among alleged sexual assaults (n = 1473).

The majority (90.6%) of sexual assailants were known to the victim, with 51% stating that the assailant was their boyfriend. A considerable proportion (13.7%) were reported to be close relatives or involved in cases of incest. Furthermore, teachers, neighbors, monks, school van drivers, mother's boyfriends, and others were reported to have abused children in their own environments.

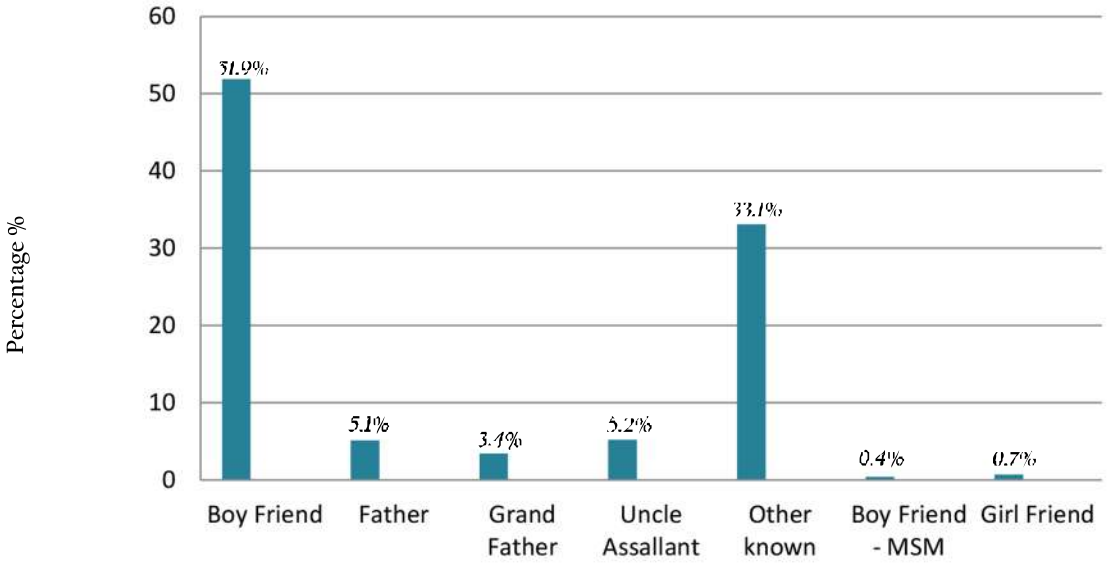

Figure 04: Age distribution among alleged sexual assaults (n = 1473).

Other known assailants (33.1)	Frequency
Brother in Law	7
Own brother	4
Monk / Priest	12
Step Father	23
Neighbour	12
Older male reported by a male child	7
Known male	35
Mother's Boy Friend	1
School van driver	1
Teacher	2
Shop owner	1
Non regular partner	15
Relative	3

Table 1: Categories of assailants reported

Teenage Pregnancies

It was found that 127 females under the age of 18 were pregnant at the time of their attendance, and the lowest age for pregnancy was 12 years. This accounts for an 8% teenage pregnancy rate for this population group, which is much higher than the national figure of 3.9% from all reported pregnancies in Sri Lanka in 2022 (Source FHB) About half (53%) of the pregnant teenagers were under 16 years of age, with a mean age of 15.6 years.

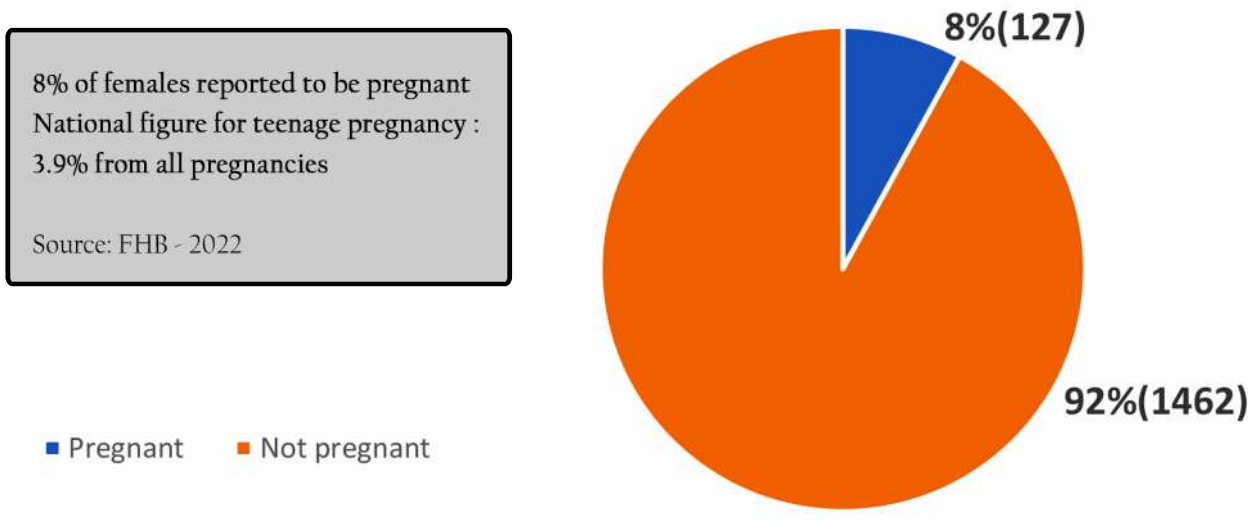

Figure 05: Pregnancy rates among the females in the study population

Colombo, Kaluthra, Batticaloa, Matara, and Kandy clinics reported more than 10 teenage pregnancies during the period, with the highest reported in Matara, where 15 teenage pregnancies were reported for the year 2022.

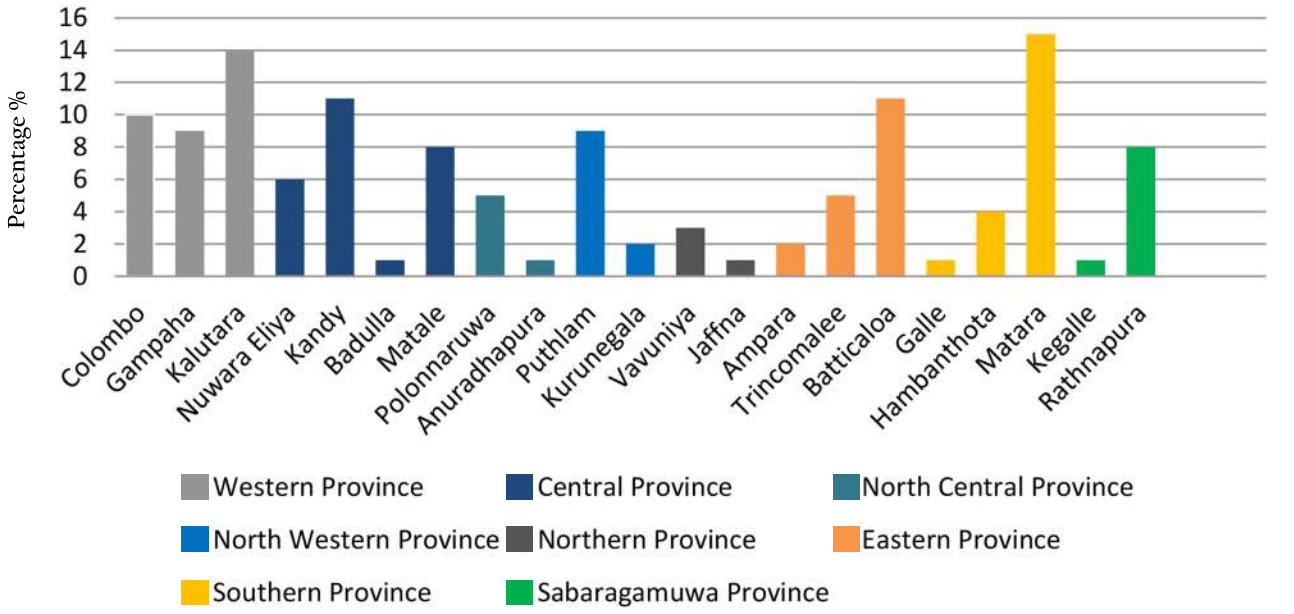

Figure 06: Pregnancies in relation to districts (n=127).

Education level

Education	Alleged Sexual Assault				Significance
	Yes		No		
	No	%	No	%	
Up to Grade 1 - 5	135	75.0	45	25.0	$X^2 = 92.934$ df=5 p= 0.000
Grade 6 - 11	1158	79.0	308	21.0	
GCE O/L	104	55.9	82	44.1	
GCE A/L	11	34.4	21	65.6	
Not Schooling	32	82.1	7	17.9	
Data Not available	17	47.2	19	52.8	

Table 02: Association between alleged sexual assault and level of education.

Education level was analysed according to the school grades in Sri Lanka, and three-quarters of the children were between grades 6 to 11.

A significant number of sexually assaulted children had an education level below GCE O/L (X2 = 65.916, df = 1, p = 0.000), and the majority (82%) of sexually assaulted children were not attending school, even though they were eligible for school education.

The highest proportion of teenage pregnancies were reported for an education level of GCE O/L or less (X2 = 24.337, df = 5, p = 0.000).

These findings raise the question of whether the current school education system in Sri Lanka is able to provide an adequate level of knowledge and skills to young children to safeguard themselves from sexual infections, teenage pregnancies, and sexual assault.

Education	Pregnant				Significance
	Yes		No		
	No	%	No	%	
Up to Grade 1 - 5	3	2.6	113	97.4	X2 = 24.337 df = 5 p= 0.000
Grade 6 - 11	98	7.7	1175	92.3	
GCE O/L	19	16.5	96	83.5	
GCE A/L	0	0.0	14	100.0	
Not Schooling	1	4.3	22	95.7	
Data Not available	6	21.4	22	95.7	

Table 03: Association between pregnancy and level of education.

Conclusions

The reported number of child sexual abuse cases is only the tip of the iceberg, and there could be many unreported cases due to various social and cultural reasons.

The findings clearly indicate that a significant number of school-age children are sexually active, and STIs and teenage pregnancies have been reported as adverse outcomes of child sexual abuse. The question arises as to whether children under the age of 18 years receive adequate knowledge and skills through their school education to safeguard themselves from sexual violence, teenage pregnancies, and STIs.

Most children are sexually abused by individuals they know within their own living environment. Therefore, having a safeguarding system at all possible contact point,to screen children, for risk of sexual abuse is important.

Continuous awareness on the prevention of child sexual abuse is essential for parents, guardians, and the general public. It is also crucial for young people to be knowledgeable about the risks and develop assertive skills to safeguard themselves. Age-appropriate sex education during school years can play a vital role in preventing child sexual exploitation and child sexual abuse.

Government sexual health clinics provide services for a significant number of children under the age of 18 years, and the system should have an established safeguarding system to protect young people and provide sexual health services.

CHAPTER 4

Challenges when providing services to a young victim of sexual assault

Prof Ajith Rathnaweera,
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Faculty of Medicine, University of Ruhuna

The term "child" is used to refer to anyone under the age of 18 years. Although child sexual abuse (CSA) is recognized as a serious violation of well-being and rights of children, no community has yet developed mechanisms that ensure that none of their youth will be sexually abused. CSA is, sadly, an international problem of great magnitude that can affect children of all ages, sexes, races, ethnicities, and socioeconomic classes.

Obtaining consent for medico-legal examinations sometimes can be a problem as these children are below the age of 18 and are unable to provide valid consent. Sometimes the parents or the guardians are not present at the time of examination and sometimes the guardian is the assailant so that consent cannot be obtained.

The genito-anal area has a remarkable healing capacity resulting in injuries to disappear quickly. One of the most important factors in the forensic examination is therefore the time lapse between the sexual assault and the examination. An examination after 72 hours will not show minor lacerations that might have been present earlier. Any delays in producing these victims for medico-legal examinations can easily lead to the loss of valuable evidence. Unfortunately, most of these victims are produced for examination after a significant delay.

Examination of a child victim of sexual abuse has its own challenges. Sometimes interpreting the given history is very difficult and the services of a child psychiatrist or a psychologist are needed. In a peripheral facility, getting all the necessary referrals arranged is a challenge. Sometimes congenital variations of the genitals can be misinterpreted as injuries. Wrong opinions could be formulated by an inexperienced examiner. Some of the peripheral facilities may not have the services of an experienced Judicial Medical Officers.

Facilities to carry out a proper medico-legal examination are very much important for better outcomes. Adequate space, a lithotomy bed, proper lighting and other necessary equipment for sample collection and storage are some of the essential requirements. Lack of these facilities specially in remote places can lead to inadequate medico-legal examinations.

Keeping a victim in a safe place until safe custody is arranged is again a major problem. Keeping these children in a busy hospital ward is not always possible. Lack of temporary accommodation facilities for these children is an issue that needs to be addressed throughout the country.

The delays in court proceedings in child sexual abuse cases is also a major problem. This is due to multiple reasons ranging from delays in submitting summons, delays in providing reports, delays at the government analyst department and delays at the courts. A proper mechanism needs to be implemented to counter these issues.

The problems faced during examination of a young victim of sexual abuse poses multiple challenges. A thorough understanding of these issues is mandatory to achieve better outcomes in the future.

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CHAPTER 5

Psychological impact of child maltreatment

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Sexual abuse is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not truly understand to which they cannot give informed consent, which violate accepted social norms and family roles, and which are against the law.[1]

Child sexual abuse can be divided into two categories based on

1. Physical activity (touch) e.g.: asking or pressurizing a child to engage in sexual activities such as physical contact with the child's genitals, breasts or mouth.

2. No actual physical activity (non-touch) e.g.: viewing of the child's genitalia without physical contact, indecent exposure of the adult's genitals, using a child to produce child pornography, selling sexual services of children, displaying pornography/pornographic videos.

According to the CDC-Kaiser Permanente adverse childhood experiences (ACE) study(1), without intervention, adverse childhood events (ACEs) may result in long-term disease, disability, chronic social problems, and early death. Importantly, intergenerational transmission that perpetuates ACEs will continue without implementation of interventions to interrupt the cycle.

Victims of child sexual abuse are at higher risk of developing emotional and behavioral problems such as anger, irritability, psychiatric conditions such as acute stress reaction, post- traumatic stress disorder, depression, and anxiety. They are also at higher risk of developing substance related issues and self-harming behaviors. Victimization can also have a negative impact on their personality development where they can have low self-esteem, low self confidence and trust issues. Research into victims of child abuse show increased baseline cortisol level, increase ACTH response to cortisol and Hypothalamic Pituitary Adrenal (HPA) axis hyper responds in victims of child abuse. Increase catecholamine and cortisol response leads to adverse brain development through accelerated loss of neurons (premature aging), delay in myelination, abnormalities in normal pruning and neurogenesis inhibition(2).

Gender, age, disabilities, low socioeconomic status, family factors and poor knowledge on sexuality education are the main research identified risk factors(3). Furthermore, myths and misconceptions in the society, misleading social norms, deficits in the interpretation of sexually abusive behaviors due to lack of knowledge and poor assertiveness skills are some of the clinically observed risk factors. Nondisclosure due to various reasons can lead to repeated victimization which results in an increase in physical and mental health issues in victims.

Preventive measures such as increasing awareness, discarding myths, ensuring the safety, providing age-appropriate sexuality education, that include their rights to be safe, empowering, and improving assertiveness skills of children can be used to minimize victimizations.

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CHAPTER 6

Sexual and Reproductive Health Services for Young Persons in Sri Lanka

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Abstract

This research paper explores the landscape of sexual health services for young people in Sri Lanka, focusing on the challenges they face and the interventions designed to meet their sexual and reproductive health needs. Adolescence, a critical developmental phase, brings about significant physiological, psychological, and social changes. With adolescents constituting a substantial demographic group in Sri Lanka, this study investigates the unique challenges they encounter and the strategies devised to address these concerns.

The paper delves into the sexual and reproductive health issues that confront young individuals in Sri Lanka. The prevalence of teenage pregnancy, sexually transmitted infections, sexual abuse, and gender-based violence present substantial threats to adolescent well-being. In addition, the paper examines the impact of brain development during adolescence, influencing decision-making and behavior, and highlights the role of hormonal changes in shaping emotional responses and impulse control.

To address these challenges, the 'Yowun Piyasa' Youth Friendly Health Services have been established, focusing on accessibility, appropriateness, and acceptability for adolescents and youth. These centers provide essential information, services, and support while ensuring confidentiality. Various interventions and programs have been introduced to address the range of adolescent sexual and reproductive health issues. Initiatives include behavior change communication, life skills development, youth leader training, and collaborations among different sectors. However, challenges persist, such as legal barriers and coordination issues, exacerbated by the COVID-19 pandemic.

The paper concludes that a comprehensive approach, informed by an understanding of adolescent development, is vital. The establishment of Youth Friendly Health Services and the implementation of targeted programs underscore the commitment to addressing young people's sexual health needs. Overcoming challenges through policy advocacy and intersectoral cooperation is key to ensuring the well-being and empowerment of Sri Lanka's youth.

Introduction

Adolescence is a critical phase of human development marked by significant physiological, psychological, and social changes. It is a transitional period between childhood and adulthood, characterized by the onset of puberty, exploration of identity, and the development of cognitive and emotional skills. In Sri Lanka, a country with a population of approximately 22 million, young people constitute a substantial demographic group. Adolescents, defined as individuals aged 10 to 19 years, make up around 16% of the total population, while youth, aged 15 to 24 years, represent 15.6% (1,2). This paper delves into the provision of sexual health services for young people in Sri Lanka, highlighting the unique challenges they do face and the interventions designed to address their sexual and reproductive health needs.

Adolescent Sexual and Reproductive Health Issues

The sexual and reproductive health challenges faced by young people in Sri Lanka are multi-faceted. The pubertal transition brings about changes in the physical, emotional, and psychological realms of adolescents' lives. The prevalence of teenage pregnancy is a concerning issue, with rates fluctuating over the years. Adolescent fertility rate remained around 30 per 1000 girls of 15-19 age group since 1975 onwards though several evidenced-based interventions(1). Alongside adolescent pregnancy, sexually transmitted infections (STIs), sexual abuse, and gender-based violence are significant concerns affecting the well-being of adolescents and youth.

Adolescence and Brain Development

During adolescence, the brain undergoes remarkable changes that have a profound impact on decision-making and behavior(3) . Several synapses were formed in childhood. In adolescence, the "pruning" process, guided by the "use it or lose it" principle, leads to the strengthening of neural connections that are actively utilized while pruning those that are not. Hormonal changes, including fluctuations in sex hormones such as estrogen and testosterone, influence emotional responses and impulse control. Notably, the prefrontal cortex, responsible for rational decision-making, is still under development during adolescence, leading to a reliance on the limbic system for emotional responses and reward-seeking behaviors.

Adolescent Youth Friendly Health Services

Youth Friendly Health Services, branded as "Yowun Piyasa," have been established in Sri Lanka to address adolescent health concerns including the sexual and reproductive health needs of young people (4). These services are designed to be accessible, acceptable, and appropriate for adolescents and youth. Key components of Yowun Piyasa centers include maintaining privacy and confidentiality, offering information and skills related to adolescent health, and providing essential services. The approach focuses on ensuring that young people feel comfortable seeking care, discussing their concerns, and accessing the necessary support. Service providers and support staff play a pivotal role in delivering sensitive and effective care to this demographic.

Interventions and Programs

To tackle the array of challenges associated with adolescent sexual and reproductive health, various interventions and programs have been implemented. A comprehensive package on Adolescent Sexual and Reproductive Health (ASRH)(5) has been developed to address behavior change communication and life skill development in decision making related to ASRH. Youth leader training initiatives empower young individuals to become advocates and educators within their communities. The technical advisory committee on young persons' health of the ministry of health consisting of all relevant stakeholders and professional colleges provide guidance for the development of policies, guidelines, protocols and interventions on adolescent and youth health. These interventions aim to overcome barriers in the healthcare sector and work collaboratively with other sectors such as legal, education, and law enforcement.

Ensuring smooth functioning of adolescent sexual reproductive health services

The Ministry of Health in Sri Lanka is tasked with delivering accessible, efficient, and equitable healthcare services, free of charge, while respecting the dignity of adolescents and aligning with national health policies. Aligned with the Child Health Convention, adolescents hold rights to health, education, and fair treatment)(6) . The National Policy and Strategy on Adolescent and Youth Health reinforces the government's commitment to providing adolescent-friendly sexual and reproductive health services, guided by the Family Health Bureau(7) .

Critical elements of sexual and reproductive health involve delaying parenthood, prioritizing education, facilitating contraception, creating economic opportunities, promoting protective cultural norms, and enacting laws to uphold sexual and reproductive rights, all while safeguarding child welfare. Teenage pregnancy jeopardizes these rights, imperiling both adolescents and infants. Family Health Bureau data highlights nearly 12,000 annual teenage pregnancies, with around 1300 teenage mothers facing severe complications (8).

The Adolescent Sexual Reproductive Health Program focuses on addressing adolescent needs, encompassing primary, secondary, and tertiary prevention, primarily aimed at reducing teenage pregnancy. This comprehensive approach involves life skills development, pregnancy prevention, maternal care, family planning, STI/HIV/AIDS prevention, and gender-based violence strategies, with a commitment to equity.

Medical professionals are ethically bound to offer competent medical services while upholding privacy and confidentiality, guided by the Hippocratic Oath and the ethical standards set forth by the Sri Lanka Medical Council. A range of interventions are deployed for the prevention of teenage pregnancy. Primary health teams orchestrate diverse programs to educate teenagers and their parents about averting teenage pregnancies, both in educational settings and through community engagement, including schools, vocational training institutions, and youth organizations. Various life skill development initiatives are pursued across the health, education, and youth sectors.

Despite multifaceted teenage pregnancy prevention endeavors, a small cohort of adolescents initiates early cohabitation due to sociocultural and economic circumstances. Among the responsibilities of primary health staff working with this group of underage cohabiting teenagers is preventing pregnancies and the associated maternal mortality. The risk of maternal mortality is significantly higher for teenage girls compared to those aged 20 to 25. The 2012 census reported a marked escalation in both total fertility rates and adolescent fertility rates, highlighting an alarming trend toward increased teenage pregnancies and the concomitant health risks for mothers and infants(1). The urgency of preventing teenage pregnancy has now reached the status of a public health emergency, demanding immediate action. For that it is essential to have legal safeguards for sexual and reproductive health service delivery by health care providers

As per our policy and child rights conventions, all adolescent girls below 16 years of age have the right to comprehensive access to sexual reproductive health services to prevent pregnancies and sexually transmitted infections. Despite proactive primary preventive interventions, such as education and life skill development, aimed at discouraging underage cohabitation, certain minors continue to engage in such relationships. Law enforcement authorities have questioned healthcare officials for providing sexual reproductive health services to underaged pregnant females (<16 years), labeling such instances as "statutory rape/sexual abuse." Disclosing such information to the police, breaching confidentiality, could disrupt seamless service provision and expose healthcare workers to societal pressures, court summons, and police actions. Instead of being seen as a commendable commitment, such actions are considered harassment by healthcare providers, leading to potential cessation of outreach efforts to serve needy adolescents.

To address these concerns, the Ministry of Health has issued relevant circulars and guidelines, seeking to align necessary service provision with legal insights from the Attorney General's Department. It is imperative to uphold the confidentiality and privacy of clients, irrespective of their age. Medical officers are entrusted with case-by-case decision-making authority. They may offer reproductive services if it appears likely that such minors will engage in sexual activities detrimental to their physical or mental health without intervention.

A common misconception exists that adolescent sexual reproductive services solely involve providing long-term contraceptives. These services encompass a much broader scope, with contraception representing the final step in a comprehensive process beginning with primary prevention.

As a result of this legal clearance from The Attorney General in 2011 & 2015 , adolescent sexual and reproductive health service provision and demand increased and teenage pregnancy percentage decreased from 6.1% in 2012 to 3.9% in 2022 (8).

Challenges and the way forward

Despite the progress made, challenges persist in the provision of sexual health services to young people in Sri Lanka. Legal barriers, inadequate coordination among various sectors, and the impact of the COVID-19 pandemic are factors that hinder the effective implementation of interventions. Adolescents and youth continue to face sexual health concerns, emphasizing the importance of sustained efforts to address these issues. Advocacy for policy changes, enhanced intersectoral collaboration, and the utilization of digital platforms are essential strategies to overcome these challenges.

Conclusions

The provision of sexual health services to young people in Sri Lanka is a complex endeavor that requires a multi-dimensional approach. Understanding the unique characteristics of adolescence, brain development, and the hormonal changes that occur during this phase is crucial for tailoring effective interventions. The establishment of Youth Friendly Health Services, along with the implementation of various programs and initiatives, signifies a commitment to addressing the sexual and reproductive health needs of adolescents and youth. By overcoming challenges, advocating for policy changes, and maintaining a comprehensive approach, Sri Lanka can ensure the well-being and empowerment of its young population.

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CHAPTER 7

Early identification of child sexual exploitation

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Background

Prevention of child sexual abuse is more important than managing child victims of sexual assault. According to the National Child Protection Authority (NCPA), each year about 1,000 children under the age of 18 years become victims of different types of sexual assaults in Sri Lanka. In 2022, the NCPA reported 25 cases of child sexual exploitation, 167 cases of rape, 1 case of incest, 185 cases of grave sexual abuse, and 729 cases of sexual harassment [1]. Worldwide, every 1 in 10 amounting to 120 million girls under the age of 20 has faced sexual violence [2].

Most reported cases of child sexual assaults were not sudden provoked incidents but were well planned by the perpetrator who previously knew the victim well. Child victims have been living in risky environments, sometimes with the perpetrator for a long time. During such periods, many different responsible adults including neighbors, relatives, and government officials such as teachers, healthcare providers, and local administrative officers like gramaniladaries, have come into contact with these children at risk while providing routine services. Unfortunately, most such children at risk of abuse were not identified early before the abuse, and therefore the opportunity to prevent child sexual abuse was often missed.

One of the main reasons for missing these opportunities is unawareness of the early warning signs of child sexual exploitation(CSE) . Ignorance is also a contributing factor, as there is a lack of attention to the child at risk unless the victim is his or her own child or younger sibling. Furthermore, despite being aware and identifying the risk, reporting and getting help is a difficult task when the existing child safety system is malfunctioning. This is due to various failures including defects in laws, policies, influences, and poverty. Long waiting times at reporting desks, poor support for reporting, and not being able to see a positive outcome and reward for such attempts with goodwill are common reasons for the general public not being keen on reporting even when children are obviously at risk of sexual assault. In some extremes, people who volunteer to help the children themselves may be at risk of harassment by some officials. Further, stigma related to child sexual abuse and fear for the child's future also contribute to poor reporting.

Being aware of the early warning signs of CSE and incorporating screening questions for CSE at every contact point or front desk especially at hospitals schools, pre schools and any government or private institute where under 18 years will come for services. is of utmost importance to detect children at risk of sexual exploitation. In order to educate parents and the general public to prevent child sexual abuse, there should be more awareness included in school curricula and education programmes.

Early warning signs of child sexual exploitation

The risk for a child can exist within the child, the family, or the immediate environment; therefore, early warning signs of CSE can also be detected within the child, the family, or the immediate environment.

1.Parents and Family

A child's primary protection comes from their parents and the lack of parental protection is an early warning sign for CSE.

Parental protection can be lost due to natural causes, such as the death of one or both parents or the long-term illness of a parent. Social reasons, such as divorce or separation, leaving children with a single parent, could also be a risk factor. In Sri Lanka, mothers going for foreign employment for extended durations is a well-known reason for child sexual exploitation. The recent economic crisis in the country has exacerbated the situation due to changes made to migration policies for foreign employment. Initially, government permission was not granted to women for foreign employment if they had children under the age of 5 years, but the policy has recently changed so that the restriction now applies only to women with children under the age of 2 years, thus making more children vulnerable.

Furthermore, inappropriate behaviors of parents also put their children at risk. Parents addicted to alcohol and drugs and those who are involved in drug dealing within the domestic environment get their children involved in the business are not uncommon, placing children at risk of exploitation by their own parents. Moreover, parents engaging in commercial sex within their own homes and escorting different clients while exposing children to strangers are also high-risk situations for child exploitation. The risk is particularly reported when women become single parents and are left without economic support to raise their families.

Parents' extramarital partners can also become perpetrators of child abuse. Often, abused children have lived with these abusers, who may call themselves "supportive uncles" to the family, for extended periods of time.

2.Signs that could be detected at school

1. Not attending school without parents' / guardians' consent:

The first place a child goes outside of the family is to school for education. If a child is not attending school without informing parents or guardians, it could be the first sign that the child is entering a dangerous situation and it is a very early warning sign. Unfortunately, in the current education system, the reasons for not attending school are not inquired into the same day, and this sign is often ignored by teachers. Implementing an alarming system within schools to notify parents if their child is absent from school on the same day presents an opportunity to prevent children from getting into dangerous situations.

2. Poor school performance:

When a child is being abused or living in a threatened environment they will not perform well in their studies and sports, and changes in their behavior can often be noticed by teachers and friends. In some cases, previously high-achieving students may start to struggle in school. This should also be considered an early warning sign of child sexual abuse.

3.Signs within the child:

Children with behavioral problems and mental illnesses are vulnerable factors for child sexual abuse because such children are often neglected by their families due to their mental condition. Lack of knowledge and assertive life skills can also make a child vulnerable to child sexual abuse. Children should be educated on how to protect themselves.

4. Relationships:

A child having a relationship with an adult is a risk factor for CSE and is often reported in cases of child sexual abuse. There is a possibility of a power imbalance when there is more than a 5-year age gap within a relationship, especially when a child is involved. It is important to determine whether there is force and control within relationships, even if it is between two young people of the same age.

5. Peer pressure

Children always like to stay with friends and groups, and it is important for the social development of a child to be with friends. However, sometimes peers can be a negative influence that pushes a child into drugs and unnecessary sexual relationships which may lead to sexual exploitation and abuse. Children can be forced into such risks, especially stepping into use of illicit drugs and sex without genuine interest out of the fear of being rejected from peer groups. Good parental support and guidance along with assertive skills are very important to counteract this peer pressure.

6. Online child sexual exploitation

Sending or receiving messages or images of a sexual nature to a child is considered child sexual abuse, even between two children. This could also include creating or sharing sexual images or videos of a child under 18 years of age. Online child sexual exploitation can manifest in different forms, which include:

- Sending sexual messages to a child
- A child taking an explicit photo or video of themselves or a friend
- Sharing a nude image or video of a child, even if it is between children of the same age
- Downloading or storing an explicit image or video of a child, even if the child gave their permission for it to be taken

Children can get involved in online sexual exploitation due to various factors, including:

- Peer pressure.
- Being blackmailed, harassed, or threatened.
- Being groomed or coerced.
- To increase their self-esteem.
- To explore or prove their sexuality.
- Feeling like they 'owe' to their boyfriend or girlfriend and being made to feel guilty if they do not.
- As a dare or joke.

One of the serious consequences of social media use is online child sexual abuse. Many perpetrators, including paedophiles, approach children via online platforms, and this is happening globally. The COVID pandemic exacerbated the situation and routine school education has become impossible without the use of internet and social media. The International Watch Foundation (IWF), a UK-based organization, reported that since 2019, there has been a 1058% increase in the number of sexual abuse images and videos of children aged 7-10 years that have been recorded through an internet-connected device by a predator. This increase is related to the COVID restrictions and increased internet use among children [3].

The psychological consequences of online sexual exploitation can sometimes lead children commit suicide.

In a one-to-one survey on online violence conducted among 1911 children covering all 25 districts of Sri Lanka (965 boys; 946 girls) in 2019, the Ministry of Women and Child Affairs of Sri Lanka, together with Save the Children International, World Vision Lanka, and Social Policy Analysis and reseach Center (SPARC) of university of Colombo found that 28% of the study population experienced online violence, with the majority (29%) of them being females at [4].

Most of the online violence against children was reported to be sexual in nature, such as receiving messages of a sexual nature (28%), receiving links and advertisements to indecent pictures, clip arts, videos, texts, scripts, and audio clips (26%), while 22.9% received links in messages that showed indecent images of other people [4].

7. Child grooming

Grooming is a common phenomenon that precedes most cases of child sexual abuse.
Child grooming is defined as establishing an emotional connection with a child under the age of consent, and sometimes the child's family, to lower the child's inhibitions so that they can manipulate, exploit, and abuse them.

- Identifying and targeting the victim
- Gaining trust and access
- Playing a role in the child's life
- Isolating the child
- Creating secrecy around the relationship
- Initiating sexual contact
- Controlling the relationship

Signs of grooming can become visible through the groomed children if adults are vigilant and aware. If a child is receiving expensive gifts such as phones, clothes, or money from an adult and keeping secrets with that person, these could be signs of child grooming. These are early warning signs that should be identified to prevent CSE.

8. Drugs and alcohol at an early age

It is not uncommon for children to be exposed to drugs and alcohol by their own parents and guardians. They are sometimes used as intermediaries by drug dealers to evade law enforcement authorities. Peer pressure, curiosity to have new experiences, and lack of awareness are some of the easons for children to become addicted to drugs and alcohol...

Under the influence of drugs and alcohol, not only children but also adults take risks, including sexual risks.
A school-based survey conducted in 2016 among 3650 school children between the ages of 10 and 19 found that 3.4% reported alcohol use, 3.6% reported smoking, 2.3% reported using other tobacco products, and 2.7% reported using other illegal drugs [5].

Date rape is another adverse outcome of illegal drugs, which is linked to sexual abuse and has been reported in many Western countries. Typically, this is described as a situation where a drink is spiked with a strong sedative, often in pubs and nightclubs where teenagers and young adults gather. Common drugs used include Gamma Butyrolactone(GBL), Rohypnol (flunitrazepam), ketamine, and alcohol. When used in combination, the attacker can make the target victim confused, rendering them unable to defend themselves and easily susceptible to sexual assault once they enter a sudden state of sedation. Often, when mixed with a drink or alcohol, these drugs do not alter the taste or color of the beverage. Most victims of date rape can recall waking up alone on a hotel bed, unable to remember anything, making it very difficult to gather evidence to prove the crime.

9. Poverty

Poor socioeconomic status always makes children and women vulnerable to sexual exploitation. Single mothers turning to commercial sex or engaging in casual relationships for economic benefits are consequences of poverty. Furthermore, parents neglecting their children and pushing them into begging, drug dealing, child prostitution, and child trafficking are also associated with poor socioeconomic status, which serves as an early warning sign for CSE.

It is of utmost importance to identify the early warning signs of CSE in order to prevent child sexual abuse. Parents, guardians, and other responsible individuals working with children, especially teachers and the general public, should be aware of these early warning signs.

A child safeguarding system with screening questions for early warning signs of CSE should be established at every contact point, particularly in the education and health sectors for children under 18 who may be potentially at risk.

Every initial contact with a child under the age of 18 should serve as a screening point for early warning signs of CSE within a child safeguarding system.

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CHAPTER 8.1

"Rekawarana" Child Safeguarding Program (CSP) Anuradhapura

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It is estimated that 328 288 children between the age of 0 to 19 years were living in the Anuradhapura district in 2020 (Department of census and statistics, Sri Lanka).According to the National Child Protection Authority, Anuradhapura is among the first five districts reporting the highest number of child sexual abuse cases in Sri Lanka. In 2022, a total of 551 complaints related to different types of child abuse were reported from Anuradhapura, with 41 of them being reported as child sexual abuse cases.

The Children and Women's Bureau of Anuradhapura Police handled more than 207 complaints related to child sexual abuse in 2021, and more than 10 child rape cases were reported from Anuradhapura, Madawachchiya, Nochchiyagama, and Thambuththegama police divisions in 2021. In the same year, 51 children under 18 years were referred to the sexual health clinic in the Teaching Hospital Anuradhapura, with 34 of them following sexual assaults. Eight children were treated for sexually transmitted infections (STIs), and three were pregnant at the time of presentation. The Judicial Medical Officer at Teaching Hospital Anuradhapura attended to 107 cases of alleged rape among children under 18 years.

Based on this evidence, the need for a child safeguarding system was identified, and the Rakawarana Child Safeguarding Program was initiated. The program was developed and implemented by Sexual Health Clinic Anuradhapura, through the Provincial Director of Health Services, with the participation of other health and non-health stakeholders in the district. The main goal of this program was to prevent child sexual exploitation in the district.

Objectives

1. To establish a child safeguarding system for early identification of children at risk of sexual exploitation through a method called the INFORMANT NETWORK METHOD and provide services to identified children to help them escape danger and prevent child sexual abuse and child sexual exploitation in Anuradhapura district.

2. To strengthen the existing system by improving communication and coordination between different service providers and stakeholders working on childrens' safety within the district.

3. To create public awareness and educate children and parents on child sexual exploitation and preventive measures.

4. To increase public responsiveness in reporting child sexual abuse and children at risk.

Implementation

The program is implemented in four stages:

1. Case Identification and Reporting

Children at risk of sexual exploitation are identified using the INFORMANT NETWORK METHOD, which was developed and introduced by referring to standard CSE systems and expert opinions. The method serves as a screening tool that allows trained government officers to identify children at risk when they come into contact during their normal duties. These trained government officers, also known as informants or notifiers, work in different sectors, mainly from the health or education sectors, where most children under 18 years come into contact. To ensure uniform case identification, a screening tool or questionnaire guides these informants in consistently identifying children at risk. The questionnaire was developed to cover most standard risk factors or early warning signs of child sexual exploitation (annexure 01). These signs may be visible within the child, family, or close environment.

Early warning signs of CSE include:

i. School dropouts
ii. Children with no parental protection at all
iii. Single-parent children
iv. Mothers employed abroad especially in the Middle East for an extended period
v. Parents involved in drug dealing or prostitution
vi. Parents addicted to drugs and alcohol
vii. Parents' extramarital partners affecting the child's safety
viii. Children having a love affair or a relationship with an adult or someone who is more than 5 years older
ix. Use of drugs and alcohol at a young age
x. Child grooming, wherein a child is prepared and groomed step by step, gaining trust by giving expensive presents such as mobile phones, money, etc., to manipulate the child
xi. Online child sexual exploitation or the exchange of sexualized material through a digital platform
xii. Negative peer pressure If one or few of those early warning signs are identified then the child and referred to a working group that take the responsibility of the child at risk

All selected government officials for case notification are given a special training and education on the above signs and the procedure of notification. Also they are requested to maintain the confidentiality at all levels.
Informants/Notifying officers include

At Field level:

- Public health midwife
- Public health inspectors
- Divisional officer of child protection authority
- Community psychiatric nurse
- Gramaniladarie
- Other relevant officers attached to the divisional secretariat office

At the Institutional level:

- Hospital (doctors of out-patient department)
- Doctors and nurses of paediatric wards and clinics
- School teachers representing each school in the district

4. Monitoring and Follow-up :

The working group is supposed to meet every month and discuss each case in a meeting chaired by the Medical Officer of Health (MOH). Representatives from the police and education sectors also attend the monthly meeting to provide additional support to the working group. During these meetings, challenges are discussed, and the risk is reassessed. Each child will be followed up until they are out of danger.

Children will be linked to the following services:

- Counselling
- Life skill development
- Referral to mental health and other health services
- Parent education counselling
- Sexual and reproductive health services
- Education and awareness on sexual health (individual and groups)
- Regular family visits
- Alcohol and drug rehabilitation
- Economic support
- Extra support for education
- Finding support within the family circle
- Conducting and organising awareness programmes on child sexual exploitation

Informant Network Method of Early Detection for Children at risk of sexual exploitation

Informants

- PHM
- PHI
- Doctors and nurses
- Teachers
- Grama niladarie
- Field officers
- Other

Main stakeholders of the Program include

- District Health authorities

  - Provincial Director of health Services (PDHS) and Regional Director Health Services(RDHS)
  - Maternal and Child Health (MCH)
  - Medical Officer of Health (MOH)
  - Health education unit
  - Paediatric unit
  - Sexual health unit
  - Psychiatry unit
  - Frontline - OPD

- Education sector
- District Child Protection Officers
- Police – Children and Women's Bureau
- Rajarata University
- Probation? Probation services
- Social services

Output or Results – up to August 2022

The program was initiated in 2021, and the pilot project was successfully completed in the Thambutthegama DS/GA division.

Based on the results of the pilot project, the district committee decided to expand the Rekawarana program to the other 22 AGA divisions in the district, and it is now in the second phase of implementation.

Program implementation has commenced in 7 other AGA divisions.

- Nuwara Gum Palatha - East
- Nuwaragum Palatha - Central
- Madawachchiya
- Ipalogama
- Galnewa
- Thalawa
- Mihinthale

Completed Activities	**Number Completed** (By the end of August 2023)	**Remarks**
Advocacy Programs	13	All high-level administration, including the Chief Secretary, District Secretary, and DSs of the 22 DSDs, Hospital Directors of the Teaching Hospital and other Base Hospitals, Education officials, and the Police, are actively involved in the program.

Training workshops	13	For MOH staff, Divisional Child Protection Officers, and other AGA staff included in working groups, all Gramaniladaries, Police officers of each Police division (Children and Womens Bureau), Probation Officers, OPD staff, Paediatric unit staff, and MOIC of Central dispensaries actively participated in the program.
Number of teachers trained	80	Teachers providing counselling representing each school in that division.
Number of review meetings	17	With working groups

In addition, school programs and community awareness programs were conducted in Anuradhapura to educate children and the public under this program. Posters and video clips were developed and distributed to schools, MOH officers, and Gramaniladarie. Radio spot messages on early warning signs of CSE were developed and broadcasted through Rajarata Sewaya.

At the end of august 2023, a total of 141 children were notified to the working groups by midwives, teachers, doctors, nurses, and other officers. Out of the total, 69 were verified by the working group as in need of help and were linked to different services.

These services included re-schooling, counselling, referrals to psychiatry and paediatrics, family visits, arranging foster parenting, arranging for economic support drug and alcohol rehabilitation and parent education. Referrals to the police were also made in 2 cases where the children were notified as already sexually assaulted.

Furthermore, a telephone hotline is maintained through the District Director of Health Services, allowing anyone to obtain information and report children at risk of sexual exploitation to the CSE team. The hotline operates from Monday to Friday, from 9 am to 5 pm, and is currently handled by a designated nurse from the Sexual Health clinic. Additionally, it is planned and as funds have been approved, to develop a web-based app so that anybody can notify a child at risk through an app.

The concept of Rekawarana Child Safeguarding will be expanded to all 22 AGA divisions in the district.

Funding

The program is funded by the Asian Development Bank and the Ministry of Health under the Primary Health System Enhancing Project in the North Central Province of Sri Lanka.

CHAPTER 8.2

Sharing Experiences: Child Sexual Exploitation Prevention Programme in Hambanthota District

Dr. D Tharanga De Silva
Acting Consultant Judicial Medical Officer,
Institute of Forensic Medicine and Toxicology, Colombo 10.

During the 10 years (2012 – 2023) that I worked as a Judicial Medical Officer (JMO), registrar and senior registrar in Forensic Medicine in District General Hospital Hambantota and Teaching Hospital Karapitiya, I have examined about 330 victims of Child Sexual abuse (CSA).

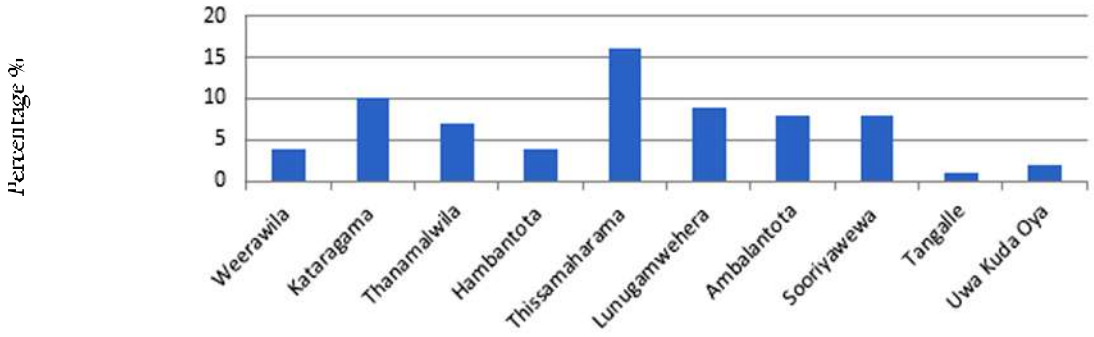
As a Senior registrar in Forensic Medicine at the JMO office Hambantota, I have examined 69 cases of CSA during a 6-month period. Although all these cases have been legally categorized into CSA, depending on the history, they can be further divided into 3 categories.

1. Sexual abuse cases in which threat and force were used against the children. In this category there were 18 female children and 3 male children. The female children were in 10 – 15 years of age and male children were 11 - 13 years old.

2. 46 cases belonged to this category in which female children had eloped with their boyfriends. Many of these cases were reported among girls of 14 – 15 years of age. Their history revealed that their sexual debut was at the age of 13 years (Grade 8 at the school level)

3. 02 cases belonged to the suspicious category where there was no clear history and physical evidence of penetration. One case reported from Kataragama related to so called "dishtiya" where both child and her mother were unaware of the incidents that happened over few hours, while in another case, a boy who tried to commit suicide at the psychiatry ward of District General Hospital Hambantota gave a history of sexual abuse by his relative. When we consider the distribution of these 69 cases regarding the police areas of Hambantota district, the highest number of cases (16) were reported from Thissamaharama police area. Other cases were reported from Kataragama (10), Lunugamwehera (09), Ambalantota (08), Sooriyawewa (08) Thanamalwila (07), Weerawila (04) and Hambantota (04) areas.

Graph 1: Police areas in which CSA cases were reported during 6 month study period



Police areas of Hambanthota District in which CSA cases were reported in 1t of July – 31st. December 2022

Reporting of vast numbers of CSA cases within a short period urged me to design an innovative way of prevention and enhance awareness among children and carers.

As a Senior Registrar in Hambantota, I presented the data and revealed the grave situation at the Hambantota District Child and Women Development Committee. There I introduced a CSA prevention programme. All stakeholders who were present at the committee agreed to contribute to their maximum to the programme to protect the children from CSA in the Hambantota district.

Team members of the CSA prevention program were, Dr. Buddhika Perera, Consultant Venereologist, STD clinic Hambantota, Dr. Gayan Mahakumbura, Acting Consultant Venereologist, STD clinic Hambantota and Dr. Manjula Jayaruwan, Medical Officer in Charge, STD clinic, Hambantota.
Proposed prevention programme composed of 2 main components. The first was an awareness programme for school children and their parents. Due to the different levels of understanding, maturity, and the biological age, children were grouped into 3 categories as below:

01. Preschoolers & Primary (grade 1-5)
02. Grade 06, 07 & 08
03. Grade 09, 10, 11, 12 & 13

The Second component was to streamline the follow up process of the victims as there was no proper way of follow up. CSA may lead to serious complications that can emerge any time in life. Therefore, it is important to identify problems such as health-related and socioeconomic issues that are encountered by victims and their guardians.

Assessing the expectations and degree of satisfaction of the victims and their guardians with the current legal and healthcare systems are other important aspects of follow-up. Furthermore, it is important to identify the gaps and weaknesses in our health and legal system and aid us in modifying current practices accordingly.

The poster given below served as our program's primary source of information. It was designed by me and was approved by Family Health Bureau. Five thousand posters were printed with funds provided by the Regional Director of Health Services, Hambantota. The poster was officially launched on 21st June 2023 at the District Child and Women Development Committee, Hambantota. (Please refer Annexure 3)

The posters were distributed among all Medical Officers of Health (MOH) areas in the Hambantota district. The Public Health Inspector (PHI) of each MOH area distributed them to all preschools and schools under their supervision. The poster is to be displayed in pre-schools and classrooms from grade 1 to 8 in a location where children can read. The teachers in charge of health science and class teachers were given the responsibility of spreading these messages in an age-appropriate manner. The staff of schools and preschools were advised to dedicate 15 minutes to discuss the 7 rules of child safety, (utilizing the poster and an audio clip) on weekly basis. An audio clip was developed and recorded with the help of Ruhunu Sewaya of the Sri Lanka Broadcasting Corporation at the request of the Hambantota District Secretariat. Depending on the infrastructure, an audio clip could be played in the morning, during the interval, or during an appropriate time. Please refer to Annexure 4 for the audio clip wording.

The school principal was assigned to monitor this program. PHI will visit the school to evaluate the progress of the program. In the meantime, the Zonal Director of Education will arrange awareness campaigns to educate the teachers. Medical professionals were willing to conduct school-based awareness campaigns upon request. Furthermore, awareness campaigns were conducted for the religious community in Hambantota District as well.

Unfortunately, due to stigma and discrimination, the victims and their guardians did not consent for follow-up home visits. As a result, the staff of the STD clinic is to follow-up the victims when they return for 3-month follow-up serology.

In addition to this, I conducted a study on the risk factor analysis of the perpetrators of child sexual abuse in Sri Lanka. A case control study comparing 117 cases to two control groups on a 1:1 basis was conducted. Female CSA perpetrators have received less attention globally, and their numbers are underestimated. According to statistics from the Sri Lankan Department of Prisons, between 2014 and 2021, 257 men and 4 women were found guilty of the CSA offenses. According to the research, many female offenders were between the age of 18 - 40. The majority of the victims were teenagers, aged 13 to 16. All the victims in this study were male children. It cannot, however, remark on female victims. Almost all (95%) incidents had occurred at the residence of the female offender. Close relatives and neighbours were the most common female perpetrators. Sometimes the perpetrator was a female teacher, a classmate's mother or sister, or a female acquaintance of the victim's parents. The most frequent sexual conduct committed by the female offenders was vaginal intercourse. With the victim child and the female offender, parasexual acts such as intercrural / interlabial, oral, and anal intercourse were also practised.

CHAPTER 9

RECOMMENDATIONS

Dr. Chani Ratnayaka,
Senior Registrar in Venereology,
National STD AIDS Control Programme

Prevention of child sexual abuse and child sexual exploitation should be a priority and all possible steps should be taken to eliminate this problem. Considering the facts and figures presented by health professionals and other responsible authorities, the following recommendations are made to address the issue:

- Establish a child safeguarding system to identify children at risk of sexual exploitation and sexual abuse where ever possible while providing services for children especially in the health and education sectors in the government as well as in the private sector.

- Health care providers, teachers and other relevant officers should be trained to identify children at risk and there should be routine screening systems using early warning signs including timely reporting to authorities.

- Encourage the reporting of incidents and accountability of acting against child sexual exploitation and child abuse.

- Strengthen the existing child safeguarding systems and encourage multidisciplinary approach at all levels to prevent child sexual abuse.

- Take action to prevent unnecessary delays in reporting and law enforcement for child safeguarding.

- Use all possible communication means including mass media and social media to enhance awareness on the current situation and modes of prevention of CSE among parents, guardians and children themselves.

- Continue a social dialogue and catalyze the existing dawdling systems.

- Strengthen mechanisms to empower children with age and culturally appropriate knowledge on sexual and reproductive health and assertive life skills.

- Lobby for advocacy and commitment from politicians, policy makers, religious and community leaders.

- Strengthen and support the rehabilitation of victims of sexual abuse to prevent re-abuse and halt the vicious cycle of victims becoming abusers and pedophiles in future.

ANNEXURE - 1

A.Case identification details		
1	Name	
2	Gender (M/F/other)	
3	Address	
4	Date of Birth	
5	Accompanied by parent/ guardian with name and the relationship to the child	
6	DS division	
7	GN division	
8	Village	

Case identification form(Screening questionnaire for CSE)

B. Risk Assessment

1.Child dropped out of school or frequently absent child	**YES**	**NO**	
2 Child whose father or mother employed overseas .	**YES**	**NO**	
3.Single parent child(One parent died/separated /divorced)	**YES**	**NO**	
4. Father or mother abuser or addicted to drugs or alcohol	**YES**	**NO**	
5. Child affected by parents' s other partners(sexual or intimate)	**YES**	**NO**	
6. Mother or guardian involved in commercial sex	**YES**	**NO**	
7. Poor interactions/communication with parents	**YES**	**NO**	
8. Parent/guardian with a mental illness	**YES**	**NO**	
9.Having a GF/BF more than 5 years of age (consider maturity difference)	**YES**	**NO**	
10.Sexting with someone	**YES**	**NO**	
11.Sex experienced child	**YES**	**NO**	
12.Evidence for child grooming	**YES**	**NO**	
13. Child was sexually abused or attempted (if found out that child is already abused or history of failed attempt during the interview)	**YES**	**NO**	
14.Peer pressure for risky sexual relationships	**YES**	**NO**	
15.Peer pressure for drug and alcohol misuse	**YES**	**NO**	
16.Evidence for use cyber space leading to a sexual abuse(cyber bullying)	**YES**	**NO**	
17.Homeless/street child	**YES**	**NO**	
18.Mentally subnormal child	**YES**	**NO**	
19. Economical deprivation leading to sexual abuse	**Yes**	**No**	
20.Any other contextual evidences for risk of sexual abuse(specify)			
TOTAL SCORE			

ANNEXURE - 2

සොදුරු ළමා ලොව සුරකිමු

අපේ දරුවන් සුරක්ෂිත ද?

ළමා හිංසනය පිළිබඳ සෑම පැමිණිලි හතකට එකක්
ලිංගික අපයෝජනය හා සම්බන්ධ වේ.
(ළමා ආරක්ෂණ අධිකාරිය)

අනුරාධපුර දිස්ත්‍රික්කය තුළ සෑම මසකම,
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ලිංගික අපයෝජනයට ලක් වේ.
(ළමා හා කාන්තා කාර්යාංශය, අනුරාධපුර)

සෑම මසකම ගැහැණු දරුවන් **05** දෙනෙකු පමණ
තම ආදරවන්තයා අතින් අපයෝජනයට ලක් වේ.
(අධිකරණ වෛද්‍ය අංශය, අනුරාධපුර)

අනාරක්ෂිත දරුවන්ගේ ආරක්ෂාව තහවුරු කිරීමට,
අනුරාධපුර රැකවරණ ළමා සුරැකුම් වැඩසටහන හා එක්වන්න.

රහසිගත භාවය රකිමින්
අවශ්‍ය බහුවිධ සේවාවන් ලබාගැනීමට
පහත සේවාදායකයින් වෙත යොමු වන්න,

1) ප්‍රාදේශීය ලේකම් කාර්යාලය
2) ප්‍රදේශයේ ග්‍රාම නිලධාරි
3) පවුල් සෞඛ්‍ය නිලධාරිනිය
4) මහජන සෞඛ්‍ය පරීක්ෂක නිලධාරි

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පෙ.ව. 9.00 සිට
ප.ව. 5.00 දක්වා

වැඩි විස්තර සඳහා අමතන්න

025 223 64 61
070 707 1 707

රැකවරණ ළමා සුරැකුම් වැඩසටහන
අනුරාධපුර

ANNEXURE - 3


නුඹ රැකුම යුතුකම අපේ
ළමා ලිංගික අපයෝජනයේ අනතුරු හැඟවීම් හඳුනා ගනිමු.
පාසැල මගහැරීම
"තෑගි බෝග දී ක්‍රමානුකූලව අපයෝජනයකට හැඩ ගැස්සවීම" (Child grooming)
නොගැලපෙන ආදර සම්බන්ධතා
මත්ද්‍රව්‍ය හා මත්පැන් අවභාවිතය
"ජංගම දුරකතන අවභාවිතය" (Sexting)
සහචර පීඩනය
දෙමාපිය රැකවරණ අහිමි වීම
සයිබර් හිංසනය
STOP
වැඩි විස්තර සඳහා අමතන්න
025 2236461 / 070 707 1 707

ANNEXURE - 4

මගේ ආරක්ෂාවට, මගේ නීති 07

01 මගේ ශරීරයේ අයිතිකාරයා මමයි...

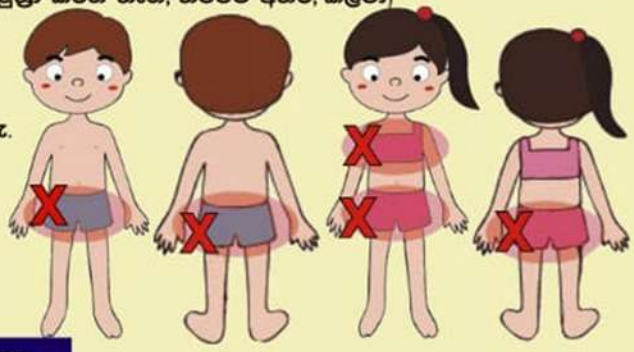
- මගේ අවසරය නැතිව කාටවත් මාගේ ඇඟට අත තියන්න කාටවත් බැහැ.
- මගේ ඇඟ අල්ලන්න එන ඕනෑම කෙනෙකුට "අත තියන්න එපා" කියන්න මට පුළුවන්.

02 මගේ ආරක්ෂක වලල්ල ගැන මම දන්නවා...

- මට විශ්වාස වැඩිහිටියන් කිහිප දෙනෙක් ඉන්නවා. (අම්මා, තාත්තා, ආච්චි, පන්ති භාර ගුරුවරයා වැනි අය)
- මට ඒ අයට ඕනම දෙයක් කියන්න පුළුවන්. ඒ අය මම කියන දේ විශ්වාස කරනවා.
- මගේ හිතට බයක්, අමුතු දෙයක් දැනුනොත්, මට දැනෙන දේ, ඇයි එහෙම වෙන්නෙ කියල ඉක්මනින්ම විශ්වාස පුද්ගලයෙකුට කියනවා.
- මට සිටින විශ්වාස යයි සිතා සිටින පුද්ගලයෙකු පවා මම නොහිතන මොහොතක මා හට කරදරයක් කල හැකි බවද දන්නවා

මගේ ඇඟේ පුද්ගලික තැන් සහ ස්පර්ශ නීති මම දන්නවා... 03

- ඒවා මගේ යට ඇඳුම් වලින් වැසී ඇති කොටස් බව මම දන්නවා. (පපුව, මුත්‍රා කරන තැන, තට්ටම් අතර, කලවා)
- මගේ ඒ තැන් අල්ලන්න පුළුවන් මට විතරයි.
- මට විශ්වාස වැඩිහිටියන්ට (අම්මා, තාත්තා, පන්තිභාර ගුරුවරයා වැනි) උනත් ඒ තැන අල්ලන්න පුළුවන් මගේ ඇඟ පිරිසිදු කරන විට පමණයි.
- කාටවත්ම ඔවුන්ගේ පුද්ගලික තැන් මට අල්ලන්න කියන්න අයිතියක් නැහැ.
- මට වෙනත් අයගේ ඒ තැන් වල රූප පෙන්නන්නත් අයිතියක් නැහැ.
- කවුරුවත් එක්ක ඒවා ගැන කතා කිරීම, ඒ තැන් බැලීම හා ඒ තැන් අල්ලමින් අමුතු දේවල් (සෙල්ලම්) කරන්නෙත් නැහැ.
- එහෙම දෙයක් උනොත් ඒ ගැන ඉක්මනින්ම විශ්වාසවන්ත වැඩිහිටියෙකුට කියන්න ඕන කියල මම දන්නවා.



04 මට හේතුවක් නැතිව දෙන තෑගි මම ගන්නේ නැහැ...

- සමහර පුද්ගලයන් මා හට තෑගි (චොෆි, චොකලට්, සෙල්ලම් බඩු වැනි දේවල්) ලබා දී මාගේ ස්පර්ෂ නීති කඩ කිරීමට හෝ වෙනස් කිරීමට බල කල හැකි බව මම දන්නවා.
- එවැනි පුද්ගලයන් ගැන සහ තෑගි ගැන දෙමව්පියන්ට ඉක්මනින් පැවසිය යුතු බවත් දන්නවා.

මගේ හිතේ රහස් තියාගන්නෙ නැහැ... 05

- මට නරකයි කියල හිතෙන, ලැජ්ජා හිතෙන රහස් දේවල් හෝ කවුරු හරි මට ඒවා "කාටවත් කියන්න එපා" කියල තර්ජනය කලොත් අනිවාර්යයෙන් එය විශ්වාස වැඩිහිටියෙකුට ඉක්මනින්ම කියන්න ඕන කියල මම දන්නවා.
- ඒත් මම එසේ කියන බව ඒ පුද්ගලයාට කියන්නෙ නැහැ.

06 මම අනතුරුදායක දේවල් කරන්නේ නැහැ...

- පාළු පාරවල්වල මෙන්ම කළුවර වැටුනු පසුව පාරේ තනිව ගමන් කිරීම,නොහඳුනන පුද්ගලයන් සමග කතාවට යාම හා පුද්ගලයන් සමග පාළු ස්ථාන හෝ කැළෑ වලට යාම අනතුරු දායක බව මම දන්නවා.
- මව හෝ පියා කීවා යයි පවසා මම නිවසට රැගෙන යාමට පැමිණෙන නොහඳුනන පුද්ගලයන් ගැන ගුරුවරයා දැනුවත් කල යුතු බව මම දන්නවා.
- නිවසින් බැහැරව යන විට ඒ ගැන දෙමව්පියන් දැනුවත් කල යුතු බව මම දන්නවා.
- ජලය ඇති තැන් වලට යාම, ගින්දර, විදුලිය සහ තියුනු අයුධ භාවිතය දෙමාපිය මගපෙන්වීම යටතේ පමණක් සිදු කළයුතු බව මම දන්නවා.

අනතුරකදී කළ යුතු දේ මම දන්නවා... 07

ළමා අපයෝජනයක් නම් කතා කරන්න

ශ්‍රී ලංකා ළමා දුරකථන සේවය **1929**

ANNEXURE - 4

මගේ ආරක්ෂාවට, මගේ නීති හත

පුංචි දුවේ පුතේ, මම ඔයාලට අද කියල දෙන්න හදන්නෙ ඔයාලගෙ ආරක්ෂාවට ඉතා වැදගත් වන, ඔයාලා හොඳින් හිතේ තබා ගන්න ඕන කරුණු කාරණා කීපයක්.

අපි ඉන්න පරිසරයේ සතා සිව්පාවුන්, ගස් කොලන්, ඇල දොල ගංගා වගේම මිනිස්සු විසින් නිර්මාණය කරන ලද ඉදිකිරීම් තියෙනවා. ඒවගේම එක එක ආකාරයේ චරිත ලක්ෂණ තියෙන, විවිධ ආකාරයේ මිනිසුන් අපිත් එක්ක මේ පරිසරයෙ ජීවත් වෙනව කියල දූලා පුතාලා දන්නවා.

අපි ජීවත්වන පරිසරයේ ජීවත් වෙන සතුන් අතරින් සමනල්ලු, හාවෝ වගේ සමහර සතුන් වර්ග අපිට කවදාවත් කරදරයක් කරයි කියල අපි හීනෙන්වත් හිතන්නෙවත් නෑ. ඒ නිසා ඒ වගේ සත්තු ගාවට අපිට කිසිම බයක් නැතුව යන්නත් පුළුවන්, උන් අල්ලන්නත් පුළුවන්.

පරිසරයෙ ජීවත් වෙන කොටි, සිංහයො, වලස්සු, නයි වගේ සමහර සත්තු ජාති ඉන්නවා අපි උන් ගාවට අපිට කිට්ටු වෙන්න හිතන්නෙවත් නැති, මතක් කරන කොටත් අපේ හිතට බයක් දැනෙන සත්තු.

ඒ වගේම බල්ලන් වගේ තවත් සත්තු වර්ග ඉන්නව සමහර වේලාවට උන් අපිට හුරතල් වගේ පෙනෙනවා. අපිට උන් වඩාගන්න හිතෙනවා, උන් ගෙදර අරන් ගිහින් හදා ගන්නත් හිතෙනවා, ඒත් සමහර වෙලාවට උන් නපුරු වෙලා, කේන්ති ගිහින් දත් විලිස්සගෙන, බුරාගෙන ඇවිත් අපිව හපා කන්නත් පුලුවන් නේද?

දැන් දූලා පුතාලට තේරෙනවා ඇති සත්තුන්ගෙන් අපිට කරදරයක් වෙන්න පුළුවන් ද, බැරිද කියල, අපිට උන් දිහා පිටින් බලලා, උන්ගේ බාහිර පෙනුමෙන්, උන්ගේ හැසිරීමෙන් අපිට කියන්න පුලුවන් කියල. ඒත් දුවේ පුතේ අපි අවට ඉන්න මිනිස්සු, ඔවුන්ගේ බාහිර පෙනුමෙන් හරි, ඒ අයගේ හැසිරීමෙන් හරි, ඒ අය අපිට උදව්වක් කරන්නද, අපිට ආදරයෙන්ද එන්නේ, එහෙම නැත්නම් කරදරයක් කරන්නද එන්නේ කියල ඒ අය ගැන පිටින් බලලි යම් කිසි අවබෝධයක් ගන්න බැහැ.

ඕන තරම් මිනිස්සු අපිත් එක්ක හිනාවෙලා, අපිට ආදරේ පෙන්නල, එහෙම නැත්තම් උදව් කරන්න හදනවා වගේ පෙන්නල අපිට අනතුරක්, කරදරයක් කරන්න පුලුවන්. සමහර විට ඒ අය අපේ ගෙදරම ඉන්න කෙනෙක්, එහෙම නැත්නම්, ගෙදර අවට ඉන්න හොදට දන්න අදුනන කෙනෙක් හරි, එහෙමත් නැත්නම් ඔයාලට ජීවිතේ පළමු පාරට හමුවෙන අදුරන්නෙ නැති කෙනෙක් වෙන්නත් පුළුවන්.

ඒක නිසා අපි මිනිස්සු ආශ්‍රය කරන කොට ගොඩක් පරිස්සමින් තමයි ඒ අය ආශ්‍රය කරන්න ඕන. ඒ නිසා මේ නීති 07 ඔයාලගෙ හිතේ හොදින් මතක තියාගෙන අවශ්‍ය තැනදි ඒ විදියටම ක්‍රියාත්මක වෙන්න ඕන.

දූලා පුතාල හොඳින් මතක කියාගන්න ඕන මේ නීති තියෙන්නෙ ඔයාලගෙම ආරක්ෂාවටයි කියල. ඒ නිසා මේ නීති 07 වෙන කිසිම කෙනෙකුට වෙනස් කරන්න බැහැ. ඒකට ඔයාල කැමති වෙන්නත්, ඉඩ දෙන්නත් එපා. අනිත් කාරණය තමයි ඔයාල මේ නීති පිලිපැද්දේ නැති උනොත් හරි, කාගේ හරි කීමකට නීති වෙනස් කලොත් හරි ඒකෙන් ඔයාලට අනතුරක්, කරදරයක් වෙන්න පුළුවන්.

පළවෙනි නීතිය

ඔයාලගෙ ඇගේ, එහෙම නැත්නම් ඔයාලගෙ ශරීරයේ අයිතිකාරයා ඔයාමයි.
ඔයාලගේ කැමැත්තක්, අවසරයක් නැතිව කාටවත් ඔයාලගෙ ඇගට අතක්වත් තියන්න අයිතියක් නෑ. එහෙම කරන්න ඔයාලා කාටවත් ඉඩ දෙන්නත් එපා. වෙනත් අය ඔයාලගෙ ඇග අල්ලන්න හදනකොට, ඔයාලගෙ අකමැත්ත මගේ ඇගට අත තියන්න එපා කියල ප්‍රකාශ කරන්නත් පුළුවන් කියළ ඔයාල දැනගන්න ඕන.

විශේෂයෙන්ම ඔයාල ලැජ්ජාවට, අපහසුතාවයට පත්වන ආකාරයේ සිප ගැනීමක්, වැළඳ ගැනීමක් හෝ ඕනෑම අකාරයක ස්පර්ෂයක් නවත්තන්න චූටි දූලා පුතාලට පුළුවන්. ඒකට ඔයාලට අයිතියක් තියෙනවා. ඒ වගේ අය කොච්චර ශරීරයෙන් ලොකු උනත්, මොන වගේ කෙනෙක් උනත්, ඒ වගේ ස්පර්ෂවලට විරුද්ධ වෙන්න පුළුවන් විදියට චූටි දූලා පුතාලගෙ හිත ශක්තිමක් කරගන්න ඕන.

දෙවනි නීතිය

ඔයාලට ඉන්න ආරක්ෂක වලල්ල ගැන, එහෙම නැත්නම් ඔයාලට ඉන්න විශ්වාසවන්ත වැඩිහිටියෝ ගැන ඔයාල දැනගෙන ඉන්න ඕන.

ඔයාලට ඉන්න විශ්වාසවන්ත වැඩිහිටියෝ තමයි ඔයාලගේ ගෙදර ඉන්න අම්මා, තාත්තා, අයියා, අක්කා, නැන්දා, මාමා, සීයා ආච්චි වගේ අය, ඒ වගේම පන්තිභාර ගුරුතුමා, ගුරුතුමියත් ඒ විශ්වාසන්ත වැඩිහිටියන්ට ඇතුලත් වෙනවා. සමහර දූලා පුතාල ගෙදරින් පිට ඉන්නවා නම්, ඔයාලට ඉන්න විශ්වාසවන්ත වැඩිහිටියෝ කවුද කියල ඔයාලට අදුරගන්න අපහසු නම්, ඒ වෙලාවට ඔයාලගෙ පන්තිභාර ගුරුතුමියගෙන් ඔයාට ඉන්න ඒ පුද්ගලයො කවුද කියල අහල දැනගන්න පුලුවන්
චූටි දුවේ පුතේ, ඔයාලගේ හිතට මොනවා හරි බයක්, අමුත්තක් දැනෙනවානම්, ඒ ගැන හරි, නැත්නම් එහෙම වෙන්නෙ ඇයි කියල හරි ඒ විශ්වාසවන්ත වැඩිහිටියෙක්ට කියන්න පුළුවන්. දූල පුතාල කියන දේවල් ඒ අය ගොඩක් විශ්වාස කරනවා. ඔයාල එහෙම දේවල් කිව්ව කියල ඒ වැඩිහිටියන් ඔයාලට ගහන්නෙවත් බනින්නෙවත් නැහැ.

ඔයාල මතක තියාගන්න ඕන තවත් වැදගත් කාරණයක් තමයි, ඔයාලට කරදරයක් කරන අය ඔයාලගේ ගෙදර ඉන්න කෙනෙක් වෙන්නත් පුළුවන්, ඔයාලගෙ ගෙදර අවට ඉන්න කෙනෙක් වෙන්න පුළුවන්. ඒවගේම ඔයා විශ්වාස කරන කෙනෙක් වුනත්, සමහරවිට ඒ විශ්වාසය කඩකරල ඔයාලට කරදරයක් කරන්න පුළුවන් කියන එකත් ඔයාල හොදින් මතක තියා ගන්න ඕන කාරණයක්.

ඔයාලට ඔයාලගේ ගෙදරදි ඔයාට ලැජ්ජ හිතෙන, රිදෙන හෝ ඔයාව අපහසුතාවයට පත්වෙන අමුතු දෙයක් වෙනවානම් ඒ ගැන ඔයාලගේ පන්ති භාර ගුරුතුමියට කියන්න පුළුවන්, ඒ වගේම ගෙදරින් පිට කෙනෙක් ඒ වගේ දෙයක් කරනවානම් ඔයාලගේ අම්මට තාත්තට හැකි ඉක්මනින් කියන්න ඕන කියල ඔයාල මතක තියා ගන්න ඕන.

තුන්වන නීතිය

ඔයාල ඔයාලගේ ඇගේ තියෙන පුද්ගලික ස්ථාන, එහෙමත් නැත්නම් ඔයාලගේ ඇගේ රහස් ස්ථාන හා ඒවාට සම්බන්ධ වන ස්පර්ෂ නීති ගැන දූල පුතාල දැනගෙන ඉන්න ඕන.

අපේ ඇගේ තියෙන පුද්ගලික ස්ථාන කියල සරලවම කියන්න පුලුවන් විදිය තමයි දුවේ පුතේ අපේ යට ඇදුම්වලින් වැහිල තියෙන එහෙමත් නැත්නම් ආවරණය වෙලා තියෙන ස්ථාන ටික. ඒ කියන්නෙ අපේ මුත්‍රාදාන තැන, තට්ටම් හා ඒ අතර ප්‍රදේශය, අපේ කලවා අතර ප්‍රදේශය වගේම ගැහැණු දරුවන්ගේ පපු ප්‍රදේශය ඒ රහස් තැන් වලට අයිති වෙනවා.

ස්පර්ෂ නීති වලින් කියල දෙන්නෙ පුතේ ඔයාලගෙ ඇගේ අනිත් අයට අල්ලන්න, ඒ වගේම බලන්න පුළුවන් තැන් මොනවාද, බැරි තැන් මොනවාද කියන එක. ඒ වගේම ස්පර්ෂ නීති වලට අනුව, ඒ රහස් තැන් ගැන වෙන කවුරුවත් එක්ක අපි කතා කරන්නෙවත් නැහැ, ඒ තැන් කාටවත් පෙන්නනෙත් නැහැ, ඒ වගේ ම අනුන්ගේ ඇගේ තියෙන ඒවගේ තැන් අපි පොටෝ එකකිත්වන්, වීඩියෝ එකකින්වත් බලන්නෙ නැහැ. ඒ වගේම ඒ රහස් තැන් අල්ලල, එහෙම නැත්තම් ඒව බලල කරන අමුතු සෙල්ලම් කරන්නෙත් නැහැ.

ඔයාල දන්නවද ඇයි එහෙම කරන්න හොඳ නැත්තෙ කියල. පුතේ ඒ දෙවල් අද සමාජයේ ගොඩක් අය පිලිගන්නේ නරක දේවල් කියල. එහෙම නැත්තම් නරක ස්පර්ෂයක් කියල. ඒවගේ නරක දේවල් කරන කොට අපිට ලැජ්ජ හිතෙනවා, සමහර විට ඔයාලට රිදෙනවා. ඒවගේම සමහර විට භයානක ලෙඩවල් බෝ වෙන්නත් පුලුවන්.

හැබැයි දුවේ පුතේ, ඔයාල ගොඩක් පොඩි නම්, ඔයාල වැසිකිලි ගිහින් ආවට පස්සෙ හරි, ඔයාලගෙ නානකොට හරි, ඇඟ පිරිසිදු කරන වෙලාවට හරි ඔයාලගෙ අම්මට තාත්තට වගේම වෙනදට ඔයාට උදව් කරන කෙනෙක්ට ඒ තැන් අල්ලන්න, පිරිසිදු කරන්න අවස්ථාව දෙන්න ඕන. ඒත් දුවේ පුතේ එහෙම වේලාවට ඇර වෙනත් අවස්ථා වලදී විශ්වාසවන්ත වැඩිහිහිටියන් ඇතුළුව කාටවත්ම තමන්ගේ ඇඟේ තියෙන රහස් තැන් අල්ලන්න දෙන්න එපා.

හොඳ ස්පර්ෂය කියල කියන්නේ අපි ලැජ්ජාවට පත්වෙන්නෙ නැති, අපිට රිදෙන්නෙ නැති, අපිව අපහසුතාවයට පත්වෙන්නෙ නැති ස්පර්ෂ වලට. ඔයාල නිදා ගන්න යන කොට හරි, උදේ පාසල් එන්න පිටත් වෙනකොට හරි ඔයාලගෙ අම්ම, තාත්ත, සීය ආච්චි වගේ විශ්වාස පුද්ගලයෙක් ඔයාගේ හිස අතගාල නලල සිපගෙන ආශීර්වාද කරන එක හොඳ ස්පර්ෂයක් කියල හදුන්වන්න පුළුවන්.

හතරවන නීතිය

ඔයා අදුරන කෙනෙක් දුන්නත්, අදුරන්නෙ නැති කෙනෙක් දුන්නත්, ඒ දෙන තෑගි බෝග ඔයාල විශ්වාස වැඩිහිටියෙකුට කියන්නෙ නැතිව භාර ගන්න හොඳ නැහැ.

ඒ තෑගි විදියට ඔයාල කැමති කෑම වර්ග, සෙල්ලම් බඩු, මුදල් වගේම ඒ අයගේ පෝන් එක බලන්න දීම, ඒ අයගේ බයිසිකලයක් පදින්න දීම වැනි අවස්ථාවක් වගේ ඔයලගෙ අම්ම තාත්තගෙන් ඔයාලට නොලැබෙන අවස්ථාවක් දෙනවා වගේ දෙයක් වෙන්නත් පුලුවන්.

සමහර විට ඒ අය ඔයාලට තෑගි බෝග දීල එයා ඔයාලගේ අම්ම තාත්තට වඩා ඔයාට ආදරෙයි කියල පෙන්නල ඔයාව රවටන්න උත්සාහ කරනවා. ඒ නිසා ඒ වගේ වෙලාවට පුලුවන් තරම් ඉක්මනට ඒවගේ තෑගි ගැන සහ ඒ වගේ පුද්ගලයො ගැන අම්ම තාත්තට කියන්න ඕන.

ඒවගේම දුවේ පුතේ, එවගේ තෑගී ඔයාලට දීල, ඔයාලගේ ඇඟේ තියෙන පුද්ගලික ස්ථාන අල්ලන්න, බලන්න උත්සාහ කරන්න පුලුවන්, ඒවගේ ස්පර්ෂ නීති ටික වේලාවකට හරි වෙනස් කරන්න ඔයාලට බලපෑම් කරන්න පුලුවන්. ඒ වගේම ඒ ගැන කාටවත් කියන්න එපා කියල කියන්නත් පුළුවන්. ඒත් දුවේ පුතේ ඒ ස්පර්ෂ නීති කිසිම පුද්ගලයෙකුට ටික වේලාවකටවත් වෙනස් කරන්න දෙන්න එපා. ඒ ගැන අනිවාර්යෙන් හැකි ඉක්මනින්ම ඔයාලගෙ විශ්වාස වැඩිහිටියෙක්ට කියන්න ඕන.

පස්වන නීතිය

ඔයාලගෙ හිතේ අම්මට තාත්තට කියන්නෙ නැති කිසිම රහසක් තියා ගන්නෙ නැහැ.

ඒ රහස් ඔයාලට දුන්නු තෑග්ගක් ගැන වෙන්න පුළුවන්, ස්පර්ෂ නීති කඩ කරපු අවස්ථාවක් වෙන්න පුලුවන්, ඔයාලට ලැජ්ජ හිතෙන, අපහසුතාවයට පත්වෙන, සමහර වෙලාවට මතක් කරනකොටත් ගොඩක් බය හිතෙන දේවල් වෙන්න පුලුවන්. ඒ දේවල් ඔයාලගේ හිතේ තද කරගෙන ඉන්නෙ නැතිව, ඔයාලගෙ විශ්වාස වැඩිහිටියෙකුට කියන්න ඕනමයි. එහෙම කිව්වෙ නැති උනොත් ඒ කරදර, ඒ ලැජ්ජ හිතෙන දේවල් දිගින් දිගටම ඔයාට ඉවසගෙන ඉන්න වෙනව. ඒ නිසා ඒ පුද්ගලයාට බයෙන් තමයි ඔයාට ඉන්න වෙන්නෙ.

ඒ වගේම ඒ සිද්ධි කාටවත් කියන්න එපා කියල ඔයාට තර්ජනය කරන්නත් පුලුවන්. කිව්වොත් ඔයාව, ඔයා ආදරේ අම්ම තාත්ත වගේ අය මරණවා කියල බය කරන්නත් පුලුවන්. ඒ වගේ සිද්ධි අනිර්යයෙන්ම, හැකි ඉක්මනින්ම වැඩිහිටියෙකුට කියන්නම ඕන.

ඔයාල දන්නවාද ඇයි ඒ වගේ නරක වැඩක් කරන අය, ඒ ගැන කාටවත් කියන්න එපා කියල, ඔයාල බය කරන්නෙ ඇයි කියල. ඒ තමයි එයා කරන නරක වැඩේ අනිත් අය දැනගත්තොත් එම පුද්ගලයාට දඩුවම් කරයි කියල ඒ පුද්ගලයාට

තියෙන බය නිසා. ඒ නිසා දුවේ පුතේ ඒ වගේ නරක වැඩ කරන, පුද්ගලයෙක් ගැන ඔයාලගේ අම්මට තාත්තට කියන්න බය වෙන්න ඕන නැහැ. ඒ නිසා ඔයාලගෙ හිත් ශක්තිමත් කරගන්න ඕන. ඒක ඔයාලට කරන්න පුලුවන්.

මේ සම්බන්ධයෙන් ඔයාල හිතේ තියාගන්න ඕන වැදගත් කාරණයක් තමයි ඒ නරක දේවල් ගැන ගෙදරට කියනවා කියල ඒ තර්ජනය කරන පුද්ගලයාට නොකියා ඉන්න එක. ඔයාලට ඒයාගෙන් බේරෙන්න විදියක් නැති, පාළු තැනත් නම්, ඒ වෙලාවෙ එයා කියන විදියට පස්සෙ වෙලාවක කරන්නම් කියල එයාට එකඟ වෙලා, ගෙදර ආපු හැටියෙම ඒ ගැන විශ්වාස වැඩිහිටියෙකුට කියන්න ඕන.

හයවන නීතිය

දූල පුතාල අනතුරුදායක දේවල් කරන්නෙ නැහැ

පාලු පාරවල් වල වගේම, කළුවර වැටුනට පස්සෙ පාරවල් වල තනියම ගමන් කිරීම, කැලෑ, පාලු ඉඩම්, පාළු ගෙවල් වගේ තැන්වලට යාමත් අනතුරු දායකයි. ඒවගේ ගැන්වලට සමහරවිට ඔයාට රවට්ටගෙන එක්කරගේන යන්නත් පුලුවන් සමහර වෙලාවට බලෙන් උස්සගෙන යන්නත් පුළුවන්. ඒ නිසා ඔයාල හැමතිස්සෙම අවධානයෙන් තමයි ඉන්න ඕන. සමහරවිට පාසලේ ඉදල ඔයාල ගෙදර එක්කරගෙන යන්න අම්ම, තාත්ත එව්ව කියල ඔයාල අදුරන කෙනෙක් හරි, අදුරන්නෙ නැති කෙනක් හරි එන්න පුලුවන්. ඒවගේ වෙලාවට පන්තිභාර ගුරුතුමියට කියන්නෙ නැතුව ඒ අයත් එක්ක යන්න එපා.

ඔයාල ගෙදරින් එලියට තනියම යනවා නම්, කවුරු එක්කද යන්නේ, කොහාටද යන්නේ, මෙනවටද යන්නෙ, කීයටද ගෙදර එන්නෙ කියල අම්ම තාත්ත දැනුවත් කරල තමයි යන්න ඕන.

ඊට අමතරව දුවේ පුතේ ඔයාල වතුර තියෙන තැන්වලට යනව නම්, විදුලිය, ගින්දර, තියුණු ආයුධ භාවිතා කරනවා නම්, ඒවා දෙමාපියන්ගේ අවසරය වගේම ඒ අයගෙ අවධානයක් ඇතුව තමයි කරන්න ඕන. එහෙම නැති උනොත් ඒවායෙන් ඔයාලට අනතුරක් වෙන්නත් පුලුවන්.

හත්වන නීතිය

අනතුරත් බව දැනුණු ගමන්ම කල යුතු දේ ඔයාල දන්නවා.

පළමු උත්සාහය - ඒ වගේ අනතුරක්/ කරදරයක් වෙන්න පුලුවන් ඔයාලට කරන්න පුලුවන් පළවෙනි දේ තමයි ඔයාලගෙ අකමැත්ත ප්‍රකාශ කරන ඒක. උදාහරණයක් විදියට ඔයාලගේ ඇගේ පුද්ගලික ස්ථානයක් අල්ලන්න හදන කොටම මගේ ඇග අල්ලන්න එපා ටිකක් සැරෙන්, කේන්තියෙන් කියල ඔයාලගෙ අකමැත්ත ප්‍රකාශ කරන්න පුලුවන්.

දෙවන උත්සාහය - ඒ පුද්ගලයාගෙන් පුළුවන් තරම් ඉක්මනින්, පුළුවන් තරම් ඈතට, දුවන්න හෝ ඒ පුද්ගලයාගෙන් ඈත්වෙන්න උත්සාහ කරන්න.

තෙවන උත්සාහය - සමහරවිට ඔයාලට දුවන්න දෙන්නෙ නැතිව ඒ පුද්ගලයා ඔයාලව අල්ලගන්නත් පුළුවන්. ඒ වෙලාවට ඔයාල අඩල, කදුළු හලල විතරක් තේරුමක් නැහැ. එහෙම උනෙත් ඔයාල පුළුවන් තරම් හයියෙන් මාව බේරගන්නෝ කියල කෑ ගහල උදව් ඉල්ලන්න ඕන.

හතරවන උත්සාහය - චූටි දුවේ පුතේ මේ මොන විදියට බේරිලා ආවත් ඒ ගැන ඔයාට විශ්වාස වැඩිහිටියෙකුට පුළුවන් තරම් ඉක්මනින් කියන්න ඕන. සමහරවිට එක් සැරේටම ඒ අයගේ අවධානය යොමු උනේ නැත්නම් ඒ ගැන තවත් වැඩිහිටියෙකුට කියන්න අමතක කරන්න එපා. ඒවගේම දුවේ පුතේ, ඔයාල හොදින් හිතට ගන්න ඕන, ඔයාලට වගේම ඔයාගේ යාලුවෙකුට හරි, ඔයාගේ සහෝදරයෙකුට සහෝදරියෙකුට හරි මේ වගේ කරදරයක් හෝ ලැජ්ජ හිතෙන දෙයක් වෙනවා නම්, ඔයාල දකිනවා නම් ඒ ගැන වැඩිහිටියෙකුට කියන්න ඕන. ඒක ඔයාලගෙ යුතුකමක් වගේම වගකීමකුත් වෙනවා. එහෙම කලොත් ඒ කරදරය උන කෙනාට ඔයා කරපු උදව්වකුත් වෙනවා.

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