



PROGRAM ON FORCED MIGRATION AND HEALTH
HEILBRUNN DEPARTMENT OF POPULATION AND FAMILY HEALTH



Estimating the Incidence of Physical and Sexual Violence against Children and Women in Trincomalee District, Sri Lanka

The Neighborhood Method

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EXECUTIVE SUMMARY:

Measuring the incidence of physical and sexual violence against children and women is a complex task. There are few epidemiological methods to gather such information and organizations generally rely on data collected in broader surveys or from patient and client records at medical facilities and gender-based violence referral points. Because of the sensitive nature of this type of abuse, most events go unreported and prevalence is grossly underestimated. Given this challenge, Save the Children in Sri Lanka partnered with Columbia University's Program of Forced Migration and Health to undertake a new study to provide baseline information on the situation of abuse for women and children in Save the Children operational areas in Trincomalee district in Sri Lanka and to inform future programs on sexual abuse and violence.

From June 15th through August 5th 2008, Save the Children UK, Save the Children in Sri Lanka, and Columbia University's Program on Forced Migration and Health undertook a population-based survey to explore the magnitude and nature of physical and sexual violence against women and children in Trincomalee District, in eastern Sri Lanka. The study examined five domains—physical violence, corporal punishment outside the home, rape, early marriage, and sexual violence—in order to establish a baseline estimate of violence for Save's areas of operation in this district. Two samples were constructed, one consisting of women and children in villages; the second included women and children residing in internally displaced persons (IDP) camps or in villages that were displaced and very recently resettled. Phase I of the research employed the Neighborhood Method. With this methodology, a relatively small, randomly selected sample of female heads of household was interviewed about:

- 1) The experience of violence and rape of women and children in their household (including the interviewee's own experience)
- 2) The experience of women and children in the interviewee's three closest neighbors' homes.

Information about neighbors was collected in order to create a more robust sample size.

The study found that 11% (159 of 1,477) of women living in villages and 14% (91 of 664) of women living in IDP camps and recently resettled areas experienced violence in the past eighteen months. Children experienced less violence—4% (85 of 2,144) in villages and 5% (57 of 1,075) in IDP/resettled areas. Of girls age thirteen to seventeen, 10% (30 of 311) were married in villages whereas 12% (15 of 123) were married in IDP/resettled areas. The Neighborhood Method detected negligible rates (0.7% in villages, 1% in IDP/resettled areas) of corporal punishment outside the home. This category of abuse was defined as physical correction action taken against children by non-family members such as teachers. Slightly more than 3% of women in both settings experienced rape (48 of 1,476 in villages and 24 of 664 in IDP/resettled areas). However, only two girls experienced rape during the recall period.

In order to validate the girl rape findings, and further explore the nature of lifetime violence experienced by girls, particularly sexual abuse, a second phase of the study was employed. The research team interviewed a sample of 16-18 year old girls about their own lifetime experience of rape and abuse; the incidence of girl rape during Phase I was confirmed. However, it was discovered that 7% (5 out of 72) of girls living in villages and 10% (7 out of 73) of girls living in

IDP/resettled communities experienced severe forms of sexual abuse during the past eighteen months. This category was not included in Phase I.

An important finding from this research is that, in the vast majority of cases, perpetrators are known by victims. Perpetrators of rape and violence against women were overwhelmingly husbands. In both samples, acts of physical violence against children were most often perpetrated by fathers. The most frequent perpetrators of severe forms of child sexual abuse were also family members including uncles, stepfathers, and male cousins. Further the study found that village women who live in households with adult men are at 1.95 greater risk of violence than their counterparts who do not in households with men. In IDP/resettled areas women who live with men are at 2.53 times greater risk. Alcohol appears to play a major role in violence in this setting. Though alcohol use was not asked about explicitly, it was voluntarily mentioned in conjunction with 43% (112 of 263) of violent events in villages and 52% (81 of 156) of such events in IDP/resettled areas.

Child abuse and rape are difficult to talk about in the Sri Lankan setting. Many cases of violence and abuse go unreported and most are committed within the home. Due to the low rates of child rape suggested by this research and the difficulty of publicly addressing these issues in Sri Lanka, Save the Children in Sri Lanka should think deeply about how to evaluate the effectiveness of programs meant to prevent or mitigate the effects of abuse of children and how cost-effective these interventions are compared to competing priorities. Thus, non-population based efforts which focus on individual victims and perpetrators, may be more cost-effective than community outreach or education-based abuse prevention programs. Offering resources for and retribution to victims through assistance finishing school or prosecution of perpetrators could be important ways to address violence in this context. Targeting alcohol abuse among men in these communities could also prove effective in mitigating harm experienced by women and children.

1. BACKGROUND

Rape, sexual abuse and violence are difficult to measure in any context but the difficulty is compounded in post-conflict and conflict settings where people are displaced, frightened, and wary of outsiders. There are few epidemiological methods to gather such information and organizations generally rely on data collected in broader surveys or from patient and client records at medical facilities and gender-based violence referral points. Because of the sensitive nature of this type of abuse, most events go unreported and prevalence is grossly underestimated. The underreporting of these crimes provides impunity for perpetrators, a lack of services for survivors, and an inability to learn which prevention, response and rehabilitation programs have positive and negative effects. Given this challenge, Save the Children in Sri Lanka partnered with Columbia University's Mailman School of Public Health to undertake this new study in order to provide baseline information on the situation of abuse for children in Sri Lanka and to inform future programs on sexual abuse and violence against children.

Save the Children has been working in Sri Lanka for over 30 years and has nine offices throughout the country. Save the Children in Sri Lanka's (SCiSL) work includes Early Childhood Development

and Education, Basic Education, Child Protection, Household Economy Security, Realizing Children's Rights, and Post Tsunami and Emergency Response.

Columbia University's Mailman School of Public Health has developed the Neighborhood Method for measuring the incidence of sexual abuse among women and girls in challenging post-conflict and conflict settings. The Neighborhood Method aims to collect data on sexual violence through in-depth interviews in which a respondent is asked about her own history, the experiences of those in her household, and those three neighboring households. In Sri Lanka, the research team spoke to women 16 years of age and over and asked about three neighbors' households. This was the fourth time that the neighborhood methodology had been piloted of the Neighbor Method in a post-conflict setting. Past locations include Northern Uganda (2006)¹, Liberia (2007)², and a concurrent study in Ethiopia's Somali region (2008). Sri Lanka is the first Asian setting where the methodology has been used. In addition, this is the first time that information on all children, including boys, was collected. This is also the first time that Save the Children has partnered with Columbia University to pilot this methodology.

This study took place in an eastern district of Trincomalee, a district affected by the ongoing 20-year civil conflict between the government and the Liberation Tigers of Tamil Eelam (LTTE). In 2006, the government took back those areas that were previously captured by the LTTE. During this period there was significant displacement of local populations and many villages are only presently being resettled. Trincomalee is home to three distinct ethnic groups—Tamils, Muslims and Sinhala. Tamils comprise the majority of the population and have been more adversely affected by conflict than the other two groups. In recent years, ethnic tension between the three groups, stoked for political purposes, has been on the rise in the Eastern region of the country. Save the Children provides a host of services in Trincomalee including Household Economic Security and Child Protection in villages, internally displaced persons (IDP) camps and areas recently resettled after displacement.

Trincomalee was selected as the site for this study because Save the Children in Sri Lanka is beginning exploratory work on gender based violence in this district. Save the Children is also implementing a project there already which has a gender component and one of the activities is to conduct a child abuse study. Save the Children has good collaboration with local authorities in Trincomalee as well as the Department of Probation and Child Care Services which deals with issues of child abuse.

¹ Stark, L., Roberts, L., Acham, A., Boothby, N., & Ager, A. (2008). Measuring violence against women amidst war and displacement in northern Uganda. Manuscript submitted for publication

² Warner, A., Roberts, L., Stark, L., Lehman, H., Boothby, N., & Ager, A. (2008). Use of "Neighborhood Method" to assess violence against women and girls in Liberia. Manuscript submitted for publication.

2. OBJECTIVES:

2.1 Overall Objectives:

The objective of this study was to determine the incidence of several protection issues pertinent to SCiSL's work. The data collected on children will be used as a baseline for Save the Children's future programs and as a method to measure change over time. This assessment also provides information on the nature of gender-based violence and reporting trends in Save the Children's operational areas of Trincomalee District. Further, the research aimed to test the Neighborhood Method in a new environment and provide lessons learned for future studies of this kind.

2.2. Phase I Objectives:

The research took place in two phases. The first phase aimed to measure five categories of violence against women and children. Phase II aimed to further explore and validate select findings from Phase I. The five types of violence that were measured in Phase I follow:

- **Physical violence:** An action that resulted in physical harm. This action must have been committed with the intent to do harm. If the action did not noticeably physically harm an individual but was committed in a state of anger or drunkenness, it was also coded as physical violence.
- **Rape:** The action of inserting a body part or object in the mouth, vagina or anus without consent. Lack of consent was determined if an individual verbally or physically refused intercourse.
- **Marital Rape:** As above, but in the context of an intimate partner relationships and without one party's consent.
- **Early Marriage:** Marriage before 18 years of age.
- **Corporal Punishment:** Physical correctional action that is committed by non-family members. This definition is not consistent with Save the Children's normal definition of corporal punishment but is used only for this study.

2.3 Phase II Objectives

A second phase of the study was conducted in order to validate and further explore findings of the first phase, in which only two incidents of rape of minors (under 18 years of age) were reported. Child sexual abuse was also included in Phase II, in addition to the categories in Phase I, because it had been identified as an important issue from previous qualitative investigation undertaken by Save the Children. During this second phase, girls aged 16-18 years were interviewed about their lifetime experience of rape and physical sexual abuse, as defined below:

- **Physical sexual abuse:** Any hurtful or harmful *physical* touch that is sexual in nature and occurred without the consent of the girl (and that did NOT involve penetration)
- **Rape (same as Phase I):** The action of inserting a body part or object in the mouth, vagina or anus without consent. Lack of consent was determined if an individual verbally or physically refused intercourse.

If the abuse went so far as to meet the case definition for rape, it was coded as rape as opposed to sexual abuse.

During Phase II the physical sexual abuse category was expanded and adapted to:

- **Severe forms of physical sexual abuse:**
 - Touching or trying to touch a child's private body parts
 - Forcing a child to touch another person's private body parts
- **Other less severe forms of physical sexual abuse:**
 - Sexual hugging or kissing
 - Unwanted physical contact on buses or in other crowded or public places

In addition to these forms of sexual abuse, non-physical forms of harassment and abuse were frequently mentioned and may have important implications for programming. They are thus included in the findings. It should be noted that the expanded definition and typology of sexual abuse was only determined after the research took place when the data was being analyzed. As a result, all of these forms of abuse were not asked about systematically, therefore these estimates, especially those for the less severe forms of abuse are likely underestimates of the true rates as all interviewees may not have mentioned or been asked about such events.

The primary categories for other forms of sexual abuse captured in this study include:

- Exposing private parts to a child;
- Soldiers taking photographs of girls;
- Males spying in girls' bathrooms.

3. RESEARCH PROCESS & METHODS

3.1 Research Protocol & Tools

3.1.1 Phase I Protocol

The Neighborhood Method was employed to collect data on physical and sexual violence against women and children through in-depth interviews in which a female respondent was asked about her own history, the experiences of those in her household, and the experiences in the three closest neighboring households. In Sri Lanka, we spoke to women 16 years of age and over and asked about three neighbors' households. Sixteen years is the de facto age of sexual consent in Sri Lanka and as such it was determined that it was appropriate to ask girls, of this age and older, questions about violence and abuse. Please see **Appendix I: Phase I Protocol**.

3.1.2 Phase II Protocol

Phase II aimed to further investigate and validate select aspects of Phase I, namely sexual violence against children. It also sought to further explore the lifetime incidence of girl-child physical sexual abuse because sexual abuse, aside from rape, was not asked about systematically in Phase I. This phase employed one-one-one interviews with 16-18 year old girls selected from a sub-sample of villages and IDP/resettlement areas visited during Phase I. Prior to interviews girls were sensitized about sexual abuse by watching an informative video on this subject in the company of their peers and the interviewers. After the video, teen girls participated in a group discussion and then were asked to speak with an interviewer privately. For a full description of the research process please see **Appendix II: Phase II Protocol**.

3.1.3 Interview Guides

Both Phases I & II used informal interview guides to structure the interview process. Because the nature of the interview was meant to be informal and conversational, guides were used as a template to outline the interview rather than a questionnaire to be read. While interviewers were trained to ask specific questions and to phrase each question in a uniform and consistent manner, the order of questions was less significant. In Phase II, interviewers trained with an interview guide, but did not physically use it during interviews. Please see **Appendix III: Phase I Interview Guide** and **Appendix IV: Phase II Interview Guide**.

3.1.4 Confidentiality

Given the importance of confidentiality in this investigation, a plan was adopted to protect and respect the interests of children and women interviewed. Prior to the research Save the Children and the Columbia University team had several consultations concerning an appropriate

confidentiality protocol. As a result, the decision was taken that the confidentiality aspect of this research would fall outside of Save the Children's standard policy which states that Save the Children staff are required to report any incident of child abuse. Given the topic of this study, confidentiality to the interviewee (women or child) was paramount and therefore critical to this research was the caveat that if a child reported abuse during an interview it would not be reported to Save the Children unless the child wanted to take the issue further. Save the Children developed a confidentiality agreement which all interviewers, researchers, and translators signed. Save the Children also conducted a training to ensure that new and temporary employees, for the purpose of the research, were familiar with the organization's Protection Policy and the content of the confidentiality agreement. The **Confidentiality Agreement** can be found under **Appendix V**.

3.2 Internal Review Board Approval

The research protocols were approved by Columbia University's Internal Review Board (IRB) on May 29, 2008. Research protocols, interview guides, consent forms and data collection forms were all submitted to the IRB on May 22, 2008 and responded to the following:

(1) Subjects:

- (a) Please indicate the target accrual at each site and number anticipated to accrue at each site
- (b) What is the subject population justification?
- (c) What is the subject compensation?
- (d) What is the compensation justification?

(2) Confidentiality Plan:

What is our plan (and Save's) for maintaining confidentiality?

(3) Population-based Sampling Methods:

Please provide a description of the population-based sampling methods that will be used to identify and quantify child protection concerns in conflict settings and advise how you will measure success.

(4) Consent/Assent Form:

Please provide a copy of the verbal consent/assent. Please note:

- (a) What will be said?
- (b) Who will say it?
- (c) What is the overall process of consent/assent?
- (d) How does the interviewer determine if the subject is an adult or child?
- (e) How does the interviewer document consent/assent?

*Since this research does involve child subjects, the issue of assent needs to be clear.

(5) Evaluation Procedure and Instruments:

The evaluation procedure (methodology protocol) and instrument (questionnaire) must be submitted prior to implementation.

3.3 Ethical Precautions & Checks

Phase I

Consent: A pre-requisite of this research was that consent was obtained from all participants in this study. The research team was very careful to make clear to children and women that involvement was completely voluntary and that there were to be no consequences, beneficial or detrimental, depending whether or not someone agreed to participate. The importance of informed consent was stressed to the research team during the interviewer training sessions and emphasized during role plays and pilot testing. As the age of sexual consent in Sri Lanka is 16, it was agreed to interview girls and women aged 16 and older. To ensure that the research team did not speak to anyone younger than 16 years, the interviewers always asked “we are looking to speak to a woman of a certain age; do you mind telling me how old you are?” Interviewers would then go on to say that the interview was completely confidential, entirely voluntary, and that the discussion could be stopped at any time. Interviewers would also ask if the (potential) interviewee understood the purpose of the study, and finally whether or not she was willing to speak to us. If the respondent agreed to take part in the study, the interviewer would sign the “consent given” line on the data collection form.

Child Protection Policy: As discussed in detail above, Save the Children in Sri Lanka has a Child Protection Policy (CPP) which must be signed by anyone involved in programs or research commissioned by Save the Children. The interviewers received a one-day training session on the CPP after which they signed a copy of the policy agreeing to adhere to all codes of conduct. The Columbia University team also went through a CPP briefing and also signed the policy.

Mapping of Services and Referral Person: Another essential component of this study was that the research would only be conducted in regions where some level of response services were available and accessible for children and women who disclosed abuse. Therefore as a preparatory activity, Save the Children mapped all available services in Trincomalee District and surrounding areas and compiled a list of relevant referral services to which children and women could be referred if they wished.

These resources included:

- Mental Health Unit of the General Hospital in Trincomalee, Dr. Kadambanatha
- Norwegian Refugee Council, Legal Aid – lawyer: Ms. Luxmi
- UNHCR – Sharmila
- CARE – Prya
- Police: Women and Children’s Desk in Trincomalee
- Psychiatric Social Worker: Mohamed Azad

Additionally, Save the Children in Sri Lanka recruited a Senior Psychologist from ESCAPE, an NGO working with child sexual abuse in Sri Lanka, to work as one of the interviewers. This interviewer was always on call in the event that serious allegations of child sexual abuse were discovered and additional support required.

In addition to the referral services mentioned above, Save the Children in Sri Lanka seconded an additional member of staff to join the research team as a focal point for the duration of the study. As the focal point, this staff member was prepared to assist any woman or child who wanted to formally report any cases of abuse. At the end of each interview, the interviewer would tell the woman or child about the services that existed, offer them the focal point number, and say that she could help them in accessing these services if they were interested.

Ethical Checks: In order to monitor the well-being of the children and women who participated in this study following their involvement with the research, ethical checks were incorporated into the research plan. This consisted of revisiting interviewed women and asking whether they had experienced any positive or negative events as a result of having been interviewed. The ethical checks began 18 days after the first day of interviews for phase one. As such, some women were revisited 18 days after originally interviewed and some were revisited as few as 12 days later.

Phase II

Ethical Considerations: Similar to the first phase of research, a number of supports were put in place to ensure the safety and well-being of children participating. Interview sites were carefully chosen to draw the least possible attention to the interviewees. In addition, extensive training was provided to the research team on how to interview children about sensitive subjects, when to stop an interview and what to do if an interview had to be stopped prematurely. The Senior Psychologist from ESCAPE who specializes in working with survivors of child sexual abuse was also always on site and available if a girl became visibly upset, wanted to talk further or needed to be referred to other networks of support. All of the girls who were interviewed were offered the name and number of the Save the Children focal point responsible for referrals in case they wanted further assistance on how to access other services. The interview team also let participants know the next time the team was scheduled to be in their area so that the girls could find them if they wanted further support or assistance. Finally, Save the Children made plans for a one-month follow up to check-in on the girls and ensure that no harm had come to them as a result of participating in the interviews.

3.4 Phase I Methods

3.4.1 Sample

For ethical reasons, the research team agreed to undertake the study only in areas where Save the Children in Sri Lanka was already or planning to be operational. Therefore, cluster sampling was employed and thirty villages and resettlement areas in which Save the Children has or expects to have child protection activities were selected. Clusters were assigned systematically in proportion to population size. Within each cluster, 10 households were selected for interview through systematic random sampling. See **Appendix VI: Areas Sampled**.

The sample size was based on the following assumptions:

- Each household interview would provide information on at least 6 children;
- 10% of children interviewed had experienced some form of violence or sexual abuse,
- The sample could describe rates accurately to within 2 percentage points (e.g. the survey would estimate the rate to be between 8% and 12% if the true rate was 10%) 80% of the time (that is 80% power) with 95% confidence.

Based on these assumptions it was determined that 144 household interviews were needed from a random sample to achieve results with 80% power and 95% confidence. To account for the design effect of cluster sampling and the possibility that our underlying assumptions were wrong, the sample size was doubled to include 300 interviews, which would generate data on an estimate 1,800 children. This indicated that each of the 30 clusters should involve 10 interviews.

Within each village the number of households to be interviewed equated to 10 times the number of clusters assigned to that village. The number of households was previously estimated by Save the Children and in most cases was re-acquired from local leaders upon arrival in the village. Houses were selected for interview within the village by a systematic sample while passing through the village. The total number of households in the village was divided by the total number of interviews sought, and this constituted the sampling interval. That is, if there were 200 households and we wanted to conduct 10 interviews, we would pick a first house at random from among the first 20, and then count households and interview every 20th household.

In the original sample (the 'Village Sample'), 6 of the 30 clusters (20%) were resettled communities. Later a second sample of IDP & resettlement communities was added as it was suspected that these communities were more vulnerable and as such, distinct from village communities. The research team selected 30 clusters from three IDP camps and nine resettlement areas by sampling proportionally to the population size, and conducted five interviews in each cluster. This sample (the 'IDP/Resettled Sample') can be viewed discretely from the Village Sample. It should be noted

that 17% of the Village Sample included clusters that were also used to comprise part of the IDP/Resettled Sample³.

The results of this study are presented as the percentage of women and children who experienced the various category of violence covered by the interview. P-values were calculated using Epi Info Version 3.4.3.

3.4.2 Selection of Interviewees

Female heads of household were randomly selected within each sampled village for interview. Once a house was randomly selected, interviewers would approach the house, knock on the door or call out and ask to speak to a female head of household, age 16 or older. If a woman within this age range could not be identified at the randomly selected house, the interviewer skipped to the next house in search of an appropriate interviewee. Interviewers who did not find an appropriate woman to interview in five consecutive houses skipped to the start of the next sampling interval. Efforts were made to go back to skipped areas hours later to find an appropriate interviewee.

3.4.3 Recall Period

Phase I of the study measured the incidence of violence and sexual abuse against women and children, which is the number of new cases of violence and abuse which occurred during a fixed recall period. For this study, the recall period was approximately 18 months – from January 1, 2007 until the date of interview. New Year’s Day was determined to be the best start of the recall period as the holiday is widely known and celebrated in Sri Lanka.

3.4.4 Interviewers & Training

Interviewers were either female Save the Children staff, or women recruited by Save the Children to work on this project. The TOR for the interviewers is attached as **Appendix VII**. Interviewer training consisted of two days of classroom sessions followed by two days of field testing and practice with discussion sessions at the end of each day. During the pilot testing interviewers were paired with one another to assist in the interview process and recording of data. In the early days of actual interviews, weaker interviewers were paired with stronger interviewers to improve in technique and confidence. The interviewers were intentionally selected to include three Sinhala speakers, two Muslims, and six Tamils so that interviews could be conducted with the three distinct groups within the district.

Training focused on the definitions of the five events recorded (violence, rape, marital rape, early marriage and corporal punishment outside the home), how to approach these issues in a

³ Clusters common to both samples use the same data in each sample.

conversational manner, and how to record other events of interest as a narrative report. The questionnaire used as a discussion template is attached (**Appendix IV**).

Interviewers were also trained on how to explain the purpose of the survey to potential interviewees. Interviewers were trained to seek verbal consent from interviewees before beginning the interview. They were trained to explain that the interview was voluntary, could be ended at any time and would not impact the woman's receipt of assistance from Save the Children.

After consent was achieved, interviewers were trained to ask about the composition of the interviewee's own household and that of the nearest three households. Interviewers practiced asking these questions and recording the women and children in each house, along with their age and marital status. Interviewers were told not to ask for names. After demographic information was recorded, interviewers were trained to ask the interviewee to find a private place where they could chat and ensure that the space was private. Once in the private space, interviewees practiced inquiring about events of violence and abuse since January 1, 2007.

Over the course of Phase I, a few interviewers were let go from the research team as it was evident that they were struggling with this assignment. In particular, it was noted that for interviewers who were younger or unmarried, the topic of this study made it challenging for them to ask about sexual matters and difficult for interviewees to open up to them in this context.

Mid-way through the fieldwork the team held a review session for the interviewers to reinforce lessons from the initial training and to give the interviewers the opportunity to share what they had learned in the first round of interviews. The following issues were discussed:

- What are the ways you can tell that people don't want to talk to you?
- How can you tell that someone did not tell the truth?
- How often do you feel that people are not telling the truth?
- How can you encourage people to tell the truth?

3.5 Phase II Methods

A second of phase of the research was conducted in order to check the validity of the findings from phase I of the research. In this phase, a sub-sample of teen girls ages 16 – 18 were interviewed about both recent and lifetime experiences of rape and sexual abuse. These rates from girls' self reports were then compared with the rates of secondary reports from female heads of households from phase one.

3.5.1 Sample

The Phase II research team visited every third cluster from the two original samples from Phase I. It was determined that 5 girls were required per cluster to test the validity of the Phase I findings.

Ninety-five girls were interviewed in total. In order to compare reported incidents of rape from Phase I with Phase II, reports from girls living in villages and IDP/resettled communities were disaggregated. However, because the number of girls sampled was small, data from both dwelling places was combined when looking at the general descriptive findings.

Boys were excluded from Phase II of the data collection because the findings from Phase I suggested that rape and sexual abuse against boys was either very low in Trincomalee district, or that women were unable or unwilling to report it. In addition, the interviewers were all women. However, ad hoc qualitative evidence from Sri Lanka suggests that violence and sexual abuse against boys is a concern. This may be an area for future research.

3.5.2 Selection of Interviewees

In order to randomly sample 16-18 year old girls, Save the Children staff worked with local communities to create comprehensive and current lists of all girls in this age range for the selected clusters. The teams consulted government records, school records, and community members to create the most accurate lists possible. From those lists, 8 girls per cluster were randomly selected to be invited to participate in the research.

The day before the research team was scheduled to visit a community, Save the Children staff visited the homes of the randomly selected participants to invite the girls for interview, and to receive informed verbal consent from the parents (if the girl was under 18) and the girl. If consent was given, a specific meeting place and time for the following day were provided.

This sampling approach generally worked according to plan. However, if less than 6 of the 8 invited girls showed up to the meeting, the team invited more girls by snowball sampling. It should be noted that although every effort was made to identify all girls age 16 – 18, it is possible that the most marginalized girls may have been excluded from the lists. If these girls (who may be more likely to lack social capital and other protective resources) are at increased risk of abuse, a systematic exclusion of these girls would result in an underestimation of the true rates of abuse in the community. In addition, it should be noted that while the pre-meeting visit to invite girls to the meeting was essential for obtaining parental and child consent, it may also have introduced some self-selection bias in those girls that actually turned up, that may again result in an underestimation of the true rates.

3.5.3 Recall Period

Phase II of the study measured both prevalence and incidence of violence and sexual abuse against girls. The recall period for prevalence was therefore a girl's lifetime. In addition, if an incident of sexual abuse was relayed, interviewers probed to determine whether the incident happened *after* New Year's of 2007 as this was the same recall period for incidence used in the first phase of the research.

3.5.4 Interviewers & Training

Six of the interviewers from Phase I plus five additional Save the Children staff were trained in the study protocol for Phase II. The formal training took two days and an additional day was devoted to field testing the revised questionnaire. Training involved adapting and translating the interview guide into Tamil and Sinhala, extensive role-plays of the interview guide and instruction on how to interview children about sensitive subjects. In addition, the counselor from ESCAPE provided extensive training on how to respond to a child who might need specialized support or follow-up care. The team was further trained on the ethical and referral processes described above.

4. FINDINGS

In Phase I, within the Village & IDP/Resettled Samples, 355 women and children were interviewed in total. Of these only 13 were aged 16-18 with the rest being women over the age of 18. Ninety-five of these interviews were, by chance, included in both samples. These 95 interviews were conducted with women living in resettled villages. In both samples, women were asked to report on themselves, the children (boys and girls under age 18) in their household and the female head of household and children in homes of their three closest neighbors. In total, the sample size in the Village Sample was 3,622 women and children and in the IDP/Resettled sample, information was collected on 1,739 women and children. Please see **Appendix VIII: Profile Sample** for a detailed description of women and children sampled.

In Phase II, 95 girls aged 16-18 were interviewed in total.

It should be noted that the results found in this section do not yet account for design effect; this implies that the final confidence intervals may be slightly wider than reported.

4.1 Children Findings

4.1.1 Children Demographics

Phase I of the study collected information 2,144 children in the Village Sample and 1,075 children as part of the IDP sample (some of these children are double-counted as they are from resettlement areas that are in both samples). A description of children on whom information was collected is given below.

Table 1: Demographics of Child Samples –Phase I

	Village Sample	IDP Sample
Total Children	2,144	1,075
> Girls	1,022	483
> Boys	1,110	585
> Girls ages 13 - 17	311	123
> Boys ages 13 - 17	311	140
Child Respondents (i.e. age 16 & 17)	3	3
Respondents age 16, 17 & 18	7	6
Children in Respondents' Households	557	288
> Girls in Respondents' Households	272	136
> Boys in Respondents' Households	283	152
Children in Neighbors' Households	1,587	777
> Girls in Neighbors' Households	750	344
> Boys in Neighbors' Households	827	433

**In the Village Sample, the sex of 14 children was unknown; these children do not appear in the disaggregated information about girls & boys. As such count of girls and boys for both 'Children in Respondents' Households' and 'Children in Neighbors' Households' will not sum to the total. It should be noted that none of the children with unknown sex experienced events of violence, rape or punishment. In the IDP/Resettled Sample, the sex of seven children is unknown; there were no events of violence, rape or punishment among these seven children.*

In the Village Sample, four clusters were Sinhala, six were Muslim and twenty were Tamil. In the Camp/Resettled Sample, all clusters were Tamil. The study was not designed to evaluate differences between ethnic groups. However, below is information about children in the Village Sample disaggregated by ethnic group.

Table 2: Profile of Children in Village Sample by Ethnic Group

	Tamil	Sinhala	Muslim
Children in Sampled Households	1,373	228	543
> Girls in Sampled Households	653	105	264
> Boys in Sampled Households	713	122	275
> Girls ages 13 - 17	199	31	81
> Boys ages 13 - 17	191	47	73
Child Respondents (age 16 and 17)	2	0	1
Respondents age 16, 17, 18	6	0	2
Children in Respondents' Household	357	60	140
> Girls in Respondents' Household	168	31	73
> Boys in Respondents' Household	187	29	67
Children in Neighbors' Households	1,016	168	403
> Girls in Neighbors' Households	485	74	191
> Boys in Neighbors' Households	526	93	208

** As indicated above, the sex of some children is unknown. As a result the number of Tamil boys and girls living in respondents' households do not sum to the total. Under the children living in neighbors' households category, none of the counts of boys and girls sum to the total number of children in each ethnic category for the same reason.*

4.1.2 Incidence of Child Rape

The incidence of child rape in both samples is very low: rape was reported for only 0.1% of girls in the last 18 months, and no reports of rape of boys were reported during this period. This may be due to two possible scenarios. First, the Neighborhood Method may not be well designed to accurately estimate the incidence of rape of children. Or second, the incidence of rape of children in the locations sampled may truly be very low. Findings on reported rape of children from the validity test in Phase II suggest that the Phase I findings on rape (based on the use of the Neighborhood Method) are consistent with girls' self-reports:

- For the village sample, in Phase I rape was reported for only 2 girls (1.1% of girls) compared with reports for no girls in Phase II.
- For the IDP sample, in Phase I rape was reported for only 1 girl (1.22% of girls) compared with a report for just one girl in Phase II.

Table 3: Child Rape in Phase I & Phase II

	VILLAGE SAMPLE		IDP SAMPLE	
	PHASE I	PHASE II	PHASE I	PHASE II
Rape - Girls all ages	0.1% (CI: -0.07-0.27) [1 girl raped of 1,022]	n/a	0.2% (CI: -0.20 - 0.62) [1 girl raped of 483]	n/a
Rape – Boys all ages	0%	n/a	0%	n/a
Rape – Girls ages 16-18	1.1% (CI undefined) [2 girls raped of 181]	0% [0 girls raped of 72]	1.2% (CI undefined) [1 girl raped of 82]	1.4% [1 girl raped of 73]

There is no statistical difference in the rate of rape of girls found in villages versus IDP and resettled communities in Phase I.

4.1.3 Incidence of Child Physical Sexual Abuse

Severe Physical Sexual Abuse: In Phase I, there were only three girls who potentially indicated severe sexual abuse (excluding cases of rape) out of 214 girls, ages 16-18, reported on. Because sexual abuse was not a specific construct of interest in Phase I, interviewers did not probe for case confirming details as they did in Phase II. For example, on one data collection form, it was recorded that, "The father touches the girl's hand and elsewhere inappropriately." While in Phase II, interviewers were trained to probe in such instances to determine whether a girl's private body parts were touched, this was not done in Phase I. Thus, the three cases from Phase I represent all of the cases from Phase I that may have been severe sexual abuse based on the limitations of the data.

If we compare this figure to the incidence of severe sexual abuse reported in the second phase of research, it is clear that the Neighborhood Method, though not designed to systematically measure sexual abuse, did not pick it up as frequently through conversations about sexual and physical violence, as did Phase II, which was specifically designed to detect sexual abuse. See Table 4 below.

Table 4: Incidence of Severe Physical Sexual Abuse of Girls, Age 16 – 18 years

	VILLAGE SAMPLE		IDP SAMPLE	
	PHASE I	PHASE II	PHASE I	PHASE II
Reported severe sexual abuse of 16-18 year olds (after Jan. 2007)	0.01%	6.90% [5 out of 72]	0.01%	9.60% [7 out of 73]

Out of a total of 95 girls, 16 reported *ever* experiencing an incident of severe sexual abuse. One girl reported surviving two incidents of abuse by two different perpetrators. Of the 16 girls, eight of the events of abuse occurred during the recall period for Phase I of the research (since January 2007).

Non-Severe Forms of Physical Sexual Abuse: Twenty-four incidents of less severe sexual abuse were also recorded in Phase II. These incidents were reported by 20 out of 95 girls. Four of these girls reported separate incidents of this category of abuse by different perpetrators. Two of these 20 girls also reported surviving a severe incident of sexual abuse. Thus, more than a quarter of the 20 girls who experienced a less severe form of sexual abuse also fell victim to additional incidents of abuse.

The majority of these incidents (46%) involve unwanted physical contact – usually by a stranger - while riding a bus. These girls describe men pressing their bodies up against them, purposefully ‘falling’ into them, and occasionally touching or pinching them. An additional 5 incidents (21%) involve being touched or pinched at crowded temple ceremonies, as school and at bathing areas.

The remaining eight incidents (33%) involve sexual kissing or hugging. In 2 of these cases soldiers were reported to be the perpetrators; 4 cases involved neighbors or other community members; and 2 cases involved school boys. Six of these 8 incidents occurred after January 2007.

As with the more severe forms of abuse, girls reported incidents of sexual hugging or kissing to mothers more than any other person. Four girls told their mothers, 4 girls told another family member, 1 told her friend and one girl reported the incident to the camp manager.

Non-physical Forms of Sexual Abuse: While non-physical forms of sexual abuse were not asked about systematically in Phase II, a few types of this category of abuse were often mentioned, and are thus reported here. Again, these figures are likely lower than reality as they were not asked about in every interview.

Eleven girls in Phase II reported that men had exposed themselves to the girls. In 6 of these instances, the man responsible was described as a man from the village, while the other 5 cases were attributed to soldiers. Soldiers were also frequently charged with taking photographs of the girls against their will. Six girls in the sample complained that soldiers had taken their photos

(most often with camera phones). Finally, 4 girls reported that men and boys had spied into the girls' bathroom or bathing areas. These charges were made primarily in IDP settings. While these offenses are less serious abuses than those described above, they clearly go against the culture and customs for these girls, and have been upsetting for the girls.

4.1.4 Incidence of Physical Violence Against Children

Information about physical violence against children was systematically recorded in Phase I but not Phase II. Please see findings from Phase I, below.

Table 5: Incidence of Violence Against Children

	Village Sample		IDP/Resettled Sample	
	No.	%	No.	%
Violence - Children	85/2,144	4.0% (CI: 2.72 - 5.21)	57/1,075	5.3% (CI: 3.07 - 7.53)
Violence - Girls	39/1022	3.8% (CI: 2.43 - 5.20)	30/483	6.2% (CI: 3.40 - 9.02)
Violence - Boys	46/ 1110	4.1% (CI: 2.54 - 5.75)	27/585	4.6% (CI: 2.07 - 7.16)

Rates of violence against children comparing the village population with IDP and resettlement communities were calculated. In this analysis all resettlement communities were removed from the Village Sample in order to allow for a strict comparison between the two distinct types of dwelling places to determine the degree of difference in the rate of violence and rape between the two groups. The rate of violence against girls in IDP/resettled communities is 1.7 times the rate of violence against girls in villages. While this statement cannot be made with absolute statistical certainty, it is very likely that the risk of violence for girls is higher in IDP/resettlement areas than in villages. See findings below.

Table 6: Increased Risk of Violence for Girls in IDP/Resettled Areas Compared to Girls in Villages

	Rate in IDP/Resettled Areas compared to Villages
Violence- Girl Children	1.7 (CI: 0.98 - 2.88)
Violence-Boy Children	0

In the Village Sample, four clusters were Sinhala, six were Muslim and twenty were Tamil. In the Camp/Resettled Sample, all clusters were Tamil. Again, the study was not designed to evaluate difference between ethnic groups. However, below is information about children who experienced violence in the Village Population disaggregated by ethnic group.

Table 7: Proportion of Violence Against Children in Village Sample Disaggregated by Ethnic Group

	Tamil		Sinhala		Muslim	
	No.	%	No.	%	No.	%
Children - Violence	64/ 1,373	4.7%	10/ 228	4.4%	11/ 543	2.0%
Violence - Girls	31/ 653	4.8%	2/ 105	1.9%	6/ 264	2.3%
Violence – Boys	33 / 713	4.6%	8/ 122	6.6%	5 /275	1.8%

The table below displays the rates of violence against children in Phase 1 and Phase 2. Although children in Phase II were not explicitly asked about violence, they were asked to provide an example of a ‘bad touch.’ Children often described being victims of violent events in the course of the discussion about bad touches. As the table below reveals, there were much higher rates of violence reported when children self-reported in Phase II as opposed to asking parents to report on children in Phase I. These Phase II rates may be slightly inflated, as interviewers did not probe to clarify whether a violent event reported happened after January 2007. However, whenever the interviewer notes did clarify that an event happened before the recall period, it was not included. This suggests that the neighborhood method may be underestimating rates of violence being perpetrated against children.

Table 8: Incidence of Violence among girls age 16-18

	VILLAGE SAMPLE		IDP SAMPLE	
	PHASE I	PHASE II	PHASE I	PHASE II
Reported violence (after Jan. 2007)	9.8% [n= 214]	12.5% [n= 72]	14.6% [n= 82]	17.8% [n= 73]

4.1.5 Incidence of Corporal Punishment Outside the Home Which Did Not Result in Physical Harm

Events of corporal punishment outside the home, defined as physical correctional action that is committed by non-family members, was recorded systematically by interviewers. While physical correctional action taken by parents was often mentioned in interviews, it was not included in the analysis unless it was deemed to be violent. Violent correctional action that caused physical harm or was committed in a state of drunkenness or anger by parents or other individuals was coded as violence against children, not corporal punishment.

This definition of corporal punishment is very different from how Save the Children typically defines corporal punishment, which includes any physical correctional action committed by

parents or other individuals. The research team debated for a long time about whether or not to include any definition of corporal punishment and decided in the end to only include that which was committed by an individual outside of the family and that does not cause physical harm. The reason for this unusual decision was to allow for a very clear distinction between violence and corporal punishment in the way that the statistical rates are calculated. The definition of corporal punishment must be therefore very limited in this study and must be interpreted in this limited way.

The table below highlights the proportion of children in each sample who experienced corporal punishment outside of the home which did not result in physical harm. It also includes that proportion of children who were punished at the hand of a teacher but that did not result in bodily harm. It should be noted that these findings are not statistically significant.

Table 9: Proportion of Corporal Punishment & Teacher Violence

	Original Sample		IDP/Resettled Sample	
	No.	%	No.	%
Punishment - Children	14 / 2,144	0.7% (CI: 0.22 - 1.08)	11 / 1068	1.0% (CI: -0.18 - 2.22)
Punishment or Violence by Teacher - Children	16 / 2,144	0.8% (CI: 0.19 - 1.31)	16 / 1068	1.5% (CI: -0.01 - 3.00)

4.1.6 Incidence of Early Marriage

During interviews, the marital status data was collected for each child recorded. If a child is below the age of 18 and is married, the child was considered to have an “early marriage.” This practice is often more common for girls than for boys as girls typically marry men older than themselves. Below is the proportion of girls and boys, ages 13 through 17, who are married in each sample.

Table 10: Proportion of Girls & Boys Age 13 – 17 Who are Married – Phase 1

Phase 1	Village Sample		IDP/Resettled Sample	
	No.	%	No.	%
Girls 13-17 Early Marriage	30 / 311	9.7% (CI: 4.63 - 14.67)	15 / 123	12.2% (CI: 3.30 - 21.09)
Boys 13-17 Early Marriage	1 / 311	0.3%	0 / 140	0%

Rates of early marriage in Phase I comparing the village population with IDP and resettlement communities were calculated. In this analysis all resettlement communities were removed from the Village Sample in order to allow for a strict comparison between the two distinct types of dwelling places to determine the degree of difference in the rate of early marriage between the two groups.

The findings suggest that there is not an increased risk of early marriage in the IDP sample compared to the village sample.

Table 11: Girls Age 16-18 Early Marriage – Phase 1 & 2

	Village Sample		IDP/Resettled Sample	
	No.	%	No.	%
Phase 1	50 of 184	27.2%	29 of 82	35.4%
Phase 2	6 of 49	12.2%	3 of 45	6.7%

Comparison of the findings from Phase I and Phase II for marriage of girls aged 16 and 17 suggests that the incidence of early marriage was much higher for the results from Phase I households than for the girls interviewed in Phase II. This is likely due to self-selection bias in Phase II. While all efforts were made to generate lists of all girls between the age of 16 and 18 in each sampled area in Phase II, it appears that married girls were less likely to be on generated lists. It is possible that this is because married girls are less likely to participate in school and community activities with peers of the same age. Schools and communities centers were two of several sources which provided information on girls of this age who resided in the sampled areas.

While the study was not designed to detect differences between ethnic groups, the early marriage rate for phase 1 has been disaggregated by ethnicity for the Village Sample in the table below.

Table 12: Village Sample: Girls Age 13-17 Early Marriage

Tamil		Sinhala		Muslim	
No.	%	No.	%	No.	%
12 of 199	6.0%	5 of 31	16.1%	11 of 81	13.6%

4.1.7 Perpetrators of Physical & Sexual Violence Against Children

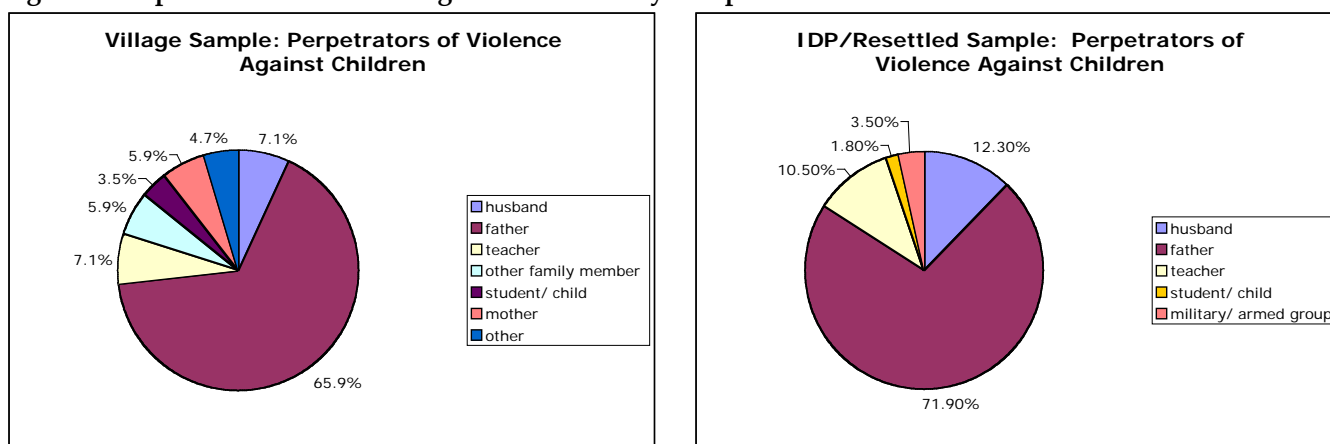
Interviewees were asked to identify the perpetrator of violence, rape and punishment against children when an event was identified.

Rape: Of the two girls who were raped (one in the Village Sample and the other in the IDP/Resettled Sample), one was raped by a family member other than her father or husband; the other was raped by her husband.

Sexual Abuse: The most common perpetrators of severe forms of sexual abuse were family members (47.1%) including uncles, stepfathers and male cousins. Neighbors, friends’ siblings and other community members (35.3%) were the second most frequently named perpetrators. Strangers (11.8%) and teachers (5.9%) accounted for the remaining few cases.

Physical Violence: Violence against children in both samples was most often perpetrated by fathers. Fathers’ were the perpetrator of 66% (56 of 85) of events in the Village Sample and 71.9% (41 of 57) in the IDP/Resettled Sample. See graphs below:

Figure 1: Perpetrators of Violence Against Children by Sample



Corporal Punishment Outside the Home: Perpetrators of corporal punishment outside the home were overwhelmingly teachers – 71.4% (10 of 14) in the Village Sample and 100% (11 of 11) in the IDP/resettlement sample. Neighbors also contributed to some corporal punishment in the Village Sample.

4.1.8 Survivor Reports of Violence & Rape

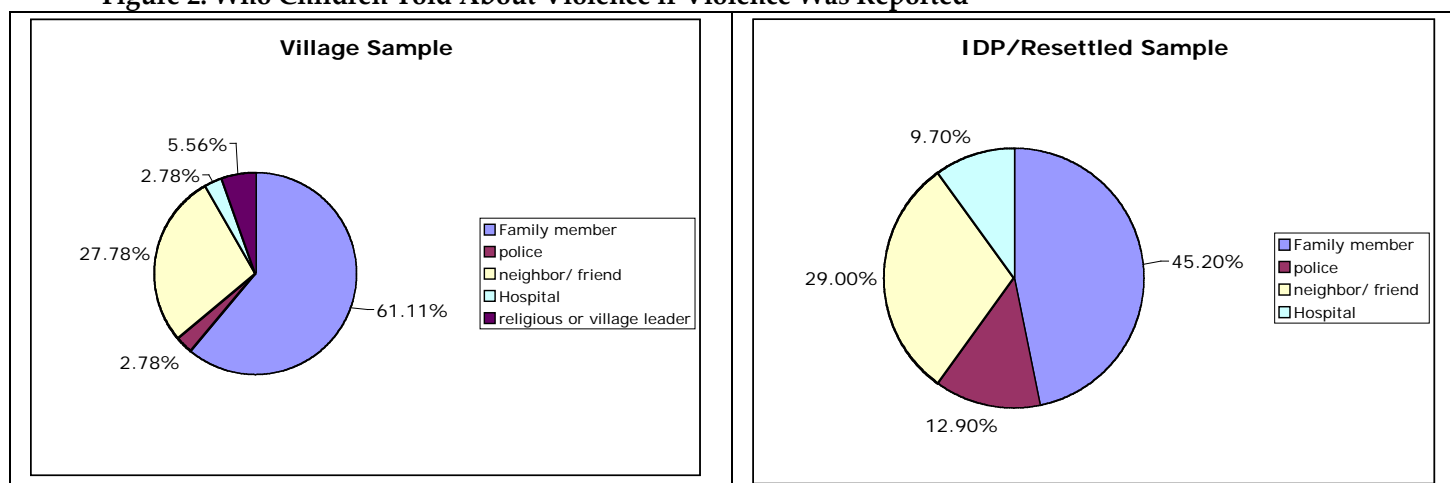
Rape: Findings from Phase I indicate that none of the three 16-18 year-old girls who were raped (in both samples) reported the incident.

In Phase II, two of the girls did not report the abuse to anyone, although for one of those girls her mother eventually witnessed the abuse and moved her daughter to another village away from the uncle who was perpetrating the violence. The other rape survivor shared the incident with her friend only. And another girl who escaped an attempted rape told her mother who instructed her not to tell anybody “or [her] life would spoil”.

Sexual Abuse: When asked who, if anyone, the girl told about the abuse, six girls – more than a third of the 16 survivors - did not tell anyone at all. Those who did report the incident often told more than one person. Eight of the girls reported telling their mother. Eight girls reported telling another family member including a brother, father, uncle or aunt. One girl reported sharing her story with a friend, and another girl reported her incident to a soldier.

Violence: Overall, approximately 43.5% (37 of 85) of children who experienced violence in the Village Sample reported it. Similarly, 42% (24 of 57) of children in the IDP/Resettled Sample reported violence. Children were most likely to report violence to family members.

Figure 2: Who Children Told About Violence if Violence Was Reported



Corporal punishment outside of the home: Corporal punishment outside of the home appears much more likely to have been reported in villages when compared to IDP/resettlement areas. 50% (7/ 14) of events were reported in the Village Sample compared to only 18.2% (2 of 11) in the IDP/Resettled Sample. 85.7% (6 of 7) of events in the Village Sample were reported to a family member and 14.3% (1 of 7) were reported to a neighbor; all (2) reported events were reported to family members in the IDP/Resettled Sample.

4.2 Women Findings

4.2.1 Women Demographics

Data on 1,478 adult women in the Village Sample and 664 women in the IDP Sample was collected. See further information below.

Table 13: Women in Samples

	Village Sample	IDP Sample
Total Women in All Sampled Households	1,478	664
Interviewees (Women) over age 17	297	147
Other Adult women in Respondents' Household	91	30
Other Adult Women in Neighbors' Household	1,091	487

The ethnic breakdown of the Village Sample is below.

Table 14: Profile of Women in Village Sample by Ethnic Group

	Tamil	Sinhala	Muslim
Total Women in All Sampled Households	988	219	271
Interviewees (Women) over age 17	198	40	59
Other Adult women in Respondents' Household	66	14	11
Other Adult Women in Neighbors' Household	725	165	201

Women in each sample were asked to identify their marriage status. Women were coded in one of five categories: single, married, separated (referring to women who are living in different locations than their husbands due to relationship difficulty or because the husband or wife lives and works in a different location), divorced, and widowed. While comparisons between groups cannot be made with statistical significance, it appears that Muslim women are more likely to be married than Tamil and Sinhala women and that Tamil women are more likely to single than the other ethnic groups. The proportion of women in each marital category appears relatively similar when comparing Tamil women in the Village Sample with Tamil women in the IDP/Resettled Sample below.

Table 15: Adult Women by Marital Status

	Overall		Tamil		Sinhala		Muslim		
	No.	%	No.	%	No.	%	No.	%	
ORIGINAL SAMPLE	Single Women	229 of 1478	15.5%	173 of 987	17.5%	31 of 220	14.1%	25 of 271	9.2%
	Married Women	1026 of 1478	69.4%	639 of 987	64.7%	161 of 220	73.2%	226 of 271	83.4%
	Separated Women	61 of 1478	4.1%	49 of 987	5.0%	6 of 220	2.7%	6 of 271	2.2%
	Divorced Women	5 of 1478	0.3%	3 of 987	0.3%	0 of 220	0.0%	3 of 271	1.1%
	Widowed Women	155 of 1478	10.5%	121 of 987	12.3%	22 of 220	10.0%	12 of 271	4.4%
IDP SAMPLE			Tamil						
	Single Women	67 of 663	10.1%						
	Married Women	464 of 663	70.0%						
	Separated Women	40 of 663	6.0%						
	Divorced Women	2 of 663	0.3%						
Widowed Women	89 of 663	13.4%							

4.2.2 Incidence of Rape Among Women Sampled

Slightly more than three percent of women in both samples experienced rape in the recall period. While the survey was not designed to detect difference between ethnic groups, the proportion of rape by ethnic group in the Village Sample are supplied below.

Table 16: Proportion of Women Raped

	Number	Percentage
Village Women	48 of 1,477	3.3% (CI: 2.02 - 4.48)
> Tamil women	40 of 987	4.1%
> Sinhala women	3 of 219	1.4%
> Muslim women	5 of 271	1.8%
IDP Women	24 of 664	3.6% (CI: 1.95 - 5.28)

4.2.3 Incidence of Violence Against Women

More than ten percent of women in each sample experienced physical violence during the recall period.

Table 17: Incidence of Violence Against Women

	Number	Percentage
Village Women	159 of 1,477	10.8% (CI: 8.41 - 13.12)
> Tamil women	123 of 987	12.5%
> Sinhala women	21 of 219	9.5%
> Muslim women	15 of 271	5.5%
IDP Women	91 of 664	13.7% (CI: 10.03 - 17.38)

Rates of violence against women in the village population with IDP and resettlement communities were compared. In this analysis all resettlement communities were removed from the Village Sample in order to allow for a strict comparison between the two distinct types of dwelling places to determine the degree of difference in the rate of violence and rape between the two groups. The rate of violence against women in IDP/resettled communities is 1.4 times (CI: 1.08- 1.85) the rate of violence against women in villages.

4.2.4 Perpetrators of Physical & Sexual Violence Against Women

The perpetrators of rape and violence against women were overwhelmingly husbands (See Tables 21-22). The vast majority of violence experienced by women in the areas sampled in Trincomalee District is domestic in character.

Rape:

Table 18: Perpetrators of Rape Against Women

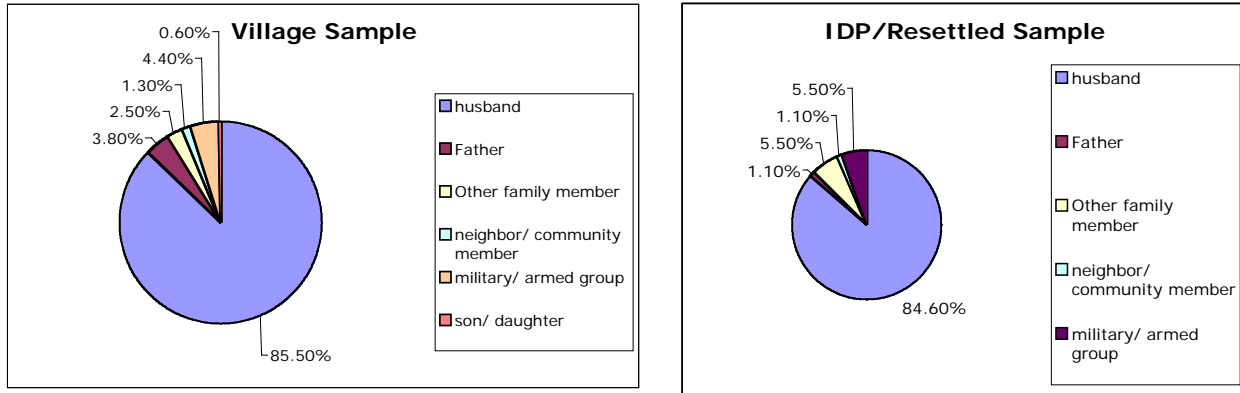
	husband		neighbor/ community member	
	Number	Percentage	Number	Percentage
Village Sample	43 of 44 *	97.7%	1 of 44	2.3%
IDP Sample	23 of 24	95.8%	1 of 24	4.2%

* The perpetrator was only recorded for 44 of 48 cases of reported rape.

Violence:

Approximately 85% of violence against women was committed by husbands in each sample— 136 cases of 159 in the Village Sample and 77 of 91 in the IDP/Resettled Sample. In the IDP/Resettled Sample, five women experienced violence perpetrated by someone associated with the military or an armed group. Other perpetrators of violence against women are illustrated in the graphs below.

Figure 3: Perpetrators of Violence Against Women



4.2.5 Reports of Violence by Women

Less than 50% of women in both samples report rape. If women do tell someone about rape, they are more likely to tell a friend or family member—not the police or health care providers. Reporting rates are slightly higher for violence and women are also more likely to report violence to the police than rape. The proportion of women who report physical and sexual violence is lower in the IDP/Resettlement communities.

Rape:

Table 19: Percent of Women Who Reported Events of Rape & Who They Told

	% who reported events overall		Family member	police	neighbor/ friend	armed group
	No.	%				
Village Sample	23 of 47	48.9%	30.4%	13.0%	52.2%	4.3%
IDP Sample	8 of 24	33.3%	37.5%	12.5%	50.0%	-

Violence:

Table 20: Percent of Women Who Reported Events of Violence & Who They Told

	% who reported events overall		Family member	police	neighbor/friend	Hospital	religious or village leader	armed group
	No.	%	%	%	%	%	%	%
Village Sample	82 of 159	51.6%	40.2%	31.7%	45.1%	0.0%	6.1%	2.4%
IDP Sample	38 of 91	41.8%	10.9%	30.4%	43.5%	-	6.5%	4.3%

4.3 Household Members -- The Impact of Men

During interviews, the number of men age 18 and older living in each household was recorded. Overall, 83% of the Village Sample reported the presence of at least one adult male in the house and approximately 80% of the IDP/Resettled Sample had adult males living in the household. It should be noted that these figures do not accurately represent the percentage of female heads of household who were living with a partner, as male youth over the age of 18 are included in this analysis. The sample was not designed to determine difference between ethnic groups but the proportions found by ethnic group are listed below.

Table 21: Households containing men (age 18 and over)

	Overall HH w/ men		Tamil HH w/ men		Sinhala HH w/ men		Muslim HH w/ men	
	No.	%	No.	%	No.	%	No.	%
Original Sample	985 of 1185	83.1%	633 of 786	80.5%	144 of 160	90.0%	208 of 239	87.0%
IDP Sample	467 of 586	79.7%						

Rates comparing frequency of physical violence against women and children in households where adult men (age 18 and over) were present and where there were no adult men in households were calculated. In both the Village and IDP/Resettled samples, households with men experienced an increased rate of physical violence. A household was considered to have experienced physical violence if any woman or child in the household had experienced an event of physical violence within the recall period. In the Village Sample the rate of physical violence in households with men was 1.95 times the rate of physical violence in households without men. In the IDP/Resettled Sample the rate of physical violence in home with men was 2.53 times the rate in households without men. See findings below.

Table 22: Increased Rate of Violence in Households with Adult Men

	Rate of Violence in Households with Men Compared with Households without Men
Village Sample	1.95 (CI: 1.19 - 3.18)
IDP/Resettled Sample	2.53 (CI: 1.32 - 4.87)

While interviewers did not probe about alcohol-induced intoxication when recording information about perpetrators of physical and sexual violence, alcohol was voluntarily mentioned as a factor in many cases. As demonstrated by the table below 42.6% of violent acts (physical violence & rape) in the Village Sample were voluntarily associated with alcohol consumption; 51.9% of such acts were associated with alcohol consumption in the IDP Sample. It should be noted that overwhelmingly husbands and fathers were the perpetrators of these drunken crimes.

Table 23: Percent of Violent Acts Against Women & Children Perpetrated by Someone Using Alcohol

	No.	%
Village Sample	112 of 263	42.6 % (CI: 33.20 - 51.97)
IDP Sample	81 of 156	51.9% (CI: 41.08 - 62.76)

4.4 Reliability of Findings

4.4.1 Comparison of Self-Reports versus Reports on Neighbors

In order to analyze the reliability of the Neighborhood Method, events of violence reported in an woman's home were compared with the reports of violence occurring in her three closest neighbors' homes for each sample.

In the Village Sample, violence was disaggregated by domain and ethnicity. Aggregate rates in the interviewee's own home compared with reports on neighbors are very consistent with one exception. Events of violence against girls were reported more often in neighboring household than in an interviewee's own household. Reports across ethnicity are also fairly consistent. However, reports of violence against women and girls in the Tamil communities differed. While there were more reports of violence against women in the interviewee's own household, there was a higher percentage of reports of violence against girls in neighbors' homes. This may suggest that female heads of household, often the mothers of girls in their households, are less likely to reveal violence against their own female children.

Table 24: Village Sample: Reports on Own Household Versus Reports about Neighbors' Households

	Report on own HH	Report on Neighbors HH
Women & Children who experienced violence and/or rape	7.5%	7.2%
> Tamil	9.0%	8.4%
> Sinhala	6.1%	7.2%
> Muslim	3.8%	3.5%
Violence- Woman	11.6%	10.4%
> Tamil	13.7%	4.0%
> Sinhala	9.3%	9.7%
> Muslim	5.7%	5.5%
Rape- Woman	3.9%	3.0%
> Tamil	4.9%	3.7%
> Sinhala	0.0%	1.8%
> Muslim	2.9%	1.5%
Violence – Girls	2.2%	4.7%
> Tamil	3.0%	5.4%
> Sinhala	3.2%	2.7%
> Muslim	0.0%	2.6%
Violence - Boys	4.2%	4.1%
> Tamil	4.8%	4.6%
> Sinhala	6.9%	6.5%
> Muslim	1.5%	1.9%
Rape - Girls	0.0%	0.1%
> Tamil	0.0%	0.2%
> Sinhala	0.0%	0.0%
> Muslim	0.0%	0.0%

The table for the IDP sample is shown below. This table is not broken down by ethnicity because residents of the IDP camps are Tamil. The rates of violence mentioned in neighbors' households were higher regarding violence and rape overall. Violence against women was comparable between groups while women reported neighbors' children experiencing more violence than their own. It is interesting to note that women reported higher rates of rape for themselves than their neighbors; this may be because they do not know if their neighbor is being raped or because they don't want to talk about it.

Table 25: IDP Sample: Reports on Own Household Versus Reports about Neighbors' Households

	Report on own HH	Report on Neighbors HH
Women & Children who experienced violence and/or rape	6.4% [30/467]	9.3% [118/1264]
Violence- Woman	13.1% [23/176]	14.0% [68/487]
Rape- Woman	6.8% [12/176]	2.7% [13/487]
Violence – Girls	2.9% [4/139]	7.6% [26/344]
Violence – Boys	2.0% [3/152]	5.5% [24/433]
Rape - Girls	0	0.3% [1/344]

4.4.2 Inter-rater Reliability

The proportion of violence (against women and children) and rape (of women and girls) that each interviewer recorded was isolated to determine if interviewers were reporting consistently. Because the percentage of violence varied by ethnic community and some interviewers only interviewed a woman of a specific ethnic group, results have also been disaggregated by ethnicity and sample. For the Village Sample, interviewer reports of violence and rape are generally consistent. Interviewer number 10 was noticeably uncomfortable with interviewing women about sensitive matters and was let go mid-study. The proportion of events recorded in the IDP/resettled sample is less consistent across interviewer than reports in the Village Sample. It is possible that this is due to chance. Please see Table 29, below.

Table 26: Inter-Rater Reliability

VILLAGE SAMPLE: TAMIL

Interviewer	No Interviews conducted	No. ppl reporting on (total M & F)	Proportion of Violence (M & F)	Proportion Females Raped	
3		13	149	5.4%	0.9%
4		18	211	10.0%	5.3%
5		11	157	10.2%	4.2%
7		10	114	9.7%	5.9%
8		17	188	9.6%	3.7%
9		14	154	8.4%	0.9%

VILLAGE SAMPLE: SINHALA

Interviewer	No Interviews conducted	No. ppl reporting on (total M & F)	Proportion of Violence (M & F)	Proportion Females Raped	
1		14	157	10.8%	1.8%
10		15	148	3.4%	0.9%
2		5	68	11.8%	0.0%

VILLAGE SAMPLE: MUSLIM

Interviewer	No Interviews conducted	No. ppl reporting on (total M & F)	Proportion of Violence (M & F)	Proportion Females Raped	
6		22	285	1.4%	2.2%
11		21	290	4.1%	0.5%
2		17	241	4.2%	4.8% *

IDP SAMPLE: TAMIL

Interviewer	No Interviews conducted	No. ppl reporting on (total M & F)	Proportion of Violence (M & F)	Proportion Females Raped	
3		17	186	2.2%	0.8%
4		17	210	7.6%	2.9%
5		14	172	4.1%	0.9%
7		19	255	12.9%	3.6%
8		18	216	10.7%	0.7%
9		19	248	17.3%	2.5%
6		14	161	5.0%	1.9%
2		10	123	7.3%	6.5% *

* includes Don't Knows

4.5 Findings From Ethical Checks

Six members of the original research team revisited fifteen clusters from the first phase of the research in order to understand any unintended consequences that may have resulted from having conducting the phase one interviews. Clusters were purposefully selected to ensure all ethnic groups (Tamil, Sinhala, Muslim) and vulnerable areas (IDP camps, recently resettled communities, communities with a high armed group presence) were represented. During these second visits, women were asked about any positive or negative consequences that they attributed to being interviewed for this project. In total, of the 104 women revisited (out of 355 women initially interviewed), zero reported negative consequences resulting because of the interview. Women gave generally positive feedback, often reporting that they felt supported by Save the Children as a result of the interviews. Please see **Appendix IX: Ethical Checks** for more detailed information.

5. DISCUSSION

The Neighborhood Method appears to have been an effective means to measure some important and sensitive protection concerns in the Sri Lankan context. Research findings suggest that the incidence of child rape is low in Trincomalee District. In order to validate child rape findings from Phase I, child rape was explicitly included in Phase II. Though findings from both phases may underestimate the true rate of child rape, findings from each phase corroborate each other. The point estimates in the Phase II validity check fall within the confidence intervals from the Phase I of the research. This lends confidence to the findings in Phase I, and suggests that women do in fact know about experiences of rape of children in this context.

Child sexual abuse did not emerge as a major issue during Phase I of the research but Phase II suggests that many girls experience some form of sexual abuse. It is possible that sexual abuse did not arise in Phase I because it was not asked about explicitly, unlike the other domains of violence. Anecdotal stories arose about sexual abuse but there was little mention of sexual abuse among those interviewed. Mothers who knew about events of abuse may have been unwilling to talk about them because of their own shame or fear that telling someone would 'spoil her daughter's life.' Finally, as we can see from reporting trends, many girls who reported abuse in Phase II had never told anyone about their experiences of abuse. For cultures where this is the case, attempting to solicit information on populations other than the respondent – be it neighbors or sisters – may be ineffective. It therefore remains unclear whether the Neighborhood Method would be an effective tool for measuring sexual abuse of children in this context – even if asked about explicitly.

Early marriage surfaced as an area that may require greater attention. Roughly one-third of girls between the age of 16-18 in each sample are married, according to results from Phase I. Early marriage reports in both samples are significantly lower for Phase II. This likely indicates that the Phase II sample suffered from self-selection bias and married teens were less likely to participate. While Save the Children and the research team made concerted effort to gather a complete list of girls between the ages 16-18 in each sampled area, it is likely that the lists omitted some married teens. The percentage of married girls, age 16-18, is concerning because, while 18 years is the legal age to marry, marriage may prove a barrier to girls' education at this age.

The incidence of corporal punishment outside the home was low but this may not be as reliable as other findings. This may be because corporal punishment, as it was defined for this study, did not include correctional action by family members. It also did not include violent correctional action by non-families. These acts were coded as violence not corporal punishment. Additionally, it is quite possible that the Neighborhood Method significantly underestimates corporal punishment by non-family members because it may be unlikely that neighbors are aware of such events. When children do report events of corporal punishment that occurred outside the home they are most likely to tell their parents.

Research findings demonstrate that in the vast majority of cases of violence, perpetrators are known by victims. Perpetrators of rape and violence against women were overwhelmingly husbands. In both samples, acts of physical violence against children were most often perpetrated by fathers. Of the two girls who were raped, one was raped by her husband, the other by a family member. The

most frequent perpetrators of severe forms of child sexual abuse were also family members, including uncles, stepfathers, and male cousins. The study found that village women and women living in IDP/resettled areas are at significantly greater risk of violence if they live in a household with an adult male. Domestic violence has a serious impact on the home environment and children are affected whether or not they themselves are victims.

Alcohol plays a major role in violence in this setting. Though alcohol use was not asked about explicitly, it was voluntarily mentioned in conjunction with 43% of violent events in villages and 52% of such events in IDP/resettled areas. This data suggests that alcohol consumption leading to drunkenness may be a significant risk factor for domestic violence and rape. Further, many interviewees also suggested that addressing the alcohol problems in their communities would help women and children.

Between forty and fifty percent of women and children in both samples who experienced violence or rape, reported it. Reporting was most often to other family members rather than to formal complaint or service mechanisms. As such, it is unlikely that many crimes are punished or formally remedied.

6. CONCLUSIONS

6.1 Limitations

This was the fourth iteration of the Neighborhood Method and the first time it was conducted in an Asian setting. This study is somewhat limited by challenges posed by the context. The reliability of comparison between findings from Phase I of the study, which used the Neighborhood Method, and Phase II, which interviewed teenage girls directly, may also be a limitation.

Language was a challenge. Members of the research team spoke Sinhala, Tamil and English. Only one member of the research team spoke all three languages. Few members spoke two of these languages well. Interviewer training was conducted in English and simultaneously translated into Sinhala and Tamil. Translation required time, was arduous and limited lengthy back-and-forth discussion. This said, through reiteration of concepts, role plays and field testing, the research team was confident that each interviewer grasped the full content of the training before the study began.

Language posed a second challenge. The Sinhala and Tamil languages do not have spoken vernacular for the concepts of rape and sexual abuse. While these concepts do exist in the local culture, the language used to impart this meaning is circuitous. The research team had lengthy discussions about what language was most appropriate and most accurate. Interviewees used the terms “married life” and “family life” to probe about these concepts because these phrases refer to one’s sex life when used in the local languages. Further because the Sri Lankan context is

conservative, some interviewers were not accustomed to speaking about these issues, especially with strangers.

The dwelling patterns in Muslim Villages may also be a limitation of the study. In the Muslim villages many families live in compounds with several houses within one walled area. In these situations, the neighbors were close family members and the interviewees may have been reticent to talk about the personal matters of their family. Anecdotally, women in the Muslim households were more likely to say that they did not know about the sexual goings-on in the neighbors' households.

While findings from Phase II, which used an independent research methodology from Phase I, help validate Phase I's findings direct comparisons may be limited. Phase I and Phase II samples were not comprised of the same proportions of sub-populations. Specifically, 55% of the Phase II sample was drawn from communities that had been displaced and recently resettled. In Phase I, only 37% of the sample was drawn from these villages. If the Phase I sample is divided into villages that experienced displacement and those that did not, the proportion of 16 – 18 year old girls who had experienced violence and the proportion who experienced early marriage was higher in the villages that had experienced displacement. In non-displaced villages 7.5% (9 of 120) girls of this age experienced violence, whereas, in the formerly displaced villages, the 10.9% (7 of 64) of the counterpart group experienced violence. The proportion of early marriage is 25% (30 of 120) in the non-displaced group and 31.3% (20 of 64) in the formerly displaced group. The rate of rape was higher in the non-displaced villages, though the incidence of rape is very low in each. It is possible that this could, in part, contribute to higher rates of rape and abuse in this age group found in the Phase II sample.

Additional limitations include:

- The IDP sample was less robust than the village sample as there were only five interviews per cluster.
- The research team did not have access to maps of the villages and the population figures received were suggestive rather than definitive.

6.2 Lessons Learned

- Compared with the previous settings of the Neighborhood Method in Sub-Saharan Africa, Eastern Sri Lanka was more conservative and women were reticent to discuss sexual and other personal matters.
- The neighborhood method is effective for measuring and identifying rape of children but less effective for identifying other forms of sexual abuse and violence in the home.
- The unusual definition of corporal punishment meant that it was difficult to interpret the importance of the findings.

- This survey cannot easily be used to measure change over time as the sample size was constructed assuming a higher incidence rate than was found. The numbers were lower than expected and the confidence intervals are wide and in many cases include zero.
- More time was needed to train the interviewers. Additional time for role plays, pilot testing, ensuring clear understandings of definitions and coding, and coaching weaker interviewers would have been beneficial.
- As the interviews elicited sensitive and emotional information it would have been beneficial to allot more time for debriefing, sharing of feelings, and discussion with interviewers at the end of each day of interviews. This was not possible due to restrictions on the researchers' visas.
- Qualitative research, prior to the study, would have been useful in clarifying local definitions for different forms of violence.
- In Sri Lanka, it would have been advantageous to use only older married women as interviewers.
- This research method requires adequate time for translation and de-briefing at the end of each day. Having an official translator for more time would have also been very useful.
- More time could have been spent preparing interviewers to deal with situations in which the interviewers had to ask bystanders to leave so that they could conduct the interviews in private. This arose as an issue because it can be difficult for a young woman (i.e. the interviewer) to ask older women to leave; respect for one's elders is very important in Sri Lanka. The research team could have conducted role plays to this effect before beginning the interview process.
- According to results from Phase II, the neighborhood method did not work to pick up information about sexual abuse on siblings of the girls interviewed, though it should be noted again that it was not a category of violence about which interviewers explicitly asked.
- In Phase I, very few young women (18 years and younger) were interviewed. Due to the importance of respect for one's elders, interviewers generally spoke to the "woman of the house." In hindsight, interviewers should have been coached to seek out younger women, as younger women may be more forthcoming about their experiences than older women.

6.3 Recommendations

Further Research: Save the Children in Sri Lanka has a number of staff members that are now well trained in the interview protocol for Phase II. If establishing a program baseline for sexual abuse remains a priority, it is feasible that existing staff could continue interviewing girls to establish a more robust sample. Before doing so, however, Save the Children staff should undertake an ethical check with the 95 girls who participated in this stage of the research to understand any unintended consequences that may have befallen the girls as a result of taking part in this research. As with the women in Phase 1, each girl who was interviewed should be visited and asked whether anything bad or anything good happened to her as a result of taking part in the research. This will also provide an opportunity to follow up with each girl in Phase 2 and see whether further referral or support is wanted or required.

Future Programming: These data show that violence in the home and alcohol abuse are important problems that Save the Children could target with population-based (i.e. community wide) programming. However, Save the Children should think deeply about how to evaluate the effectiveness of any programs meant to prevent or mitigate the impacts of abuse of children, and how cost-effective these interventions are compared to other competing priorities. It seems child abuse in Sri Lanka is entrenched and opaque by nature, and may be less common than in other parts of the developing world. Rather than focusing on preventing child abuse, Save the Children may have more success focusing their resources in other areas like bringing a legal case against perpetrators of violence and by promoting education completion among children, especially girls, in the regions in which they work. “Success focused” alternatives with individual cases may be a better use of financial resources than community outreach or education based abuse prevention programs. Targeted interventions based on known victims and alcoholic men may meet with more success than preventions aimed at the population level.

APPENDIX I: PHASE I PROTOCOL

SUMMARY:

The Columbia University/Save the Children (Sri Lanka) team will interview a random sample of women in the areas where Save the Children is conducting programming. The interview team will collect data on the female head of household, her 3 closest neighbors, and anyone under the age of 18 in these households. By collecting data on these different sample populations, we will be able to:

- Contribute valuable assessment information regarding the magnitude of sexual violence and abuse of women and children in Sri Lanka;
- Collect comprehensive community data on the nature of sexual violence and abuse of women and children in intervention communities to inform program design, improve program reach and efficacy in these communities; and
- Create a baseline against which programming can be evaluated over time.

METHODOLOGY:

1. Interviewers will use cluster sampling in the population of interest. The interview team will identify clusters and sampling intervals before interviewing begins.
2. Once the first household has been identified, the interviewer will approach the female head of household, explain the purpose of the visit and invite her to participate in an interview. The interviewer will establish that the woman is over 16, and if so, will ask for her informed consent to participate in the interview. Consent and the age of the respondent are recorded on the data collection form. If there is no one over the age of 16 who can participate in the interview, the interviewer will go to the next house. If no female over the age of 16 is at home and/or willing to participate, the interviewer will go to the next house. After three refusals/"unavailables" in a row, the interviewer will begin at the start of the next sampling interval.
3. If the woman agrees and provides informed consent, the interviewer will record the first name and age of the woman, the first names and ages of other children in her household, the first names and ages of her 3 closest neighbors, and the first name and ages of all of the children living in these homes. It is important that the interviewer is determining the "closest neighbor". As such, the interviewer needs to be able to physically point to a household and ask the interviewee for the name of the neighbor; otherwise, the woman might speak about someone else, potentially biasing the results. Names will be recorded on removable 'post-it' labels. Anonymity will be emphasized.
4. The woman will then be invited to accompany the interviewer to a more secluded location away from the household.

5. The interviewer will again explain the study and that she is interested in understanding the major security issues faced by women and children in the community. She will have the woman identify and discuss issues she believes to be critical.

Domestic Violence

6. If violence against women and/or children naturally arises in the conversation, the interviewer can segue naturally to ask whether the neighbor female head of household living closest to her has been assaulted by anyone in her home since the beginning of the recall period. If domestic violence is not identified, the interviewer should use a prompt and make note of that on the data sheet. Once prompted on violence in general, the interviewer will ask whether the neighbor living closest to her has been assaulted by anyone in her home since the beginning of the recall period. The nature of the relationship between the perpetrator and the woman (e.g. husband, father, other family member) will be noted. [Note: No identifying information about the perpetrator will be collected.]
7. The interviewer will ask systematically whether each neighboring female head of household has experienced domestic physical violence by someone in the household during the recall period. The nature of the relationship between the perpetrator and the woman (e.g. husband, father, other family member) will be noted.
8. The interviewer will ask systematically whether each child in the neighbors' home has experienced domestic violence by someone in the household during the recall period. The nature of the relationship between the perpetrator and the child (e.g. husband, father, other family member) will be noted.
9. The interviewer will ask if the woman herself has experienced domestic violence during the recall period. The nature of the relationship between the perpetrator and the woman (e.g. husband, relative) will be noted.
10. The interviewer will ask systematically whether each child in her own household has experienced domestic violence by someone in that household during the recall period.
11. In any instance in which the woman reports that violence occurred, the interviewer will attempt to learn whether and where the incident was reported and mark appropriate boxes on the data collection form.

Sexual Abuse and Rape

12. If sexual abuse or rape naturally arises in the original conversation, the interviewer can segue naturally to ask whether the neighbor female head of household living closest to her has been sexually abused or raped since the beginning of the recall period. If the issue of sexual abuse or rape did not naturally arise in the original discussion, the interviewer should prompt the woman with a statement like, "In some communities, sexual abuse and rape are issues faced by women and children. Can you tell me about sexual abuse and rape

in your community?" Eventually, the interviewer will ask whether the neighboring female head of household living closest to the woman has been sexually abused or raped since the beginning of the recall period.

13. Interviewer will ask systematically whether each neighbor has been sexually abused or raped during the recall period.
14. The interviewer will ask systematically whether each child in the neighbors' household has been sexually abused or raped during the recall period.

The interviewer will ask systematically whether each child in the respondent's household has been sexually abused or raped

15. The interviewer will ask whether the woman herself has been sexually abused or raped during the recall period.
16. In any instance in which the woman reports that sexual abuse or rape occurred, the interviewer will attempt to learn the nature of the relationship between the perpetrator (e.g. husband, father, relative) and the woman or child and whether the incident was reported, marking appropriate boxes on the data collection form. In addition, by collecting information on child abuse and perpetrators' relationship to children, the incident type 'incest' will be identified in the analysis phase, post-interview.

Conclusion:

At the end of the interview, if the woman has disclosed that she or a child in her household has been a victim of abuse, the interviewer will refer her to appropriate services.

REFERRAL MECHANISM:

Special consideration will be given to selecting areas where services are available and after an interview has ended, interviewers will provide information on where women and children can go for services. In instances where the interviewee requests assistance for herself or for someone in her household, Save the Children will avail the systems it has in place, including appropriate medical services, social services, and legal services for referral.

CONFIDENTIALITY PLAN:

Participants will be asked to identify only the first names of the relevant sampling populations of interest (e.g. neighbors, children in neighbors' homes). First names only will be recorded on removable stickers on the interview response sheet which will be removed and destroyed at the end of each interview in order to ensure confidentiality. The original set of data collection forms (with no unique identifiers) will be stored with the agency field office. A copy of the data collection forms will be brought back to Columbia University and stored in the department.

APPENDIX II: PHASE II PROTOCOL

On the scheduled day of the interview, the randomly selected girls would arrive at children's clubs, schools or other child-friendly spaces that had been previously identified by Save the Children Staff and community volunteers. One of the interviewers would begin by explaining that the purpose of the meeting was to gain a better understanding of the problems facing children in the community in order to improve Save the Children's programming. The interviewer also explained to the girls that they were randomly selected through a lottery system and would be the representatives of the other children not selected to participate. This was followed by an activity in which all of the interviewers and all of the girls introduced themselves to the rest of the group.

After the introductions, the facilitating interviewer would explain that the girls were going to watch a video about how children can protect themselves, and that following the video there would be some time for discussion.

The 22 minute video provided an effective foundation for beginning a discussion about personal experiences of sexual abuse. The video – which was produced in both Tamil and Sinhala – begins by discussing 'good touches'. Children in the video offer examples of good touches that include helping someone who has fallen and holding hands with a friend. The video next turns its attention to (non-sexual) 'bad touches'. The children identify a series of bad touches. In one scene, a child pulls the hair of her friend. In another, a child pushes his friend off of a swing. The discussion then turns to the importance of telling an adult when someone is hurting you, and why it may be difficult to do so. The children in the video talk about being afraid to say no to an adult because he/she is 'a big person', and fearing that by telling an adult the child will anger the adult or be scolded. Next, the children go through an exercise (using male and female dolls) where they identify the parts of the body that can and cannot be touched by others. At this point, three different scenarios about sexual abuse are presented. The scenarios teach the children about important ways they can protect themselves (say no, shout to get attention, run away) and important questions children should ask themselves before going somewhere with an adult (does the child want to go with the adult, do any other adults know where the child is going, will there be someone else there to help if there is any trouble). Finally, the video acknowledges that sometimes a child is unable to protect him or herself. The video emphasizes that this is not the child's fault and stresses the importance of finding and telling an adult who the child thinks will believe him/her. The video ends with an upbeat song that re-emphasizes the main points of the video and reminds children that they are all unique and special.

After the video, the facilitating interviewer would engage the girls in a short group discussion. It was decided that the discussion should not probe the more sensitive aspects of the video, but should focus on the overall effectiveness of the video as an educational tool. The girls were asked three main questions during the discussion – What did you think of this video? Do you think other children in your community would benefit from seeing this video? Are there any other ways a child can protect him or herself that were not mentioned in this video?

Following the group discussion, each girl was paired up with an interviewer. Each pair would then find a private spot away from the central meeting place for the interview. Although a semi-structured interview guide was provided, the emphasis of these one-on-one conversations was to make the girl feel comfortable, to build trust and rapport, and eventually to understand any experiences of physical sexual abuse or rape that she may have encountered in her lifetime. Interviewers did not bring a copy of the interview guide (which is provided in Appendix I) nor a data collection form with them into the interview. The goal was to create a relaxed and non-threatening environment so that the girl would feel safe and comfortable sharing her experiences.

Interview discussions averaged about an hour. Following the discussion, the interviewer would thank the girl and provide appropriate referral information. Once the girl had left, the interviewer would return to the meeting area and fill out a data collection form, recording the narrative details that the girl shared during the interview.

* Because Save the Children was interested in having reliable rates of sexual abuse for baseline purposes, it was decided that in the second phase of the research, girls would be asked about the experiences of other children living in the household as well as siblings under 18 who were living outside of the household. It was hypothesized that girls might know about the experiences of these other children which would allow for an increased sample size with comparatively little time or expense. However, after a few days of testing this approach, it was discarded. Girls were often eager to tell their own stories after watching the video, but reported not knowing about or not wanting to discuss the experiences of the other children.

> Has anyone else tried to have relations with him/ her against her will?

> **IF YES:** 1. who did it? 2. did he/she tell anyone? 3. did anything happen as a result?

13. **Interviewee:**

I KNOW IT IS DIFFICULT TO TALK ABOUT THESE THINGS. THIS IS CONFIDENTIAL.

INTERVIEWEE:

> Since the new year of January 2007, how has your 'family life' been?

> **IF RAPE:** 1. did you tell anyone? 2. did anything happen as a result?

> Since the new year of January 2007, has anyone tried to have relations with you against your will?

> **IF YES:** 1. who did it? 2. did you tell anyone? 3. did anything happen as a result?

> Has anyone else tried to have relations with you against your will?

> **IF YES:** 1. who did it? 2. did you tell anyone? 3. did anything happen as a result?

OTHER ADULT WOMEN:

> Since the new year of January 2007, how has her 'family life' been?

> **IF RAPE:** 1. who did it? 2. did she tell anyone? 3. did anything happen as a result?

> Since the new year of January 2007, has anyone tried to have relations with her against her will?

> **IF YES:** 1. who did it? 2. did she tell anyone? 3. did anything happen as a result?

> Has anyone else tried to have relations with her against her will?

Can you think of some examples of bad touches that you or other young people here in this community have experienced?

<<< Remind girl that you would like to talk about some things that you do not normally discuss and that you will not tell what she shares with you>>>

13. Other Children in HH/Siblings <18 Outside the HH:

The video also talked about bad touches in private parts. We have heard this happens in other villages nearby. We would like to know whether these kinds of bad touches are happening here. I just want to remind you again that whenever this kind of bad touch happens, it is not the fault of the child or young person.

What about for [x child]? Has anyone ever touched him/her in a way they did not like or want?

Has anyone ever made [x child] touch them in a way the child did not want or like?

<<<When I say touch, I also mean kissing, hugging, etc. >>>

> IF YES: 1. who did it? 2. Did they tell anyone? 3. Did anything happen as a result? 4. Did this happen after New Year 2007?

PROBE TO DETERMINE WHETHER INCIDENT WAS RAPE

> Has anyone else tried to touch him/her or made him/her touch them in a way they did not want or like?

> IF YES: 1. who did it? 2. Did they tell anyone? 3. Did anything happen as a result? 4. Did this happen after New Year 2007?

PROBE TO DETERMINE WHETHER INCIDENT WAS RAPE

14. Interviewee:

I KNOW IT IS DIFFICULT TO TALK ABOUT THESE THINGS. THIS IS CONFIDENTIAL.

What about for you? Has anyone ever touched you in a way you did not like or want?

Has anyone ever made you touch them in a way you did not want or like?

<<<When I say touch, I also mean kissing, hugging, etc. >>>

> IF YES: 1. who did it? 2. Did they tell anyone? 3. Did anything happen as a result? 4. Did this happen after New Year 2007?

PROBE TO DETERMINE WHETHER INCIDENT WAS RAPE

**APPENDIX V:
CONFIDENTIALITY AGREEMENT FOR RESEARCH TEAM AND TRANSLATORS**

Save the Children UK

Confidentiality Agreement for Researcher Team and Translators

Between: _____ ('you')

And

The Save the Children Fund ('Save the Children UK' or 'SCUK')

Background

- A. This agreement is for the following research project 'Baseline Study on Child Abuse for Save the Children UK in Sri Lanka Project on "Improved Child Protection and Child Care Services for Children and their families"
- B. Save the Children UK requires that Confidential Information provided by women and children for the purposes of this research project must be kept strictly and absolutely confidential and always handled as required in accordance with the approved protocols for this research.
- C. Save the Children UK requires that the Confidentiality Agreement for this research supersedes its Child Protection Policy in Sri Lanka, with regard to reporting disclosure of a protection violation against a child by Save the Children UK Staff or partners.
- D. Save the Children UK requires that all persons authorised to have access to Confidential Information, including interviewers, individuals analysing the data and individuals translating the data enter into a Confidentiality Agreement.

The parties agree as follows:

1. Confidentiality Undertakings

- 1.1. I agree to keep confidential all of the personal Information, including names, provided to me by children and women in relation to the research project, whether orally or in writing or by any other means.
- 1.2. I agree to keep confidential the details of any disclosures of violence, sexual abuse or exploitation that are made to me by children and women through this research, whoever the perpetrator of the violation.

- 1.3. I agree not to report any disclosures of violence, sexual abuse or exploitation that are made to me by children and women to any individual or party, except in accordance with the approved protocol for the project.
- 1.4. Where a child or woman makes a formal disclosure to SCUK, I agree only to disclose Confidential Information about the disclosure or any personal details in accordance with the procedures specified in the approved protocol for the project.
- 1.5. I agree not to make any copies of the data collection forms or keep any record of them, other than those required for the research project.
- 1.6. I agree to protect all Confidential Information generated by the project in my possession or control against loss, unauthorised use, access, modification or disclosure.
- 1.7. I agree to deal with the Confidential Information only in accordance with the conditions specified in the approved protocol for the project.
- 1.8. I agree not to use the Confidential Information to attempt to identify or make unauthorised contact with any individual or to provide the Confidential Information to another person for those purposes.
- 1.9. I agree not to make any unauthorised merger of the Confidential Information with any other information set, including information files provided for two separate projects.
- 1.10. I agree not to disclose any Confidential Information to any person except in accordance with the approved protocol for the project.
- 1.11. I agree not to publish any information derived from Confidential Information from which the identity of an individual is apparent or can be reasonably ascertained.
- 1.12. I agree to comply with all the conditions and requirements of the research protocol and consent form of this project.
- 1.13. I agree to conduct any tasks relating to the retention and disposal of the Confidential Information in accordance with the approved protocol for the project.
- 1.14. I agree to ensure that the Child Protection manager at SCUK is notified of any breach of the approved protocol for the project, any unauthorised use or disclosure of the Confidential Information and any complaints, adverse events or other relevant circumstances relating to the Confidential Information.
- 1.15. I understand that breach of this Confidentiality Agreement may make me subject to disciplinary action or legal action by SCUK.
- 1.16. I understand that my obligations under this Confidentiality Agreement will survive indefinitely.

I have read and understood my obligations under this Confidentiality Agreement and I agree to comply with all of its provisions.

APPENDIX VI: AREAS SAMPLED

Name of Village	# of clusters assigned	Save estimate of # of HHs	Local estimate of # of HHs
Ayiliyady	2	215	275
Poovarasantheevu	3	326	280
Kandaladiyoothu	1	197	213
Samigipura	2	184	155
Thanganagar	2	300	260
Lingapuram	1	152	
Periyakulam	2	130	
Adampane	2	273	164
Kiliveddy	1	215	125
Paddithidal	3	303	235
Manalchenai	1	205	140
Karukamunai & Vinayagapuram	2	235	260
Soorainagar	1	200	
Muttuchenai & Valaithottam	3	311	331
Elangaithurai	2	134	
Seenaveli	1	65	
Pallikudiyirruppu	1	138	

Name of IDP/Resettled Community	# of clusters assigned*	Save estimate of # of HHs	Local estimate of # of HHs
Killiveddy Camp	4	275	636
Paddithidal Camp	4		286
Karukamunai & Vinayagapuram	4	235	260
Soorainagar	2	200	98
Muttuchenai & Valaithottam	5	311	371
Elangaithurai	4	134	
Uppural	2		118
Seenaveli	1	65	72
Pallikudiyirruppu	2	138	~138
Sinnukulam	2		70

* 5 interviews were conducted in each cluster in the IDP/Resettled Sample

APPENDIX VII: TOR FOR INTERVIEWERS

TITLE: MISV Research Surveyor
BASE LOCATION: Trincomalee, Sri Lanka
Reports to:
Starting Date: June 16th 2008

VACANCY NOTICE

Research Surveyors for
“Measuring Incidence of Sexual Violence (MISV) and Abuse of Children in Sri Lanka”:
A partnership between Columbia University’s Program in Forced Migration and Health, Save the
Children, UK

Background/Context

Credible and accurate estimates of the nature and extent of sexual violence and abuse of children in Sri Lanka do not currently exist, making it difficult for Save the Children and other actors to assess the scale of the issue, plan targeted responses, and advocate for essential services. A major factor in the information gap is the lack of a robust, cost-efficient and ethical methodology to collect information on the incidence of sexual abuse of children in fragile states, where mobile and vulnerable populations can make data collection challenging.

Save the Children in Sri Lanka, in collaboration with Columbia University, is undertaking a pilot research to measure the incidence of sexual violence and abuse of children in the eastern district of Trincomalee. The methodology which will be used and adapted to the Sri Lankan context is the Neighborhood Methodology developed by Columbia University and used in other countries.

Summary

The research will start in June 2008 (tentative date is 16th) and it will last for a period of about 8 weeks. 2 senior staff and 2 MA students from Columbia University will work with Save the Children in Sri Lanka to oversee a pilot of the Neighborhood Methodology in Save the Children’s operational areas in Trincomalee. The Neighborhood Methodology is designed to capture incidences/rates of sexual violence in places where reporting mechanisms are suspected to be significantly underestimating the magnitude of violence. With this methodology, a relatively small sample of female caregivers will be interviewed about their neighbors’ children (boys and girls) and the children (boys and girls) living in their own household about experiences of sexual violence and abuse. Women will also be asked about their own experience of sexual violence and the experiences of the female head of household in their neighbors’ homes. The method will increase the sample size with relatively little additional time or cost.

The key achievements of this research project will be:

- A robust estimate of the incidence of the sexual violence and abuse of children in SCiSL's operational areas of Trincomalee that can be used by Save the Children and other relevant actors (e.g. local organizations and the government) for planning an appropriate response.
- A novel, reliable methodology to measure incidence of sexual abuse of children which may be adapted and applied in other emergency or post-emergency contexts.
- Validity testing of the key assumptions underpinning the neighborhood methodology
- At least 10 child protection professionals in Sri Lanka who have the capacity and skills to use the new methodology, and train others in its application

The results of this research will be used at the local and national level in Sri Lanka to inform program response and advocacy strategies, and will link directly with Save the Children in Sri Lanka's thematic programme plan.

Key Tasks of the surveyors

Save the Children, in collaboration with the University of Columbia, presently plans to recruit female research surveyors for the MISV project in Save the Children programme locations of the Trincomalee district to undertake data collection. Save the Children is looking at 6 female surveyors (4 tamil/english speaking of which 3 should be Muslim as they will be working in muslim areas, and 2 sinhala/english speaking)

The main task of the surveyors is to conduct individual interviews for women and girls.

Duration

Seven/eight weeks from June 16th 2008 including two weeks of training.

Qualifications (Research Surveyors)

1. Must be fluent in Tamil or Sinhala and at least an intermediate level of English.
2. Must be able to discuss sensitive subjects, such as violence and abuse with women and girls and put them at ease
3. must be able to discuss in an honest, open, and respectful manner with individuals and in groups
4. Must possess interest and commitment to human rights/child rights and gender equality.
5. Must have strong literacy skills
6. Must have a basic degree or have experience in working with women
7. Experience in survey, assessment, or interview techniques would be useful
8. Positive and professional attitude, able to organize, maintain composure and prioritize work under pressure, able to coordinate multiple tasks and maintain attention to detail.

As the target population is women and girl children, and very personal and sensitive experiences will be discussed, the positions are for women only.

APPENDIX VIII: PROFILE OF SAMPLES

See the two tables below.

Table V.1: Profile of Village & IDP/Resettlement Samples

	Village Sample	IDP Sample
Sample Size	3,622	1,739
Respondents	300	150
> Respondents over age 17	297	147
> Respondents age 16 or 17	3	3
> Respondents age 16, 17 & 18	7	6
Others in Respondents' Household	644	320
> Other women in Respondents' Household	91	30
> Girls in Respondents' Household	269	136
> Boys in Respondents' Household	283	152
Neighbors & Others in Neighbors' Households	2,678	1,269
> Women in Neighbors' Household	1,091	487
> Girls in Neighbors' Household	750	344
> Boys in Neighbors' Household	827	433
Adult Males Present in All Sampled Households	1,220	526
Women in All Sampled Households	1,478	664
Children in All Sampled Households	2,144	1,075
> Girl children in Sampled Households	1,022	483
> Boy children in Sampled Households	1,110	585
> Girl children ages 13 - 17	311	123
> Boy children ages 13 - 17	311	140

**In both the Village and IDP/Resettled Samples, nine sampled households consisted of adult males living alone. These households have been eliminated from the analysis. The age of one male living in a household was unknown, this male has also been eliminated from both samples. In the Village Sample, the sex of 12 children was unknown; these children do not appear in the disaggregated information about girls & boys. It should be noted that none of the children with unknown sex experienced events of violence, rape or punishment. In the IDP/Resettled Sample, the sex of seven children is unknown; there were no events of violence, rape or punishment among these seven children.*

In the Village Sample, four clusters were Sinhala, six were Muslim and twenty were Tamil. In the Camp/Resettled Sample, all clusters were Tamil. The study was not designed to evaluate difference between ethnic groups. However, below is information about the Village Population disaggregated by ethnic group.

Table V.2: Profile of Village Sample by Ethnic Group

	Tamil	Sinhala	Muslim
Sample Size	2,361	447	814
Respondents	200	40	60
> Respondents over age 17	198	40	59
> Respondents age 16 or 17	2	0	1
> Respondents age 16, 17, 18	6	0	2
Others in Respondents' Household	422	74	151
> Other Women in Respondents' Household	66	14	11
> Girls in Respondents' Household	166	31	72
> Boys in Respondents' Household	187	29	67
Neighbors & Others in Neighbors' Households	1,757	335	605
> Women in Neighbors' Households	725	165	201
> Girls in Neighbors' Households	485	74	191
> Boys in Neighbors' Households	526	93	208
Adult Males Present in Sampled Households	732	212	276
Women in Sampled Households	988	219	271
Children in Sampled Households	1,373	228	543
> Girl children in Sampled Households	653	105	264
> Boy children in Sampled Households	713	122	275
> Girl children ages 13 - 17	199	31	81
> Boy children ages 13 - 17	191	47	73

APPENDIX IX: ETHICAL CHECKS

Community	Not Home	Unable to find house	Refused	No harm reported
Thangarangar	3	6	0	11
Adampanai	5	3	1	11
Paddithidal Town	5	5	0	20
Paddithidal Camp	3	3	0	14
Manalchenai	4	1	0	5
Poovarasantheevu	6	8	0	16
Periyakulam	3	1	1	11
Seenanveli	1	0	0	9
Uppural	0	3	0	7
TOTAL	30	30	2	104