

**A study on adolescent sexual & violent behaviour,
drugs & alcohol abuse and its
relationship to the past experiences**

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1.0 Background

Adolescence is a period vulnerable to numerous health hazards. This is the period where an individual faces new experiences physically, psychologically and sexually. The inherent vulnerability in this age group and the negative impacts from society leads to numerous maladaptive behaviors in adolescence. These maladaptive behaviors range from sexual malpractices, use of illicit drugs and alcohol, violence to juvenile delinquency.

Inherent curiosity of the adolescent age group powered by the free access to media ranging from newspapers, video games to internet has an immense impact on sexual practices and their perception of life, violence and sexuality. This intermediate period between childhood and adulthood is a critical period in psychosocial development of an individual including personality and sexual identity. Sexual practices and experiences in adolescents will vary greatly in different countries, societies and cultures. The traditional oriental culture existed for centuries in countries like Sri Lanka but is rapidly changing towards Westernization. These changes invariably have an impact on the behaviour of the adolescents in these countries. Data available on the adolescent sexual practices in Sri Lanka and other Eastern countries is limited and hence the great need for research.

Sri Lanka is a country affected by a civil war for decades and violence is a day to day reality experienced by a gross section of society. Violence has gradually become a norm and there is an increasing tendency of tolerance. Violence and delinquency is an increasing problem among the Sri Lankan adolescents and it goes hand in hand with numerous health and social hazards including the use of illicit drugs and alcohol, and AIDS. The magnitude of the associated social issues has hardly been addressed by social and health scientists.

Adverse childhood experiences have been consistently linked to psychological problems in adolescents and adults. Western studies have revealed that children in conflict with the law have been previously severely abused or neglected, often as young children (1,2). A longitudinal survey done in USA has shown a very strong association between the childhood adversity and depressive symptoms, antisocial behaviour and drug use during adolescence (3). A Finnish study has revealed that those who frequently bullied and were bullied were responsible for a significant proportion of juvenile crimes during adolescence (4).

2.0 Objectives

2.1 General objective:

To study the behavioral problems and its relationship to the adverse childhood experiences in adolescents in the Gampaha district

2.2 Specific objectives:

1. To describe the sexual and violent behaviour of adolescents in the Gampaha district
2. To describe the alcohol, tobacco and illicit drug use in adolescents in the Gampaha district
3. To describe the attitudes on physical and emotional violence and sexuality among adolescents in the Gampaha district
4. To determine the relationship between the adolescent physical, sexual & emotional violent behavior and the adverse childhood experiences
5. To describe the characteristics and childhood experiences of the adolescents under probation for suspected behavioural problems

3.0 Material and methods

This study was conducted in the Gampaha District in the Western Province in Sri Lanka. Two different groups of adolescents were studied.

1. Adolescents in the community
2. Adolescents with alleged / accused behavioural problems under probation in remand homes or certified schools

3.1 Adolescents in the community

A cross sectional analytical study was conducted in the Gampaha district during a two- month period from October and November 2007. Six schools which have classes up to grade 13 in the district were randomly selected. All the students in grade 12 and 13 classes (aged 16 to 19) were recruited in to the study after obtaining informed verbal consent from the students and the staff.

Data was collected using a self administered anonymous questionnaire. The questionnaire was initially prepared in English and was translated to Sinhala. Back translation into English was done by an independent medical graduate and the adjustments were made to the Sinhala version of the questionnaire. The questionnaire was then pre-tested on 10 volunteers. The questionnaire contained questions on socio-demographic background, adverse experiences in childhood, present violent and sexual behaviour of adolescents, alcohol / drug abuse and attitudes on violence and sex. The Sinhala version of the questionnaire was distributed to the recruited subjects after a brief introduction of the study. The subjects were asked to complete the questionnaire in a school examination setting.

Experiences of physical violence in childhood was defined as being hit by two or more groups out of four namely parents, teachers, friends or others, before 16 years of age. Childhood sexual abuse was defined as being a victim of any form of a sexual act (penetrative sexual intercourse, anal sex, oral sex, inter crural sex, fondling) by force or by a person at least 2 years older than the subject before the age of 16 years. Adverse emotional experiences in childhood was defined as being a victim of any one of the following adverse experiences – father using alcohol, father using illicit drugs, father harassing the mother, witnessed a murder, frequent fights with neighbours, being neglected by parents, had to earn money for the family.

Data was entered into a database using the Epi Info version 3.3.2. and were analyzed using SPSS 11.0 for windows. Chi square test and Fishers exact test were used in the statistical analysis.

Ethical approval was obtained from the Ethical committee of the Sri Lanka College of Paediatricians prior to the commencement of the study.

3.2 Adolescents with suspected behavioural problems under probation in remand homes or certified schools

A qualitative study was conducted in 2 institutions categorized by the Probation and Child Care Services as “Remand Homes” (Ranmuthugala and Pannipitiya) and 1 certified school (Makola) in January 2008. According to legislation in Sri Lanka adolescents found guilty of juvenile crimes are kept under probation in remand homes until their case is heard and they are sent to certified schools for rehabilitation after the case. Data was collected using focus group discussions (FGD) with the adolescents in these homes. Informed verbal consent was obtained before recruiting into focus group discussions. Ethical approval was obtained from the Sri Lanka College of Paediatricians and the written permission was obtained from the Department of Probation and Child Care prior to the commencement of the study.

Six to 8 adolescents of the same sex, aged between 15 to 18 years participated in each FGD. Each FGD was facilitated by two medical graduates of the same sex of the children and was conducted over a 90 - 120 minute period. Facilitation was done in a way to obtain qualitative information on socio-demographic background, childhood physical and sexual abuse, adverse emotional experiences in the childhood, present violent and sexual behaviour, alcohol / drug usage and knowledge on sexually transmitted diseases. Discussions were held in a non-threatening environment to enhance the divulging of information voluntarily.

4.0 RESULTS

4.1 Results of the cross sectional analytical study done on adolescents in the community

Six hundred and ninety nine (699) adolescents completed the questionnaire. 469 (67.1%) were males and 230 (32.9%) were females. The age distribution of the study population is shown in the figure 1.

Characteristics of the study population are shown in Tables 1, 2, 3 and Figure 2.

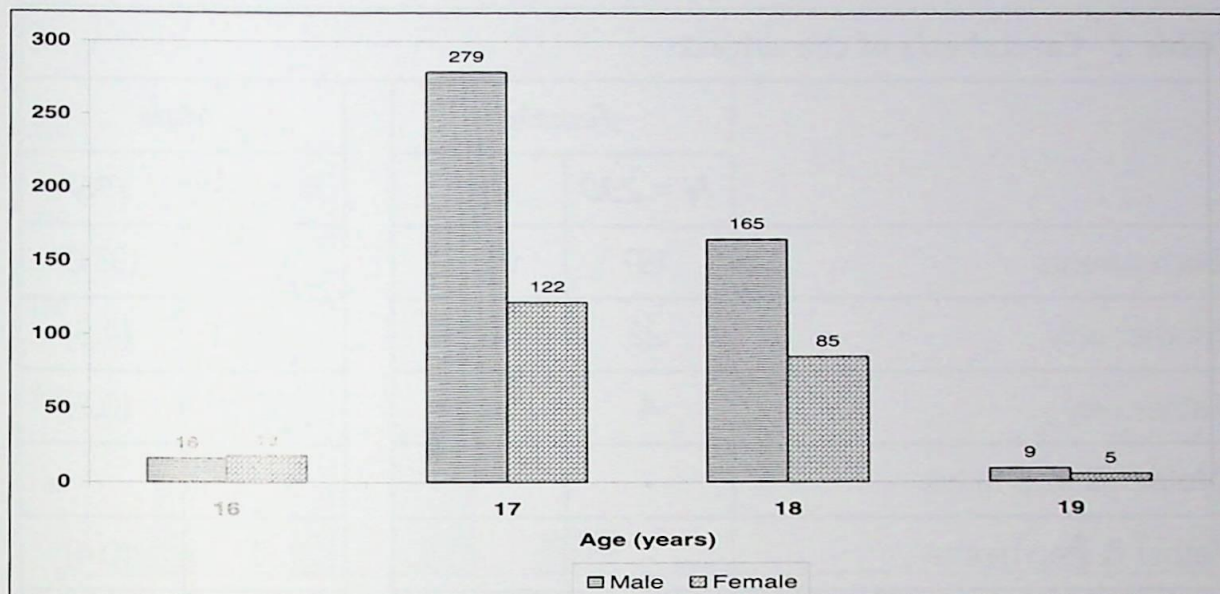


Figure 1 – Age distribution of the study population

	<i>Female</i>		<i>Male</i>	
	<i>N = 230</i>	<i>(%)</i>	<i>N = 469</i>	<i>(%)</i>
Parents living together	194	(84.3)	435	(92.8)
Mother died	1	(0.4)	5	(1.1)
Father died	20	(8.7)	18	(3.8)
Parents divorced	3	(1.3)	3	(0.6)
Parents separated (not divorced)	4	(1.7)	0	(0.0)
Father and/or mother living away from home for occupation	8	(3.5)	8	(1.7)

Table 2 - Caretaker/s of the subjects				
	<i>Female</i>		<i>Male</i>	
	<i>N = 230</i>	<i>(%)</i>	<i>N = 469</i>	<i>(%)</i>
Both parents	197	(85.7)	436	(93.0)
Mother only	22	(9.6)	23	(4.9)
Father only	4	(1.7)	3	(0.6)
Mother & step father	-	-	-	-
Father & step mother	-	-	2	(0.4)
Grand parents	7	(3.0)	4	(0.9)
Other	-	-	1	(0.2)

Table 3 - Monthly income of the family				
	<i>Female</i>		<i>Male</i>	
	<i>N = 230</i>	<i>(%)</i>	<i>N = 469</i>	<i>(%)</i>
Less than Rs. 5000/=	29	(12.6)	25	(5.3)
Rs. 5000/= to 10 000/=	84	(36.5)	88	(18.8)
Rs. 10 000/= to 20 000/=	76	(33.0)	147	(31.3)
More than Rs. 20 000/=	41	(17.8)	209	(44.6)

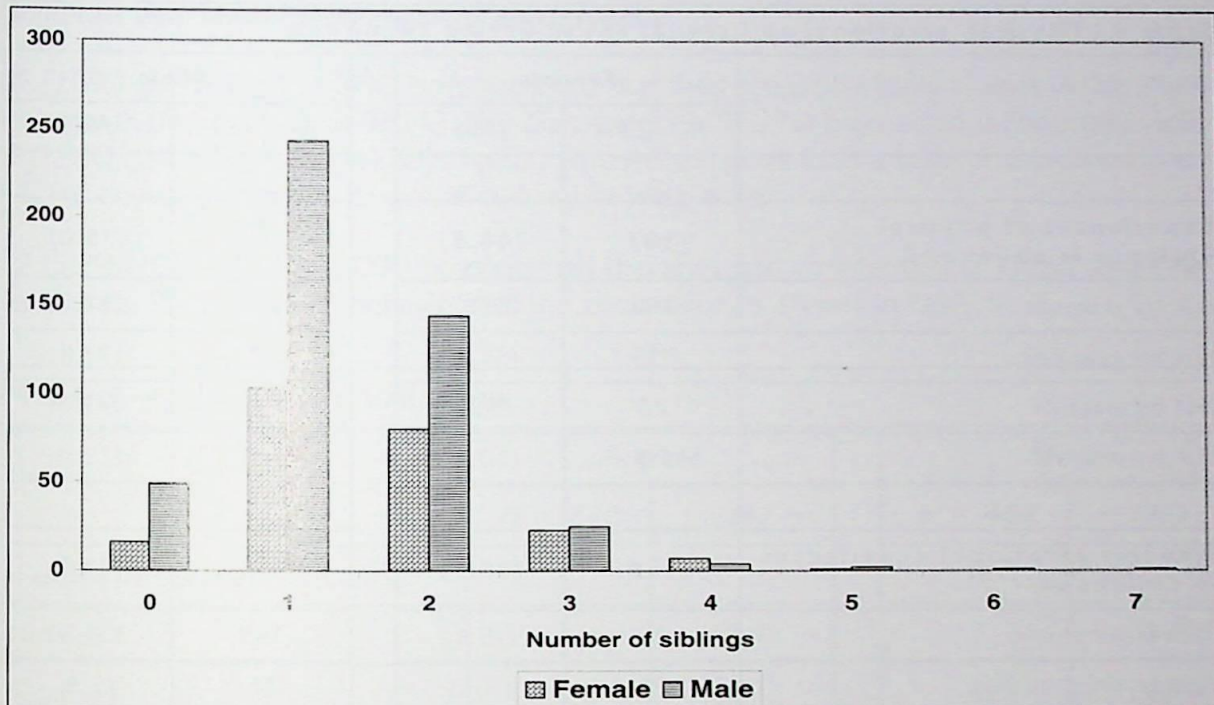


Figure 2 – Number of siblings in the family

Adverse experiences in childhood

107 (46.7%) girls and 366 (78.0%) boys had experiences of physical violence whereas 129 (56.1%) girls and 315 (67.2%) boys had adverse emotional experiences during their childhood. 6 (2.6%) girls and 27 (5.8%) boys were victims of sexual abuse. (Table 4)

Table 4 - Physical, emotional and sexual abuse during childhood				
	<i>Female</i>		<i>Male</i>	
	<i>N = 230</i>	<i>(%)</i>	<i>N = 469</i>	<i>(%)</i>
Experiences of physical violence in childhood	107	(46.5)	366	(78.0)
Hit by parents	158	(68.7)	383	(81.7)
Hit by teachers	119	(51.7)	365	(77.8)
Hit by friends	22	(9.6)	193	(41.2)
Hit by others	23	(10.0)	103	(22.0)
Adverse emotional experiences in childhood	129	(56.1)	315	(67.2)
Father alcoholic	37	(16.1)	149	(31.8)
Father drug addict	21	(9.1)	26	(5.5)
Witnessed a murder	1	(0.4)	23	(4.9)
Father harassed mother	25	(10.9)	42	(9.0)
Fights with neighbours	104	(45.2)	240	(51.2)
Neglected by parents	7	(3.0)	20	(4.3)
Had to earn money for the family	3	(1.3)	8	(1.7)
Sexual abuse in childhood	6	(2.6)	27	(5.8)
Penetrative sexual intercourse	-	-	7	(1.5)
Anal sex	-	-	5	(1.1)
Oral sex	2	(0.9)	12	(2.6)
Intercrural sex	1	(0.4)	9	(1.9)
Fondling	3	(1.3)	22	(4.7)

A study on adolescent sexual & violent behaviour, drugs & alcohol abuse and its relationship to the past experiences

Violence and sexual behaviour in adolescence

16 (7.0%) girls and 84 (17.9%) boys accepted that they acted physically violent within the last one month period whereas 97 (42.2%) girls and 259 (55.2%) boys acted emotionally violent. 3 (1.3%) girls and 24 (5.1%) boys had threatened someone with a knife or a weapon and 10 (2.1%) boys were taken into police custody at least once.

12 (5.2%) girls and 89 (19.0%) boys claimed that they had an intention of killing someone at least once. Present sexual behaviour of the adolescents is shown in table 5.

	<i>Female</i>		<i>Male</i>	
	<i>N = 230</i>	<i>(%)</i>	<i>N = 469</i>	<i>(%)</i>
Penetrative sexual intercourse	-	-	12	(2.6)
Anal sex	1	(0.4)	1	(0.2)
Oral sex	4	(1.7)	16	(3.4)
Intercrural sex	-	-	7	(1.5)
Fondling	2	(0.9)	14	(3.0)
Voyeurism	1	(0.4)	84	(17.9)
Watch pornography	2	(0.9)	241	(51.4)
Masturbation	2	(0.9)	295	(62.9)

Association between adverse experiences in childhood and violent and sexual behaviour of adolescents

Association between adverse experiences in childhood and violent and sexual behaviour of adolescents is shown in table 6. Physical and emotional violence in adolescence were found to have a strong association with the experiences of physical & emotional violence and sexual

abuse in childhood Adolescents who engage in sexual activities at present have a significantly higher chance of being a victim of sexual abuse and emotional abuse.

Table 6 - Association of adverse experiences in childhood to adolescent violence and sexual activities

	Chi square value	P value
Experiences of physical violence in childhood & adolescent physical violence	19.93	< 0.001
Experiences of physical violence in childhood & adolescent emotional violence	20.66	< 0.001
Experiences of physical violence in childhood & sexual activities in adolescence	1.58	0.208
Adverse emotional experiences in childhood & adolescent physical violence	10.56	0.001
Adverse emotional experiences in childhood & adolescent emotional violence	12.92	< 0.001
Adverse emotional experiences in childhood & sexual activities in adolescence	6.20	0.013
Sexual abuse in childhood & adolescent physical violence		< 0.001*
Sexual abuse in childhood & adolescent emotional violence		0.003*
Sexual abuse in childhood & sexual activities in adolescence		< 0.001*
* Fishers exact test		

Alcohol, tobacco and illicit drug usage

43 (18.7%) girls and 219 (46.7%) boys had taken some form of alcoholic beverage during their life. The youngest age for taking alcohol for girls was 8 years and for boys was 5 years. Mean ages were 13.9 (SD=2.0) and 14.1 (SD=2.2) years for girls and boys respectively. 1 (0.4%) girl and 59 (12.6%) boys accepted that they have smoked. None of the girls and 30 (6.4%) boys accepted that they had taken 'ganja' where as none accepted that they have taken heroin (Table 7). Most of these adolescents were introduced to these substances by their friends and most at parties; exceptions were toddy and cigarettes at trips and ganja at the school.

Table 7- Alcohol, tobacco and illicit drug usage

	<i>Number of adolescent consumed at least once (%)</i>		<i>Number of adolescent consumed within the last 1 year (%)</i>	
	<i>Female (n = 230)</i>	<i>Male (n = 469)</i>	<i>Female (n = 230)</i>	<i>Male (n = 469)</i>
Beer	39 (17.0)	204 (43.5)	9 (3.9)	118 (25.2)
Arrack	1 (0.4)	76 (16.2)	-	46 (9.8)
Jin/Whisky	2 (0.9)	42 (9.0)	-	20 (4.3)
Kassippu	-	5 (1.1)	-	4 (0.9)
Toddy	5 (2.2)	63 (13.4)	1 (0.4)	25 (5.3)
Cigarettes	1 (0.4)	56 (11.9)	-	29 (6.2)
Beedi	-	7 (1.5)	-	3 (0.6)
Cigar	-	5 (1.1)	-	2 (0.4)
Ganja	-	30 (6.4)	-	13 (2.8)
Heroin	-	-	-	-
Other	2 (0.9)	23 (4.9)	-	13 (2.8)

Association between adverse experiences in childhood and alcohol, tobacco and illicit drug usage

Association between adverse experiences in childhood and alcohol, tobacco and illicit drug usage is shown in table 8.

Table 8 - Association of adverse experiences in childhood to alcohol, tobacco and illicit drug usage

	Chi square value	P value
Experiences of physical violence in childhood & alcohol usage in adolescence	41.8	<0.001
Adverse emotional experiences in childhood & alcohol usage in adolescence	23.1	<0.001
Sexual abuse in childhood & alcohol usage in adolescence	18.3	<0.001
Father using alcohol & alcohol usage in adolescence	25.0	<0.001
Father using illicit drugs & alcohol usage in adolescence	3.9	0.046
Experiences of physical violence in childhood & tobacco usage in adolescence	12.8	<0.001
Adverse emotional experiences in childhood & tobacco usage in adolescence	3.7	0.053
Sexual abuse in childhood & tobacco usage in adolescence		<0.001*
Father using alcohol & tobacco usage in adolescence	6.0	0.014
Father using illicit drugs & tobacco usage in adolescence		0.28*
<i>(continued)</i>		

Experiences of physical violence in childhood & illicit drug usage in adolescence	7.1	0.008
Adverse emotional experiences in childhood & illicit drug usage in adolescence	2.33	0.126
Sexual abuse in childhood & illicit drug usage in adolescence		0.047*
Father using alcohol & illicit drug usage in adolescence		0.034*
Father using illicit drugs & illicit drug usage in adolescence		0.044*
* Fishers exact test		

Attitude on violence and sex

The adolescents' attitude on violence and sex are shown in table 9. This table shows that violence is a protective mechanism.

	Female		Male	
	N =230	(%)	N =469	(%)
Violence is useful to protect yourself (yes)	35	(15.2)	113	(24.1)
I enjoy fighting with others (yes)	2	(0.9)	9	(1.7)
There is no problem in fighting with others (yes)	24	(10.4)	46	(9.8)
If somebody hits you, you should hit hard (yes)	23	(10.0)	199	(42.4)
If somebody threatens you, you should hit before he hits you (yes)	13	(5.7)	59	(12.6)
It is useful to hit children to discipline them (yes)	38	(16.5)	140	(29.9)
<i>(continued)</i>				

Table 9 - Attitude on violence and sex

	<i>Female</i>		<i>Male</i>	
	<i>N =230</i>	<i>(%)</i>	<i>N =469</i>	<i>(%)</i>
It is useful to hit children to educate them (yes)	13	(5.7)	75	(16.0)
Are there other ways to discipline / educate children? (yes)	208	(90.4)	364	(77.6)
Do you think young people should have the freedom of having sex before marriage? (yes)	7	(3.4)	186	(40.0)
Do you think that having sex is healthy for your body? (yes)	28	(16.4)	219	(55.2)
Do you think that having sex is healthy for your mind? (yes)	32	(18.5)	224	(56.1)
Is masturbation good? (yes)	18	(7.8)	289	(61.6)
Do you use hand/ pillows/ mattresses for sexual pleasure? (yes)	5	(2.8)	210	(53.0)
Do you (only girls) use finger or objects for sexual pleasure? (yes)	-	-		
Do you think that prostitution should be stopped? (yes)	176	(89.3)	254	(67.4)

Their sexual preferences are shown in table 10.

Table 10 - Sexual preferences of adolescents				
	Female		Male	
	N = 230	(%)	N = 469	(%)
With whom do you prefer to have sex with ?				
boys only	18	(7.8)	0	(0.0)
girls only	1	(0.4)	321	(68.4)
both sexes	0	(0.0)	3	(0.6)
none	95	(41.3)	49	(10.4)
do not know	45	(19.6)	24	(5.1)
did not respond	71	(30.9)	72	(15.4)
Which sexual behaviour(s)/act(s) do you prefer?				
vaginal	4	(1.7)	219	(46.7)
oral	4	(1.7)	111	(23.7)
anal	0	(0.0)	62	(13.2)
intercrural	0	(0.0)	75	(16.0)
touching others genitals/breasts	1	(0.4)	157	(33.5)
others fondling you	0	(0.0)	60	(8.6)

4.2 Results of the qualitative study done on adolescents in remand homes or certified schools

Eight focus group discussions were held; 6 with males and 2 with females.

Results of the Focus group discussions with males

Eighty boys were remanded at the Makola Certified School and only 30 of them aged between 15 to 18 years. Similarly 51 boys were at Pannipitiya with only 18 being aged 15 to 18. Four FGDs were held at Makola and 2 were held at Pannipitiya.

Majority of the boys had both parents. In 2 subjects the mothers were dead and the mother of one boy lived abroad. They were from all parts of the Island and the majority belonged to the lower social class with a monthly family income less than Rs. 10 000/=. A majority had stopped schooling well before they were remanded although they were in the school going age. After leaving school most of them had done odd jobs (eg: painting, worked in a printing shop, small scale businesses). The common reasons for them to be under probation include theft, murder, living with an underage girl (17 year old boy lived with a 16 year old girl with the consent of the girl as well as her parents), sexually abusing a younger boy (15 year old boy abused a 6 year old boy), being cadres of terrorist groups (LTTE), consumption of illicit drugs (cannabis) and alleged false allegations of a theft.

A majority of them had numerous adverse experiences during their childhood, and many were punished frequently by parents and teachers mostly beaten with hands and sticks but none were injured. Most of them had fights with friends during their childhood. In a Majority fathers used alcohol and harassed the mothers. A significant proportion perceived of being neglected by their parents and had to earn money for a living. 5 boys (including ex-LTTE cadres) had witnessed murders.

At present (while at the remand home or certified school) they are rarely physically violent due to the strict regulations maintained in such institutions. But they very frequently shout and scold each other indicating the prevalence of emotional violence which is very high.

A majority of the older boys (who were aged more than 17 years) said that they will hit back if hit or scolded; younger boys said that they will hit back only if the offender is younger and less strong than them. If the offender is older and stronger than them they will not hit back

but complain to the authorities. One boy said "I can tolerate and I will do nothing if being hit or scolded. I have suffered enough." A majority had thoughts of killing somebody at least once and when asked about the circumstances the answers were "when one scolds my mother" "when my girl-friend refused me after being together for 3 months", "elderly male who sexually abused my sister" and "a person who helped the police to catch me".

About half said that children should be hit by parents and teachers to discipline them and for correction and others said that the child who is good will anyway be good even if hit or not. One claimed that if children were hit in their childhood they will become resistant to punishments and will become more violent.

A majority of them had taken arrack but infrequently, usually with friends and at parties. One boy said "Once I took Corex (a cough medicine, by Pfizer International / Astron) and I had a very strange feeling, like flying". About quarter of them smoked but in contrast to alcohol usage most of them smoked regularly. One boy said "About 20% in the remand home had used 'ganja' (cannabis) and I know 3 boys who used heroin". Another boy said that "I have seen people taking heroin but I never took it". All of them denied use of alcohol, cigarettes, cannabis or heroin at the remand homes.

None claimed that they were sexually abused as children; but one boy said "some of my friends were given gifts and money by a foreigner and his Sri Lankan broker for taking part in pornography. They were asked to practice homosexual activities and to be naked." One other boy said that he has seen older boys abusing younger boys and that led him to sexually abuse a younger boy of 6 years. A majority of them had girl friends and many of them had more than one girl friend. Only one boy (17 years old) claimed having sexual intercourse and he had lived with his 16 year old girl friend for 3 months with his parents. Some others said "we had sexual activities but did not have sexual intercourse." None claimed that they had homosexual activities. But one boy said "about one fourth of boys at the remand home had homosexual experiences before 16 years." They said that about 10% of the boys in the remand home practices homosexual acts when lights are off. It is done with the consent of both parties but sometimes some boys who do not consent to it at the beginning had to give consent after being in the home for sometime. All of them had watched pornography.

Knowledge on sexually transmitted diseases (STD) and AIDS was very poor. One boy did not know even the word AIDS. Most others understood it as a STD. Most of them had the misconception that it can be spread by aerosol or sharing plates or cloths. When asked how

to prevent AIDS the answers were “avoid that person”, “maintain good personal hygiene”, “not to use the clothes or towels of others” and “not to go close to a person with AIDS”.

Results of the Focus group discussions with females

15 girls were detained at Ranmuthugala remand home and they were aged between 13 to 18 years. Two FGDs were held at Ranmuthugala.

In contrast to the boys, in most of the girls the biological parents were not living together; Step-mother/father/de-facto partners were present in the household. Breakdown of the family unit of a mother, father and children was seen in homes of most of these girls. A majority had siblings of both sexes and many of the girls were from low social class families with an average monthly income less than Rs. 10,000/=. Financial constraints were an underlying problem in all of the families. A majority of females were in the remand home for being victims of physical or sexual abuse, childhood labour and for running away from home.

The perpetrators of sexual and physical abuse were either family members or the incidents had occurred with the knowledge and at the request of family members. One 15-year girl was sexually abused by the father several times in front of her mother. (Initial attempts under the influence of alcohol). Another girl was sexually abused by the elder brother (16 years) when she was 10 years. She had also been sexually abused by two neighbours. Few other girls were physically and emotionally abused by step-mothers and grand mothers. The perpetrators had frightened the children to stop them from complaining to the police. About a quarter of the mothers were commercial sex workers. Therefore most have no proper ‘home’ to go back to even if released. They were angry with their perpetrators and had experienced feelings of wanting to kill them (although no active plans or attempts had been made). Their reaction to mental or physical abuse ranged from feeling scared to occasionally crying out aloud – but rarely even went to the stage of hitting back.

Their knowledge regarding sexually transmitted diseases was low; those who had initially been totally unaware of such diseases are now more aware following the testing at hospital etc. They were aware that HIV spread due to sexual intercourse – but were vague about the other modes. They claimed that even in children’s homes homo-sexual activities (lesbian) are present.

5.0 Discussion and Conclusions

Adolescents are neither children nor adults. They mature Physically and hormonally but not necessarily emotionally. They move away from parental influences to peer influence and revolt is a hallmark of this age.

Similar to the influences of Victorian Values during the Colonial era, the young Sri Lankan population is influenced by new western and other cultures, leading to changes in their values, attitudes and behaviour. This rapid change has been facilitated by the development of communication strategies especially the media. Commercialization of sex and violence by the media and the commercial nature of drugs and alcohol further catalyzes the ultimate outcome. The actual nature and magnitude of the problem has not been properly assessed in Sri Lanka. This study attempts to fill the void in factual knowledge on adolescent attitudes and behaviour in two main issues of violence and sex. It also studied issues in relation to drug and alcohol usage. Another aspect of the study looked into the relationship between exposure to physical, sexual and emotional violence in childhood and violent behaviour (physical, sexual and emotional) in adolescents.

The finding of one fifth of male adolescents being physically violent against another person during the last month illustrates the high prevalence of violence in this particular community. Physical violence of 7% of girls too is alarming as girls are not expected to be physically violent often. These finding are highly significant as it shows a propensity for violence to perpetuate violence. At least some of those who faced violence would also resort to violence sparking a vicious cycle of violence. This is

inspite of a majority of Sri Lankans being Buddhists, since Lord Buddha condemned violence and preached that "Violence/hatred perpetuates violence; No violence heals hatred/violence." Apart from having faced violence in childhood, the prevalence of violence in the community, impunity of governance, domestic violence and alcoholism, long standing civil war, exposure to media violence and justification of violence are some factors that influence this aspect (5). The fact that 4.9% (n=23) of boys and one girl has witnessed a murder illustrates the extent of violence in society.

Another alarming finding was the fact that about 2% of the male population has been arrested for suspected juvenile crimes (in conflict with the law) before the age of 18 years. The future

implications of such a high rate should raise the awareness of policy makers and implementers of the damage of the issues defined in the study.

Premarital sex was a taboo in the local culture, probably blended with Victorian Values. However it is probably more common than was previously thought of. On the other hand the divulging of information, especially by girls may be under-reported, including childhood sexual abuse.

The high rate of voyeurism by males may become a prelude to sexual violence against girls/ women or even minors. This may be related partly due to inquisitiveness, previous experience as a child and watching pornography which accounted to over 50% of males and 1% of girls. (Table 5).

Violence and abuse carried over from one generation to another is amply demonstrated by our findings that confirm previous findings that 65% - 70% of sexual abusers have been sexually abused during childhood (6). A study done in USA demonstrated a significant association between childhood adversity and depressive symptoms, anti social behaviour and drug use during transition to adulthood, but none of the studies have looked for an association with violence and sexual behaviour (2). We could demonstrate a very strong association between physical and emotional violence in adolescence with childhood experiences of physical & emotional violence and sexual abuse. Further Adolescents who engage in sexual activities at present have a significantly higher chance of being a victim of sexual abuse and emotional abuse.

In Sri Lanka the intake of alcohol by females has been limited to pockets in the Tamil tea estate population and in the Western coast fishing population. This high figure could well be a tip of the iceberg since under-reporting may be an issue associated with stigma. The finding of introduction of alcohol by friends emphasizes the issue of peer pressure in the adolescent age group. 6.4% of boys in the group had smoked 'ganja' (cannabis) which is classified as an illicit drug in Sri Lanka. This too may be under-estimated because of the legal status and most adolescents would not divulge such information. Similar observations were made in a field study of street children in Colombo (7). Although heroin intake was said to be totally negative it may have been due to under reporting as it has more severe punishment than 'ganja', including the death sentence. In a previous study on street children we found that children denied having taken heroin but admitted seeing other people take it and more importantly they knew the price of heroin (7).

Another crucial finding of the study was the association of tobacco and alcohol usage and adverse traumatic childhood experiences which included all aspects of physical, emotional and sexual abuse during childhood.

The results of the qualitative study among the adolescents under the care of the Department of Child Probation supported the results of the community based study. At least among males a majority of children who were offenders of juvenile crimes had adverse childhood experiences.

In conclusion this study demonstrated that the adverse experiences of physical & emotional violence and sexual abuse in childhood have strong associations with adolescent physical & emotional violent behaviour, sexual activities and drug & alcohol usage.

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