A Study on Identifying Gaps in Access and Service Delivery for GBV in Batticaloa District

A study conducted by
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Eastern Social Development Foundation
#33, Railway Road, Oddamavady-01, Batticaloa, Sri Lanka
+94 652 258 320
esdf.srilanka@gmail.com
www.facebook.com/esdf.srilanka

Acknowledgement

This particular research study deals with an assessment to identify the challenges and gaps of gender based violence (GBV) service delivery in the district of Batticaloa. The study covered GBV survivors who accessed related services and their experiences of the effectiveness and responsiveness of GBV service delivery in the district.

This study aims to improve and upgrade the GBV service delivery systems in governmental and non-governmental sectors. The research would not have been possible without the assistance of the survivors of gender based violence and the GBV service providers who willingly shared their time and experiences for this study.

I would like to take this opportunity to acknowledge the ESDF staff and data collectors who were working at the field level in order to gather data. Our deepest appreciation and thanks are extended to Mr. Sudar Theepan, Ms. Marilyn Weaver and Ms. Velayudan Jayachithra who technically supported and guided this qualitative research study by providing valuable assistance. Its completion would not have been possible without their contribution.

In addition, I would also like to thank Mr. Buhary Mohamed, Executive Director of ESDF, who provided encouragement and the necessary administrative assistance required at every stage of this research study.

Our sincere thanks are extended to our donor, The Foreign Affairs Ministry of Luxembourg in partnership with PADEM, who provided the financial support to carry out this valuable research in the Batticaloa district.

Renukarani Soundararaj
Researcher and Technical Consultant to ESDF

Massage From Eastern Social Development Foundation (ESDF)

It's my great pleasure to issue this message on the occasion of the publication of the report, "Study on identifying gaps in access and service delivery for SGBV in Batticaloa District".

There are many institutions including the government and non- governmental organisations have been providing services for the survivors of sexual and Gender Based Violence in Batticaloa District. Meanwhile, after the Tsunami SGBV came one of the most important and considerable subjects among the NGO sector. Therefore, Donor Agencies, International Non-government Organisations and Local Civil Society Organisations initiated different types of programmes and activities to response to the survivors of Sexual and Gender Based Violence and preventing those violations in Batticaloa District.

At the same time, the pressure and control of the pervious regime on the NGO sector was a barrier to implement rights based projects in Sri Lanka and also the pervious regime indicated that, Sri Lanka is one of the middle developed country in the Asian region. Therefore, the above reasons caused to many NGOs close their programmes and leave from Sri Lanka. The pact of this situation is, the victims of SGBV especially poor and vulnerable women loosed more accessibility for service delivery and receives needed support services from NGOs in the North and East Sri Lanka.

Within the post war context of Batticaloa District very few local NGOs are working on SGBV and supporting to the victims with very limited resources and timeframe, ESDF is one of them, but we found through our working and service provision experiences that, women victims of SGBV do not satisfy regarding the service provisions of the institutions and they feel that, they have challenge particularly on accessing available services. Therefore, ESDF intended to carry out a study on identifying gaps in access and service delivery for SGBV in Batticaloa District with the objective of identifying real gaps in service provision of institutions and needs for a batter service provision with easy access to female victims of SGBV in Batticaloa District. In addition to that, disseminating the findings of the study among the

government service providers, decision makers, policy makers, donor agencies, and local CSOs. I hope that, this study report serves as a successful advocacy tool and most importantly, inspires concrete action leading to a real and visible increase in batter service provision among the service providers of the both the government and the non government sectors.

The study is taken under the project of Engaging and Advocating to Protection and Promotion of Women's Rights in Batticaloa District, which is funded by the Foreign Affairs Ministry of Luxembourg in partnership with PADEM. Therefore, I take this opportunity to thank the Foreign Affairs Ministry of Luxembourg for provided the financial support to conduct this study. In addition, we are very thankful to PADEM who partnered with our efforts and being part of this proposed project and to successfully implement. And also, I would like to thank the District Secretariat of Batticaloa District for collaborating and supporting us to coordinate with all the governmental institutions through Women and Child Unit of District Secretariat. Also we need to thank Women Based Organisations who provided the information and data to successfully complete this study in Batticaloa District.

On be half of the ESDF family,

Buhary Mohamed M.L.
Founder and Executive Director
Eastern Social Development Foundation

Abstract

Gender based violence is a serious problem around the world today. Mostly women and girls are subjected to this rights violation though men and boys are also affected. In comparison, however, women and girls by far are the casualties of sexual violence. Therefore, for the purposes of this research, the study has focused on interviews from women and girl survivors in relation to their experiences of accessing the GBV service delivery systems in the district of Batticaloa.

In Sri Lanka there have been many concerns on GBV issues, notably in Batticaloa situated in the Eastern Province of the country, which have been confirmed during the course of this research study. The leverage of services on GBV issues is a particular concern by certain organisations and government institutions which provide such services as well as overall attitudes of service providers on gender equality in general. This research study has focused on a qualitative assessment of GBV service delivery systems and perceptiveness on gender equality.

Though 122 GBV survivors participated in this research study, only 106 survivors chose to provide their information and share their experiences of related services. The balance 16 GBV survivors were unwilling to share such experiences and information revealing that they were uncomfortable to speak about the earlier violation. It was felt that sharing further details would bring unwanted stress upon themselves and they feared being retraumatised by that particular incident. Therefore, they rejected providing detailed information for the purpose of this study. The information which was shared by GBV survivors who accessed related services from the governmental and non-governmental sectors, particularly from the police sector, was significant as 87% of domestic violence cases have been filed under the Prevention of Domestic Violence Act. 95% of these violent incidents took place in the women's own home, indicating that women and girls cannot feel confident of safety and security even within the confines of their own residence. Thirteen common services were assessed throughout the course of this survey and it was indicated that GBV survivors accessed at least one or more of these related services.

Based on the questionnaire data provided by GBV survivors, and their additional sharing of detailed information, there was concrete proof that women were treated differently when they accessed related services. The institutions that were identified to provide GBV services were not functioning at a satisfactory level. In addition, certain GBV service sectors were in need of upgrades and improvements in attitudinal changes and behaviour with regards to gender equality.

For impartiality purposes, the data findings and analyses were shared with the respective GBV service delivery providers. Feedback was obtained from each sector, with the exception of health services which provided limited feedback due to time constraints and scheduling difficulties. The overall findings and feedback have been highlighted herein to improve future advocacy and intervention work on GBV issues in the district of Batticaloa.

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Abbreviations

ADS	-	Additional District Secretariat
CBO	-	Community Based Organisation
CEDAW	-	Convention on the Elimination of All Forms of Discrimination Against Women
CRPO	-	Child Rights Promotion Officer
DEVAW	-	Declaration on the Elimination of Violence Against Women
DS	-	District Secretariat
ESDF	-	Eastern Social Development Foundation
GBV	-	Gender Based Violence
HRC	-	Human Rights Commission
ICCPR	-	International Covenant on Civil and Political Rights
ICESCR	-	International Covenant on Economic, Social and Cultural Rights
INGO	-	International Non-Governmental Organisation
JMO	-	Judicial Medical Officer
LNGO	-	Local Non-Governmental Organisation
MHU	-	Mental Health Unit
MOH	-	Ministry of Health
MPL	-	Muslim Personal Law
NGO	-	Non-Governmental Organisation
PO	-	Probation Officer
SSO	-	Social Service Officer
UNSCR	-	United Nation Security Council Resolution
WHH	-	Women Headed Household

— CHAPTER ONE —

INTRODUCTION

1.1 Background

Sri Lanka has relatively effective welfare systems; in particular health care, legal aid and administration systems which serve to protect and promote women's rights. Gender equality and non-discrimination of women are guiding principles of state mechanisms and actions in Sri Lanka. Article 12(2) of the 1978 Constitution of Sri Lanka set out the principles of non-discrimination on the grounds of sex and other specified grounds. Article 12(4) further affirms special provision for the advancement of women by the State[1]. Sri Lanka has also ratified international conventions and declarations such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) which clearly distinguish discrimination on the grounds of sex as a violation of human rights. The Vienna Declaration on the Elimination of Violence Against Women (DEVAW) sets out the country's focused commitment to fight against gender based violence. DEVAW, together with United Nations Security Council Resolution (UNSCR) 1325 and UNSCR 1820, all protect and promote women's rights and address the impact of war on women with regard to any form of sexual violence.

The Sri Lankan Women's Charter was drafted and adopted by the State in March 1993, focusing on seven key areas: political and civil rights, rights within the family, the right to education and training, the right to economic activity and benefits, the right to

1 Article 12 - Rights to Equality; Article 12(2) - All persons are equal before the law and are entitled to the equal protection of the law; Article 12(2) - No citizen shall be discriminated against on the grounds of race, religion, language, caste, sex, political opinion, place of birth or any one such grounds; Article 12(4) - Nothing in this article shall prevent special provision being made by law, subordinate legislation or executive action for the advancement of women, children or disabled persons.

health care and nutrition, the right to protection from social discrimination and the right to protection from gender based violence (GBV). Based on this commitment, the Sri Lankan government has introduced commissions and appointed officers to respond to GBV issues, such as the National Committee on Women, Women and Children's Desks, Women Development Officers and GBV Desks in hospitals.

Gender based violence is a crime and it is a punishable offence. GBV issues affect women, girls, men and boys. Hierarchical power structures and gender stereotypes are often influencing factors which lead to violence against women, girls, men and boys. Such stereotypical gender practices in Sri Lankan culture are rooted in a patriarchal ideology which allows for the control and domination of others who have less power. GBV incidents often go unreported due to many reasons: fear of social stigma and discrimination of both the survivor and their family members, lack of awareness on the importance of reporting these types of incidents, the survivor's lack of recognition of rights violations and the violence perpetrated against her/him, and the lack of legal awareness. Power hierarchies have played a major role in inactive responses to GBV issues. For example, GBV crimes, particularly rape and sexual assault incidents, were often addressed inappropriately due to the patriarchal attitudes of service providers on gender equality practices. The lack of service facilities available and the lack of awareness of service provisions were other important factors as well.

Though Sri Lanka has relevant laws and legal structures to prosecute violent crimes, the average person is unwilling to pursue legal action. Survivors have a lack of confidence in the judicial system. They lack the overall awareness in order to prosecute GBV incidents and have a fear of social stigma related to these issues. *"While police statistics are available regarding gender-based crimes such as rape, child abuse and domestic violence, the available reports admittedly do not reflect the reality. Incidents are often not reported in the first place and even when victims resort to appropriate state agencies for remedies and redress, the agencies in question (including police, court and medical institutions) do not appear to have procedures in place to maintain statistics or comprehensive reports on the subject. Independent researchers who have conducted surveys on the areas have often produced data which differ widely from the official police and court records"*[2]. Survivors are also often unaware of the appropriate legal Acts under which to file GBV issues; the Prevention

2 Jayasundere, Ramani (August 2009), Understanding Gendered Violence Against Women in Sri Lanka, A Background Paper, *Women Defining Peace*, pg. 2.

of Domestic Violence Act, Crime Laws - Court of Criminal Procedure or Act No. 15 of 1979 [3].

Sexual assault and GBV issues are pervasive problems entrenched in society and which have serious physical, psychological, emotional and social consequences. Reporting GBV issues and sexual assault incidents requires a multi-disciplinary response which includes health care providers, the judiciary and social service providers.

This research, therefore, aims to address the overall levels of satisfaction and gaps from those accessing services from GBV providers in these relevant sectors.

Survivors of gender based violence are often unable to access services in one place but rather must obtain various forms of assistance from multiple service providers. For instance, complaints are initially given at the police station, followed by a visit to the medico-legal unit at the hospital - specifically the GBV Desk services situated in the hospital - and subsequently the need to access safe housing facilities. The medico-legal officers manage some minor cases, however, the examination of sexual assault cases have been transferred to other districts due to the lack of a permanent Judicial Medical Officer (JMO) in the Batticaloa Teaching Hospital. These challenges for survivors are compounded by language barriers, ethnicity, structural hierarchies, patriarchal attitudes, time constraints and transport facilities.

Communities have stated that in recent years an increase in sexual assault crime in the Eastern Province has hampered social development and peace. People have generally enjoyed a renewed sense of freedom, development and rehabilitation since the end of the war in the North-East in 2009. However, the decrease in terms of social and human development is evident as people lack the confidence to access civil administration procedures, take legal action against crimes of sexual violence and lack awareness on the rights of women and children. "Additionally, day-to-day administrative frustrations such as language barriers were also noted by the practitioners as a significant shortcoming in the criminal justice system that frustrated efforts at accountability for human rights abuse".4 For more than three decades, Sri Lankans have lived with and endured the hardships of conflict and war. Health care facilities were damaged, curfews curtailed movement and fear engulfed the population.

3 Parliament of the Democratic and Socialist Republic of Sri Lanka (July 19, 2002), Penal Code Amendment Act No. 12 of 2002, a *Supplement to Part II of the Gazette of the Democratic Socialist Republic of Sri Lanka*, pg. 1.

4 Challenges to Accountability for Human Rights Violations in Sri Lanka - A Discussion Paper (March 2017), International Commission of Jurists, pg. 1.

Therefore, sexual abuse crimes and GBV issues such as domestic violence were rarely reported. However, since the war ended our study participants stated that people, especially youth, have had an increased access to drugs, alcohol and pornography,

especially at internet cafes. They felt these influences were factors affecting an increase in sexual assault crimes, especially in the East.

Incidents of domestic violence have also risen due to disputes between family members, gender stereotypes and male domination over women. Today, many women and men are engaged in foreign employment. This movement and absence in the home has had a great effect on family life in general. Families have broken due to both men and women having had extra-marital affairs, occasionally leading to divorce. Children have reduced safety and security in the home leading to particular child rights violations and abuse. These factors all influence an increase of GBV issues in the family and at the societal level. Therefore, to redress some of these issues, the delivery of effective and efficient GBV service responses are essential.

1.2 Research Problem

Gender based violence is a crime and a rights violation issue which has serious physical, emotional and social consequences. Reported GBV incidents require a multi-disciplinary response from various sectors including health care providers, the police and the judiciary.

Women and girls in the Eastern Province of Sri Lanka suffer from increased vulnerability in the aftermath of war, family conflicts and natural disasters due to displacement, migration and loss of the traditional male breadwinner. In order to restore a sense of safety and security, GBV services are vital for providing the necessary assistance and prosecuting gender based violence issues productively and competently. Even so, there continues to be a large gap in accessing resource materials which provide international best practices for both medical and legal professionals responding to GBV issues.

Respondents confirmed, and the medico-legal professionals endorsed, that sexual gender based violence issues have increased during and after the armed conflict in Sri Lanka, not only in the North-East[5] but also in other districts, and that this is a worldwide issue following any form of disaster.[6]

The majority of GBV cases which went unreported were due to lack of trust in the judicial system and the rule of law in general.[7] Furthermore, language and gender insensitivity remain the biggest barriers for reporting and resulting in the prosecution of a lower number of cases.

Within the GBV service delivery system, the medico-legal service is the most effective means to prosecute criminal offences.[8] Multi-disciplinary teams consisting of JMOs and prosecutors are working together to assist survivors of violence and provide sufficient evidence and opinion reports in a court of law. However, survivors are generally unaware of the medico-legal services available and the scientific evidence required which is essential to prove rape and sexual abuse in a successful manner.

Service provisions by the police are vital to protect survivors of gender based violence as they are the initial point of contact and are involved in the prosecution of GBV cases. Therefore, police officers should play a major role in the filing of these cases under the appropriate Act and have a clear understanding of the Acts and laws to respond to such cases.

Legal support is another essential service necessary to prosecute GBV cases. A majority of these cases, including rape and sexual assault, were dismissed in a court of law due to the lack of evidence and weak support from the prosecution team. Perpetrators often paid off lawyers with bribes in order to win the cases, fully knowing that the survivor was unaware of the necessary primary actions to follow when filing a GBV case. For instance, survivors of domestic violence and/or rape were not aware that medical evidence was required to prove a case. They were admitted to hospital at a late date and were neither advised nor received the collection of forensic evidence within a 72 hour time period. Under the Prevention of Domestic Violence Act, GBV survivors can obtain a protection order by reporting

5 Living with Insecurity: Marginalisation and Sexual Violence Against Women in North and East (2013), *Sri Lanka Minority Rights Group International*, pp. 2, 4, 7.

6 Violence and Disasters (2005), Department of Injuries and Violence Prevention, *World Health Organization,* Geneva, Switzerland, pg. 1.

7 Edirisinghe, Anuruddhi, and L.B.L. de Alwis (January-April 2011), Medico-Legal Journal of Sri Lanka, *College of Forensic Pathologists of Sri Lanka*, Vol. 1, No. 1.

8 The Law on Sexual Offence: A Discussion Paper (1998), *Department of Justice, Equality and Law Reform, Government of Ireland*, pg. 39.

any incident of sexual violence directly to a judge in a court of law. There is no need to initially file a report with the police. However, most survivors are unaware of this fact. Further, many are unaware that the Legal Aid Commission offers support free of charge for such cases and particular NGOs also provide free legal services.

GBV issues in the Muslim community are generally filed in the Quasi Courts. Under Muslim Personal Law (MPL), issues of marriage and divorce, including the sharing of assets, fall under this Act. However, GBV issues such as domestic violence, rape and sexual assault are both crimes and rights violations. Such cases must be handled by the police and courts. Individuals from the Muslim community would, therefore, benefit from accessing GBV services from the Police, Legal Aid Commission and other relevant authorities.

The Sri Lankan government has appointed Women Development Officers, Probation Officers, Child Rights Promotion Officers, Counsellors and Social Service Officers to deal with GBV matters, however the average person is unaware of these officers' roles and responsibilities. Both government and NGOs have set up and provided GBV services in a systematic manner but the officers' capacity, skills and attitudes towards gender equality need to be further improved in order to address GBV issues effectively.

The Mediation Board has the power to mediate and negotiate compromises on behalf of both parties, however, GBV issues are a rights violation and should be handled in a rights-based approach with a special focus on gender equality. The Mediation Board continues to be comprised of mostly older male members which use their dominate power indiscriminately, often resulting in a lack of fair judgement for GBV survivors during the investigation.

The majority of the GBV services and responses are coordinated by established forums. A network consisting of several non-governmental institutions in the Batticaloa district, known as the Gender Based Violence Task Force, functions at both the district and divisional level. Community based organisations (CBOs), international non-governmental organisations (INGOs), local non-governmental organisations (LNGOs) and government institutions such as the police, health sector and Mental Health Unit (MHU), District Secretariat (DS) office, Divisional Secretariat, schools and Human Rights Commission (HRC), are all stakeholders in these forums. The Government Agent heads the district level task force at least once in three

months and the divisional level task force is being facilitated by the DS and Additional District Secretariat (ADS) on a monthly basis. Women Development Officers, Relief Sisters, Social Service Officers, Samurthi Officers, Child Rights Promotion Officers (CRPOs) and Probation Officers (POs) primarily refer GBV cases to these forums to seek solutions and solicit support from their respective stakeholders.

Government appointed officials such as Women Development Officers, Relief Sisters, Social Service Officers, Psychosocial and Counselling Officers also provide services in response to GBV issues at the divisional level. However, most women expressed their lack of confidence in reporting their issues to these officers as they were not familiar with their professional reputations. In addition, these officers failed to work with the community in the dissemination of roles and responsibilities thus creating large gaps between the community and these officers.

This research study has, therefore, been conducted in order to identify both the gaps in the access of service delivery systems for survivors of gender based violence, and to identify the most efficient and effective GBV provisions in order to upgrade such services in the Batticaloa district.

1.3 Relevance and Significance

This study aims to further policy reforms and benefit policy recommendations by introducing new laws and protocols for the protection and promotion of women's rights. An efficient and effective GBV service delivery system will ensure the collection of evidence, including forensics,[9] and a strong opinion report will contribute to successful prosecutions.

Furthermore, it aims to create awareness in communities to increase trust and confidence for the reporting of GBV cases. Perpetrators should comprehend the severity of their crimes and receive appropriate judgements according to the evidence. The study aims to improve services and create an environment where many will come forward to report past incidents for transparent judgements, and whereby the GBV service sector will be able to maintain proper documentation of reported and facilitated cases. Through the systematic documentation of these GBV cases, the overall context in the Eastern Province, including but not limited to, the social, political, economic and environmental conditions, may be better understood.

9 Harris, Lauren and Julie Freccero (May 2011), Sexual Violence: Medical and Psychosocial Support, A Working Paper of the Sexual Violence and Accountability Project, *Human Rights Center, University of California*, Berkeley, pg. 6.

Therefore, this study examines those challenges and barriers in accessing GBV service delivery systems and suggests recommendations to upgrade these services.

1.4 Research Objectives

The primary objectives of this research are to identify the challenges and gaps faced by survivors of gender based violence when accessing services, as well as by the service providers when providing services to survivors. In addition, to propose feasible recommendations for the governmental service providers to improve the quality and delivery of services to GBV survivors and bring about policy level changes.

1.5 Hypothesis

GBV services are not at a satisfactory level in the Batticaloa district in terms of assisting those who have experienced GBV issues. The reporting of GBV incidents is also less in the Eastern Province compared to other districts as was stated in Understanding Gendered Violence Against Women in Sri Lanka – A Background Paper for Women Defining Peace "*The civil war in the North and East of the country and the brutal insurrection in the South have created an environment in which power is yielded with impunity, which has filtered into the lives of ordinary people resulting in the breakdown of law and order, good governance and respect for life and women have suffered disproportionately. This is set in the background of socio cultural structures where male domination is constant in the private and public sphere".*[10] Reasons for this include a lack of confidence in the judicial system and the lack of awareness regarding access to GBV services, to name a few. Therefore, perpetrators continuously commit crimes of sexual abuse, rape and other incidents of gender based violence but are rarely, if ever, found guilty. Thus, increasing the crime rates of incidents involving gender based violence.

1.6 Research Questions

The research is going to analyse the effectiveness and efficiency of the services provided to survivors of gender based violence. The effectiveness of the services include the degree of solutions and mitigation measures provided through service

10 Jayasundere, Ramani (August 2009), Understanding Gendered Violence Against Women in Sri Lanka, A Background Paper, *Women Defining Peace*, pg. 3

provisions to address GBV issues faced by the survivors. The effectiveness is defined as the timing of the service delivered in responding to GBV survivors in an appropriate manner.

The following questions have been developed in order to direct this study in an effective manner:

1. Are they at a satisfactory level and if not, why?
2. Are the skills and knowledge of officers providing GBV services being carried out in a gender-sensitive, professional and effective manner?
3. What are the challenges faced in reporting GBV cases for the prosecution and for judgements of perpetrators?
4. What are the gaps in terms of accessing GBV services in the Batticaloa district?

1.7 Methodology

The researcher appointed several key data collectors and trained them on interview techniques specifically with regard to survivors of gender based violence. A questionnaire was developed to assess their level of satisfaction and non-satisfaction with existing GBV services and to identify those gaps in accessing such services. The data collectors visited the homes of GBV survivors and conducted the interviews at their place of residence. The semi-structured questionnaire accommodated all the GBV service components - Health (MOH, Hospital, JMO, MHU), Police, Legal, Women Development Officers, Probation Officers, Child Rights Promotion Officers, Social Service Officers, Mediation Board, Legal Aid Commission, other Judiciary (Quazi Courts), NGOs/CSOs and Safe Houses – and survivors were interviewed based on the access to these services and sectors.

To study and assess the efficient and effective delivery of GBV services in the Batticaloa district, the following research methodology was used.

- Self-administered questionnaires, provided to GBV survivors during home visits, to identify issues from their personal experiences when accessing GBV services.
- Semi-structured key informant interviews with GBV service delivery officers who were involved in the prosecution of GBV cases and the rehabilitation of GBV survivors.

- Meetings with GBV service providers such as the WDOs and Relief Sisters, Probation Officers, CRPOs, SSOs, Police, Hospital, Quazi Court, Mediation Board, Legal Aid Commission and NGOs/CSOs.
- References to other existing literature on this subject.

This research has gathered much qualitative and quantitative information such as the number of institutions and officers' availability, an assessment of skills and knowledge, state of facilities, multi-disciplinary team work, capacity of services to respond to GBV issues, and prosecutions in the Batticaloa district.

Due to time constraints and scheduling challenges, health services in particular was unable to participate in the sharing sessions of the research study findings. Inspite of this, the mental health sector and the GBV Desk feedback and opinions were included under health services in this research. However, the researcher was unable to include the feedback and opinions of other health sectors such as the MOH and JMOs in this document.

1.7.1 Research Design

To understand the functionality of service responses to GBV cases, incidents in the district of Batticaloa, and whether they are able to respond effectively, information which analysed and compared the systems and procedures was collected. After the assessment of GBV service delivery responses were completed, relevant referral systems such as psychosocial responses and rehabilitation, coupled with the prosecution of GBV cases within the legal system, were also assessed.

1.8 Study Limitations

The study was limited to a six month time period from May to October 2017, but due to delays in the collection of survivor data and time constraints in scheduling meetings with service providers, in particular the health sector, the research began in October 2017 and was completed in May 2018. The study focused exclusively on the Batticaloa district and, hence, an in-depth assessment was not carried out in other districts for comparative purposes.

GBV issues are generally more socially, culturally and personally sensitive and, therefore, it was difficult to approach survivors due to social and psychological considerations. Most survivors were unwilling to recall past incidents of a violent nature due to the effect on their present family life. Therefore, the scope of the sample selection was limited to the survivors who were willing to share their experiences and not be affected negatively. In order to obtain the samples, service providers were contacted and from the lists they provided, the sample selection was carried out. While such survey results may reflect a bias towards the service providers, this was minimalised by the cross-verification questions in the interview questionnaire. It was important that the data collectors were cautioned to create a relaxed and secure environment for the respondents and were advised that the respondents should never be forced to reply to any question they did not wish to.

— CHAPTER TWO —

LITERATURE REVIEW

2.1 Introduction

The effectiveness and efficiency of GBV service delivery in the district of Batticaloa is a new area of study which has not been conducted in Sri Lanka to date, and it is essential for all districts to assess the governmental and non-governmental service responses to GBV in the country. This study refers to a number of books and articles to explore various definitions, additional knowledge, and information of the GBV services at the national and international level.

In the aftermath of war in Sri Lanka, rapid development is taking place, particularly in the Northern and Eastern Provinces. In the Batticaloa district, there are number of development activities being conducted by the governmental and non-governmental sectors. However, the gender based violence responses and service provisions need further development in the technical fields and in the upgrading of knowledge and skills. This particular study aims to assess the effectiveness of GBV service responses and identify ways to upgrade the knowledge and skills in those respective service sectors. A majority of these claimed to be service providers only but did not presume that services could be delivered by officers also seen to be organising, supporting and providing reparation to GBV survivors. These officers are responsible for building good relationships, providing personal care and links to other services, referrals for assistance, honesty and inculcating a positive attitude on women's rights and gender equality given the current inequities in society.[11]

11 Kodikara, Chulani and Thiagi Piyadasa (July 2012), An Exploratory Mapping of Domestic Violence Intervention Services in Sri Lanka: Revised Edition, *International Centre for Ethnic Studies (ICES) and Women Defining Peace (WDP)*, pg. 2.

The study outlines the definition of GBV services as it relates to the theory of gender based violence. This research will identify direct links between the services offered in the health sector, medico-legal field, police responses, legal aid, shelter and psychosocial facilities and other responses from the Quazi Court, Mediation Board, Probation Officers, Women Development Officers, Social Service Officers and Child Rights Promotion Officers in the country, particularly in the district of Batticaloa. The access to service delivery for survivors of gender based violence accommodates the above sectoral services which indicate the immediate needs of women who required assistance for reparation, physical and emotional support such as treatment for physical injuries and medical assistance for other health problems, legal advice and support, legal aid services and prosecution of cases, psychosocial support and counselling, shelter and child care facilities, livelihood support and other economic needs.[12] Out of the number of non-governmental sectors providing service delivery for GBV and domestic violence in Sri Lanka 89.6% were local NGOs, 34% were INGOs, 4.5% were charitable organisations, 1.2% were Christian faith-based organisations and 1.2% were state institutions[13].

2.2 Definition of Gender Based Violence

Gender based violence includes all forms of violence involving women and men based on their gender. GBV may be experienced throughout the life cycle of an individual, starting from intrauterine life. The UN Declaration of CEDAW defined gender based violence in Article 1 as *"Any act of gender based violence that results in or is likely to result in physical, sexual or psychological harms or suffering to women including threats of such acts, coercion or arbitrary deprivations of liberty, whether occuring in public or in private life."* Article 2 of the Declaration states that *"the definition should encompass but not be limited to acts of physical, sexual and psychological violence in the family, community or perpetrated or condoned by the state wherever it occurs. These acts include spousal battering; sexual abuses including of female children; dowry-related violence; rape including marital rape; female genital mutilation/cutting and other traditional practices harmful to women; non-spousal violence; sexual violence related to exploitation; sexual harassment and intimidation at work, in schools and elsewhere; trafficking of women; forced prostitution and arbitrary deprivation of liberty whether occuring in public or private life."*

12 Kodikara, Chulani and Thiagi Piyadasa (2012), An Exploratory Mapping of Domestic Violence Intervention Services in Sri Lanka: Revised Edition, *International Centre for Ethnic Studies (ICES) and Women Defining Peace (WDP)*, pg. 18.

13 Ibid. pg. 13.

The Beijing Platform for Action expanded the definition by specifying the inclusion of: violence of the rights of women in situations of armed conflict including systematic rape, sexual slavery and forced pregnancy, forced sterilisation, forced abortion, coerced or forced use of contraceptives; prenatal sex selection and female infanticide. It further recognised the vulnerability of women belonging to minorities: the elderly and the displaced; indigenous, refugee and migrant communities; women living in impoverished rural or remote areas or in detention.

The World Bank Discussion Paper defines gender based violence as follows: *"Gender based violence (GBV) is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society."*

While women, girls, men and boys can be victims of GBV, the main focus of this research study is on violence against women and girls. This is not to say that gender based violence against men does not exist. Men, too, can become targets of physical or verbal attacks for transgressing predominant concepts of masculinity, for example because they have sex with men. Men can also become victims of violence in the family – by partners or children.[14]

GBV includes sexual violence, domestic violence, rape and sexual assault against either women or men. However, in comparison to men, percentage wise more damage and casualties from gender based violence are afflicted on women. *"Women were said to be the most affected by sexual and gender based violence, and intimate partner violence is the main form of gender based violence against women.*[15]*"*

In this respect, the research study has assumed the UN definition of gender based violence and has analysed our findings through this lens.

14 http://www.health-genderviolence.org/training-programme-for-health-care-providers/facts-on-gbv/defining-gender-based-violence/21

15 http://restlessdevelopment.org/file/res-sa-men-and-boys-gbv-oct2014-pdf

2.3 Definition of GBV Services

When addressing supports to survivors of gender based violence, services consist of several components: healing, addressing rights-based issues, physical and psychosocial treatment, reparation and rehabilitation. These services respond to forms of GBV such as domestic violence, physical violence, sexual violence, psychological violence like threats of violence and harm, emotional violence, discrimination and isolation, sexual use of children, economic violence and gender based violence throughout the lifecycle. To date, there does not appear to be any clear definition of services and responses to gender based violence in Sri Lanka and, therefore, this study was unable to secure such a concrete definition. However, for the purposes of this research study only, the researcher attempted to define GBV services as follows: *"multi-sectoral services that address and respond to GBV issues of a medical, legal, social, economic, political, cultural and environmental nature and with a particular focus on gender equality."*

These providers don't have a common pattern of service delivery. However, all respond according to their sectoral needs to fulfil a comprehensive GBV service delivery system. This study has addressed the gaps of these service delivery systems and whether they are effective and efficient responses for survivors of GBV. A major constraint for the researcher and data collectors was to meet with a cross-section of GBV survivors. Generally, these women were unwilling to speak with the data collectors and share their opinions on accessing GBV services. For the purpose of this study, the findings from the interview questionnaire have been shared with the service providers, and their respective views obtained.

2.3.1 Health Services

GBV issues have detrimental effects on the physical, emotional and psychological well-being of women. Therefore, it is important that survivors of GBV obtain the necessary medical treatment and appropriate psychosocial services provided in the hospitals. The majority of GBV survivors do not take any legal action based on the issue of a rights violation. This is predominantly due to the fear of social stigma and family concerns for their children's future and marriage partners. Because of this unwillingness to take legal action, these survivors also do not obtain medical treatment thus causing further health complications of physical and emotional

threats in the future. This cycle often leads to a reoccurrence of intensified violence and affirms a lack of guilt on the part of the perpetrator responsible in the continuance of such rights violations and GBV abuses.

2.3.2 Medico-Legal Services

In Sri Lanka, the medico-legal services provides an examination of a survivor, however, inspite of the medical evidence presented, the actual sentencing of a perpetrator charged with sexual assault is rare in the criminal investigation system.[16] The Sri Lankan government provides free medico-legal services working in collaboration with a team from the Ministry of Health (MOH) and other relevant institutions. These medico-legal services are provided by government teaching hospitals, general hospitals, and base hospitals. Small scale hospitals transfer a survivor/patient to the general hospital to receive these services.

The medico-legal services are the one and only sector which interviews and examines a GBV survivor or deceased individual for collecting biological and forensic evidence, and provides an opinion report to a court of law for the prosecution of criminal offences.

"*A medico-legal report is a report on the condition of a patient or deceased body, solicited for legal purposes, which gives the medical experts findings, diagnosis, prognosis and opinion. A medical record is any record made by a medical or other health practitioner concerning a patient during or after a consultation examination of the conducting of a medical or surgical procedure. Writing a medico-legal report is a technical exercise which if done correctly will limit the number of unnecessary court appearances for the practitioner, besides serving the cause of justice. It is important also to emphasise that any medical document regarding a patient may potentially be required in court as medical evidence. This underscores the importance of well-kept records".*[17]

The medico-legal officers and the state counsel at the Attorney General's Department are the key personnel to begin the process for the prosecution of crimes.[18] Although the Ministry of Health makes alternative arrangements by training medical officers

16 Gooneratne, Induwara (2010), Delivering a Forensic Expert Testimony for the Defense: Relevance, Hesitations and Reservations Amongst Professionals in Sri Lanka, *Sri Lankan Journal of Forensic Medicine Science and Law*, Vol. 1, No. 2, pg. 1.

17 http://www.dundee.ac.uk/forensicmedicine/Crimes_against_Women_and_Children/B5-Reports_Evidence.pdf (accessed 24/09/14)

18 Gooneratne, Induwara (2010), Delivering a Forensic Expert Testimony for the Defense: Relevance, Hesitations and Reservations Amongst Professionals in Sri Lanka, *Sri Lankan Journal of Forensic Medicine Science and Law*, Vol. 1, No. 2, pg. 1.

on medico-legal services in order to meet the minimum requirement, it still remains at an unsatisfactory level. For instance, advanced technical knowledge and skills, including the examination equipment facilities, are lacking.[19] In the Batticaloa district there are no permanent JMOs at the teaching hospital and no medico-legal officers in other general and base hospitals in other divisions in the Batticaloa district. The Batticaloa District Hospital has a lack of facilities and shortage of officers to provide services in a timely and efficient manner and a multi-disciplinary team of professionals does not exist.

The National Guideline Protocol to examine sexual assault/gender based violence survivors in Sri Lanka entitled "National Guidelines on Examination, Reporting, and Management of Sexually Abused Survivors for Medico-Legal Purposes"[20] refers to a procedure of criminal investigations in the medico-legal examination of a survivor, which is one of the most important requirements in the process. However, it was a great challenge for the researcher to ascertain how many medical professionals are using these guidelines even in the Batticaloa District Hospital.

2.3.2.1. Protocol for the Examination of Sexual Assault/ Survivors of Rape

The College of Forensic Pathologists has developed protocols for the examination of survivors of sexual assault in Sri Lanka. It is extremely important that consultant JMOs and MO medico-legal officers are made aware of the procedure, process, and ethics of the examination of rape cases which are mandatory for all professionals committed to this field.

In the context of Sri Lanka, women are not very open to express incidents of gender based violence and/or any form of sexual violence they have experienced due to social fear and lack of confidence in the judicial system. Therefore, the first step of the examination should be to obtain the individual's consent and then, and only then, should the examination be carried out. For this, the protocol is mandatory for any investigation, examination, and/or collection of forensic evidence, and provides a firm opinion report to a court of law. This protocol has taken into account a women's rights and human rights perspective[21] such as the right to health care,

19 Hulathduwa, S.R. (2010), Some Common Pit-falls in the Practice of Forensic Medicine in Sri Lanka: A Review of International Literature, *Sri Lanka Journal of Forensic Medicine, Science & Law*, Vol. 1, No. 1, pg. 20.

20 Edirisinghe, Anuruddhi and Handun Wijewardena et al (2014), National Guidelines on Examination, Reporting and Management of Sexually Abused Survivors for Medico-Legal Purposes, *The College of Forensic Pathologists of Sri Lanka*, pg. 3.

21 Ibid, pg. 4.

the right to human dignity, the right to non-discrimination, the right to information, the right to self-determination, the right to privacy, and the right to confidentiality.

In addition, this protocol has defined a uniform terminology for documentation purposes for forensic pathology, and includes all medico-legal services for ex-survivors, perpetrators, survivors of sexual abuse and sexual violence/gender based violence, health workers, examinees, children, and specialists in forensic medicine, grade medical officers, and government medical officers.

2.3.3 Police Services

The police services are also administered by the government. The Women and Children's Desk has been established in each police station to directly respond to issues affecting women and children. There are 14 divisions in the Batticaloa district alone and in each division a Women and Children's Desk has been established. The police take complaints and file cases based on the appropriate Acts. These particular desks should always have female police officers to respond to cases involving women and children, however, most of the police stations do not. This is a great challenge for women who access services from this particular Desk as they do not feel comfortable or secure in sharing the details of their problems with a male officer. They would always prefer to speak with a female officer on these matters. Language barriers continue to pose an even greater challenge where most of the police officers in this district do not speak Tamil resulting in complaints being taken in the Sinhala language only.

"Women and Children Desks must be strengthened with adequate powers, equal stature, and facilities with gender-sensitive officers including women officers trained in dealing with sexual offences. Police officers must speak the language of the area in which they are based.[22] *While Women and Children Desks are filing cases under the PDVA, statistics are not publicly available."* [23]

The attitudes of the majority of police officers tend to be very patriarchal and they maintain stereotypical gender practices. Few of the GBV cases which we surveyed were handled with a commitment and adherence to a women's rights perspective thus causing more challenges for women when they accessed police services. Police

22 Report of the Leader of the Opposition's Commission on the Prevention of Violence Against Women and the Girl Child, pg. 41.
23 Ibid, pg. 58.

officers often try to negotiate compromises in the family rather than taking serious action when dealing with GBV incidents. This lack of understanding and awareness within the hierarchy of male structures and power rarely allows women to feel comfortable and willing to report cases to the police. "*The role of the police needs to be examined, in most instances the police act in a conciliatory role in bringing the parties together or mediate between the parties to solve the problem*".[24]

"*There is also a division in the police entitled 'Bureau for the Prevention of Abuse of Children & Women' that is assigned with the task of taking different action against all crime perpetrated on women and children, which ranges from physical violence to sexual abuse. There are also facilities available to them for their complaints to be recorded by female police officers and that too in a place away from pubic gaze as to insulate them from derisive comment by uncouth elements that would affect their self-respect. Specially selected officers attached to all the police stations in the country have been trained by this Bureau to carry out these services island-wide*".[25]

2.3.4 Legal Aid Services

The legal aid services respond to gender based violence through the provision of the Penal Code and the Prevention of Domestic Violence Act (2005). Overall legal aid facilities to respond to GBV issues in the district of Batticaloa are at an average level. "*Legal aid services are well structured and staffed, showing gender, age, and ethnic balances. Geographic coverage shows that Colombo currently receives the most legal aid coverage. Other well-served districts include Ampara, Batticaloa, Puttalam, Anuradhapura, Badulla, Hambantota, Matara, Trincomalee and Kurunegala. Gampaha and Matale are less reached while there are no service providers operating in Kilinochchi and Mullaitivu districts*".[26]

These legal aid facilities are being provided by the Legal Aid Commission, services which are completely free of charge. Outside practitioners also appear for GBV cases based on client interest. However, it was felt that these services were being provided with limited commitment. Some organisations provide free legal aid services which are extremely helpful for female survivors of GBV. Unfortunately,many perpetrators

24 Gomez, Shyamala (February 2005), A Study on Gender Based Violence in the Batticaloa District, Care International – Sri Lanka, pg. 23.
25 https://www.police.lk/index.php/police-history
26 The Asia Foundation, UNDP - Equal Access to Justice Project, UNHCR and Ministry of Constitutional Affairs and National Integration, Ministry of Justice and Law Reform. (2009), The Legal Aid Sector in Sri Lanka - Searching for Sustainable Solutions: A Mapping of Legal Aid Services in Sri Lanka, The Asia Foundation and UNDP, pg. 2.

use their power and money to hire criminal lawyers in order to win cases. In the past, legal evidence has been destroyed or dismissed in this process and many women have been unable to get a conviction for these crimes. Therefore, women are generally unwilling to take legal action due to the lack of confidence in the judicial system. *"Requiring large numbers of referrals to other organisations to take legal action; socio-cultural norms, such as in Batticaloa (where women of Tamil origin are said to be reluctant to go to court) or Ampara (where women of Muslim origin lack the confidence to go to the male-dominated quazi courts, which handle domestic issues); or organizational approach, as in the case of Sarvodaya Legal Services Movement, which focuses on legal empowerment and tries to foster community dispute resolution without reliance on the formal court system".*[27] *During this research, one of the focus groups in Batticaloa mentioned "the possibility of accessing legal aid services for abduction cases."*[28]

2.3.4.1. What Does the Sri Lankan Law Say on Rape?

The legal definition of rape in Article 363 of the Penal Code states,

"Rape as sexual intercourse with a woman in five specific scenarios: (1) sexual intercourse without consent; (2) sexual intercourse even with consent where the woman is in lawful or unlawful detention or where consent is obtained through intimidation, threat, or force; (3) sexual intercourse where consent has been obtained when the woman is of unsound mind or in a state of intoxication administered to her by the man or some other person; (4) sexual intercourse where the woman has consented because she believes she is married to the man; (5) sexual intercourse with or without consent if the woman is under 16 years of age unless the woman is the accused man's wife, she is over 12 years of age, and she is not judicially separated from the accused."[29]

Under Sri Lankan law, rape is only defined as vaginal penetration, and can be charged under the section on Rape[30], while other forms of sexual violence can be charged under Criminal Offences in the Penal Code Amendment. Many provisions

27 The Asia Foundation, UNDP - Equal Access to Justice Project, UNHCR and Ministry of Constitutional Affairs and National Integration, Ministry of Justice and Law Reform (2009), The Legal Aid Sector in Sri Lanka - Searching for Sustainable Solutions: A Mapping of Legal Aid Services in Sri Lanka, The Asia Foundation and UNDP, pg. 40.

28 Ibid, pg. 58.

29 (http://www.impowr.org/content/current-legal-framework-rape-and-sexual-assault-sri-lanka#sthash.IgjlGWhV .pdf (accessed 23/09/14).

30 Wanasundera, Leelangi (March 2000), Country Report on Violence Against Women in Sri Lanka, *Centre for Women's Research*, pg. 10.

are available in the legislation of other countries to safeguard victims. Incest is also a serious crime in Sri Lanka[31] as well as in other countries, most notably Ireland[32].

2.3.4.2 Legal Provisions to Prosecute Sexual Assault/Gender Based Violence Cases

There is a provision to take interim order and protect survivors from sexual abuse in Sri Lanka under state law for rape cases in the Penal Code section and under the Prevention of Domestic Violence Act. Rape is considered a criminal offence, and is charged under the Penal Code, Article 363.[33]

Feminists have different perspectives on sexual assault which are purely defined on the basis of a concern and well-being for women's causality, and how it directly affects women's empowerment. Violence against women is rooted in the basic causes of the power differentials between men and women.[34] Though the law, conventions and declarations support the prosecution of such violations, there are few limitations stated when it comes to practice and a particular country's impunity.[35] Nonetheless, feminist perspectives have significantly contributed to redefining rape/sexual assault.

Survivors of sexual violence/gender based violence face great difficulties in obtaining a successful prosecution to establish justice for the survivor. There are many challenges in conducting an investigation and for the prosecution of offenders of sexual violence. Responses for overcoming these challenges must be considered as well as noting the obstacles and barriers experienced by those who remain discouraged to report cases.

Sexual violence is a crime under national and international law. However, few are sure of successful trials, and outcomes of these prosecutions can have legal, historic, psychosocial, and security implications that reach far beyond the survivor who testifies; as highlighted in a published paper on cross-sectorial stakeholders tasked with responding to SGBV in Kenya. Likewise, there are only a few publications which

31 Wanasundera, Leelangi (March 2000), Country Report on Violence Against Women in Sri Lanka, *Centre for Women's Research*, pg. 8.

32 The Law on Sexual Offences: A Discussion Paper (May 1998) *Department of Justice, Equality and Law Reform, Government of* Ireland, pg. 21.

33 Gooneratne, Induwara (2010) Delivering a Forensic Expert Testimony for the Defense: Relevance, Hesitations and Reservations Amongst Professionals in Sri Lanka, *Sri Lankan Journal of Forensic Medicine Science and Law*, Vol. 1, No. 2, pg. 1.

34 Wanasundera, Leelangi (March 2000) Country Report on Violence Against Women in Sri Lanka, *Centre for Women's Research*, pg. 13.

35 Ibid, pg. 9.

address sexual assault crimes and those medico-legal responses for successful prosecution in the following referrals.[36]

2.3.5 Psychosocial Services

Psychosocial services are very important to support survivors of gender based violence. Often they experience feelings of mental stress and a sense of discomfort everywhere, whether that be in the home, in a public place, work environment or in the homes of their friends and relatives. GBV services should always have a multi-disciplinary team working together to rehabilitate and protect survivors of gender based violence.

Hospitals have a Mental Health Unit equipped with a psychiatrist who reviews the mental health of the GBV survivor and provides a statement of their mental condition. This service is also part of the multi-disciplinary team work facility but the majority of hospitals do not have such a team. Even though different survivor behaviours may be identified, the individual is strictly referred to a psychiatric doctor only. Occasionally survivors are also referred to a psychiatrist in order to obtain an opinion for report purposes rather than addressing further actions to be taken for proof of evidence or from a point of concern with regard to the survivor's treatment.

2.4 Additional Services – Women Development Officers, Relief Sisters, Probation Officers, GBV Desk, Counsellors

With the commitment of addressing issues on violence against women, the government established the Women's Bureau of Sri Lanka under the Ministry of Policy, Planning and Implementation. Several other units which were inclusive of women's rights interventions followed. The Ministry for Women's Affairs and Ministry of Health functioned initially under the Ministry for Development, Rehabilitation and Reconstruction in the Eastern Province which monitored the services of the above ministries. Subsequently, the Ministry for Rural Housing Development and Women's Affairs were merged with the Ministry of Social Services and Women's Empowerment. In 2006 the Ministry of Child Development and Women's Empowerment was established. In addition, various other services

36 Seelinger, Kim Thuy, Helene Silverberg and Robin Mejia (May 2011), The Investigation and Prosecution of Sexual Violence and Accountability Project, Working Paper Series, *Human Rights Center, University of California, Berkeley Law School and Human Rights Center*, Kenya, pg. 33.

were set up to respond to GBV issues. The government has appointed Women Development Officers, Relief Sisters, Probation Officers, Counsellors and set up GBV Desks at hospitals. While the concept of GBV Desks were initiated by NGOs, this model has now been adopted by the government under the Mithuru Piyasa scheme which was launched to provide for the security of women and children. As such, the GBV Desk has also been renamed the 'Mithuru Piyasa' or 'Friendly Centre'.

Women Development Officers and Relief Sisters were primarily appointed to deal with women's issues and to protect and promote women's rights. The services provided by these officers fall under the Divisional Secretariat. Though their main concern and area of responsibility is to uplift women's economic status, they must also address women's issues and provide the necessary responses to protect and promote women's rights.

Apart from the services provided by these governmental institutions, there are also non-governmental sectors providing services in response to GBV issues in the Batticaloa district. International NGOs, local NGOs and CBOs are involved in GBV issues and support government institutions by providing counselling, shelter, emergency assistance (the provision of food, clothing, non-edible items, travelling allowances, etc.) and free legal services.

Other service providers respond to GBV issues by providing support to survivors for the prosecution of their case, by providing shelter facilities, initiating self-employment activities, livelihood support and psychosocial counselling services.

The researcher located several pertinent documents on GBV issues, including detailed accounts by service providers of rape cases, institutional responses to GBV separate care units, and documents developed for the assessment of GBV issues and rape cases. GBV issues require police intervention and other medical, legal and psychosocial support services. The government has established a few medico-legal services for the prosecution of GBV issues and also other supports such as legal, psychosocial, counselling and livelihood. However, none of these documents stated the service deliveries in response to gender based violence. The researcher was also unable to attain any documents conducted to date which outlined the effectiveness of the GBV service sector linked to the subject of identifying gaps to access of service delivery for survivors of gender based violence.

During this research study period, facilities in the sectors of medical and medico-legal, legal aid and counselling were made available. Additional facilities were provided by Women Development Officers, Social Service Officers and the Police in order to prosecute cases of sexual assault and gender based violence. These facilities also included the availability of consultant JMOs, examination facilities, police sector involvement in the prosecution of GBV cases and their attitudes on gender inequality, and other officers who were appointed to rehabilitate survivors of gender based violence such as Women Development Officers, Social Service Officers and Counsellors in the Batticaloa district.

— CHAPTER THREE —

DATA ANALYSIS AND INTERPRETATION

3.1 Overview of Samples

There are several GBV service providers in the district of Batticaloa and a number of GBV survivors who have accessed these service sectors have been randomly interviewed for this study. In total 122 survivors were interviewed and their experiences and opinions were collected in order to identify the gaps in accessing GBV service delivery systems in the district. Out of the 106 who responded to the research questionnaire, 16 were unwilling to share their experiences of accessing GBV services. While some approached the service providers, the reason for seeking those services is not directly related to GBV issues. This depicts that many women are still hesitant to speak about the details of their violation due to fear of social stigma and concern over their futures.

Coordination and understanding amongst the service providers are crucial in order to deliver the most efficient and effective assistance to GBV survivors. Especially since no one service provider can fulfil all that is required in providing support to a survivor of GBV given the nature of their working mandates and limitations, and having to refer to multiple service providers.

Out of the total number of 106 GBV survivor responses, only 1 woman was interviewed at a location other than her own residence. This shows that in order to share their painful experiences while accessing GBV delivery systems with the data collectors, a safe, secure and familiar environment is necessary. In addition,

they found protection and support in the presence of their family members and/or relatives.

However, the exception was one GBV survivor who preferred to meet the data collector away from her own home fearing the social stigma and additional future problems arising from members of her own family. While her family are in fact aware of what transpired, they have expressed unease at having others come to their home to meet her. They wish the incident to now be over and do not see the reason to talk of it again. They feel that other problems may arise in raising this incident a further time and they also expressed worry at the fact that she may become deeply hurt and depressed once again.

Another of the GBV survivors was not even willing to share her name due to fear and other factors influencing that decision. Patriarchy is deeply rooted in society and women are continually subjected to a subordinate status. However, all other GBV survivors did share openly their names and details and showed concern over the direction of their lives and futures.

Of the total number of interviews, 35 GBV survivors accessed health services, 87 accessed police services 23 of GBV survivors were contacted and benefitted from CBOs and NGOs, 20 accessed legal assistance, 25 received the services of WDOs, 8 obtained assistance from POs and 17 were supported by CRPOs. Further, 7 GBV survivors accessed services from the Mediation Board, 27 from the Quazi Courts and 1 accessed shelter services in a safe house.

One incidence of child abuse was documented with a young person 15 years of age. The Health sector, Police sector, PO and CRPO, NGO and Safe House facility were all involved and provided the necessary support. 3 grave sexual abuses cases happened in the home and 1 outside of the home. 1 incident of sexual harassment took place on the roadside while another 4 cases took place in homes and 1 in a foreign country. 2 rape incidents happened outside of the home.

The following analysis has provided the researcher with key findings which are needed in order to upgrade the GBV services and to influence policy level changes at the national level in future.

3.1.1 Sample Distribution

Table 1.1: Sample distribution by age

106 potential questionnaires were received and the following table shows the sample distribution.

Age at Time of Incident	Frequency	%
15-Nov	4	4%
16-20	11	10%
21-25	26	25%
26-30	21	20%
31-35	16	15%
36-40	16	15%
41-45	7	7%
46-50	4	4%
No Value	1	1%
Total	106	100%

The ages ranged from between 11 to 48 years and 1/4 of them were in the age group between 21 and 25 years at the time of the incident. Another 20% of them were between the ages of 26 and 30 years.

Table 1.2: Sample distribution by incident

Type of Incident	Frequency	%
Child Abuse	1	1%
Domestic Violence	92	87%
Grave Sexual Abuse	4	4%
Rape	2	2%
Sexual Harassment	6	6%
Not Specified	1	1%
Total	106	100%

According to the data presented, with the exception of 1 child abuse case, 2 cases of rape and 10 sexual harassment cases, all others were of a domestic violence nature. While Sri Lanka has a Prevention of Domestic Violence Act, only 20 cases actually took legal action. 1 rape case also took no form of legal action. The majority of the GBV survivors stated that they were unhappy with the judicial system and lacked confidence in the legal process overall.

Table 1.3: Sample distribution by place of incident

Place of Incident	Frequency	%
Foreign	1	1%
Home	101	95%
Outside the Home	2	2%
Road	2	2%
Total	106	100%

On the road and outside of their home, 4 women experienced incidents and 1 was in a foreign country. All other GBV violations took place in their home. It is evident that women and girls lack safety and security even in their places of residence.

Table 1.4: Sample distribution by number of services received

Number of Services Received	Frequency	%
1	27	25%
2	24	23%
3	37	35%
4	13	12%
5	1	1%
6	1	1%
7	3	3%
Total	106	100%

The majority of those people surveyed received 1 or more services and on average at least 3 services were received by GBV survivors. 11 common services were accessed throughout the survey.

Table 1.5: Sample distribution by year of incident

Year of Incident	Frequency	%
1999	1	1%
2004	1	1%
2005	2	2%
2006	1	1%
2007	1	1%
2011	2	2%
2012	3	3%

2013	2	2%
2014	7	7%
2015	11	10%
2016	22	21%
2017	51	48%
Not Specified	2	2%
Total	106	100%

Of those interviewed, most survivors faced GBV incidents in the recent past and the majority of these (69%) were from the time period of 2016 to 2017. This reveals that most services were accessed around and during when the survey was conducted. Current mandates, processes and procedures were already in place with these service providers and, therefore, these would be almost the same for all GBV survivors who received these services.

Table 1.6: Sample distribution by types of services received

Type of Service/Provider	Numbers Received	%
Police	87	82%
Health Services	35	33%
Quazi Court	27	25%
Women Development Officers	25	24%
NGO/CBO Support	23	22%
Legal Services	20	19%
Mediation Board	20	19%
Child Rights Promotion Officer	17	16%
Probation Officer	8	8%
Social Service Officer	7	7%
Safe House/Shelter	1	1%

The majority of GBV survivors received services from the police (82%) and the above table shows other services accessed in decreasing order.

64% of the respondents confirmed that the perpetrator of the violent act was personally known to them, whether they be their partner or a close relative. 3% were job-related and 33% did not respond. In response to respondents about the perpetrator, 65% confirmed that this individual influenced the provision of information and 51% influenced the prosecution.

3.2. Health Services

35 respondents (33%) received health services and almost all of these were provided by the hospital in their respective areas.

The following responses described below are based on opinions provided by the respondents who received health services. However, the services provided at the hospitals vary with respect to the types of cases handled.

Table 2.1: Overall satisfaction with the health service providers

Satisfaction Level	Frequency	%
Average	9	26%
Good	19	54%
Very Good	6	17%
Not Specified	1	3%
Total	35	100%

The majority of the respondents stated that they felt the treatment they received in the health service sector was good or very good. Some aspects of the health services are summarised in the following table.

Table 2.1.1: GBV survivors' responses on the effectiveness of health service delivery

Aspect of Service provider	Favorable responses	%	Unfavorable responses	%	Total Responses	%
Treatment with Respect & non-judgmental attitude	31	89%	4	11%	35	100%
Protecting Confidentiality	19	54%	14	40%	33	94%
Providing direction to report Police Women and Child Division	24	69%	10	29%	34	97%
Guidance provided to access correct medical unit	24	69%	7	20%	31	89%
Consent sought to conduct a medical examination	26	74%	4	11%	30	86%
Provided Written Document on Treatment	10	29%	18	51%	28	80%
Feeling Comfort during examination	15	43%	1	3%	16	46%
Female staff presence at examination	16	46%	0	0%	16	46%
Ability to communicate in native language during examination	16	46%	0	0%	16	46%
Proper information given for follow-ups	12	34%	7	20%	19	54%
Proper guidance given to access legal services	14	40%	7	20%	21	60%
Systems place to access services	10	29%	9	26%	19	54%

Being treated with respect and the direction provided to access the Women and Children's Desk at police stations were appreciated as well as being guided to access the correct Medical Unit and obtaining survivor's consent for treatment. One of the key concerns amongst the majority of the respondents was protecting confidentiality and the provision of obtaining a written document regarding the treatment. The majority (54%) of the respondents did not reply regarding their comfort level during the treatment/health services. They did, however, note that they appreciated being able to speak in their own language and having the presence of a female staff person available during the examination. Lower responses for the

criteria at the bottom of the table observed. This is due to the irrelevance of the question for the survivors who were not eligible to receive services. Only those survivors who accessed services responded to the questions.

The following table shows the GBV survivor's awareness of health services.

Table 2.1.2: GBV survivors' responses on the awareness of health services

Health Service Aspects Survivors Point of View	Favourable Response	%	Unfavourable Response	%	Total Response	%
Awareness about availability of medico-legal services	10	29%	22	63%	32	91%
Awareness about do's and don'ts for examination	3	9%	16	46%	19	54%
Awareness about medicines prescribed and their side effects	11	31%	20	57%	31	89%
Clarifications with doctor about medicines provided	10	29%	20	57%	30	86%
Awareness about right to ask for information during the examination/ treatment	14	40%	17	49%	31	89%
Awareness about GBV Desk at hospital	7	20%	21	60%	28	80%
Awareness about Legal Unit at hospital	5	14%	21	60%	26	74%

The above table clearly shows that the levels of awareness regarding health services needs to be improved as most respondents were unaware of these services and their rights. Health service providers need to improve this aspect. The majority of GBV survivors were aware of the GBV Desk at the hospital only after they had been admitted and received advice, counselling services, referrals for additional services and the provision of emergency support references, all provided by the GBV Desk.

3.3. Police Services

87 respondents (82%) have received police services and the feelings of these GBV survivors at the treatment they received while interacting with the police are summarised below.

Table 3.1: Police services

Feeling of Treatment	Frequency	%
Poor	14	16%
Average	28	32%
Good	36	41%
Very Good	10	11%
Total	88	100%

Overall the table shows that the majority of GBV survivors had an average or satisfactory level of treatment from the police services, 16% felt they experienced poor services and 11% received very good services. Some aspects of the police services are described in the following.

Table 3.1.1: GBV survivors' responses on the effectiveness of police service delivery

Aspect of Police Service	Favourable Response	%	Unfavourable Response	%	Total Response	%
Treated with respect & a non-judgemental attitude	64	74%	22	25%	86	99%
Protection of confidentiality	44	51%	42	48%	86	99%
Provision of complaint number	60	69%			87	100%
Allowed adequate time to explain the incident	67	77%			86	99%
Accurate direction to legal officer/for legal action	50	57%			84	97%
Proper investigation taken place	50	57%			86	99%
Comfortable when reporting to Women and Children's Desk	48	55%			70	80%
Presence of woman police officer	53	61%			78	90%
Provision of private place for reporting	44	51%			74	85%
Officers' attitude towards gender equality	38	44%			73	84%
Ability to report in language of choice	69	79%			74	85%
Presence of Tamil speaking officers	74	85%			77	89%
Ability to record complaint in Tamil	67	77%			73	84%
Application attached with the complaint	17	20%			24	28%
Proper system in place for report/address	34	39%			66	76%

The aspects most appreciated by the GBV survivors were the allowance of adequate time for explaining the incident, the presence of a woman officer, the respect and non-judgemental attitude of officers, the provision of a complaint number and the ability to speak and record complaints in the Tamil language. The area which needs to be greatly improved upon is the officers' attitudes towards gender equality. The actions most appreciated by GBV survivors were resolving the issues through negotiations, taking immediate action for critical cases, being directed through a legal process for complicated cases and making referrals to NGOS/CSOs working on women's rights. Requesting GBV survivors to contact the perpetrator and suspicion of bias towards the perpetrator with less transparency were the unwelcomed activities carried out by the police officers. Amongst the 98% of respondents, 60% of them were already aware of the need to obtain a complaint number and other details from the police officers while the balance 38% were unaware this was necessary and important.

3.4. Services Delivered by NGOs/CSOs Working for Women's Rights

23 respondents (22%) received services from NGOs/CSOs and their responses to the treatment received are tabled below.

Table 4.1: Services delivered by NGOs/CSOs working for women's rights

Level of Satisfaction	Frequency	%
Poor	1	4%
Average	2	9%
Good	8	35%
Very Good	12	52%
Total	23	100%

Some other aspects of the services received by those working in the NGO/CSO sector are listed in the table below.

Table 4.1.1: GBV survivors' responses on the effectiveness of NGOs/CSOs service delivery

Aspect of Police Service	Favourable Response	%	Unfavourable Response	%	Total Response	%
Respect and non-judgmental attitude	22	96%	1	4%	23	100%
Protected Confidentiality	21	91%	2	9%	23	100%
Placement of a system to guide/ access the services	19	83%	3	13%	22	96%
Provided moral support/ counselling services	15	65%	5	22%	20	87%
Provided guidance to proceed next step	18	78%	3	13%	21	91%
Provided secure, comfortable and satisfied services	19	83%	2	9%	21	91%
Protected and assisted to integrate to family and society	12	52%	7	30%	19	83%
Provided other than case proceeding services (livelihood)	13	57%	8	35%	21	91%
Provided Appropriate Services	17	74%	3	13%	20	87%

Most of the aspects provided by NGOs/CSOs were welcomed by the respondents. However, there are still many more improvements required in order to protect and assist survivors of GBV to reintegrate with their families and society and provide support other than case proceeding activities. Since NGOs/CBOs are specialised in the deliverance of particular services, other stakeholders including the police and health services are necessary in order to jointly work with them, and this approach was very much appreciated by the survivors.

3.5. Legal Services

20 respondents (19%) received legal services and overall their satisfactory level of treatment is tabled below.

Table 5.1: Legal services

Level of Satisfaction	Frequency	%
Average	3	15%
Good	13	65%
Very Good	4	20%
Total	20	100%

Some other aspects of the legal services are plotted in the table below.

Table 5.1.1: GBV survivors' responses on the effectiveness of legal service delivery

Aspect of Police Service	Favourable Response	%	Unfavourable Response	%	Total Response	%
Treated with respect & a non-judgemental attitude	20	100%	0	0%	20	100%
Protection of confidentiality	15	75%	5	25%	20	100%
Provided adequate information to process case	13	65%	7	35%	20	100%
Provided written information about case to lawyer/counsellors	8	40%	11	55%	19	95%
Provided written copy of court details	11	55%	8	40%	19	95%
Provided written case details	9	45%	10	50%	19	95%
Lawyer provided information about the case	11	55%	6	30%	17	85%
Lawyer prepared client for the case	11	55%	6	30%	17	85%
Comfortable during case trials	13	65%	3	15%	16	80%
Provided information about case and filed under which law	4	20%	12	60%	16	80%
Received consent for case proceeding	16	80%	1	5%	17	85%

While the majority of respondents did receive consent for case proceedings, were treated with respect and a non-judgemental attitude, had their confidentiality protected and were provided case information to process the case resulting in them feeling comfortable during the case trials, there appears to be some lack of transparency in the provision of case details such as the case's particular law and information regarding the case lawyer/counsellor. 15% of clients found lawyers

themselves and the Police and NGOs/CSOs facilitated a lawyer for 40% of the cases, relatives 10%, the GBV Desk 5%, Grama Niladhari office 5%, and 5% of Probation Officers also provided support to arrange a case lawyer.

3.6. Women Development Officers

25 respondents (24%) received services from Women Development Officers and their satisfaction level with the treatment received while dealing with these WDOs are provided in the table below.

Table 6.1: Women Development Officers

Level of Satisfaction	Frequency	%
Average	2	8%
Good	15	60%
Very Good	7	28%
Not Specified	1	4%
Total	25	100%

Some other aspects of the WDOs services are listed below.

Table 6.1.1: GBV survivors' responses on the effectiveness of Women Development Officer's service delivery

Aspect of Women Development Officer Services	Favourable Response	%	Unfavourable Response	%	Total Response	%
Treated with respect & a non-judgemental attitude	25	100%	0	0%	25	100%
Protection of confidentiality	23	92%	2	8%	25	100%
Provided welfare/other livelihood assistance	23	92%	2	8%	25	100%
Provided direction/ guidance/referrals for the issue	16	64%	9	36%	25	100%

The services of WDOs are welcomed by the majority of the respondents. 68% of the respondents indicated that they have known about the WDOs role in providing

services in response to GBV survivors and only 28% were unaware. A few (less than 10%) of respondents only received emergency assistance such as rations and support for children's schooling, however, the advice, direction and referrals for getting this assistance was much appreciated by the respondents.

3.7. Probation Officers

8 of the respondents (8%) confirmed that they received services from Probation Officers and their satisfactory level of the treatment they received is tabled below.

Table 7.1: Probation Officers

Level of Satisfaction	Frequency	%
Average	2	25%
Good	4	50%
Very Good	2	25%
Total	8	100%

Other aspects of the POs services are listed in the table below.

Table 7.1.1: GBV survivors' responses on the effectiveness of Probation Officers' service delivery

Aspect of Probation Officer Services	Favourable Response	%	Unfavourable Response	%	Total Response	%
Treated with respect & a non-judgemental attitude	7	88%	1	12%	8	100%
Protection of confidentiality	7	88%	1	12%	8	100%
Provided direction to conduct the case	4	50%	1	13%	5	63%
Provided written reference to client	4	50%	2	25%	6	75%

POs services are generally appreciated especially concerning the protection of confidentiality and respect given to the client. Among those respondents who received assistance from the POs, only 38% of them were aware of their role in addressing GBV issues and the majority of them were unaware until such time as

they received their services. Some of the key aspects which need to be improved for the effective delivery of services are in providing guidance and direction for conducting the case procedures and the provision of written references.

3.8. Child Rights Promotion Officers/Divisional/District Child Protection Officers

17 of respondents (16%) have received services from CRPOs or the respective officers. Their satisfactory level of treatment received from these officers are listed below.

Table 8.1: Child Rights Promotion Officers/Divisional/District Child Protection Officers

Level of Satisfaction	Frequency	%
Poor	1	6%
Average	3	18%
Good	8	47%
Very Good	5	29%
Total	17	100%

Some other aspects of the CRPOs services are listed in the table below.

Table 8.1.1: GBV survivors' responses on the effectiveness of CRPOs service delivery

Aspect of CRPOs Service	Favourable Response	%	Unfavourable Response	%	Total Response	%
Treated with respect & a non-judgemental attitude	15	88%	2	12%	17	100%
Protection of confidentiality	13	76%	4	24%	17	100%
Provided support to prosecute the case	10	59%	4	24%	14	82%
Provided written document for follow-up	6	35%	7	41%	13	76%

CRPOs commitment to provide respect and a non-judgemental attitude while protecting confidentiality was welcomed by the respondents overall. With regard to providing support for case prosecution and the provision of written documents

for follow-ups, these still require much more improvement. Less than 10% of the respondents received any form of in-kind assistances from CRPOs, however the support received for the continuance of schooling, case advice and references for their child's psychological counselling were appreciated by 59% of the respondents. Amongst the respondents, 71% were aware of the CRPOs role in case processing and the remainder were not until such time as they approached the CRPO.

3.9. Social Service Officers

7 respondents (7%) received services from the Social Services Officer and their level of satisfaction of that treatment during the service provision is detailed below.

Table 9.1: Social Service Officers

Level of Satisfaction	Frequency	%
Good	6	86%
Very Good	1	14%
Total	7	100%

Some aspects of the service delivery of SSOs are tabled below

Table 9.1.1: GBV survivors' responses on the effectiveness of social service delivery

Aspect of Social Service Officer Service	Favourable Response	%	Unfavourable Response	%	Total Response	%
Treated with respect & a non-judgemental attitude	7	100%	0	0%	7	100%
Protection of confidentiality	6	86%	1	14%	7	100%
Provided support for case proceeding	5	71%	2	29%	7	100%
Provision of written documents for follow-ups	5	71%	2	29%	7	100%

The SSOs commitment to respect and embody a non-judgemental attitude towards GBV survivors was completely accepted by the respondents as well as other aspects of the service delivery which were also welcomed. Only 1 respondent (14%) received in-kind support from an SSO and the other 3 received advice and referral support.

86% of the respondents were already aware of the role of SSOs in GBV responsive activities and the balance 14% were only aware after approaching the SSO.

3.10. Mediation Board

20 respondents (19%) responders received the Mediation Board's services for their GBV-related issues and the overall satisfaction level of the Board's treatment are listed in the table below.

Table 10.1: Mediation Board

Level of Satisfaction	Frequency	%
Poor	1	5%
Average	6	30%
Good	9	45%
Very Good	4	20%
Total	20	100%

Some other aspects of the Mediation Board's services are tabled below.

Table 10.1.1: GBV survivors' responses on the effectiveness of the Mediation Board service delivery

Aspect of Quazi Court Service	Favourable Response	%	Unfavourable Response	%	Total Response	%
Respect and non-judgmental attitude	18	90%	2	10%	20	100%
Protected Confidentiality	10	50%	10	50%	20	100%
Provided support for case prosecution	10	50%	7	35%	17	85%
Provision of written document for follow-ups	9	45%	6	30%	15	75%
Comfortability Handle the issue	13	65%	7	35%	20	100%

The commitment to be treated with respect and a non-judgemental attitude towards GBV survivors was mostly welcomed by the respondents. Other aspects need much more improvement, especially in the protection of confidentiality, providing written documents for follow-up and providing support for case proceedings. Case inquiries, facilitation for receiving compensation and advice for the betterment of case processes were the intangible services received from the Mediation Board. 60%

of the respondents were aware of the role of the Mediation Board in responding to GBV issues and 35% were unaware. Case inquiries in public places were the most unwelcomed activity amongst the respondents with 35% feeling uncomfortable as GBV cases were much more sensitive that other cases taken up. Some 20% of cases did not proceed further due to the unavailable of evidence.

3.11. Quazi Court

27 respondents (25%) received services from the Quazi Courts and the satisfaction level of their treatment is listed in the table below.

Table 11.1: Quazi Court

Level of Satisfaction	Frequency	%
Poor	7	26%
Average	9	33%
Good	10	37%
Very Good	1	4%
Total	27	100%

Some other aspects of the Quazi Court service delivery system are in the table below.

Table 11.1.1: GBV survivors' responses on the effectiveness of Quazi Court service delivery

Aspect of Quazi Court Service	Favourable Response	%	Unfavourable Response	%	Total Response	%
Treated with respect & a non-judgemental attitude	18	67%	9	33%	27	100%
Protection of confidentiality	11	41%	16	59%	27	100%
Provided support for case proceeding	12	44%	13	48%	25	93%
Provision of written document for follow-ups	10	37%	16	59%	26	96%
Comfort in handling the issue	10	37%	14	52%	24	89%

The Quazi Court's commitment to respect and provide a non-judgemental attitude was welcomed by the majority (67%) of the respondents but other aspects require improvement in their delivery. 78% of the respondents were aware of the Quazi Court's role in GBV response activities. Offering personal advice and referrals for psychosocial counselling were the intangible services provided by the courts. Suspicion of bias towards the husband, preference for separation or divorce without determining proper maintenance agreements, lack of privacy and being uncomfortable during the case hearing were the major criticisms of the Quazi Court's service delivery.

3.12. The Safe House service

The Safe House service was only accessed by 1 victim of child abuse and it was satisfactory.

3.13. Other Information/Findings

Table 13.1: GBV survivor's preference

Preference	Frequency	%
Preference to motivate other GBV survivors	72	68%
Do not like to motivate other GBV survivors	10	9%
No response	24	23%
Total	106	100%

72 respondents (68%) preferred to motivate other community members, who have similar GBV issues, by reporting their experiences to the relevant stakeholders. 10 (9%) do not like to motivate others and 24 (23%) did not respond to the question. The most prominent reason stated for motivating others was the belief that these service delivery systems act as a support towards receiving justice and to their survival. Delays in the prosecution of cases and uncomfortable experiences, especially in the Quazi Courts, were the reasons provided for not motivating other GBV survivors. The majority of the respondents interviewed proposed changes be made to the Police services and Quazi Courts to better support GBV survivors and the delivery systems.

Overall Findings:

Out of 106 interviewed, 105 GBV survivors accessed services. The overall interview process revealed that the majority of survivors of gender based violence were well aware about GBV services as indicated by reporting their incident and stating that they were satisfied with the level of service provision. However, a certain number of the GBV survivors were unsatisfied with the services they received in multiple sectors. This depended primarily on their specific requirements such as the lack of service provision in a particular sector and/or the lack of respect afforded to GBV survivors, as well as negative attitudes towards gender equality and the behaviour and discriminatory practices embedded in the service delivery mechanisms.

— CHAPTER FOUR —

GBV SERVICE PROVIDERS' FEEDBACK TO RESPONSES OF INTERVIEW QUESTIONNAIRES

Overviews of the GBV survivors' interviews were shared with the respective service sectors in relation to their responses to GBV service delivery. Their opinions and feedback of the responses and services are listed below:

Health Service: The study findings were divided into three categories: Favourable, Unfavourable and No Response. The survivor had the right to not respond. The GBV Desk name has now been changed to 'Mithuru Piyasa' or 'Friendly Centre'. The MHU provides supportive services to GBV cases rather than sole support. It primarily is responsible for identification purposes, referrals and/or counselling for GBV cases which have been referred to the GBV Desk.

Hospital – GBV Desk: Three officers from the GBV Desk participated in the above sharing session. They all stated that their GBV Desks do not have any official recognition within the hospital and that most individuals are unaware of the Desk's function. They had never been approached directly by a survivor of gender based violence but rather doctors primarily referred cases to the GBV Desks. If a survivor made a request for the GBV officer to be present, the doctor would only permit this during the examination and treatment. Otherwise, there was no provision for the GBV Desk officers to support the survivor further. Police and WDOs also inform survivors of the GBV Desk and these desk officers then conduct field visits to support survivors further. However, there appears to be no proper mechanism to carry out follow ups and monitoring of cases which poses a great challenge to effective service delivery. This may be one possible reason that survivors are unhappy with the GBV

Desk and lack confidence in its services. These desk officers also conduct field visits which occasionally pose challenges as well. GBV survivors may be unaware that the women making these visits are not only collecting data but are from the GBV Desk situated in the hospital and there to provide services to GBV survivors.

NGOs and CBOs: Four officers participated in this discussion. The NGO officers stated that they have been provided space in the Quazi Courts to act as an observer. The Quazi judge informs cases to NGOs in order to investigate and also obtains the concerns of the NGO officers for particular cases. However, this practice is not in all Quazi Courts. Most Quazi Courts do not have the involvement of female officers and GBV survivors rarely feel they have a secure space to adequately share their problems. NGO delivery of GBV services are generally at a higher level compared to the government sectors but NGOs continue to lack the proper provision to address certain needs of survivors. A large percentage of those survivors expect NGOs to provide for their economic needs while the mandates of most NGOs does not specifically provide for livelihood support or self-income assistance. In this regard, most NGOs refer such cases to the WDOs and SSOs to provide these areas of support. This is usually a time consuming process and will not readily fulfil the needs of a GBV survivor. It was found that many of the government officers' attitudes towards gender sensitivity was lacking and therefore NGO officers found it challenging to work collaboratively in this regard.

POs: The Probation Officers provide counselling to GBV survivors according to the need. Cases have been referred to the Legal Aid Commission for legal action and POs have also been involved in the prosecution of child abuse cases. Based on the identified needs, POs conduct case conferences and case referrals for further services. The senior level PO has the technical skills to manage child abuse cases, however, newly appointed POs do not have such trainings and need to develop their skills. Occasionally POs are unable to fully satisfy all client needs with regard to service provision such as written documents to survivors are not provided by POs.

CRPOs: 15 Child Rights Promotion Officers attended the sharing sessions. They stated that the findings appeared to be an evaluation of their services and that they were happy that GBV survivors stated their experiences of accessing the delivery of such services. The role of CRPOs is to identify vulnerable families, to prevent and protect children from any form of violence and to promote the rights of children. Child interventions may also involve women as well. Issues of violence against women

are to be addressed rather than avoided as children are often indirectly affected. Such issues are seen to be integral to an intervention on behalf of the protection and promotion of child rights and ongoing rehabilitation efforts. There are times when the CRPOs home visits have also created further problems for women in the household. This has posed challenges to carry out continuous monitoring for the rehabilitation of the child. CRPOs work involves the coordination and collaboration of many different service providers to inform them of issues and solicit their support in the handling of these issues. However, from the perspective of the GBV survivor, it appears to them as if the CRPOs are not adhering to confidentiality and widely sharing their problems with other officers. This has often been challenging to dispute and is time consuming in terms of playing a role according to their mandate. Within this multi-disciplinary team work mechanism, there is no such tool to address children's issues with a rights-based approach. Even though there are tools for case management these do not guide CRPOs to carry out their work effectively. For instance, in a child abuse case a safe house facility is needed. This can be addressed through the case management, however, there is no such safe house. Likewise, there are many issues such as this related to the effective rehabilitation of a child.

Police: Police officers stated that GBV survivors may have a positive or negative view of police services but there are also challenges for the police when dealing with these cases due to the heavy workload and inadequate number of officers at the WCD unit. Tamil speaking officers tend to have a larger workload in the Batticaloa district. The police make every attempt to maximise the possibilities for negotiation and mediation on behalf of GBV cases without immediately taking legal action out of concern for the family bond. The Prevention of Domestic Violence Act tends to only be used in extremely violent cases. The police stated that violence tended to escalate when the husband or accused was issued with a protection order which prohibited or restricted access to their homes and children. According to police procedures, all cases should be report to the Officer-in-Charge (OIC) and the relevant police officers who are involved in the prosecution and visits to the courts. As with the CRPOs, information on GBV cases need to be provided to the OIC and other police officers but survivors may feel that her confidentiality has been breached and the details of her story shared with other officers.

A separate space designated for the Women and Children's Desk at police stations is an enormous challenge since most stations do not have such a space. When GBV

survivors make a complaint, the WCD officers do not have the facility to visit the place and assess the situation. It also creates a further challenge in order to prosecute cases. It was stated by one particular WCD officer that GBV survivors often give complaints for very minor issues and therefore she doesn't give priority to these cases. This type of attitude is disrespectful of the survivor and pre-judgemental when dealing with a GBV incident.

Quazi Court: Quazi Court judgements can never satisfy both parties. For instance, if a wife files for divorce and requests compensation in the amount of Rs. 25,000/=, the Quazi Court will conduct an inquiry analysis around the requirements of both parties and decide on one amount based on these requirements. This may satisfy one party but not the other. Quazi judges do not have adequate authority to implement law and order. In order for the Quazi Courts to function well the Ministry of Justice must revise their mandate and bring about new policy changes.

Legal Aid Commission: Primarily uneducated individuals accessed the services of the Legal Aid Commission to date and the officers did not explain the procedures. It was stated that because most survivors did not adequately understand the law and the specific Acts it was difficult for them to comprehend the filing of cases under which law. The Legal Aid Commission normally informs the survivor of the next calling date for the case but rarely, if ever, gives updates or detailed case information. Only if the client makes a particular request for details to be given in a written form will this be done, otherwise no case details are provided.

Mediation Board: Half of the GBV survivors interviewed stated that confidentiality was an issue. One Board member maintained that confidentiality is a principle ethic for mediation and all members are mindful of that. Case discussions often take place in schools and common buildings providing opportunities for others to observe and listen to details which pose challenges for maintaining confidentiality. The Kattankudy Mediation Board stated that they have a separate space for conducting mediation but other Mediation Board members stated that they did not have a separate space and there were privacy issues when dealing with GBV cases. The Mediation Board members also stated that the guidance, follow up and support provided to clients for the next steps are very good. The levels of comfort issues were not clear. Rather than asking a Yes or No question, a better understanding would have been gained from asking what sort of comfort level survivors felt or not.

WDOs: 14 Women Development Officers attended this discussion. The WDOs shared that what was documented by the GBV survivors about their experience of accessing GBV service deliveries was correct and they accepted the findings. WDOs face certain challenges when GBV survivors access their services such as inadequate resources, emergency assistance facilities, livelihood facilities and lack of power to do more in certain instances. Most GBV cases expect financial assistance and many of their problems do in fact pertain to financial issues. The survivors expect that their problems should be solved immediately and that they will be provided with the proper supports which isn't always the case. Every survivor accesses the service delivery systems with somewhat of a false assumption that all their problems will be solved with continuous support being provided to them. In reality this is neither the case nor is it possible. Within limitations of their position, WDOs can coordinate, refer, facilitate and provide guidance for these cases but that is all. WDOs cannot be involved in the prosecution of GBV cases. Finally, a few individuals requested that a recommendation be added: allocate financial and resource components to assist GBV survivors who are in need of emergency assistance support such as food, clothes, travelling costs and non-edible items.

SSOs: There is no system to support GBV survivors under the Social Service sector. GBV- relates cases have been referred to relevant individuals such as the Women Development Officers and Probation Officers as Social Service Officers do not have a mandate to handle and respond to GBV cases. Based on the circular and mandate of SSOs, they have to provide services for women headed households (WHHs) only and for their livelihood and self-employment activities but there is no provision for GBV survivors. In those instances where a GBV survivor is designated a WHH then there may be a possibility of support provided which includes a shelter facility. SSOs administer a shelter in Trincomalee which now covers the three districts of Trincomalee, Batticaloa and Ampara but to date no GBV survivor has accessed this service.

Summary of Overall Feedback:

The concern of most GBV survivors is that many sectors provided services to a certain level of satisfaction and in accordance with their terms and conditions. Apart from that though, the officers do not have the authority to take certain decisions necessary and this affected their level of satisfaction with the overall service delivery.

The concern of service providers such as the WDOs, POs, CRPOs, SSOs, Mediation Boards and Quazi Courts is that they are seen to treat GBV survivors as 'receivers'. This may be more of a communication issue causing a lack of understanding between both parties.

Service providers assume that most GBV survivors do not have the skills or ability to understand their policies and procedures. In particular, the Legal Aid Commission, does not seem keen on simplifying the explanation of the procedure to GBV survivors or of finding alternative means of communicating. Some GBV survivors felt that the service provider did not treat them well so they ignored what was said. Under the Right to Information laws, the public have the right to know detailed information and what types of services they are entitled to. Particularly when accessing health services, GBV survivors have a right to know what sort of treatment is being recommended and details of the examination procedure, etc. Officers should be well informed of the client's right to information and ensure that those accessing their services are fully briefed about procedures and allow sufficient time to explain details in a simplified manner for a clear understanding.

Confidentiality was raised as a major issue. When a GBV survivor reports an incident, particularly in the police sector, officers may have to consult with other officers in order to gain their support and often it is compulsory for them to inform their department heads. However, from the survivor's point of view, these actions are experienced as lack of maintaining confidentiality on the part of the officer. Other service sectors do not have adequate space to carry out inquiries, particularly in the case of the Mediation Board. One mediator did in fact claim that confidentiality was one of their principle ethics and yet still they carried out their inquiries in a public space.

Heavy workloads were seen as an issue for some, especially for those Tamil speaking police officers in the Batticaloa district. Other service providers such as JMOs do not have the support of clerical staff and are also experiencing unusually heavy workloads.

Trust is a major constraint for both parties. GBV survivors expect that their immediate needs should be met and continuing support provided. Whereas the service providers have limited authority to make decisions in order to provide that support. This results in delays and occasionally ignoring a situation due to heavy

workloads. When needs aren't met and survivors lose trust in an individual or institution, they often are unwilling to access other service sectors.

Attitudinal changes must also occur within the service provider delivery systems. Issues of power hierarchies are often inadvertently in play where the service providers are aware that they are the 'givers' and the survivors are the 'receivers' of services. There is also a lack of concern and awareness when supporting a GBV survivor from a women's rights perspective and therefore stereotypical gender practices continue to be enforced.

There also appears to be a lack of coordination, monitoring and follow up practices amongst many service providers. These delays and oversights can also exacerbate issues with GBV survivors by creating further problems in their lives and in some cases the escalating desperation resulting in murder or suicide.

The service delivery sector lacks a system whereby the various multi-disciplinary services are coordinated to support GBV survivors. Instead, survivors must access multiple service providers directly without any support or guidance from the previous service sector. Meeting various service providers individually is cumbersome and tiring for GBV survivors and invariably they may cease accessing services.

— CHAPTER FIVE —

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

This research study was conducted with a focus on the practical and ethical concerns of women's rights in gender based violence service responses in order to identify the effectiveness and gaps of these services. The research, therefore, aimed to identify the gaps in GBV service delivery from the point of the GBV survivors, followed by a discussion of their feedback with the respective service sectors to gather their opinions and responses. Based on this design, the research was conducted with GBV survivors and GBV service providers. The recommendations can be shared to upgrade GBV services in the district of Batticaloa as well as to further policy development and policy changes at the national level.

In order to identify the gaps and weaknesses of GBV services in an impartial manner, the GBV survivors' concerns, opinions and experiences of accessing GBV services were shared with the respective service sectors and their feedback obtained. To avoid bias, the research study findings were also shared with the respective service providers and their feedback and opinions were compiled into this research document.

Throughout this research, the ground situation was assessed in-depthly in terms of the GBV service facilities such as the service providers' attitudes, behaviour, technical skills and knowledge of gender equality. In addition, it was noted that adequate skills development and training should be provided on gender equality concerns to enable GBV services to carry out effective and efficient service delivery for GBV survivors.

There has been significant improvement in the health services in recent years regarding responses to GBV survivors. Nearly 71% of respondents were satisfied with these services in the health sector, however, 26% of respondents were unsatisfied – a negative indicator in a country which has a long history of a strong social welfare system. While the overall health service is at a satisfactory level the various aspects of the health service are in poor condition. For instance, diagnostic information and details of prescribed medications are unclear and therefore are violations to a survivor's right to information.

Large gaps were observed between the lack of information shared between GBV survivors and the service providers. Attitudes and approaches of the service providers were also at an unsatisfactory level. For instance, it was difficult to clarify with the doctors which medications were prescribed, many survivors having little knowledge of that particular medication or its side effects, and there was rarely, if ever, an explanation about the examination process. These are all serious concerns when dealing with GBV cases.

60% of respondents were unaware of the GBV Desk and Legal Unit situated in the hospital and 63% were unaware of the medico-legal service. This indicates that GBV survivors have been given poor direction and guidance to access the appropriate services in the hospital premises. GBV Desk officers stated that proper mechanisms have not been defined to adequately assist GBV survivors. Doctors tend to refer cases to the GBV Desk and the police, and the WDOs inform cases for field visits, however there appears to be no other involvement for GBV cases. Case follow ups and monitoring have also posed challenges due to the lack of communication and sharing of information between service providers. One of the largest barriers to the effective and efficient service delivery by the GBV Desk is that there is no official recognition of that desk in the hospital premise.

Out of 106 GBV survivors, there were 42 respondents whom stated that maintaining confidentiality by the police in GBV cases is at an unsatisfactory level and improvement is needed in this area. This is a major reason why GBV survivors are unwilling to complain to the police. However, there were only 14 respondents who stated that the police services were poor and 74 respondents who were generally satisfied with the police services. These numbers indicate that the police services have vastly improved in the post-war context which may, in itself, be considered a great achievement by ensuring the enforcement of the law and order in the country.

GBV survivors stated that the services they accessed from the police were effective and operating in an efficient manner which is opposite to the research hypothesis.

79% of respondents were satisfied with the ability to file reports in their native language and 85% of respondents were satisfied with the presence of Tamil speaking officers showing indications of improvement in rights and inclusiveness as part of an overall process of peace and reconciliation in the country. There were certain provisions of services, such as being informed of a complaint number and adequate time allocated to explain an incident, of which 70% of respondents were satisfied. However, there were a certain number of people who were unaware of the complaint number details and were unsatisfied with the time allocation for explaining an issue, which indicates that the police services needs improvement in these areas.

When reporting incidents, there should always be a private space made available for GBV cases. Half of the respondents were satisfied with the common space provided and half were unsatisfied with such a space for receiving complaints and conducting inquiries. Some police stations have allocated a separate space for this purpose but most have not. A separate private space should be made available to all GBV survivors in all police stations. Likewise, the police officers' attitudes on gender equality are not at a satisfactory level. 38% were accepting of the current attitudes, however, this is less than half of the overall percentage which is a poor indicator when dealing with GBV cases.

NGOs and CBOs have a great potential to respond to GBV issues. These organisations have the ability to maintain confidentiality, have systems in place to guide the access of services, are able to provide moral support and counselling, continuously provide follow-up on GBV cases, integrate GBV survivors back into their families and society, and provide additional supports such as livelihood assistance, etc. These sectors have the proper technical skills and commitment to work on human/women's rights with a rights-based approach.

The legal services still have some components which need to be addressed and altered to effectively respond to GBV cases. For example, written information must be provided about GBV cases, with the appropriate written case details and information about that case file and under which law the case was filed. Nearly 50%-60% of respondents were unsatisfied with the services provided to them in this

regard. This is an indicator that GBV services must be vastly improved in the legal sector.

The services received from Women Development Officers appear to be at a satisfactory level in responding to GBV cases, though the guidance and referral aspects of GBV survivors are at an unsatisfactory level. This greatly affects the other services they are providing well. Without the proper guidance and referrals, GBV survivors may take an alternative decision having a negative and serious effect on their lives. This is the responsibility of the WDOs to ensure that proper guidance and appropriate referrals are provided to all GBV survivors. Feedback from the WDOs stated that the GBV survivor's expectation of service delivery is somewhat unrealistic in what they can actually provide. WDOs have limited authority to take decisions where needed and delays, time constraints and heavy workloads are factors in why survivors may feel they are unsatisfied with their services. In terms of offering guidance and referrals for GBV cases, it was stated that they conduct and facilitate case conferences. Since many WDOs may not have adequate training in conducting meetings with a women's rights perspective, it is inevitable that various other issues may arise or at best the current issue is not resolved in the interest of the GBV survivor.

The role of the Probation Officers and Child Rights Promotion Officers is to provide services for child abuse cases. This deep commitment and interest in the protection of children's well-being is a must in their service delivery to those who have been abused and is highly appreciated by anyone who has fallen victim of child abuse.

A mechanism is required to coordinate and collaborate with other service providers to address children's issues ensuring the prevention and protection of children from a violent individual or environment and connecting them to family members, in particular women. In situations where there have been incidents of violence against women (VAW) in the family, the CRPOs role should be to address the VAW issues and/or refer those issues to the relevant officials to respond to. Addressing VAW issues will help the mother to adequately provide more security for her child and is required for the protection and promotion of child rights. Addressing children's issues of abuse is more straight forward as there are particular laws and Acts to protect victims of child abuse. However, it becomes more challenging when addressing violence against women as there are less concrete legal procedures to protect women, and patriarchal structures in society impede the enaction of

particular laws and Acts. Therefore, more work needs to be done to develop tools and mechanisms to address women and children's issues conjointly.

The services provided by Social Service Officers to GBV survivors is also at a satisfactory level which indicates that these officers' attitudes on gender equality have improved as well as their commitment to provide effective and efficient support and services.

In the Mediation Board service sector, certain levels of satisfaction were indicated while others did not have confidence in the services they provide. The Mediation Board is concerned with the lack of space to conduct their activities since meetings take place in schools and public areas which is a challenge to maintain confidentiality. A separate space is required for GBV cases but to date this has not been the practice. Further, half of the respondents questioned the confidentiality practices of the Mediation Board indicating a lack of proper skills training when dealing with GBV cases in a sensitive manner and with a concern for gender equality.

Services provided by the Quazi Courts are not fully at a satisfactory level. Those in responsible positions at the Quazi Courts need sensitising to gender equality concerns. They must ensure the confidentiality of each GBV case, provide information of the case details to the GBV survivor and ensure that follow-ups are conducted around the case proceedings. Half of the respondents stated an unfavourable response towards how their case was handled and are afraid to access the system again. This is a good indicator of the serious concerns towards the Quazi Courts in dealing with GBV cases.

The service providers expressed their views and challenges when delivering their services. GBV survivors stated that they found the services in this sector to be poor and unsatisfactory overall, however, the service providers feel they have a lot of challenges in providing good services such as lack of resources and facilities. Some service providers face heavy workloads with little to no human resource support while others feel there are discriminatory practices for the allocation of resources between departments.

Safe house facilities were discussed with a few service sectors. Currently, the safe house is run with the support of NGOs but it is not a permanent facility. Therefore, the government should assume responsibility for the safe house.

5.2 Recommendations

1. A series of training workshops in gender-sensitivity and gender equality practices as well as basic counselling skills are essential for each relevant officer in all service delivery sectors handling GBV cases. Officers' technical skills and knowledge must also be upgraded to include an awareness of the relevant Acts and Conventions to protect the rights of women and children and to ensure a women's rights perspective is being adhered to.

2. Health services require further upgrading and adequate facilities to provide medical treatment and testing for GBV crimes. GBV Desks need to be formally recognised within all hospital premises throughout the district. Privacy and confidentiality must be adhered to in the health service sector, specifically for rape cases.

3. MHUs need to follow up with continuous visitations to GBV survivors who received their services and to ensure a proper system is in place to track cases referred to other service sectors.

4. National policy level changes in the field of health must be revised to ensure the right to information for GBV survivors. The government must create more public awareness of their services and create additional services such as GBV Desks and Legal Units for the community regarding GBV incidents.

5. Medico-legal service facilities must be upgraded to include a medico-legal unit at base hospitals and the necessary steps taken to appoint a permanent JMO in hospitals. Translation in both the Sinhala and Tamil languages should be made available and/or individuals employed who are bi-lingual.

6. The legal service should provide detailed information to GBV survivors such as the names of the lawyer and state counsellor, adequate information regarding the procedures and case details and under which law the case will be filed.

7. Improved communication with multi-disciplinary service sectors and the referrals system strengthened. Participation in other GBV forums should be encouraged. Schedule multi-sector meetings between service providers every 3 months to review specific cases, disseminate information and review new developments in the sector. A need for a coordinating body to organise.

8. A separate and private space must be allocated in all service sectors, in particular Police Services and the Mediation Board, when handling GBV cases in order to maintain a high level of confidentiality. Additional clerical staff must be allocated to support officers at the Women and Children's Desks to adequately manage heavy workloads.

9. The allocation of funds to provide material support for affected children, emergency support for unmarried pregnant women and emergency assistance for the immediate needs of GBV survivors, especially addressing their financial needs through livelihood support. Revision of the birth certificate system for easy access and to include children who have been abandoned by their parents. A mechanism is required to protect and ensure the safety of the children of migrant workers.

10. Continuous monitoring and the maintenance of a record book by POs and CRPOs are required to observe changes in a child so that the necessary action can be taken immediately. Proper guidance and coaching knowledge is needed for POs when handling child abuse cases and CRPOs case management system should be further developed to include the appropriate technical tools to specifically address sexual abuse cases. Awareness programs on sexual gender based violence should be carried out as well as more advocacy work and lobbying to influence policies on child rehabilitation. CRPOs knowledge and skills should be disseminated at the field level to educate the community and increased participation and engagement in local and regional networks. Tools and mechanisms to address children's issues in conjunction with issues of violence against women in the family are needed to ensure a child's well-being and security.

11. More female members should be promoted to the Mediation Board and training workshops conducted on the mediator's role and the skill sets required for its members. The activities of the Mediation Board should be disseminated at the community level. Proper guidance, a basic knowledge of ethics, particularly on the importance of confidentiality and the allocation of a private meeting space, should be provided to all members.

12. The Ministry of Justice must intervene to ensure Quazi Court members and judges are sensitive to attitudes on gender equality and women's rights and make trainings in these areas a key priority.

13. The Ministry of Women's Affairs must conduct training workshops in the relevant technical skills and sensitise WDOs and Relief Sisters to protect and rehabilitate survivors of gender based violence. WDOs must take responsibility for referrals and guiding GBV survivors step by step throughout the process and in the future.

14. Governmental and other sectors should adopt the model of NGOs and CSOs which already have effective and efficient systems in place, using motivation, respect for a code of ethics, gender sensitivity and the use of a rights-based approach when responding to GBV cases.

15. A government institution should be responsible for the setting up of a permanent safe house service for female GBV survivors in the Batticaloa district which would include psychosocial support, counselling, gender equality training, leadership, etc.

16. A comprehensive study, including cross-analysis, should be carried out with GBV survivors in the future who accessed service providers. The study should be designed with the support of psychologists/psychosocial counsellors to ensure a higher level of comfort and participation of those survivors.

17. The national policy on social work should be amended. A system for providing services to children, disabled, elders, women and GBV survivors should come under the Department of Social Services as a common means to support all. GBV coordination for SSOs should be revised to incorporate their service/support for survivors.

18. A permanent safe house facility is urgently needed in the district of Batticaloa. Though SSOs do provide a safe house facility in the Trincomalee district, service providers and others are unaware of this. Therefore, comprehensive details must be disseminated to the public and relevant sectors informing them of its location and services.

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Article 12 - Rights to Equality; Article 12(2) - All persons are equal before the law and are entitled to the equal protection of the law; Article 12(2) - No citizen shall be discriminated against on the grounds of race, religion, language, caste, sex, political opinion, place of birth or any one such grounds; Article 12(4) - Nothing in this article shall prevent special provision being made by law, subordinate legislation or executive action for the advancement of women, children or disabled persons.

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...In Sri Lanka there have been many concerns on GBV issues, notably in Batticaloa situated in the Eastern Province of the country, which have been confirmed during the course of this research study.

The leverage of services on GBV issues is a particular concern by certain organisations and government institutions which provide such services as well as overall attitudes of service providers on gender equality in general.

This research study has focused on a qualitative assessment of GBV service delivery systems and perceptiveness on gender equality.

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Eastern Social Development Foundation
#33, Railway Road, Oddamavady-01, Batticaloa, Sri Lanka
+94 652 258 320
esdf.srilanka@gmail.com
www.facebook.com/esdf.srilanka