

GENDER-BASED VIOLENCE (GBV) BASIC INFORMATION SHEET

SRI LANKA

COUNTRY POLICY AND STRATEGIES FOR COMBATING GBV

Legal framework

- The Domestic Violence Act of Sri Lanka was passed in 2005.
- Sri Lanka is signatory to Universal Declaration of Human Rights 1948 and has also signed the Vienna Declaration on the Elimination of Violence against Women in 1993 and reaffirmed its commitment at the international level to address the issue of gender-based violence.
- Sri Lanka has ratified all key international mechanisms on Human rights. The country has ratified four major international instruments, which have relevance to rape and other forms of gender based violence. These are the International Covenant on Civil and Political Rights, 1966, and the optional protocol; Convention on the Elimination of All forms of Discrimination against Women (CEDAW) (1979), The Convention on the Rights of the Child (CRC) (1989) and the Convention on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (1984).
- The *Forum against GBV* was set up on 24th August 2005 in order to facilitate greater coordination, understanding & sharing of information & resources and strengthen multi-sectoral responses to GBV. The membership of the forum is broad-based including local NGOs, International NGOs, UN agencies, donor agencies and Government representation.

Policies/strategies and plans of action

- The Ministry of Women's Affairs was established in 1983.
- The Women's Charter, the main policy statement of the government was also adopted by the State in 1993. The charter establishes standards to be observed in seven broad areas including the right to protection from gender-based violence. The Charter also set up the National Committee on Women (NCW) in 1993.
- The National Plan of Action (NPA) for Women was adopted by Sri Lanka following the World Conference on Women (Beijing, 1995) in May 1996, and has been developed based on the Global Platform for Action on Women.

COUNTRY SITUATION OF GBV

At present, there is no systematic mechanism for data collection in relation to the prevalence, causes and consequences of violence against women and there are no disaggregated statistics available concerning intimate partner violence. However, records of complaints to women's organizations assisting women affected by domestic violence, police statistics and newspaper reports suggest a higher prevalence of intimate partner violence. Studies which have explored the prevalence of domestic violence in Sri Lanka, found figures ranging from 27% (Perera, 1990) and 32% (Samarasinghe, 1991) to as high as 60% (Deraniyagala, 1992).

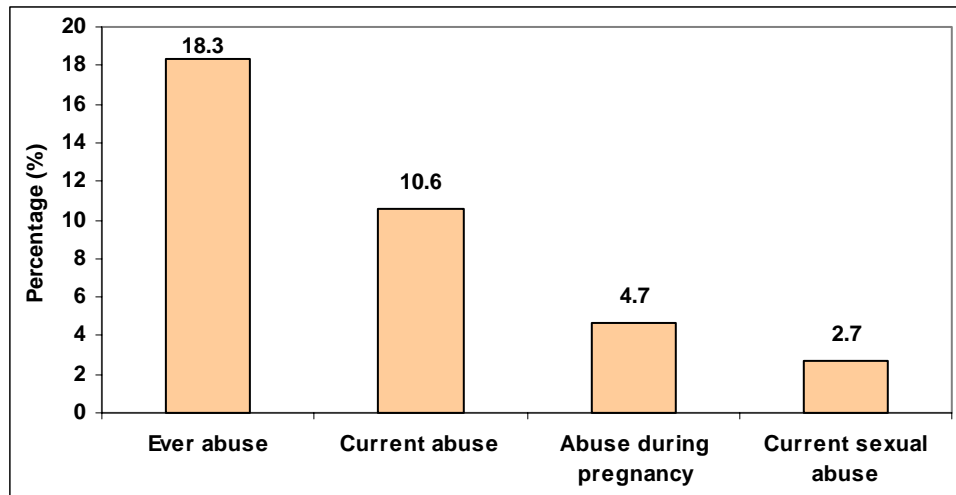
I. Moonesinghe (2002) studied physical abuse in a cohort of pregnant women in the Badulla district. A sample of 1200 pregnant women aged 15 to 49 years, representative of the district was selected using a stratified sampling technique.

Salient findings:

(a): Prevalence of abuse (Figure 1)

- Out of 1200 women in the sample, 219 (18.3%) were ever abused.
- 127 women (10.6%) were currently abused.
- 56 women (4.7%) were abused during current pregnancy
- 32 women (2.7%) experience current sexual abuse.

Figure 1: Prevalence of abuse in a cohort of pregnant women in Badulla District, Sri Lanka [n=1200]



Physical abuse: Violence inflicted on women within the confines of the home, perpetrated by intimate male partners and other family members (e.g. mother-in-law, sister-in-law).

Bodily harm: To slap, grab, push, punch, pull hair, hit with hands, twist arm, kick, throttle, strangle, strike with an object or weapon and burning.

Sexual abuse: To commit unwanted sexual acts through threats, intimidation or physical force.

The prevalence of abuse was considered in four categories:

Ever-abuse: Bodily harm that occurred anytime during the entire period of marriage or cohabitation.

Current abuse: Bodily harm that occurred during the year preceding the administration of the screening instrument.

Abuse during pregnancy: Bodily harm that occurred during the current pregnancy.

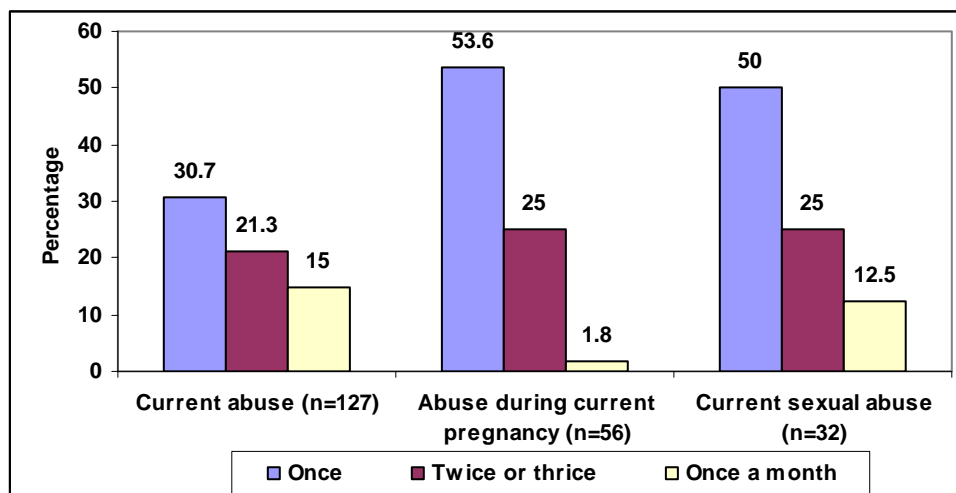
Current sexual abuse: Sexual abuse that occurred during the year preceding the administration of the screening instrument.

Source: Moonesinghe et al. Development of a Screening Instrument to Detect Physical Abuse and its use in a Cohort of Pregnant Women In Sri Lanka. Asia Pac J Public Health 2004;16 (2);138-144

(b) Frequency of abuse (Figure 2)

- Out of those who were 'currently abused' approximately 30% were abused on one occasion, 21.3% were abused on two to three occasions and 15% were abused once a month.
- Out of those who were abused during the current pregnancy over half (53.6%) were abused on one occasion, 25% were abused on two to three occasions and 1.8% were abused once a month.
- Out of those who experienced current sexual abuse, half of them (50%) were abused on one occasion, 25% were abused on two to three occasions and 12.5% were abused once a month.

Figure 2: Distribution of abused women by frequency of abuse and category of abuse

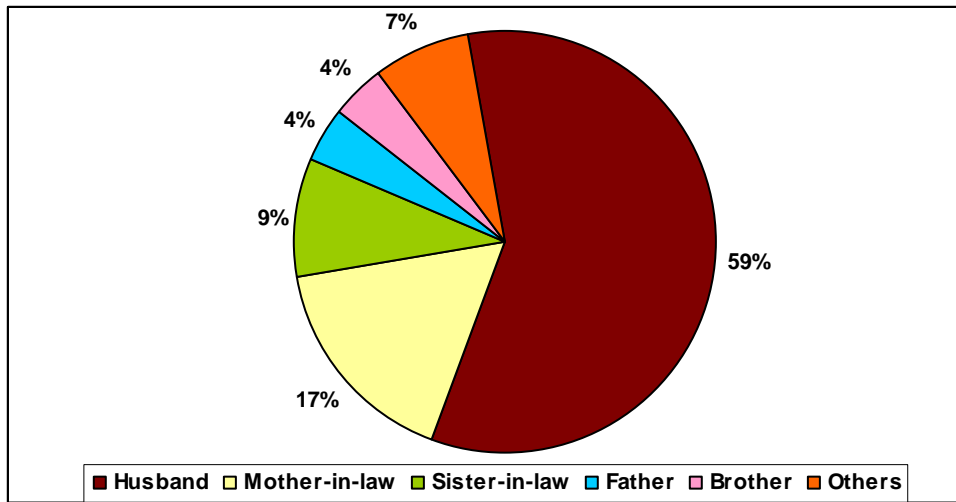


Source: Moonesinghe et al. Development of a Screening Instrument to Detect Physical Abuse and its use in a Cohort of Pregnant Women In Sri Lanka. Asia Pac J Public Health 2004;16 (2);138-144

(c) Perpetrators of abuse (Figure 3)

- The husbands were the perpetrators in more than half of the ever abused women (59%).
- The mother-in-laws were perpetrators in 17% of ever abused women.
- The sister-in-laws were the perpetrators in 9% of the ever abused women.
- Fathers were perpetrators in 4% of the ever abused women.
- Brothers were perpetrators in 4% of the ever abused women.
- Others (uncles, cousins and distant relatives) were perpetrators in 7% of the ever abused women.

Figure 3: Perpetrators of physical abuse among ever abused women [n=219]



The frequency of the abusers is more than the number of abused women because in some instances, more than one abuser is abusing a particular woman.

The "other" category includes uncles, cousins and distant relatives.

Source: Moonesinghe et al. Development of a Screening Instrument to Detect Physical Abuse and its use in a Cohort of Pregnant Women In Sri Lanka. *Asia Pac J Public Health* 2004;16 (2);138-144

II. A descriptive cross-sectional study was carried out to determine the prevalence and to identify some socio-demographic factors associated with wife beating in the Medical Officer of Health (MOH) area of Kantale in the Trincomalee district of eastern Sri Lanka. A random sample of 417 women in the age category 18-49 years constituted the sample population.

Salient findings:

Figure 4: Prevalence and pattern of wife beating in the Trincomalee district in Eastern Sri Lanka (Nirthanan P.) [n=417]

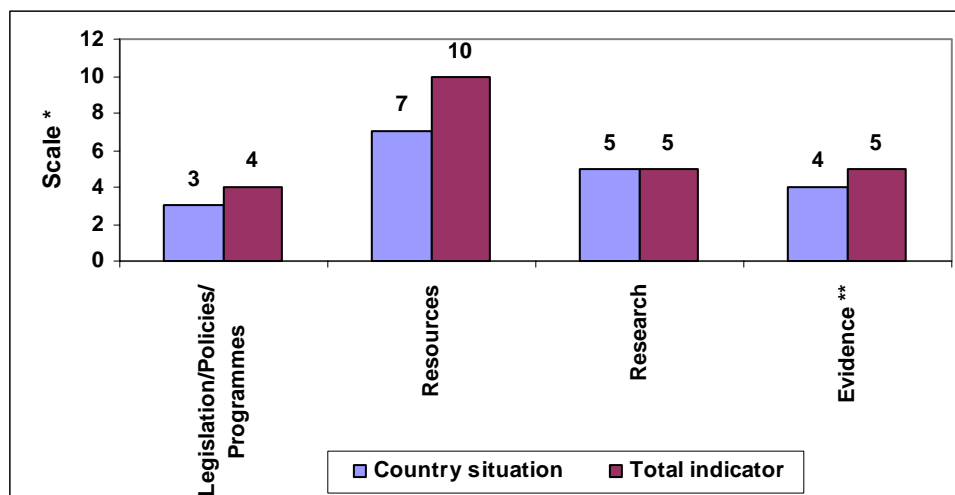
| | |
|------------|--|
| I. | Prevalence of wife beating : 30% (n=92) |
| II. | Factors that showed a statistically significant association with wife beating |
| 1. | Early age at marriage (<18 yrs) |
| 2. | Level of education of both the batterer and the victim |
| 3. | Families with a low income |
| 4. | Low Standard of Living Index (SLI) of < 3 |
| 5. | Families with a greater no. of children |
| 6. | Alcohol consumption by the batterer |

Source: Subramaniam et al. The Prevalence and Pattern of Wife Beating in the Trincomalee District in Eastern Sri Lanka. Southeast Asian J Trop Med Public Health Vol. 32 No. 1 March 2001

COUNTRY ACTIVITIES IN COMBATING GENDER-BASED VIOLENCE

GWH/SEARO conducted a survey in October 2009 among the gender focal points in the WHO Country Offices of Member Countries using a questionnaire containing 24 questions under 4 clusters. The findings of the survey for Sri Lanka are listed below.

Figure 5: Country Activities in Combating Gender-Based Violence in Sri Lanka



* The scale represents country-specific achievements plotted against the maximum rating for 4 clusters of indicators: (1) Legislations/policies/programmes (2) Resource (3) Research and (4) Evidence

** A lower score reflects lower evidence of GBV

| S. No. | Category | Remarks |
|--------|--|--|
| 1. | Legislations/policies and programmes on GBV | The score for this category is 4 out of 4. <ul style="list-style-type: none"> The country has legislation, health policy and a multi-sectoral action plan on GBV. |
| 2. | Resources for combating GBV | The score for this category is 7 out of 10. The following resources are available: <ul style="list-style-type: none"> Specific guidelines for health providers Workshops and trainings for health providers. Activities on gender mainstreaming for prevention of GBV Use of One-Stop Crisis Centre services (OSCC) Data collection system for GBV at NGOs, legal aids centers, social support centers and at police stations IEC materials on GBV for communities. Facilities for helping the victims of GBV in the police stations, legal aids centres, social support groups, shelter homes, counseling centres, religious leaders' groups and self-help groups. |
| 3. | Research on GBV | The score for this category is 5 out of 5. <ul style="list-style-type: none"> Research has been conducted on the cause, consequences and effective prevention measures for GBV. The country has findings on GBV, findings on types of GBV, findings related to the cause of GBV and the findings related to women's health due to GBV. |
| 4. | Evidence on GBV | The score for this category is 4 out of 5. <ul style="list-style-type: none"> Findings on female genital mutilation/cutting are present * GBV is present in less than 15 year olds and in more than or equal to 15 year olds. Violence during pregnancy is present in the country. |

* The score for female genital mutilation in Sri Lanka is zero according to The global gender gap report 2009, Geneva. Source: Hausmann R, Tyson LD, Zahidi S. The global gender gap report 2009. Geneva: World Economic Forum, 2009.

PARTNERSHIP IN COMBATING GBV

🚩 Government initiatives

- One-Stop-Crisis-Centers (OSCC) are being run by the government in government hospitals.
- Women's Desks have been established at most of the Police stations in the country.
- The Ministry of Child Development and Women's Empowerment (MoCDWE) is trying to support the establishment of a data unit and a national GBV database to address a long felt need for GBV data disaggregated by gender, sex, age, ethnicity, and location.
- The *Forum against GBV* facilitates greater coordination, understanding & sharing of information & resources and strengthens multi-sectoral responses to GBV. The membership of the forum is broad-based including local NGOs, International NGOs, UN agencies, donor agencies and Government representation.
- Preventive, Promotive & curative initiatives are taken to sensitize health workers & are trained on their roles & responsibilities in identification management & prevention of GBV using a module developed through WHO support.
- PHC workers are encouraged to liaise with resource networks who work with GBV issues for referral of victims and services for perpetrators
- In 2010 health sector with support from WHO will address newly married couples on various subject matters including male participation, successful parenthood, and benefits of non violence and prevention of violence
- Health issues related to migrant women workers their rights including prevention and reduction of GBV, sexual harassment & domestic violence will be addressed during 2010-11 biennium.

🚩 Civil Society Organization Initiatives

The NGO sector has been active in addressing the issue of GBV for nearly two decades. There are over 50 organizations (NGOs and universities) working in the sphere of violence against women, with the majority focusing on domestic violence. Some NGOs have collaborated with state sector attempts to address the issue by providing resources in terms of their expertise and inputs to planning and documentation of the issue.

- NGOs like Women IN Need (*WIN*) have established counseling desks at police stations and also runs the OSCCs.
- NGOs like *Sarvodaya*, *WIN* and *CENWOR* have been involved in addressing GBV issues in different ways.
- Taking a very positive and pragmatic step forward in bringing information to the women of Sri Lanka, the Centre for Women's Research (*CENWOR*) launched an electronic resource pack on Combating Violence against Women and on Social Harmony on the 9th of March 2009.
- The Sri Lanka Women's NGO Forum (*SLWNGOF*) formed in 1993 has been actively involved in working in the area of promoting the Beijing Platform for Action in Sri Lanka (*BPFA*). Through facilitating the participation of over 45 women NGO representatives to the NGO Forum in 1995 (Beijing) the *SLWNGOF* has built up a network of over 60 NGOs around the country.
- A drop in centre such as *Diri Daru Piyasa* established in 2004 conducts counseling for victims of GBV along with income generation activities for the GBV victims.
- NGOs along with UNFPA have initiated gender-responsive programmes and interventions to counter gender-based violence in the post-tsunami period.