COUNTRY POLICIES AND STRATEGIES FOR COMBATING GBV

Legal framework

- The Domestic Violence Act of Sri Lanka was passed in 2005.
- Sri Lanka is a signatory to the 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), 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 24 August 2005 in order to facilitate greater coordination, understanding and sharing of information and resources and strengthen multisectoral 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 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

Studies which have explored the prevalence of domestic violence in Sri Lanka, found figures ranging from 32% (Samarasinghe, 1991) to as high as 60% (Deraniyagala, 1992).¹

Moonesinghe studied physical abuse in a cohort of pregnant women in the Badulla district of Sri Lanka.² A sample of 1200 pregnant women aged 15 to 49 years, representative of the district was selected using a stratified sampling technique.

Salient findings:

- Out of 1200 women in the sample, 18.3% reported of being ever abused, 10.6% reported of being currently abused, 4.7% reported of being abused during current pregnancy and 2.7% reported of experiencing current sexual abuse.²

![Figure 1: Prevalence of abuse in a cohort of pregnant women in Badulla district, Sri Lanka, 2004](link)

1 http://www.searo.who.int/LinkFiles/Reproductive_Health_Profile_violence.pdf

**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.

- More than 50% of women were abused on one occasion during the current pregnancy. Half of the women experienced current sexual abuse on one occasion. Almost one-fourth of the women experienced current physical or sexual abuse in two to three occasions. (Figure 2)

![Figure 2: Distribution of abused women by frequency and category of abuse, Sri Lanka, 2004](image-url)
The husbands were the perpetrators in more than half of the ever-abused women (59%), followed by the mothers-in-law (17%) and sisters-in-law (9%). (Figure 3).

![Pie Chart](image)

**Figure 3**: Perpetrators of physical abuse among ever abused women [n=219], Sri Lanka, 2004

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.

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 (a rural town) 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.

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Finding of the prevalence and pattern of wife beating in Kantale (Rural town) of Tricomalee District, Sri Lanka were

1. Prevalence of wife beating : 30% (n=92)
2. Factors that showed a statistically significant association with wife beating
   2.1 Early age at marriage (<18 yrs)
   2.2 Lower level of education of both the batterer and the victim
   2.3 Families with a low income
   2.4 Low Standard of Living Index (SLI) of < 3
   2.5 Families with a greater number of children
   2.6 Higher level of alcohol consumption by the batterer

**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 States using a questionnaire containing 23 questions under four clusters. The findings of the survey for Sri Lanka are listed below.

*The scale represents the country-specific situation plotted against the maximum rating for four clusters of indicators: (1) Legislation / policies/programmes (2) resources (3) research and (4) evidence

**A lower score reflects lower evidence of GBV
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Category</th>
<th>Activities</th>
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<tbody>
<tr>
<td>1.</td>
<td>Legislation/policies and programmes on GBV</td>
<td>The country has legislation, a health policy and a multi-sectoral action plan on GBV.</td>
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<td>2.</td>
<td>Resources for combating GBV</td>
<td>The following resources are available:</td>
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<td>- Specific guidelines for health providers.</td>
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<td></td>
<td>- Workshops and training for health providers.</td>
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<td>- Activities on gender mainstreaming for prevention of GBV.</td>
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<td>- Use of One-Stop Crisis Centre services (OSCC).</td>
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<td>- Data collection system for GBV at NGOs, legal aid centres, social support centres and at police stations</td>
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<td>- IEC materials on GBV for communities.</td>
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<td>- Facilities for helping the victims of GBV in the police stations, legal aid centres, social support groups, shelter homes, counselling centres, religious leaders' groups and self-help groups.</td>
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<td>3.</td>
<td>Research on GBV</td>
<td>The country has given full compliance to five typical activities:</td>
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<td>(1) research on the cause, consequences and effective prevention measures for GBV</td>
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<td>(2) findings on GBV</td>
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<td>(3) Findings on types of GBV</td>
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<td>(4) findings related to the cause of GBV and</td>
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<td></td>
<td></td>
<td>(5) findings related to women's health due to GBV.</td>
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<td>4.</td>
<td>Evidence on GBV</td>
<td>Findings on female genital mutilation/cutting are present *</td>
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<td></td>
<td>- GBV is present in &lt;15-year-olds and in 15 year olds.</td>
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<td>- Violence during pregnancy is present in the country.</td>
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</table>

* The score for female genital mutilation in Sri Lanka is zero according to the global gender gap report 2009, Geneva.

**Additional Information**

**Victims of GBV**
- Spouse, family members and domestic helpers have been found to be the victims of GBV.

**Types of GBV**
- GBV is present in physical, psychological, sexual, emotional and economic forms.

**Causes of GBV**
- Increasing participation of women in the public arena, joblessness, jealousy, dowry-related issues, communication gap and patriarchal family systems have been found to be the causes of GBV.

**Findings related to women’s health after GBV**
- Mental disturbances, suicide, attempts at suicide, abortion and miscarriages, disability and death have been found to be related to women’s health after GBV.

**Violence during pregnancy**
- Violence during pregnancy is present in physical, psychological, sexual and emotional forms.

**Age of GBV victims**
- GBV in less than 15-year-olds exists in physical, psychological, sexual, emotional and economic forms.
- GBV in more than or equal to 15-year-olds exists in physical, psychological, sexual, emotional and economic forms.

**Female genital mutilation/cutting**
- Female genital mutilation and cutting exists in Sri Lanka.

**PARTNERSHIP IN COMBATING GBV**

**Government initiatives**
- One-Stop-Crisis-Centres (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 and sharing of information and resources and strengthens multisectoral responses to GBV. The membership of the forum is broad-based including local NGOs, international NGOs, UN agencies, donor agencies and government representation.

**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 the state sector 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 counselling 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 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.