



care

EXPLORING WOMEN'S ATTITUDES AND THE IMPACT OF GENDER-BASED VIOLENCE ON THEIR MENTAL AND PHYSICAL HEALTH

Policy and Programming Brief

A collaborative effort of

Sri Lanka Medical Association
National Committee on Women
World Health Organisation
International Labour Organisation
University of Colombo
Family Planning Association of Sri Lanka
Oxfam Australia
Women In Need
Women and Media Collective
ACTED

Facilitated by **Dr. Nalika Gunawardene**

PREFACE:

The report 'Broadening gender: Why masculinities matter' – a study on attitudes, practices and gender-based violence in four districts in Sri Lanka – was launched by Care International Sri Lanka under its engaging men project, EMERGE (Empowering Men to Engage and Redefine Gender Equality) in April 2013. The report was developed in collaboration with Partners for Prevention to understand men's knowledge, practices and social attitudes towards gender and gender-based violence in Colombo, Batticaloa, agrammes, as well as a wealth of information on gendered attitudes, norms, and practices of women and men that can be applied to enhance GBV prevention, health, youth and empowerment interventions. The study has been implemented using the WHO ethical guidelines for research. The research tools were based on the WHO Multi-country Study on Women's Health and Domestic Violence and the International Men and Gender Equality Survey carried out by Instituto Promundo and the International Centre for Research on Women.

As a means to utilize the data to inform policy and programming enhancements, five thematic working groups which comprised members from the state, health, and NGO sectors and academics were formed to develop recommendations in the following areas:

- Child protection – including childhood experiences and their impact on violence perpetration in collaboration with UNICEF and facilitated by Dr Hiranthi Wijemanne
- Exploring women's attitudes and the impact of GBV on their mental and physical health – facilitated by Dr Nalika Gunawardena
- Private sector engagement and the role they can play in GBV reduction – facilitated by Prof. Maithree Wickramasinghe
- Youth engagement for reduction of SGBV in collaboration with the Family Planning Association of Sri Lanka and facilitated by Prabu Deepan
- Addressing men's health as a means of primary prevention of GBV in collaboration with WHO/UNAIDS and facilitated by Dr Dayanath Ranathunga

These papers will be translated into Tamil and Sinhala languages and shared in the four districts with the local government bodies and civil society working in each field in order to help inform their work.

ACKNOWLEDGEMENTS

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Care International Sri Lanka would also like to thank Partners for Prevention, the Royal Norwegian Embassy, UNDP Sri Lanka, UNICEF, The Family Planning Association of Sri Lanka, WHO and UNAIDS for their support in the development, implementation and dissemination of the study and papers.

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INTRODUCTION TO THEMATIC AREA IN RELATION TO GBV AND MASCULINITIES

There has been little work done on masculinities, both as a field of inquiry and site of advocacy, in Sri Lanka. To address the gap in evidence-based studies of masculinities, CARE Sri Lanka undertook a study on men's knowledge, practices and attitudes toward gender and gender-based violence (GBV). Other than the study among men, a smaller scale study was conducted in the same districts to assess women's attitudes on gender based violence and their experience of different types of violence.

SUMMARY OF KEY FINDINGS RELEVANT TO THEMATIC AREA

WOMEN'S ATTITUDES

- Women in Sri Lanka hold gender inequitable attitudes which are more inequitable than men's attitudes. This was so particularly for attitudes related to rape. This is evident in the finding that two thirds of the female sample (67%), as opposed to 55% of men affirming that 'in any rape case, one would have to question whether the victim is promiscuous or has a bad reputation.'
- Women's attitudes reflected a deeper acceptance than men of social and cultural attitudes that discriminate against women. For example, 58% of women, compared to 41% of men, believed that a woman should tolerate violence in order keep the family together.
- It was also evident that a high proportion of women maintain hegemonic ideals of masculinity. For example, 42% of women (and 25% of men) declared that 'a real man produces a male child' while 66% of women (and 58% of men) affirmed that 'it is manly to defend the honour of your family even by violent means.'

WOMEN'S REPORTS OF VIOLENCE

- The study highlighted that violence against women is prevalent in diverse forms. Magnitude of all forms of violence indicated that intimate partner violence is a significant public health problem in the country.
- There was evidence of underreporting of all forms of violence. Victimization to emotional violence, physical violence, forced sex by partner and non-partner rape were the mostly underreported forms of violence. Women's underreporting may be due to the stigma attached to sexual violence and the taboo of talking openly about conjugal sexual relations.

HELP SEEKING BEHAVIOUR

- Just 13% of women who experienced intimate partner violence and 8% of women who experienced non-partner sexual violence reported this violence to the police.
- It was found that even among those who sought help, revealing the cause of violence was

poor. Only 32% of female victims of intimate partner violence who sought medical aid reported violence as the reason for seeking assistance. Only 10% of women victims of IPV or non-partner sexual violence told their families about the violence and the trauma they suffered.

IMPACT OF VIOLENCE ON WOMEN'S HEALTH

There was evidence that intimate partner violence has had adverse impact on physical, reproductive and psychological health of women.

- Approximately half of all women who experienced physical IPV were injured by their husbands or male partners. Over a quarter of these women had to stay in bed, 16% had to take days off work and 32% had to seek medical attention, because of injuries relating to the physical violence.
- While violence during pregnancy was rare in this sample, women who experienced intimate partner violence were more likely to have ever miscarried than women who did not experience intimate partner violence.
- Women who were physically or sexually abused by an intimate partner were less likely to use contraception than women who never experienced intimate partner violence.
- Among women who experienced intimate partner violence, 25% ever had suicidal thoughts, compared with only 7% of women who never experienced intimate partner violence.

RECOMMENDATIONS/STRATEGIES TO IMPROVE WOMEN'S ATTITUDES ON GENDER BASED VIOLENCE AND TO MINIMIZE ITS IMPACT ON THEIR HEALTH

- Promote gender equitable attitudes among women
- Prevent intimate partner violence and reduce its health impact
- Improve reporting of intimate partner violence by women
- Promote gender equitable attitudes on rape among women and improve reporting of sexual harassment and rape
- Strengthen the interpersonal violence prevention efforts through research evidence

Please refer to Annex 1 for the detailed recommendations and strategies to improve women's attitudes on gender based violence and to minimize its impact on their health.

Please refer to Annex 2 for the prioritized set of recommendations with the proposed plan of action.

ANNEX 1- RECOMMENDATIONS AND STRATEGIES TO IMPROVE WOMEN'S ATTITUDES ON GENDER BASED VIOLENCE AND TO MINIMIZE ITS IMPACT ON THEIR HEALTH

Findings	Existing policy / programme	Recommended Action Programme/policy	Basis for the recommendation	Level of implementation national & local levels & area specific	Responsible actors	Risk analysis in implementing recommendations & mitigation strategies
<p>A. Gender inequitable attitudes of women</p> <ul style="list-style-type: none"> • deeper acceptance of discrimination of women in the society • hegemonic ideals of masculinity 	<p>Mahinda Chinthana, the Development Policy Framework of the Govt. of Sri Lanka pledges to promote gender equality. There are other national policies which have pledged for gender equality.</p> <ul style="list-style-type: none"> • Reproductive health policy • Maternal and child health policy • Health Master Plan <p>“Rights of Women” is one of the eight thematic areas in the National Action Plan for the Protection and Promotion of Human Rights 2011-2016. A key Focus Area/Goal under this thematic area is reducing violence against women.</p> <p>The government of Sri Lanka is a</p>	<p>A. Promote gender equitable attitudes among women</p> <p>A.1 Lobby to make national policies/plans more gender equitable.</p> <p>It is recommended that this be done using several approaches:</p> <p>A.1.1 Commission a group of interested persons to formulate an issue paper as a tool to facilitate the lobbying process. Following gaps should be looked for and highlighted in the issue paper-</p> <ul style="list-style-type: none"> • instances in which policies/plans being drafted can become gender sensitive and gender equitable <p>Examples of policies/plans in the draft stage</p> <ul style="list-style-type: none"> ■ National Youth Policy ■ Health of Young Persons ■ National Action Plan on Women ■ Action Plan of the Women Parliamentarians Caucus ■ National Human Rights Action Plan 2011-2016 <ul style="list-style-type: none"> • instances in which policies/plans in implementation which have pledged for gender equality not having a mechanism in place to monitor or evaluate whether gender equality is being achieved. • instances in which monitoring/evaluation reports of such mechanisms indicate that the policies/plans have failed to achieve gender equality. <p>A.1.2 Lobby with policy units and gender focal points of the relevant ministries to make national policies/plans more gender equitable and to include a mechanism to monitor or evaluate whether gender equality is being achieved through policies. Issue paper to be used as a tool to facilitate this process.</p>	<p>Gender equitable National policies can optimize gender equality in societies and thereby inculcate gender equitable attitudes of the society.</p>	<p>National</p>	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Women's Affairs ■ Health • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Family Health Bureau, Ministry of Health • Forum against GBV • UN agencies • NGOs working towards promoting Women's Health • SLMA <ul style="list-style-type: none"> ■ College of Gyn and Obs ■ Expert Committee on Women's health-SLMA 	<p>Risks</p> <p>Less priority to this issue by high officials in lobbying for policy changes</p> <p>Policy processes taking a long time</p> <p>Mitigation strategies</p> <p>Point out the policy/legal commitments</p> <p>Use research findings to convince the officials on the magnitude of the problem, repercussions and its preventability</p>

	<p>signatory to UN Convention on Elimination of All Forms of Discrimination against Women (CEDAW) and the Optional Protocol of CEDAW</p> <p>Chapter 3 of the Constitution of Sri Lanka- equality & non-discrimination clauses as well as the affirmative action clause</p>					
<p>A. Gender inequitable attitudes of women</p> <ul style="list-style-type: none"> • deeper acceptance of discrimination of women in the society • hegemonic ideals of masculinity 	<p>The National Human Resources and Employment Policy for Sri Lanka has pledged to promote gender equality in employment</p> <p>National Human Rights Action Plan contains commitments on promoting Anti-Sexual Harassment policies in both private and government sectors</p> <p>Ministry of Labour Gender Policy being drafted</p>	<p>A.2 Lobby to make workplace policies more gender equitable. It is recommended that this be done using several approaches:</p> <p>A.2.1 Make use of existing documents with examples of good workplace policies and practices to promote gender equality in workplaces in Sri Lanka. These documents to be made available to be used as a tool to facilitate the lobbying process.</p> <p>A.2.2 Lobby with mid-level administrative staff (government and private) highlighting-</p> <ul style="list-style-type: none"> ■ the findings of the study in relation to gender unequal attitudes of men and women and effects of violence on work life ■ evidences to prove that workplaces are a setting to promote gender equality and how it will improve productivity in the workplace ■ documented evidence of good workplace policies and practices to promote gender equality in workplaces in Sri Lanka <p>A.2.3 Lobby with University authorities to implement a core curriculum on gender equality and promoting gender equality in work place for undergraduates.</p>	<p>Gender equitable work environments can encourage gender equitable attitudes in working women.</p>	<p>National</p> <p>National and Local</p> <p>National</p>	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Women's affairs ■ Foreign employment promotion and welfare • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Family Health Bureau, Ministry of Health • SLMA <ul style="list-style-type: none"> ■ College of Gyn and Obs ■ Expert Committee on Women's health SLMA • Sri Lanka Foreign Employment Bureau • Forum against GBV • UN agencies 	<p>Risks</p> <p>Less priority to this issue by administrators in lobbying for policy changes</p> <p>Policy processes taking a long time</p> <p>Mitigation strategies</p> <p>Point out the policy/legal commitments</p> <p>Use research findings to convince the officials on the adverse effects to work productivity</p>

					<ul style="list-style-type: none"> • NGOs working towards promoting Women's Health • Family Planning Association of Sri Lanka 	
<p>A. Gender inequitable attitudes of women</p> <ul style="list-style-type: none"> • deeper acceptance of discrimination of women in the society • hegemonic ideals of masculinity 	None	<p>A.3 Conduct awareness raising activities to promote gender equitable attitudes among women</p> <p>Following are suggested as the content</p> <ul style="list-style-type: none"> ■ the findings of the study in relation to attitudes of women ■ harmful effects of gender inequitable attitudes of women ■ importance of gender equality in maximizing productive personal, family and societal relationships ■ important role played by women as a mother in creating gender attitudes of children ■ what women can do at home and at workplace and in society to change the attitudes to be more gender equitable <p>It is recommended that this be done using several approaches:</p> <p>A.3.1 Conducting face to face sessions targeting different groups. It is recommended that an education tool (a short video clip, leaflet) be developed to complement the face to face session.</p> <p>The following are suggested as target groups-</p> <ul style="list-style-type: none"> • Women's organizations at national, local and village levels <ul style="list-style-type: none"> ■ Women Parliamentarians Caucus ■ Employees in Garment industries ■ Well Women clinic attendees ■ Antenatal clinic attendees ■ Village 'Suwasahana' committees ■ Village level women's societies ■ Village level action groups of NGOs • Youth groups <ul style="list-style-type: none"> ■ Girl Guides Association of Sri 	<p>Awareness raising activities which contain messages that are thought-provoking and that appeal to logic are likely to lead to permanent changes in attitudes.</p>	National and local	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Mass media and communication ■ Women's affairs ■ youth affairs and skill development ■ Local Government & Provincial Councils ■ Youth Corps and Clubs of Youth Federation • National Youth Services Council • Ministry of Women's affairs • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Family Health Bureau, Ministry of Health • SLMA <ul style="list-style-type: none"> ■ College of Gyn and Obs ■ Expert Committee on Women's 	<p>Risks</p> <p>Changing attitudes through awareness raising activities will be influenced by societal factors that influence gender inequality</p> <p>Conduct of awareness raising activities on this theme may be opposed by extreme groups in operation in the country</p> <p>Mitigation strategies</p> <p>The content of the awareness activities to be planned carefully to match the cultural context</p> <p>Identify an accepted local figure as the ambassador in the awareness raising activities</p> <p>Local research evidence to be utilized</p> <p>Real life stories to be related by the affected</p> <p>Encourage the extreme groups to come on board as partners in implementing these activities</p>

		<p>Lanka</p> <ul style="list-style-type: none"> ■ New entrants to the university- as an item in the orientation programmes conducted by the Universities ■ Youth Corps and Clubs of Youth Federation ■ National Youth Services Council ■ Vocational training centres -as an item in their in-service training programmes • Field officers attached to District Secretariat offices and Divisional Secretariat offices who deliver public services (counsellors, social services officer, psychosocial coordinator etc.) <p>A.3.2 Publish articles on popular women's tabloid papers</p> <p>A.3.3 Conduct chat sessions in popular TV shows aimed at homemakers.</p> <p>A.3.4 Conduct chat session on popular programmes of radio channels at national/local aimed at homemakers/ youth</p> <p>A.3.5 Use innovative approaches- street dramas to be displayed at public events</p>		<p>National</p> <p>National</p> <p>National and Local</p> <p>Specific to locality</p>	<p>health SLMA</p> <ul style="list-style-type: none"> • Forum against GBV • UN agencies • NGOs working towards promoting Women's Health • Family Planning Association of Sri Lanka 	
<p>A. Gender inequitable attitudes of women</p> <ul style="list-style-type: none"> • deeper acceptance of discrimination of women in the society • hegemonic ideals of masculinity 	None	<p>A.4 Lobby with media to prevent gender inequitable messages being disseminated through mass media and promote the mass media to disseminate new notions of masculinity associated with non-violence, respect and equality</p> <p>It is recommended that this be done using several approaches:</p> <ul style="list-style-type: none"> ■ A.4.1 Commission a group to analyse the popular tele-dramas/news items/newspaper stories to identify instances in which material portray gender inequality and instances which can be modified to promote gender equality. A document be done highlighting these instances and how they can be modified to promote gender inequality. This document should facilitate the lobbying process. <p>This recommendation has been prioritized and plans to initiate action are indicated in Annex 2.</p> <p>A.4.2 Offer training to tele-drama producers, television chat show presenters, radio programme presenters, writers on how they can promote gender equality in their work</p> <p>A.4.3 Encourage tele-drama producers, television chat show presenters,</p>	<p>Classical conditioning, operant conditioning and observational learning can be used to bring about attitude change.</p>	<p>National</p> <p>National and local</p> <p>National and local</p>	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Mass media and communication ■ Women's Affairs • Private media agencies • Private advertising agencies • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Family Health Bureau, Ministry of Health 	<p>Risks</p> <p>Difficulties in overcoming the attitudes of the media personnel</p> <p>Sponsors may not be interested in the theme</p> <p>Difficulties in gathering top level media personnel for training</p> <p>Mitigation strategies</p> <p>Get high officials in the relevant Ministry on board in the lobbying process</p> <p>Identify sponsors who would be interested</p>

		<p>radio programme presenters to produce programmes that highlight</p> <ul style="list-style-type: none"> ■ Adverse consequences of gender inequality to individuals, families and societies ■ men who do not perpetrate violence on women as role models <p>A.4.4 Sensitization of heads of media institutions, editors and senior media personnel to lead the messaging that gender insensitive reporting and portrayal will not be accepted</p>		National and local	<ul style="list-style-type: none"> • SLMA <ul style="list-style-type: none"> ■ College of Gyn and Obs ■ Expert Committee on Women's health • Forum against GBV • UN agencies • NGOs working towards promoting Women's Health • Family Planning Association of Sri Lanka 	
<p>A. Gender inequitable attitudes of women</p> <ul style="list-style-type: none"> • deeper acceptance of discrimination of women in the society • hegemonic ideals of masculinity 	<p>Programmes by the maternal and Child Health Programme of the Ministry of Health</p> <ul style="list-style-type: none"> ■ A two day programme for the newly married couples conducted by the Public Health midwives include a session on male participation in household activities and the implications of domestic violence. A handbook titled 'son-durukedella' to facilitate these sessions include two chapters on the above themes. 	<p>A.5 Lobby to make parent crafting with gender equitable parenting practices as an essential in programme that reach all parents in the country</p> <p>Following are suggested as the content</p> <ul style="list-style-type: none"> ■ importance of inculcating gender equitable attitudes in childhood and the benefits of it to the personal lives of the children as adults ■ important role played by parents in creating gender attitudes of children ■ what parents can do to inculcate gender equitable attitudes among their children <p>It is recommended that this be done using several approaches:</p> <p>A.5.1 Lobby to include the above content into the present parenting session implemented by the Ministry of Health for newly married couples</p> <p>A.5.2 Lobby to include a session on the above content to the present 'couple sessions' implemented by the Ministry of Health for pregnant mothers and the spouses</p> <p>A.5.3 Incorporate follow up and monitoring component into these programmes</p> <p>A.5.4 Encourage NGOs to conduct parenting programmes at village levels</p> <p>A.5.5 lobby with Church administrators to include the above content in their existing counselling sessions for the couples who are getting married</p>	<p>Positive conditioning of attitudes of children can be achieved by positive images of parents.</p>	<p>National</p> <p>National</p> <p>Local</p> <p>National and local</p> <p>National and local</p>	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Health ■ Women's Affairs • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Family Health Bureau, Ministry of Health • SLMA <ul style="list-style-type: none"> ■ College of Gyn and Obs ■ Expert Committee on Women's health SLMA • Forum against GBV • UN agencies • NGOs working towards promoting Women's Health • Family Planning Association of Sri Lanka 	<p>Risks</p> <p>Allocation of inadequate time to this theme</p> <p>Lack of expertise of the trainers to handle this theme</p> <p>Mitigation strategies</p> <p>Design the inputs efficiently to utilize minimum time duration</p> <p>Do a training manual to ensure uniform delivery of the related input</p>

					<ul style="list-style-type: none"> ■ College of paediatricians ■ Expert Committee on Women's health SLMA 	tors to conduct CSE education in schools
<p>B. Prevalence of all forms of intimate partner violence and health impacts is high</p>	<ul style="list-style-type: none"> • Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) • Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) • Convention on Preventing and Combating Trafficking in Women and Children for Prostitution Act No. 30 of 2005 • Prevention of Domestic Violence Act <p>The training of Medical Officer (Mental Health) include services to GBV victims</p> <p>Cadre positions for counsellors have been approved for the Ministry of Health</p>	<p>B.Prevent IPV and reduce its health impacts</p> <p>B.1 Identify existing groups and support potential groups to be vigilant of domestic violence incidents in the communities and encourage such groups in other areas</p> <p>B.1.1 It is recommended that exemplary evidence based field interventions which are being conducted at present in small scale should be expanded to other areas of the country.</p> <p>This recommendation has been prioritized and plans to initiate action are indicated in Annex 2.</p> <p>B.1.2 It is recommended that the field officers attached to the newly established Women and Children's Units at Divisional Secretariat offices are encouraged to coordinate among field officers who deliver public services (counsellors, social services officer, psychosocial coordinator etc.) and police officers of the local police station be part of the group and the local NGOs be involved in providing social support.</p>	<p>Evidence from other countries suggests that community vigilant groups are effective in preventing physical violence events at domestic level.</p> <p>Prompt and appropriate mental health interventions can prevent major psychological manifestations..</p>	<p>National and local</p> <p>Local</p>	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Women's Affairs ■ Local Government & Provincial Councils • Sri Lanka Police • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Dept. of Social Services • Family Health Bureau, Ministry of Health 	<p>Risks</p> <p>Skepticism of the 'cultural' appropriateness of this strategy</p> <p>Issues related to safety of the interventionists</p> <p>Mitigation strategies</p> <p>Use successful case studies from other developing countries</p> <p>Conduct pilot projects and generate evidence of success /failure</p>
		<p>B.2 Integrate anti-GBV messages into on-going health behaviour change communication campaigns</p>		<p>National and local</p>	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Health ■ Women's affairs ■ Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Comm. on Women • Dept. of Social Services • Family Health Bureau, Min. of Health 	<p>Risks</p> <p>Current focus on life style might get distracted</p> <p>Mitigation strategies</p> <p>Pilot testing of the messages</p>
		<p>B.3 Lobby to enhance the mental health services to address the needs of victims of GBV. Following are some</p>		<p>National and local</p>	<p>-Do-</p>	<p>Risks</p> <p>Scarcity of mental health</p>

		<p>points that need emphasizing-</p> <ul style="list-style-type: none"> ■ Increase the number of MO (Mental Health) cadre in all districts of the country ■ Utilize the approved cadre of counselors effectively to provide the services throughout the country while ensuring the quality of counselling services provided through an effective monitoring mechanism ■ Instate a system of referral of GBV victims for compulsory counseling ■ Provide a basic training on counseling for selected health workers 				<p>professionals and counselors in the country</p> <p>Mitigation strategies</p> <p>Utilizing of middle level mental health professionals</p> <p>Enhance counselling training</p> <p>Recruit counsellors to state health sector</p>
<p>C. Evidence of underreporting of intimate partner violence by women</p>	<p>Media campaigns are run but they are ad hoc</p>	<p>C. Improve reporting of IPV by women</p> <p>C.1 Promote women to report violence It is recommended that this be done using several approaches:</p> <p>Conduct public awareness activities aiming at women to promote gender equitable attitudes related to underreporting of violence and to inform the women</p> <ul style="list-style-type: none"> • importance of reporting violence <p>The content should include-</p> <ul style="list-style-type: none"> ■ rights of women to lead violence free lives ■ the fact that spouse/partner has no right to commit violence against women ■ specific intimate partner acts that are considered as violence in a court of law ■ the adverse physical & mental health effects that may occur due to non-reporting • formal reporting system and build their confidence on the reporting system <p>The content should include-</p> <ul style="list-style-type: none"> ■ the availability of formalized reporting systems ■ the dedicated hotline 1938 to inform authorities of incidents of violence against women ■ the women's desk at police station ■ the features of the system to ensure ■ confidentiality of the information given ensuring the safety of the victim 	<p>Better reporting leads to accurate estimation of the magnitude of the problem enabling better planning of the preventive strategies</p> <p>Reporting will ease the mental stress of the victim</p>	<p>National, local and area specific</p>	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Mass media and communication ■ Women's Affairs • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Family Health Bureau, Ministry of Health • SLMA <ul style="list-style-type: none"> ■ College of Gyn and Obs ■ Expert Committee on Women's health SLMA • Forum against GBV • UN agencies • NGOs working towards promoting Women's Health • Family Planning Association of Sri Lanka 	<p>Risks</p> <p>Re-victimization of the reporting victims at the reporting agency</p> <p>Issues related to safety of the reporting victims</p> <p>Maintaining services for the victims</p> <p>Mitigation strategies</p> <p>Conduct training programmes on responding to reports of GBV victimization to the staff of reporting agencies</p> <p>Networking with state and non-state and NGO sector for services</p>

	<ul style="list-style-type: none"> ■ that victim will not be subjected to further embarrassment/violence during reporting ■ quick response ■ the follow up actions that are linked to reporting ■ the availability of safe houses for immediate protection ■ the provisions through Prevention of Domestic Violence Act and how to access these services <p>It is recommended that public awareness activities be done using several approaches-</p> <ul style="list-style-type: none"> • Conduct face to face sessions targeting different women's groups- homemakers, working women (state sector, private sector, plantation sector) • Publish articles on newspapers and on popular women's tabloid papers • Television and radio programmes • Use innovative approaches- street dramas in public places 				
<p>C. Evidence of underreporting of intimate partner violence by women</p>	<p>C.2 Lobby to improve health sector to detect women victims among the clients and encourage women who seek care to report violence</p> <p>It is recommended that this be done using several approaches:</p> <p>C.2.1 Lobby to improve the sensitivity of the health care workers spectrum of effects of gender-based violence on health and build their capacity to detect/ screen for victims among their clients and refer them to relevant services. It is recommended that basic training of public health staff, nursing officers and other health categories and undergraduate curriculum of medical students to contain inputs on-</p> <ul style="list-style-type: none"> ■ How gender can affect health and health seeking behaviour ■ Research evidence on the magnitude of IPV and underreporting by women ■ The health impacts of underreporting ■ How health care sector can act as an effective setting to intervene in IPV ■ The role of health workers in encouraging reporting and linking the victims to services 	<p>Health services are utilized by women at some point of their lives and there is evidence that health settings are effective in promoting women to report violence</p>	<p>National</p>	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Health • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Family Health Bureau, Ministry of Health • SLMA ■ College of Gyn and Obs ■ Expert Committee on Women's health SLMA • Forum against GBV • UN agencies 	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Health • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Family Health Bureau, Ministry of Health • SLMA ■ College of Gyn and Obs ■ Expert Committee on Women's health SLMA • Forum against GBV • UN agencies

	<ul style="list-style-type: none"> ■ Legal background/issues related to safety of the health worker when encouraging reporting of IPV ■ Services available for victims through state sector and NGO sector and the mechanisms that can be used by the health workers to refer the victims to services ■ About Prevention of Domestic Violence Act (PDVA) and its provision and the role of health workers in implementing PDVA ■ Mechanism in place to assist women through the legal system <p>This recommendation targeted at medical undergraduates has been prioritized and plans to initiate action are indicated in Annex 2.</p> <p>C.2.2 Lobby to promote health staff to detect victims among antenatal mothers and improve their response to women reporting violence</p> <ul style="list-style-type: none"> • lobby for a screening policy to screen women by the field health staff during home visits and in antenatal clinics and develop protocols for management of identified victims <p>This recommendation has been prioritized and plans to initiate action are indicated in Annex 2.</p>		National		
<p>C. Evidence of underreporting of intimate partner violence by women</p>	<p>C.3 Lobby to improve response of law enforcement agencies to women who report violence</p> <p>It is recommended that this be done using several approaches:</p> <p>C.3.1 Lobby to improve the sensitivity of the law enforcement officers to the issue of IPV and build their capacity to respond to those who report by referring them to relevant services. It is recommended that basic training of civil security service personnel (gramarakshaka) in the villages, Grama Niladhari, police officers, and lawyers to contain inputs on-</p> <ul style="list-style-type: none"> ■ Research evidence on the magnitude of IPV and underreporting by women ■ the role of law enforcement officers in encouraging reporting and linking the victims to services ■ services available for victims through state sector and NGO sector and the mechanisms that can be used to refer the victims to services ■ About Prevention of Domestic Violence Act (PDVA) and its provi- 	<p>Evidence indicates that receptiveness of Law enforcement agencies is a determinant for improving reporting of violence by women</p>	National	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Public Administration & Home Affairs ■ justice ■ Women's affairs ■ Local Government & Provincial Councils ■ Higher education • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women 	<p>Risks</p> <p>Re-victimization of victims within the law enforcement agencies</p> <p>Issues related to safety of the reporting victims</p> <p>Maintaining services for the victims</p> <p>Mitigation strategies</p> <p>Conduct training programmes on law enforcement agencies on responding to victims of GBV</p> <p>Networking with state and non-state and NGO sector for services</p>

		<p>sion and the role of law enforcers in implementing PDVA</p>			<ul style="list-style-type: none"> • Bar Association of Sri Lanka • Law College of Sri Lanka • Forum against GBV 	
<p>C. Evidence of underreporting of intimate partner violence by women</p>	<p>C.4 Lobby to improve existing services for women who report IPV It is recommended that this be done using several approaches:</p> <p>C.4.1. Lobby for a coordinated system to maximize the efficient provision of services available through different sectors to the victims who report violence-</p> <ul style="list-style-type: none"> • Organize a seminar of high level officials of all the major sectors involved in responding to the issue of IPV (health, education, women's affairs, social services, police department etc.) and other key stakeholders involved in addressing the problem to discuss the available services and to draw up a coordinated system to maximize the efficient provision of services available through different sectors <p>C.4.2 lobby to strengthen the services of 'Mithurupiyasa' in health institutes by providing services of counsellors</p> <p>C.4.3 Lobby to improve the operation of Women's Desk services at police stations by providing them with basic amenities such as dedicated telephone lines and a transport service and by improving their capacity to assist women</p> <p>C.4.4 improve the capacities of the Mediation Boards to deal with these issues</p> <p>C.4.5 Lobby to improve gaps in implementing provisions offered through the Prevention of Domestic Violence Act-</p> <ul style="list-style-type: none"> • misinterpretation of the requirements to issue a protection order by the judges • gaps in the counselling services • gaps in the services to monitor the implementation of the protection order • the dearth of availability of safe houses • counter attitudes that women should give up personal security in favour of upholding the family unit and PDVA promoting divorces is a threat to integrity of families in the country <p>C.4.6 Lobby to set up support servic-</p>	<p>There is evidence that existing services for women who report IPV have shortcomings and that they have an influence on rates of reporting</p>	<p>National, local, area specific</p> <p>National</p> <p>National, local, area specific</p> <p>National, local, area specific</p> <p>National, local, area specific</p> <p>National, local, area specific</p>	<ul style="list-style-type: none"> • Ministries of <ul style="list-style-type: none"> ■ Public Administration & Home Affairs ■ Women's Affairs ■ Local Government & Provincial Councils ■ Higher education ■ Health • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Forum against GBV • Family Health Bureau, Ministry of Health • SLMA <ul style="list-style-type: none"> ■ College of Gyn and Obs ■ Expert Committee on Women's health SLMA ■ Family Planning Association of Sri Lanka 	<p>Risks</p> <p>Lack of re-sources</p> <p>Lack of coordination among service providers</p> <p>Poor acceptance of NGOs as the service providers by the state sector</p> <p>Mitigation strategies</p> <p>Develop a data base on existing resources</p> <p>Develop a mechanism to coordinate the services by different agencies</p>	

		<p>es/social safety net for women who need social support/financial support to maintain their families in the event of separation from the partner.</p> <p>C.4.7Lobby to strengthen all services, psychological, medical, legal assistance, housing assistance, job and skills training, and streamline the process by which victims can access them without having to go to numerous separate locations.</p> <p>C.4.8Formalize the referral system and medico-legal support in the healthcare system.</p>		<p>area specific</p> <p>National, local, area specific</p> <p>National, local, area specific</p>		
<p>D gender inequitable attitudes of women on rape and underreporting of sexual harassment and rape</p>	<p>None</p>	<p>D. Promote gender equitable attitudes on rape among women and promote reporting of sexual harassment and rape</p>	<p>Awareness raising activities which contain messages that are thought-provoking and that appeal to logic are likely to lead to permanent changes in attitudes.</p> <p>Better reporting leads to accurate estimation of the magnitude of the problem enabling better planning of the preventive strategies</p> <p>Reporting will ease the mental stress of the victim</p>	<p>National, local, area specific</p>	<ul style="list-style-type: none"> •Ministries of <ul style="list-style-type: none"> ■ Women's Affairs ■ Public administration ■ justice ■ Health <ul style="list-style-type: none"> • Bureau for the Prevention of Abuse of Children & Women • Women's Bureau of Sri Lanka • National Committee on Women • Bar Association of Sri Lanka • Law College of Sri Lanka • Forum against GBV • Family Health Bureau, Ministry of Health • SLMA <ul style="list-style-type: none"> ■ College of Forensic pathologists ■ College of Gyn and Obs ■ Expert Committee on Women's health SLMA • Family Planning Association of SL 	<p>Risks Changing attitudes on rape through awareness raising activities will be influenced by societal factors</p> <p>Conduct of awareness raising activities on this theme may be opposed by extreme groups in operation in the country</p> <p>Mitigation strategies The content of the awareness activities to be planned carefully to match the cultural context</p> <p>Identify an accepted local figure as the ambassador in the awareness raising activities</p> <p>Local research evidence to be utilized</p> <p>Real life stories to be related by the affected</p> <p>Encourage the extreme groups to come on board as partners in implementing these activities</p>
		<p>D.1 Conduct public awareness activities to promote gender equitable attitudes among women on rape, to inform the public on laws on rape and sexual harassment and to promote reporting of rape and sexual harassment</p> <p>The content should include-</p> <ul style="list-style-type: none"> ■ The specific acts that constitute sexual harassment and rape in a court of law ■ The fact that law does not take into account the profile of the victim (dress, behavioural codes, past sexual history etc.) when defining rape ■ The concept of marital rape ■ The mechanisms to report sexual harassment and rape <p>a. the dedicated hotline 1938 to inform authorities of incidents of violence against women b. the women's desk at police station</p> <p>It is recommended that this be done using several Approaches:</p> <p>D1.1. Conduct face to face sessions targeting different groups such as homemakers, working women (state sector, private sector, plantation sector)</p> <p>D1.2 Publish articles on newspapers and on popular women's tabloid papers</p> <p>D1.3 Television and radio programmes-insist on mandatory reporting of the laws when reporting rape in media</p> <p>D.2 Lobby to extend criminal law to recognize marital rape as an offense</p>				

<p>E There are gaps in the research evidence related to women and GBV in the country</p>	<p>GBV has been identified as a research priority by the Ministry of Health and National Health Research Council</p>	<p>E. Strengthen the IPV prevention efforts through research evidence</p> <p>E.1 Further analyses of the data of this research to highlight-</p> <ul style="list-style-type: none"> ■ Health impact of the women ■ Risk factor for women to be a victim of IPV <p>E.2 Other recommended research-</p> <ul style="list-style-type: none"> ■ the reasons for women to under-report IPV ■ pathways through which women seek help ■ Research how PDVA has impacted positively on women's wellbeing as well as on children ■ Effect of SGBV on children: link this study with the upcoming country report on Child Rights Convention and the government obligation to report on it ■ Research by multidiscipline teams 	<p>Research evidence is useful to scientifically justify the actions in the process of lobbying for interventions</p>	<p>National, local and area specific</p>	<p>CARE International Other UN organizations Post graduate research institutes</p>	<p>Risks</p> <p>Research funds</p> <p>Difficulties in obtaining valid information considering the sensitive nature of the issue</p> <p>Mitigation strategies</p> <p>Making GBV a research priority Sharing resources on valid methods of data collection</p>
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ANNEX 2: PRIORITIZED SET OF RECOMMENDATIONS WITH THE PROPOSED PLAN OF ACTION

No.	Recommended Action, Programme/policy With the plan to initiate action	Proposed initial action	Agency willing to undertake the responsibilities	Time schedule Tentative date of completion of the task
01	<p>B.1 Identify existing groups and support potential groups to be vigilant of domestic violence incidents in the communities and encourage such groups in other areas</p> <p>B.1.1 It is recommended that exemplary evidence based field interventions which are being conducted at present in small scale should be expanded to other areas of the country</p>	<p>To document the evidence of effectiveness and the process of the existing project 'Home Start' initiated and conducted by Ms. Madu Disanyaka of Family Planning Association in the Colombo Municipality Council area.</p> <p>Lobby with the Ministry of Women's affairs to replicate the project in other areas of the country.</p>	<p>Initiation CARE international</p> <p>Collaborators Oxfam Australia</p>	<p>September 2013- to have a finalized document of evidence and to have a lobbying process planned</p> <p>October 2013- to initiate the lobbying process</p>
02	<p>C.2 Lobby to improve health sector to detect women victims among the clients and encourage women who seek care to report violence</p> <p>C.2.2 Lobby to promote health staff to detect victims among antenatal mothers and improve their response to women reporting violence and develop protocols for management of identified victims</p>	<p>To formulate a lobby paper aiming at authorities of health to adopt a policy to detect victims among antenatal mothers. The lobby paper to be very brief and be supported with evidence on effectiveness of such interventions in other countries. Protocol for management of identified victims using the available state and non-state service networks (based on the existing documents specifying such follow up activities to health workers) to be specified as an annex to the lobby paper.</p>	<p>Initiation Sri Lanka College of Gynaecologists</p> <p>Collaborators Family Health Bureau of Ministry of Health</p>	<p>September 2013- to have the lobby paper and to have lobbying process planned</p> <p>October 2013- to initiate the lobbying process</p>
03	<p>C.2 Lobby to improve health sector to detect women victims among the clients and encourage women who seek care to report violence</p> <p>C.2.1 Lobby to improve the awareness of medical undergraduates on the spectrum of effects of gender on health and build their capacity to detect/ screen for victims among their clients and refer them to relevant services. It is recommended that curriculum of all medical undergraduates and postgraduate curriculum of selected specialties to contain essential inputs.</p>	<p>To formulate a lobby paper aiming at authorities of higher education and health to adopt a uniform core curriculum on relevant gender related inputs for all the medical undergraduates in the country. Inputs to be made compulsory and be ideally included into the training being planned by the Ministry of Health on other areas relevant to medical practice.</p> <p>The lobby paper to be very brief and be supported with an outline of a core curriculum.</p>	<p>Initiation Expert Committee on Women's Health of Sri Lanka medical Association</p> <p>Collaborators Family Health Bureau of Ministry of Health</p>	<p>September 2013- to have the lobby paper and to have lobbying process planned</p> <p>October 2013- to initiate the lobbying process</p>
04	<p>A.7 advocate to provide inputs related to gender and importance of gender equity to school children through schools</p> <p>A.7.1 Build capacity of education sector officials/teachers by incorporating the</p>	<p>To analyse the content of the basic teacher training curriculum for the inputs indicated in the curriculum and to formulate a paper. The paper to be supplied</p>	<p>Initiation Family Planning Association of Sri Lanka</p> <p>Collaborators Expert Committee on</p>	<p>September 2013- to perform the analysis and to have a finalized document and to have advocating process planned</p>

04	<p>following to curriculum of the teacher training course-</p> <ul style="list-style-type: none"> ■ Gender equality, GBV and laws related to it ■ How to modify the school setting to promote gender equitable attitudes ■ How to perform their role effectively to inculcate gender equal attitudes among students 	<p>mented with recommendations related to content areas and teaching learning methods to improve the curriculum.</p> <p>In the process of advocating, the expertise necessary to deliver the inputs also will be offered to the authorities.</p>	<p>Women's Health of Sri Lanka Medical Association with the support of Family Health Bureau of Ministry of Health</p>	<p>November 2013- to initiate the advocating process</p>
05	<p>A.4 Advocate media to prevent gender inequitable messages being disseminated through mass media and promote the mass media to disseminate new notions of masculinity associated with non-violence, respect and equality</p> <p>A.4.1 Commission a group to analyse the popular tele-dramas/news items/newspaper/ tabloids (eg: 'Sirikatha', 'Tharuni' etc. in Sinhala medium) to identify instances in which material portray gender inequality and instances which can be modified to promote gender equality. A document be done highlighting these instances and how they can be modified to promote gender inequality. This document should facilitate the advocating process.</p>	<p>To perform the analysis for a period of one month and to formulate a document to facilitate the advocating process.</p> <p>The document to be very brief with essential findings of the analysis performed and literature/research findings supporting the proposed action.</p>	<p>Explore the possibility of obtaining funds and an agency willing to perform the analysis</p> <p>Collaborator Expert Committee on Women's Health of Sri Lanka medical Association</p>	<p>October 2013- to perform the analysis and to have a finalized document and to have advocating process planned</p> <p>November 2013- to initiate the advocating process</p>

A COLLABORATIVE EFFORT OF CARE INTERNATIONAL SRI LANKA WITH THE FOLLOWING MEMBERS OF THE WORKING GROUP:

Dr. Nalika Gunawardene	- SLMA (Facilitator)
Dr. Neela Gunsekera	- National Committee on Women
Dr. Anoma Jayathileke	- World Health Organisation
Ms. Shyama Salgado	- International Labour Organisation
Prof. Jennifer Perera	- University of Colombo
Ms. Shermal Wijewardene	- University of Colombo
Ms. Madu Dissanayake	- Family Planning Association of Sri Lanka
Ms. Cyrene Siriwardene	- Oxfam Australia
Ms. Savithri Wijesekera	- Women In Need
Ms. Kumudini Samuel	- Women and Media Collective
Ms. Jayanthi Kuru-Uthumpala	- Women and Media Collective
Ms. Lara Snowdon	- ACTED

