



Guidance Note on Assessment,
Recording and Reporting of
Gender Based Violence (GBV)
Services

GBV



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Foreword

This Guideline for GBV Screening and Services is compiled and presented by the Monitoring and Evaluation division of The Family Planning Association of Sri Lanka and I am very pleased to send in a message as its foreword. Sri Lanka despite its impressive track record in health indices, falls short in certain areas of Gender Equality and Women's Rights. The country also records a high prevalence of Intimate Partner Violence (IPV) of 17% according to the DHS of 2016.

All this despite the regulatory framework installed by the government to ensure Gender Equality, brings out the unpleasant truth about the slow changes to our social norms. Article 12 of Sri Lanka's Constitution of 1978 provides for equality for women and men and non-discrimination based on sex. The country has ratified key international conventions and covenants, which have embedded gender equality principles into State policy. Sri Lanka ratified the UN Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) in 1981 and the UN Convention on the Rights of the Child in 1991. However, the recent UN multi-county study on men and violence by CARE, Partners for Prevention, and the UN, conducted in four districts covering 1323 households, revealed that a significant majority of men and women in Sri Lanka subscribe to attitudes that perpetuate gender inequality.

Providing SRH services in this backdrop gives our MA the opportunity to be the first-line of contact for many GBV and SGBV victims. It is important to note the repetitive occurrence of abusive behaviours against women and initiate supportive action. Of the women who reported current IPV, 12.7% were subjected to violence on a daily basis, 15.1% weekly, 47.6% monthly basis respectively. I feel that many of our other MAs would be poised to do the same in their general screening process, where a hesitancy for reporting exists. The Guide will help Member Associations to assess, record and report GBV according to the two classification models presented and services listed out.

We have drawn from resources and sources that are both national and international as our list of Reference indicates and hope the composite tool will help the MAs that are desirous of using them. I sincerely appreciate the efforts of the team for streamlining screening and reporting of GBV and SGBV through the development of this guideline.

Thushara Agus

Executive Director

Introduction

GBV is violence directed against a person because of that person's gender or violence that disproportionately affects persons of a particular gender. GBV results in or is likely to result in physical harm, sexual harm, psychological (or emotional) harm, economic harm or suffering to the victim. GBV can also include domestic violence (violence which occurs within the family

or domestic setting), Sexual harassment, Female Genital Mutilation (FGM), Forced marriage, online violence, etc. (European Union, 2020).

The International Planned Parenthood Federation (IPPF) defines two types of specialized services which can be provided for survivors of GBV (IPPF, 2016) as follows:

01. Specialized / Prevention / Screening / GBV:

A trained service provider screens a client for gender based violence (GBV) using a defined set of screening questions, in a space which ensures confidentiality. GBV screening includes screening for sexual, physical and emotional abuse by intimate or non- intimate partners. This also includes screening for domestic violence. Screening should be undertaken for clients who declare they are experiencing GBV, as well as in

situations when a provider is alerted to the risk based on psychological or physical symptoms/issues.

However, at the Service Delivery Point (SDP) level, GBV screening shall be classified based on the outcome of the screening process. Therefore "screened negative" and "screened positive" need to be reported separately.

02. Specialized / Counselling / GBV:

A trained counsellor/service provider provides a client, specific, non-directive advice about gender-based violence (GBV) when a client is at risk of GBV or has been positively screened for GBV to support survivors, and/or guarantee their safety, giving information on and/or referring to specialized services (including medical, psychological, legal, economic, housing, and social assistance), in a space which ensures confidentiality. GBV counselling includes counselling for sexual, physical and emotional

abuse by intimate or non-intimate partners. This also includes counselling for domestic violence.

Based on the type of violence or harm and based on the perpetrator (Intimate partner or non-intimate partner), FPA Sri Lanka further categorizes the GBV counselling services into 11 service types. The following sections describe the definitions and classifications which were adopted from available national and international resources.

A. Classification Based on the type of violence / harm

This classification was adopted from the GBV classification tool which was developed as part of the GBVIMS Project initiated in 2006 by OCHA, UNHCR, and the IRC (GBVIMS, 2006). The six core GBV types were identified for data collection and

statistical analysis of GBV. They should be used only in reference to GBV even though some may be applicable to other forms of violence which are not gender-based.

01. Rape:

Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object. Although the term "rape" is narrowly defined in Sri Lankan law, we will proceed with this definition for the purpose of data collection (Penal Code of Sri Lanka, 1995; Centre for Equality and Justice, 2018)¹.

02. Sexual Violence:

Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. Female Genital Mutilation / Cutting (FGM/C) is an act of violence that impacts sexual organs, and as such should be classified as sexual violence. This incident type does not include rape, i.e., where penetration has occurred and does not include forced marriage as it is being classified separately.

03. Physical Violence:

An act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury. Physical violence does not include FGM/C and forced marriage.

04. Forced Marriage:

The marriage of an individual against her or his will.

05. Economic Violence:

Which is also known as denial of resources, opportunities or services. (denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services). Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

¹ According to the Penal Code (PC) of Sri Lanka (SL), a man commits the crime of rape, only by having sexual intercourse with a woman without her consent, or against her will, where vaginal penetration by a natural penis is an essentiality. According to the contemporary criminal law of the country, marital rape is criminalized only in the event of judicial separation. As found in the Section 363 (a) of the Penal Code of Sri Lanka, (as amended by the Act, No. 22 of 1995) a man is said to commit "rape" if he has sexual intercourse with a woman without her consent, even when the woman is his wife, and she is judicially separated from the man." Male victims of rape, including boys under the age of 16, are excluded from the definition. Age of consent for a women / girl in Sri Lanka is 16.

06. Emotional / Psychological Violence:

Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

B. Classification based on the perpetrator

Further to the six level classification available in the GBVIMS tool, FPA Sri Lanka classifies GBV services based on the perpetrator as follows.

01. Intimate Partner Violence (IPV)

The term "intimate partner violence" describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. Intimate partner violence (IPV) occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV

is borne by women. Although women can be violent in relationships with men, often in self-defense, and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners. By contrast, men are far more likely to experience violent acts by strangers or acquaintances than by someone close to them (WHO, 2012).

02) Non-Intimate Partner Violence

Gender based violence perpetrated by someone other than an intimate partner or ex intimate

partner. Non partner violence can happen in the domestic setting or in any other context.

Final list of GBV Counselling Services

The combination of the above two classifications result in the 11 different types of GBV counselling services as follows. We do not categorize forced

marriage based on perpetrator as it occurs in a different social and cultural context rather than by a specific person.

1. Specialized / Counselling / GBV / Forced Marriage
2. Specialized / Counselling / GBV / Intimate Partner Violence / Rape
3. Specialized / Counselling / GBV / Intimate Partner Violence / Sexual Violence
4. Specialized / Counselling / GBV / Intimate Partner Violence / Physical Violence
5. Specialized / Counselling / GBV / Intimate Partner Violence / Economic Violence
6. Specialized / Counselling / GBV / Intimate Partner Violence / Emotional Violence
7. Specialized / Counselling / GBV / Non-Intimate Partner Violence / Rape

8. Specialized / Counselling / GBV / Non-Intimate Partner Violence / Sexual Violence
9. Specialized / Counselling / GBV / Non-Intimate Partner Violence / Physical Violence
10. Specialized / Counselling / GBV / Non-Intimate Partner Violence / Economic Violence
11. Specialized / Counselling / GBV / Non-Intimate Partner Violence / Emotional Violence

Recording and Reporting of Service Statistics

GBV services provided in the clinical setting are recorded in the client history forms and then the client wise service data are reported in the Monitoring and Evaluation Information Management System (MEIMS). MEIMS is an online, web based, open source application with role based authentication facility (FPA Sri Lanka, 2010). All the service providers are expected to adhere to the privacy and confidentiality requirements described in the FPA Sri Lanka Monitoring & Evaluation policy (FPA Sri Lanka, 2013). Data collection, recording and reporting requirements and procedures including handling client confidential information are described in detail in the Monitoring and Evaluation Standard Operational Procedure Manual (FPA Sri Lanka, 2016). This GBV guidance note is considered to be an annexure to the FPA Sri Lanka publication

on Service Statistics Definitions and Glossary of Terms which describes the service statistic definitions, unit of measures, key service delivery indicators, and the concept of service mapping in English, Sinhala and Tamil (FPA Sri Lanka, 2014; FPA Sri Lanka, 2015). Service Statistics data reported in MEIMS shall be used for programmatic decision making including increase in programme coverage and to improve the quality of care. More details and FPA Sri Lanka strategies on data collection, management, sharing and use are available in the publication 'FPA Sri Lanka Monitoring and Evaluation Road Map (2020-2024)' (FPA Sri Lanka, 2021). Service providers and programme managers are expected to use these resources in order to adhere to the Monitoring and Evaluation Standards of FPA Sri Lanka.

Classification and Counting of GBV Survivors

There are some instances where, the classification of GBV survivors (individuals) is demanded from various stakeholders. In order to maintain the simplicity and accuracy of the data collection process, FPA Sri Lanka does not collect this information separately. Instead, we use the GBV service provision data for classification and counting of GBV survivors as well. As one client may receive more than one GBV service type

during one visit or during a given period of time, the approach described in Figure 01 will be used for classification and counting of GBV victims. This approach can minimize the duplication in counting the number of clients, provided that the Service Delivery Points are using a Unique Identification Code or Unique Client Reference Number at the time of client registration.

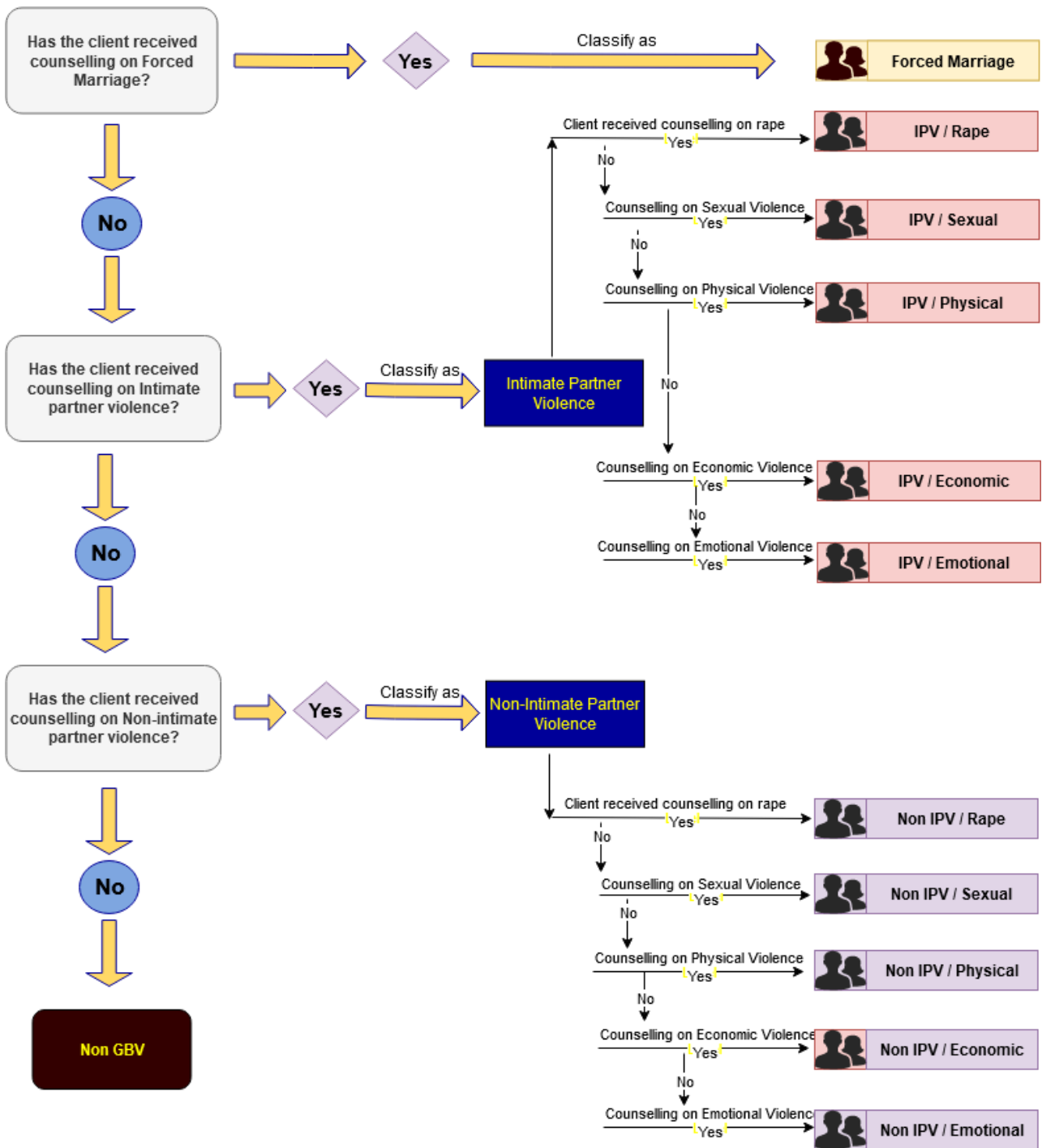


Figure 01: Flowchart for classification and counting of GBV survivors

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