

Standard Operating Procedure for Divisional Secretariat Officers Handling Domestic Violence Cases



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Centre for Equality and Justice

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ABBREVIATIONS

CAT	Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
DV	Domestic Violence
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IPV	Intimate Partner Violence
SGBV	Sexual and Gender-based Violence
SOP	Standard Operating Procedure
VAW	Violence against Women

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INTRODUCTION TO DOMESTIC VIOLENCE IN SRI LANKA

Sri Lanka boasts of high human development indicators¹ but its gender rankings are relatively lower.² The main reasons for this difference are inequalities at the decision-making level with low women’s political participation, low labour force participation of women and high incidents of sexual and gender-based violence (SGBV).

SGBV is a fundamental human rights violation and is a manifestation of discriminatory, unequal and unfair ideologies and practices pertaining to women, girls, men, boys and non-binary persons. As in most parts of the world, all forms of SGBV are widespread in Sri Lanka. Men and boys as well as people of non-binary genders do face

SGBV, but women and girls constitute the larger number of reported victim-survivors.

According to the findings of the National Women’s Wellbeing Survey (2019) on women’s lifetime experiences of SGBV:

- One in four women (24.9%) have experienced physical and/or sexual violence since the age of 15 by a partner or non-partner.
- Women are more than twice as likely to have experienced physical and/or sexual violence by an intimate partner in their lifetime.
- Two in every five women (39.8%) have experienced

1 Sri Lanka ranks 78 out of 189 countries in the Human Development Index 2023-24.

2 Sri Lanka ranks 90 in the Gender Inequality Index 2023-24 and 122 in the Global Gender Gap Index 2024.

physical, sexual, emotional and or/economic violence and/or controlling behaviours by a partner in their lifetime.

have sought help: 75% from their family members, 27% from friends or neighbours and only 18% from the police.

The Demographic and Health Survey (2016) was the first national survey that collected data on the prevalence of violence against women. The key findings related to domestic violence were:

- 17% of ever-married women aged 15-49 have suffered from domestic violence from their intimate partner.
- Among women who suffered from domestic violence, only just over one fourth of women (28%)

The situation is exacerbated by the fact that services for victim-survivors of domestic violence are limited and the quality of the services that are available is also poor. The National Policy on Gender Equality and Women's Empowerment states that:

'Support services to address gender-based violence are inadequate and not uniformly available across the country. These include but are not limited to the lack of ... insufficient resources and training for prompt action.' ³

PURPOSE AND SCOPE OF THE STANDARD OPERATING PROCEDURE

The **purpose** of this Standard Operating Procedure (SOP) is to strengthen the divisional level response to domestic violence. It will clearly describe the procedures, roles and responsibilities for each actor involved

in responding to domestic violence (DV) in order to provide standardized and quality care for victim-survivors of DV who reach out to the officers at the Divisional Secretariats.

This SOP has been designed for officers under the Divisional Secretariats, including:

- 1. Women Development Officers**
- 2. Counselling Officers**
- 3. Social Service Officers**
- 4. Women Development Field Assistants**
- 5. District Psychosocial Officers**
- 6. Public Health Midwives**
- 7. Development Officer for Probation**
- 8. Child Protection Officers**
- 9. Child Rights Protection Officer**
- 10. Early Childhood Development Officer and other relevant officers**

This SOP will be guided by the existing national legal framework, including:

- The Constitution of Sri Lanka⁴, which states that 'all persons are equal before the law, and are entitled to the equal protection of the law' [Article

12(1)] and that 'no citizen shall be discriminated against on the grounds of...sex' [Article 12(2)].

- The Penal Code of Sri Lanka⁵, which addresses offences in relation to incest (S. 364 A), grave sexual abuse (S.365 B), cruelty to children (S. 308 A) and sexual harassment (S. 345) as well as provisions on rape and sexual violence.
- Prevention of Domestic Violence Act (2005), which defines offences under Chapter XVI of the Penal Code as domestic violence and recognizes emotional abuse as a form of domestic violence. It also provides for a speedy remedial action in the form of a Protection Order by the court.
- Protection of Victims of Crime and Witnesses Act (2015), which gave effect to international standards on the rights of victims of crime and witnesses. The Act guarantees the rights to be treated with equality, fairness, privacy, to receive prompt and fair redress and to be protected from harm and was specifically fo-

4 Which guarantees, among others, rights to equality, freedom of speech, assembly, association, movement and freedom from torture and equality before the law.

5 Initially codified in 1883 and later amended in 1995 and 1996 with progressive changes in addressing sexual and gender-based violence.

cused on protecting female victim-survivors of sexual and gender-based violence.

- National Policies, including the National Policy on Gender Equality and Women's Empowerment (2024), Multi-Sectoral National Action Plan to Address Sexual and Gender-based Violence in Sri Lanka II (2024 – 2028) and the National Action Plan for the Implementation of the United Nations Security Council's Resolutions on Women, Peace and Security (2023 – 2027).

Sri Lanka has also ratified all

core United Nations human rights treaties⁶, and has an obligation to abide by these. Sri Lanka has also endorsed the Beijing Platform for Action, a global plan specifically focused on women's rights.

This SOP does not replace existing guidelines and procedures developed within sectors for the response of DV. It is developed with the expectation to ensure that all sectors work in coordination within a structured framework to provide comprehensive and timely services for victim-survivors of DV with a special focus on the role of officers at the divisional secretariats in making effective referrals.

DEFINITIONS AND EXPLANATIONS OF KEY TERMS

Domestic violence (DV)- any physical, verbal or emotional abuse committed or caused by a relevant person within the environment of the home or outside, and arising out of the personal relationship between the aggrieved person and the relevant person. Domestic vi-

olence is a form of SGBV. It covers both Intimate Partner Violence and Family Violence.

Essential services- a core set of services provided by the health care, social service, police and justice sectors. The services must, at a

⁶ Including the International Covenant on Civil and Political Rights (ICCPR); International Covenant on Economic, Social and Cultural Rights (ICESCR); Convention on the Rights of the Child (CRC); Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (CAT); and Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

minimum, secure the rights, safety, and well-being of any person who experiences sexual and gender-based violence.

Gender- refers to the socially constructed characteristics of women and men—such as norms, roles, and relationships of and between groups of women and men.

Gender identity- a person's feelings and convictions about their gender. This can be the same or different to the gender they were assigned at birth.

Intimate Partner Violence (IPV)- includes sexual assault, physical assault, and stalking perpetrated by a current or former date, boyfriend, husband, or cohabiting partner. Both same-sex and opposite-sex cohabitants are included in the definition.

Perpetrator- a person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against their will.

Referral pathway- is a structured process that safely and effectively connects victim-survivors to services such as health, psychosocial support, justice, etc. for necessary care and assistance.

Sexual and Gender-based Violence (SGBV)- any act that results in, or is likely to result in, physical, sexual, psychological, or economic harm or suffering based on the gender of a person.

Stakeholders- all government and civil society organisations that have a role in responding to domestic violence. They include victim-survivors and their representatives, social services, the health care sector, the legal sector, the police, the judicial sector, child protection agencies, and the education sector.

Violence against Women (VAW)- any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.

It includes many different forms of violence against women and girls, such as intimate partner violence, non-partner sexual violence, trafficking, and harmful practices such as female genital mutilation.

Victim-survivor - a person who has experienced violence. The terms 'victim' and

‘survivor’ are often used interchangeably. Here, both are used to show that the person has faced violence but has agency within themselves.

Women’s empowerment- helping women to feel more in control of their lives and

able to make decisions about their future. Empowerment is a key feature of advocacy interventions and of some psychological interventions.

GUIDING PRINCIPLES

Key to responding to DV and maintaining the safety and well-being of victim-survivors is to understand the gendered nature of violence, its causes and consequences, and provide services within a culture of rights and empowerment, assisting victim-survivors to consider the range of choices available and supporting their decisions. The unique experiences of people affected by DV and the specific barriers they face when seeking services must be taken into account. Below are key guiding principles to be applied when essential services are provided to survivors of domestic violence:

- **A rights-based approach:** Recognises that states have a primary responsibility to respect, protect and fulfil the rights of its citizens. DV is a violation of human rights, particularly the right to a life free from fear and violence. This calls for services that prioritise the safety and well-being of victim-survivors, treating them with dignity, respect, and sensitivity and providing the highest attainable standards of service.
- **Advancing gender equality and empowerment:** Gender inequality and discrimination are both a root cause and consequence of sexual and gender-based violence, especially DV. Services must ensure that DV will not be condoned, tolerated, or perpetuated. Services must promote agency where victim-survivors are entitled to make their own decisions, including decisions that refuse essential services.

- **Victim-survivor centred:**

This places the rights, needs, and desires of victim-survivors at the centre of focus of service delivery. This requires the consideration of the multiple needs of victim-survivors, the various risks and vulnerabilities, the impact of decisions and actions taken and ensures that actions are tailored to the unique requirements of each individual and respond to their wishes. For example, they must be made aware of any mandatory reporting requirements to police or justice authorities before consenting to services so they understand any consequences and can make an informed decision.

- **Safety is paramount:** Essential services must prioritise the safety and security of people affected by DV and avoid causing further harm. For DV survivors, this means recognising and addressing risks such as living arrangements near the perpetrator, stigma and discrimination from family members or others, laws and policies related to DV and access to justice, and any risks because of their status and parenting

arrangements that generate or perpetuate danger to parents or their children.

- **Perpetrator accountability:**

Where appropriate, hold perpetrators accountable. For those victim-survivors who wish to pursue justice in the court system, provide meaningful access, and promote their capacity of acting or exerting their agency, while ensuring that the burden or onus of seeking justice is not placed on them but on the state. Because not all victim-survivors wish to participate in the criminal justice system, other means of safety and accountability are also essential, including easy access to enforceable protection order mechanisms and perpetrator programs aimed at changing belief systems that facilitate violence

- **Confidentiality and Informed Consent:**

Victim-survivors have the right to choose to whom they will or will not disclose information. Informed consent of the victim-survivor should be obtained prior to sharing any information with other stakeholders. A specific process has to be

agreed on for obtaining informed consent, including a form. The victim-survivor must also understand and consent to the sharing of non-identifying data about the case for data collection and security monitoring purposes.

- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights, and dignity of the victim-survivor.
- **Non-discrimination:** Victim-survivors should receive equal and fair treatment regardless of their age, gender, religion, nationality, ethnicity, sexual orientation, or any other identity factor and respond to the individual circumstances and life experiences. Essential services must also respond appropriately to those who face multiple forms of discrimination.
- **Best Interests of the Child:** When the victim-survivor is a child (below the age of 18), decisions need to take into account the rights of the child. Many factors such as age, sex, cultural background, and child's experiences should be consid-

ered when making decisions. Any interpretation of this principle must be made in the spirit of the United Nations Convention on the Rights of Children and national laws and policies, and must give due regard to expert advice from both legal and child protection perspectives. According to the Sri Lankan legal framework, the court is considered as the upper guardian of a child.

It is understandable that it may not be possible to adhere to all Guiding Principles, but every effort should be made to ensure that the Guiding Principles play a prominent role in all actions taken. Following are some practical tips to help in operationalising the Guiding Principles:

PRACTICAL TIPS TO OPERATIONALISE THE GUIDING PRINCIPLES

Always ensure the safety/ security of the victim-survivor and the family

- Victim-survivors need to be safe physically and emotionally. They may be frightened and need reassurance of their individual safety
- They may also need immediate safety through assistance from community leaders, police, protection agencies or others
- They may need assistance with developing a safety plan to help reduce the risk of further violence
- DV victim-survivors who are separated from family and/or support networks might need immediate access to safe, free, and secure accommodation for themselves and their children, as their perpetrator may be part of their community or workplace
- Consideration of their children's safety and their desire to maintain custody of their children must also be made.

Always respect the privacy and confidentiality of the affected person(s) and their families

- Conduct interviews in private settings
- For female victim-survivors, always try to conduct interviews and examinations with female staff, including interpreters who have been trained to work with cases of VAW /DV
- Information about the victim-survivor can only be shared if they give informed and specific consent. Victim-survivors must be the ones to decide what they want to keep confidential
- If they give consent, share only pertinent and relevant information with others for the purpose of helping the survivor, such as referrals for services. This applies to communications with the victim-survivor when they return home
- All written information about victim-survivors must be maintained in secure, locked files.

<p>Respect the victim-survivor's choices, wishes, rights and dignity</p>	<ul style="list-style-type: none"> • Respect the wishes, choices, rights, and dignity of the victim-survivor • Be respectful and maintain a non-judgmental manner. Do not laugh or show any disrespect for the individual or their culture, family, or situation • Be patient; do not press for more information if the victim-survivor is not ready to speak about her experience • Ask only relevant questions. (For example, the status of the virginity of the victim-survivor is not relevant) • Avoid requiring the victim-survivor to repeat the story in multiple interviews • Do not question what the victim-survivor is saying.
<p>Ensure non-discrimination in all interactions with victim-survivors and in all service provisions</p>	<ul style="list-style-type: none"> • Refer them all to essential services regardless of their gender, age, identity, culture, sexual orientation, gender identity, ethnicity, and language preferences • Provide services in an accessible format, including removing physical barriers, communication barriers, and others • Make available interpretation so that victim-survivors can communicate in the language most familiar to them • Do not blame the victim-survivor for the violence they have experienced • Ensure victim-survivors have access to legal services and equal access to justice remedies, and perpetrators are to be held accountable • Provide services in places that are convenient for victim-survivors to reach • Ensure that hotlines or other communication methods are in both local languages and where possible, in English too.

RESEARCH AND PRACTICE SUGGEST **HOW** SERVICES ARE DELIVERED HAVE A SIGNIFICANT IMPACT ON THEIR EFFECTIVENESS.

REPORTING AND REFERRAL SYSTEM

A victim-survivor has the freedom and the right to disclose (or not) an incident to anyone.

It is important to ensure that the officer with whom the victim-survivor talks to has clear and complete information about services available, the risks and benefits of the services and will support them through the process. If the officer is not a DV expert, it is important for them to refer the victim-survivor to an appropriate service provider, subject to their agreement.

Mandatory reporting refers to legislation that requires individuals or designated individuals, such as health-care providers, to report any incident of actual or suspected domestic violence.

For victim-survivors of DV, it is important to inform them

of any reporting requirements so they can assess any consequences to them, and then they are permitted to decide if they want to proceed based on full understanding. The following steps should be followed:

- Informing the affected victim-survivor about the requirement to report before they disclose information you are required to report
- Permit them to assess the consequences and decide if they want to disclose information to you based on this information.

If they decide to disclose to you with a full understanding of the consequences, then you should:

- Get written consent
- Make the required report to the relevant authority

- Follow up after the report is made
- Support, assist, and keep the victim-survivor informed - including advocating for them through the investigation and other procedures that may take place after the report is made.

A referral system is in place to connect DV victim-survivors to appropriate, quality, multi-sectoral services in a timely, safe, and confidential manner. It is a cooperative framework through which government and non-govern-

mental service providers will fulfil their obligations to protect and promote the human rights of victim-survivors of DV.

This means that service providers must be knowledgeable about available services and have established processes for referrals. The suggested help-seeking method and the referral pathway for a DV victim-survivor is illustrated below in the Referral Pathway section.

AT A MINIMUM, A REFERRAL SYSTEM REQUIRES:

- **A network of qualified multi-sectoral service providers**
- **A service directory of available service points within each district**
- **A standardized and established referral pathway that supports victim-survivors' timely, safe and confidential access to services.**

REFERRAL PATHWAY

A victim-survivor of domestic violence may enter the help-seeking system at multiple entry points. To ensure that the first officer they approach provides supportive first-line

support, it is important for officers to be aware of their own capacities and understand the roles and responsibilities of other service providers. Applying this approach, it is helpful

to identify a referral pathway for victim-survivors of DV to access different services based on their needs and wishes.

Not all DV victim-survivors want or need assistance. Many victim-survivors will not need or ask for support. For some, services such as urgent health care, forensic examinations, psycho-social support, and other social services such as safe accommodation, economic support, and material support will be of benefit.

In the referral pathway, it is important to assess their immediate and longer-term needs and responses. Following is a sample help-seeking and referral pathway for consideration. This is a summary pathway and the roles and responsibilities of the service providers are detailed below.

Following are the key steps in the referral pathway:

- **Disclosure of DV:** The first step in the Referral Pathway is the victim-survivor that has experienced DV telling someone and is seeking help. This could happen through a family member, a friend, a civil society organisation or a state institution that refers

them to the Divisional Secretariat officer. The victim-survivor may also come forward on their own.

- **Crisis Information and Immediate Responses:** The officer provides a safe, caring environment, conducts an initial assessment of the case, identifies the immediate needs, gives clear information about services and options available and about mandatory reporting and makes referrals based on victim-survivors' wishes. The initial assessment must include an assessment of the psychosocial support the victim-survivor needs.

Based on the information received and the needs of the victim-survivor, a case referral plan will be formulated in consultation with other officers for:

1. Internal referrals within the unit (for counselling, child related and social empowerment)
2. External referrals to health (hospital, mental health, midwife, etc.), police and justice (legal aid, Qazi Court etc.), social, economic and educational service providers.

The first **immediate needs** that must be addressed are health – such as **care of injuries** and a **forensic exam** as appropriate. Care of injuries is the priority. If the victim-survivor has been subject to sexual violence, they must be referred (based on their agreement) for a forensic exam and additional care for sexual assault victim-survivors. The forensic exam is a process to collect physical evidence of the assault. Even if the victim-survivor chooses not to have the forensic exam, they should be made aware of available preventive treatments for pregnancy, HIV, and other sexually transmitted infections. Importantly, these treatments are most effective within 48 to 72 hours of the abuse/attack, so they must be made aware of each available treatment as early as possible.

At the same time, they must be provided **psycho-social support and assessment, and a plan for immediate safety**. Officers must be trained in providing first line support and supportive communications. If the victim-survivor's safety is at immediate risk, a plan for their safety, such as calling the police or going to a safe location (the residence of a family member or friend or a temporary shelter), must be con-

sidered. The officer must also be aware of their own safety.

- **Longer term planning and response:** Once their immediate needs are met for health and safety, an assessment can be conducted for longer-term needs. This assessment should be based on a case management process implemented by trained caseworkers. The victim-survivor's needs should be assessed, and services should be provided or referred based on their individual situation and their choices.

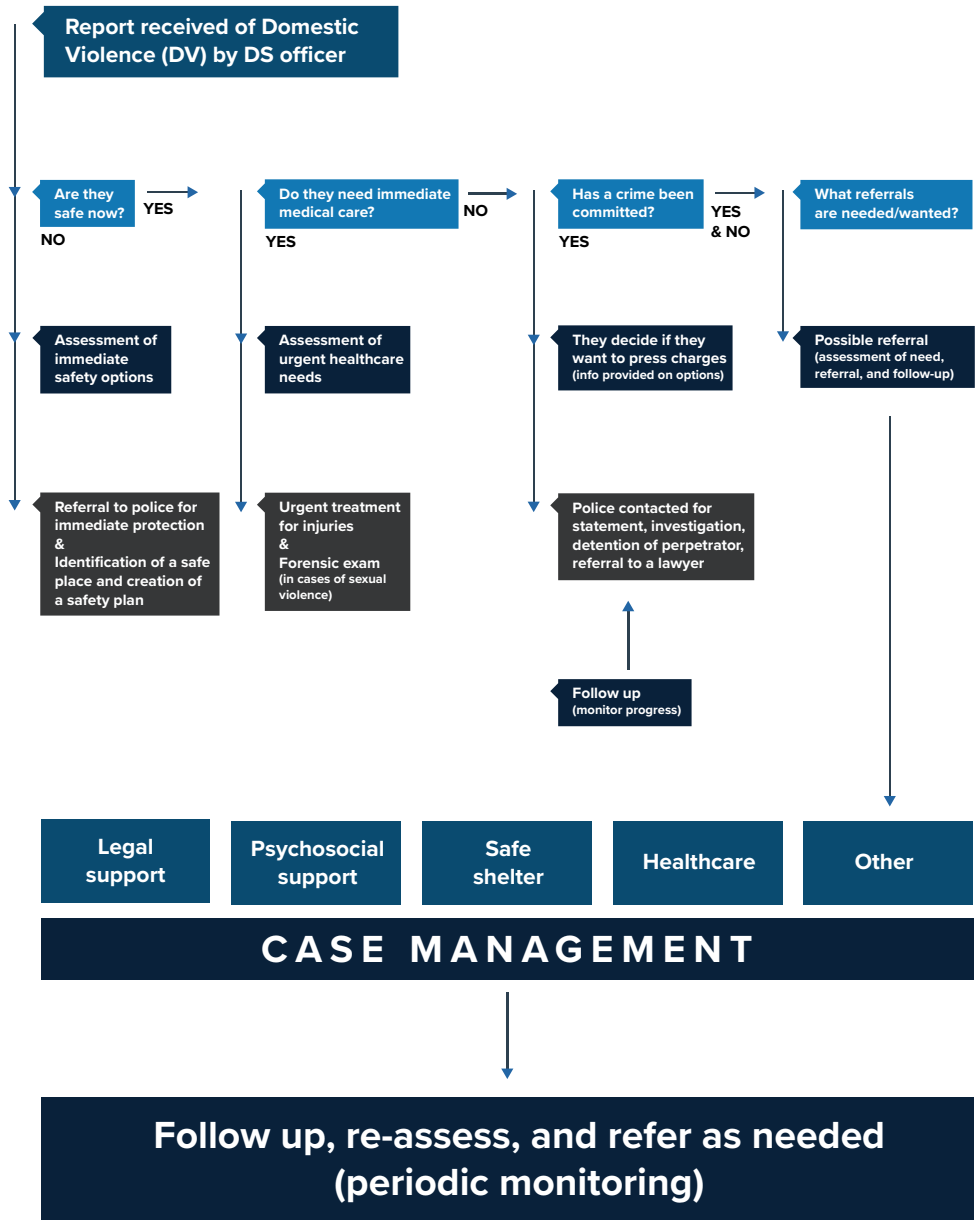
Key areas for assessment are for further psycho-social support, safety, shelter, material support, legal information and support, other health care, and any other services they might need.

A standardized referral form should be used by the service providers of the referral pathway to ensure that the same essential information is provided whenever a referral is initiated and that this information is received by the service providers fulfilling the referral.

- **Case follow-up and closure:** After all the referrals identified in the case refer-

ral plan are made and the service providers in the referral pathway have provided their services, the coordinating officer will meet the victim-survivor to identify whether all their needs are met. If the victim-survivor has met all their needs through the services received, the officer may conclude that the referrals are completed. If not, further referrals are made until the victim-survivor receives all the support they require.

REFERRAL PATHWAY



DOCUMENTATION AND INFORMATION SHARING

It is important to document the incidents of DV cases that come to each officer, the services provided, and the referrals made for better service delivery and case management. It is also necessary to analyse the functioning of the response system. The principle of '**Do No Harm**' must be respected when documenting and collecting data. Confidentiality must be paramount and no information should be shared without the express consent of the victim-survivor or all potentially identifying information should be taken out.

The following information could be included in each case file:

Type of violence: physical, sexual, emotional/ psychological, verbal, etc.

Date of reported violence

Information about the victim-survivor: gender, age, ethnicity, religion, language, occupation, victim-survivor-perpetrator relationship, address, details of children, emergency contact person, and contact

details, etc.

Information about the perpetrator: age group (as reported by the victim-survivor) and gender (as reported by the victim-survivor). If the officer has contact with the perpetrator, actual age of the perpetrator and gender

Registration: date of registry of violence; registering entity/ person and their designation

Geographical reference: where violence occurred (e.g., city/village, district, province)

Location of event: e.g., home, school, work, public space, etc.

Identify if violence was perpetrated using a computer (cybercrime)

Response: services provided (yes/no/not applicable/ victim-survivor declined/ victim-survivor decided to come back later); referral (yes/no/ not applicable/ victim-survivor declined/referral to which services).

MONITORING AND EVALUATION

Periodic monitoring of the quality of services provided is essential. This could be done through random surveys given to victim-survivors who

have sought assistance from the Divisional Secretariat or through an independent monitor.

COORDINATION OF STATE AND NON-STATE SERVICE PROVIDERS

It is important for all stakeholders to have an organised coordination mechanism in order to provide collaborative, comprehensive, efficient, and timely services to victim-survivors of DV.

A coordinated response gives each victim-survivor of DV access to services based on their specific needs and holds perpetrators accountable to ensure the rights of victim-survivors.

At the divisional level, the service providers include the police, justice, health, and socio-economic sectors.

It is important to identify the service providers in each division. The service directory is a

key tool to be used at this point. In addition to outlining the roles and responsibilities, a **service directory** must be developed that includes name of service provider, category of service, location, contact information and other information to facilitate referrals and coordinate the provision of services. Furthermore, it is important to identify a focal point from each service provider as the point of contact for DV cases.

Periodic coordination meetings must be held.

NO SINGLE SERVICE PROVIDER CAN SATISFY EVERY VICTIM-SURVIVOR'S NEEDS.

SELF-CARE: LOOKING AFTER YOURSELF

Although the providers who work with survivors of DV are committed and willing to help others, very often they are unaware of how much the task of listening to abuse affects them. This section highlights the importance of self-care for the provider when working with families experiencing violence and abuse and avoiding a burnout. It encourages self-reflection, peer support, and a working-as-a-whole practice approach to these families.

The following are some tips to look after yourself:

- Understand and improve your awareness of when you are stressed, tired, or overwhelmed- getting irritable, feeling tired, lack of enthusiasm at work are some of these signs
- Ensure you have a mentor, supervisor, or a trainer to support your professional work
- Cultivate open and supportive dialogue with your work team
- Lifestyle choices that promote 'wellness'. These include relationships, religion or spirituality, a positive outlook, as well as simple measures such as getting enough sleep, exercise, nutrition, and laughter.
- Learn to celebrate small

achievements rather than feel overwhelmed by the big picture

- As with other complex and time-consuming occupations, it is important to have clear boundaries between work and home.



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