

# STATEMENT ON RESPONSES TO DOMESTIC VIOLENCE DURING THE COVID-19 PANDEMIC IN SRI LANKA: GAPS, BEST PRACTICES AND RECOMMENDATIONS



FORUM AGAINST  
GENDER BASED VIOLENCE  
SRI LANKA



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**STATEMENT ON GOVERNMENT AND  
NON-GOVERNMENT RESPONSES TO DOMESTIC VIOLENCE  
DURING THE COVID-19 PANDEMIC IN SRI LANKA  
IDENTIFYING GAPS, BEST PRACTICES AND RECOMMENDATIONS**

## BACKGROUND

Since its outbreak, the COVID-19 pandemic has intensified Violence against Women and Girls (VAWG), particularly in, but not limited to, domestic violence (DV), thereby leading to a “shadow pandemic.”<sup>1</sup> For instance, of 5561 complaints reported to the ‘1938 helpline’<sup>2</sup> between January 2020 and May 2021, 43% (2442) of complaints were in relation to DV.<sup>3</sup>

Sri Lanka has ratified several international conventions on human rights including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)<sup>4</sup>, and therefore is under an obligation to take preventive and protective action. Domestically, in addition to constitutional guarantees<sup>5</sup>, acts of violence within the home are dealt with by general criminal<sup>6</sup> and civil law<sup>7</sup>. In 2005, the Parliament passed the Prevention of Domestic Violence Act (PDVA)<sup>8</sup>, which is now considered the primary piece of legislation to combat DV in the country. In addition to these laws, there are several ongoing national policy initiatives, including the revision of the National Plan of Action to address Sexual and Gender-based Violence (NPoA 2016-2020) and initiatives under Goal 5 of the Sustainable Development Goals (SDG) to achieve gender equality and empowerment of women by the year 2030.

## ESCALATION OF DOMESTIC VIOLENCE DURING THE PANDEMIC – ISSUES AND GAPS

Numerous health regulations and security measures taken by the Government of Sri Lanka (GoSL) to contain the health risks and spread of the virus, such as imposing island-wide curfew, lockdown, travel restrictions, work-from-home, physical distancing, and cessation of public services such as transport, particularly during the first wave of the pandemic, had several drawbacks.

### Limited Movement/Mobility of Victims of DV:

These measures limited the movement of victims of DV and forced them to live with the perpetrator/s for long periods of time. Victims were unable to access support services physically or remotely, due to the presence and proximity of the perpetrator. Mobility of Non-Governmental Organisations (NGO) too were severely constrained, and as a result, they were unable to conduct regular visits or provide support services to victims, especially during the initial stage of the pandemic.

### Limited access to Government and Non-Government Emergency/Support Services:

Service provision, with the exception of healthcare and security services for Covid-related matters, came to a partial, if not an absolute, halt. Victims of DV could not access police stations (Women and Children Bureau) to report violence, or access legal

<sup>1</sup> Phumzile Mlambo-Ngcuka, Former Executive Director of UN Women, ‘Violence against women and girls: The shadow pandemic’ (UN Women, 6 April 2020) <<https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>> accessed 17 March 2022. The Women’s Wellbeing Survey documents that one in five (20.4%) women in Sri Lanka have experienced sexual and/or physical violence by an intimate partner in their lifetime, and one in four women (24.9%) have experienced sexual and/or physical violence since the age of 15 (2019)

<sup>2</sup> The ‘1938 Hotline’ is operated by the State Ministry of Women and Child Development to receive complaints and provide referral services (counselling and legal aid services) to victims of violence.

<sup>3</sup> Sri Lanka: Pandemic-related Domestic Violence; Victims don’t often get the desired help’ (Sri Lanka Brief, 12 June 2021) <<https://srilankabrief.org/sri-lanka-pandemic-related-domestic-violence-victims-dont-often-get-the-desired-help/>> accessed 21 April 2022.

<sup>4</sup> General Recommendation 19 specifically recognises ‘family violence as one of the most insidious forms of violence against women’; Chulani Kodikara, ‘Only Until the Rice is Cooked? The Domestic Violence Act, Familial Ideology and Cultural Narratives in Sri Lanka’ (December 2014) ICES Working Paper Series: 1.

<sup>5</sup> While sex is identified specifically as a prohibited ground of discrimination under Article 12 (2) of the Constitution of the Democratic Socialist Republic of Sri Lanka 1978, Article 12(4) declares that the right to equality shall not ‘prevent’ laws or policies for ‘the advancement of women.’ However, the Constitution neither recognises domestic violence as an explicit violation of human rights nor does it regard domestic violence as a form of discrimination against women.

<sup>6</sup> Chapter XVI of the Penal Code Ordinance No. 3 of 1883 titled ‘Offences Affecting the Human Body or Offences Affecting Life’

<sup>7</sup> Kodikara (n 4).

<sup>8</sup> Prevention of Domestic Violence Act, No. 34 of 2005.

aid such as the Legal Aid Commission or the Courts to enforce protection orders/maintenance orders as they were not considered 'urgent matters'.<sup>9</sup> Victims could not access hospitals for medical care or counselling services (for example, 'Mithuru Piyasa/ Natpu Nilayam')<sup>10</sup> or shelter facilities in cases of extreme violence. Furthermore, there was a lack of shelter facilities during the pandemic. Existing issues, such as an inadequate number of shelters in the country, the lack of qualified and trained staff to deal with victims of violence, and the lack of protective equipment, facilities and resources to meet the demands of COVID-19 health guidelines and regulations, aggravated an already weak response to DV during the pandemic.

### **DV Service Provision Not a Government Priority:**

Service provision to victims of DV was not considered a priority in the Government's response to the pandemic. Failure to adopt a holistic social response to deal with a public health crisis, the engagement of the armed forces to primarily lead the response, and the non-declaration of provision of support services to victims of DV as 'essential'<sup>11</sup>, highlighted and confirmed the lack of political will and interest in matters relating to DV.

### **Total/Partial Breakdown of Institutional Structures and Systems:**

The breakdown of existing institutional structures and systems to address DV in the country during the pandemic not only confirmed the lack of 'crisis/emergency preparedness' of said mechanisms, but also highlighted the gaps in the existing system. Service provision largely depended on the mobility of the victim and the mobility of the service provider. Although both the Government and NGOs stepped up to meet the crisis through the use of technology-

based platforms, they were ill-equipped to overcome the challenges created by the pandemic. Poor internet coverage in the country, the lack of availability of devices, bandwidth and data issues, financial issues, the lack of capacity and training of service providers, and the lack of sensitisation contributed to the crisis. Even if service providers were able to access victims or *vice versa*, they were unable to use the existing referral mechanisms as these were largely dysfunctional.

### **Economic, Social and Cultural Impact**

The loss of employment/income of the man/husband, financial dependency of the woman/wife, extreme stress from the burden of caring for the elderly and children, frustration from living in cramped spaces particularly in urban areas, fear of death due to the virus, and substance abuse further aggravated domestic violence during the pandemic. Existing patriarchal and discriminatory practices against women that '*normalise a culture of abuse within the home*'<sup>12</sup> intensified DV during the pandemic. Most women would call a hotline or reach out to service providers only as a last resort to violence. Issues that were already widespread within the system such as the attitude of service providers, the lack of empathy, and the unwillingness to treat DV as a human rights violation continued during the pandemic, despite the exigency of the situation.<sup>13</sup> There was a disproportionate impact on victims belonging to the most vulnerable categories such as sex workers, LGBTQI+ community, people living with HIV/AIDS, children and persons with disabilities (PWD).<sup>14</sup>

<sup>9</sup> The issuance of protection and maintenance orders through special court sittings were subsequently initiated during the second wave of the pandemic.

<sup>10</sup> The 'Mithuru Piyasa/ Natpu Nilayam', a GBV/DV service point in health institutions unique to Sri Lanka, is operative in 68 hospitals island wide. See, 'Health Sector Response to Gender Based Violence: National Guideline for First Contact Point Health Care Providers, Sri Lanka' (UNFP 2019) <<https://srilanka.unfpa.org/sites/default/files/pub-pdf/National%20Guidelines%20Booklet.pdf>> accessed 28 May 2022.

<sup>11</sup> The Presidential Task force and the National Operation Centre for Prevention of COVID-19 Outbreak was mainly focused on supply, coordination of essential services such as health and food and did not include members from the State Ministry of Women and Child Affairs (MWCA)

<sup>12</sup> Chulani Kodikara, 'Only Until the Rice is Cooked? The Domestic Violence Act, Familial Ideology and Cultural Narratives in Sri Lanka' (December 2014) ICES Working Paper Series: 1.

<sup>13</sup> Women in Need, Why Accessing Justice is Challenging for Victims of SGBV (WIN 2019).

<sup>14</sup> Centre for Equality and Justice, Capacity Building Workshop on Advocacy and Lobbying Skills to address Domestic Violence during the Pandemic (CEJ 2021).



## GLOBAL AND LOCAL RESPONSES: BEST PRACTICES

### Expansion of Helplines and Information Sharing:

The GoSL expanded existing mobile/digital platforms to provide support services<sup>15</sup>, to channel information and to prevent *'an emergency within an emergency'*.<sup>16</sup> Support services included the Government-operated '1938 hotline' which was upgraded to a 24-hour hotline and a hotline (0702611111) operated by medical professionals at 'Mithuru Piyasa/Natpu Nilay' which was upgraded to meet the demands.<sup>17</sup> Services to channel information included social media platforms and mobile platforms such as the 2six4 app by Women in Need (WIN), hotline services, pages/accounts such as 'Inside Justice' by The Asia Foundation (TAF), 'Labyrinth' by Centre for Equality and Justice (CEJ) and local campaigns such as 'Don't Stay Silent in Sri Lanka'. Donor support was provided to train and sensitise hotline operators and counsellors to handle complaints and referrals remotely.

### Provision of basic facilities, transport, equipment and protective gear:

Several countries identified the need for the expansion of shelters, such as the Donor/ Government supported shelter in Anuradhapura for PwD in Sri Lanka, and/or the identification of additional safe housing during lockdown (identifying hotel rooms for housing DV victims in France). Emergency transport services such as ambulance services for DV victims by the Mental Health Unit, Angoda, Sri Lanka, essential equipment such as personal protective equipment (PPE), emergency facilities such as isolation rooms, food packs, and financial assistance (Government relief packages in Canada) were also prioritised.

### Innovative means to provide access to services and access to justice:

To access victims of DV, creative and innovative methods such as mobile counselling units, code words and signals were utilised. Examples of these include pop-up counselling centres near grocery stores which women were likely to visit in France, 'Mask 19' code word used by pharmacists in Canary Islands and shop-owners in Kazakhstan, the 'Red Bindi' distress signal in India and the 'Signal for Help', single handed gesture, in Canada.

## RECOMMENDATIONS

### WE CALL UPON THE INTERNATIONAL COMMUNITY AND THE UNITED NATIONS TO URGE THE GOVERNMENT OF SRI LANKA TO:

#### Strengthen the Policy and Legislative Framework to Respond to Crisis/Emergency Situations:

- **Review** all current policies, legislation and administrative guidelines on crisis/emergency management including current policies and laws on Gender-based Violence (GBV) and DV in Sri Lanka<sup>18</sup>, to assess the competence of the legal framework to respond to all emergencies, whether as a result of economic crises, natural disasters, conflict or disease outbreaks.
- **Collate** and review the amendments to the PDVA (2005) to strengthen rights of victims, reduce administrative hurdles and strengthen protection mechanisms afforded by the Act.
- Based on the review, **appoint** a representative committee, consisting of experts to recommend and draft amendments to the existing legal framework by taking cognizance of reports and recommendations of former expert groups and committees and international best practices, and advocate for law reform.

<sup>15</sup> Support services included, reporting violence, counselling services, legal services, medical services, referral services and emergency shelter facilities.

<sup>16</sup> Italy, one of the countries hardest hit by the pandemic, is preventing "an emergency within an emergency" by advertising the 1522 helpline for violence and stalking; Alessandra Guedes, Amber Peterman and Dina Deligiorgis, 'Five ways governments are responding to violence against women and children during COVID-19' (UNICEF, 8 April 2020) <<https://blogs.unicef.org/evidence-for-action/five-ways-governments-are-responding-to-violence-against-women-and-children-during-covid-19/>> accessed 10 May 2022.

<sup>17</sup> NGOs complemented this initiative by establishing several independent hotlines (WIN, Women's Development Centre (WDC), Jaffna Social Action Centre (JSAC), etc.) with donor support, providing trilingual services covering specific geographic areas.

<sup>18</sup> NPoA for SGBV, SDG Road map to 'Leave No One Behind'

### **Strengthen the Capacity of Service Providers to respond to Crisis/Emergency Situations:**

- Conduct an **evaluation** such as a SWOT Analysis to assess the crisis/emergency preparedness of service providers (Government and Non-Government) island wide, and a mapping of service providers based on availability, capacity, provision of services, geographic reach, etc. to identify existing strengths and gaps.
- **Streamline** existing guidelines and good practices (including the National Guideline for First Contact Point Health Care Providers 2019, Essential Service Package 2019, and Referral Pathway designed by UN Organisations) or develop new guidelines (for example, Standard Operating Procedures (SOPs) on DV for the police department) based on international human rights standards and best practices for identified service providers (Government and Non-Government) in the justice sector, health sector and social service sector and other related areas.
- **Develop** practical courses and training modules in collaboration with universities, educational institutions and training institutes for identified service providers so as to provide systematic and continuous training in partnership with international and UN agencies. Training should also focus on sensitisation and changing patriarchal attitudes and harmful social norms of service providers that severely hinder access and provision of services to victims of DV.

### **Recognise the Provision of Support Services to victims of GBV including DV as 'Essential' for Crisis/Emergency Management:**

- **Declare** support services to victims of DV as an essential service during crisis/emergency situations to minimise the escalation and intensification of DV.
- **Include** a representative from the MWCA in the special task force/committees established to manage crises/emergencies, such as the COVID-19 Task Force. Ensure the representation and active participation of independent experts and/or NGO representatives in the formulation and implementation of plans (to

identify priorities, to identify innovative and creative means to support DV victims, and to effectively and efficiently manage referrals and coordination of services).

- **Establish** a Cabinet Ministry for Women and Child Affairs to effectively lead and coordinate overall policy and law reforms and the operationalisation of support services to victims of GBV including DV.

### **Expand and Upgrade Support Services for Victims of DV through Digitalisation:**

- **Expand and upgrade** essential support services for victims of GBV including DV victims. In addition to the expansion of existing systems on counselling, legal aid, legal representation, medical care, shelter facilities, economic and social support services, the Government, together with donor support, should digitalise the provision of support services to guarantee continued and uninterrupted services for victims of DV during emergencies.
- **Develop a roadmap** to digitise essential services for victims of violence based on international human rights standards and best practices. The ongoing process to reformulate the NPoA on SGBV should take into consideration the lessons learned from the pandemic and advocate and lobby with the Government for adequate funding to support and operationalise the digital roadmap to improve service provision for victims of violence.



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