Mapping of Services to Address Sexual and Gender-Based Violence (SGBV)

in Sri Lanka

Centre for Equality and Justice and VILUTHU

2024

Focus Group Discussion (FGD) Guidelines for Non-State Service Providers

INFORMATION NOTE

I. General Information			
Facilitator's Name		Date of FGD	
Start/End Time		Province & District	
Area (GN division, rural/urban)		Centre/ Venue	

Instructions for the facilitator:

- Start by introducing yourself and the interpreter (if present).
- Give the FGD participants a copy of the consent form. Ask them, "Do we have your voluntary consent to participate in this FGD?" before proceeding with the discussion.
- Only collect information if the participants are willing to share. (Remember to collect the signed copy of the consent form before the end of the discussion).

Background information:

- I am a researcher for CEJ/Viluthu.
- Thank you for taking the time to participate in this study, about which I would like to give you some information before we commence the interview.
- The purpose of the overall study is to identify lessons learnt, best practices and effective service provision for victim-survivors of Sexual and gender-based violence (SGBV), in addition to conduct a mapping of various stakeholders engaged in the delivery of such services, with the aim of advocating for the improvement of SGBV service provision. During

the interview, when we mention victim-survivors, we are referring to people who have been subjected to SGBV.

- The purpose of this FGD today is to ask you about your knowledge and experiences in providing support services to women victim-survivors of SGBV in your community.
- Your responses are valuable for our research purposes. The discussion will benefit most from your honest responses, as it will help us identify any service delivery gaps and issues that need to be addressed on a national level. You are encouraged to respond as honestly as you can; there are no right and wrong answers, and your responses will not be linked to you or your organisation. The FGD is expected to take approximately 120 minutes.

Confidentiality and anonymity:

- This discussion will be anonymous and confidential.
- The information provided by you will be used for the purposes of the study only. Your responses will not be shared beyond the research teams from the two organizations.
- Any information you provide will be combined with other information and not attributed to you or identifiable in any way in the final report. We are taking all possible steps to ensure your anonymity and maintain confidentiality.
- Due to the sensitivity of the issues explored in this Study, we ask that all FGD participants agree not to share anything that is discussed with anyone outside of this group once this conversation ends. Nonetheless, as there is a risk that other discussion participants will repeat what is shared here today, remember that you are free to refuse to answer any question.

Voluntary Participation:

- Your participation in the study is voluntary. You are free to withdraw from the FGD at any time or discontinue participation at any time. You are not obliged to respond to all questions.

Risks and benefits of participation:

- We do not foresee any risks to you participating in this Study.
- We do not provide incentives to respondents participating in this study. But the information you share will be crucial towards strengthening and improving the implementation of SGBV service provision and SGBV prevention for women victim-survivors in your community.

Oral permission to proceed given: 1. Yes 2. No → Thank whoever does not consent and have them leave the room before launching the session.

Would you like us to acknowledge your participation by name in the report introduction?

- **Yes, name and organisation**
- **Yes, organisation only**

- **Yes, name only**
- **No, prefer anonymity**

II. Details of participants' information						
(Note down the name only if respondents wish to disclose their names)	**Gender**	**Age**	**Position/Role**	**Years of SGBV sectoral experience**	**Do you mainly work in rural, urban, or both communities?**	**Do you like us to acknowledge your participation by name in the report introduction? (stress that this information will only be in the acknowledgements of people who participated in the study, but never linked with their answers)**
Person 1						○ Yes, name and organisation ○ Yes, organisation only ○ Yes, name only ○ No, prefer anonymity
Person 2						○ Yes, name and organisation ○ Yes, organisation only ○ Yes, name only ○ No, prefer anonymity
Person 3						○ Yes, name and organisation ○ Yes, organisation only ○ Yes, name only ○ No, prefer anonymity
Person 4						○ Yes, name and organisation ○ Yes, organisation only ○ Yes, name only ○ No, prefer anonymity

Person 5						○ Yes, name and organisation ○ Yes, organisation only ○ Yes, name only ○ No, prefer anonymity
Person 6						○ Yes, name and organisation ○ Yes, organisation only ○ Yes, name only ○ No, prefer anonymity
Person 7						○ Yes, name and organisation ○ Yes, organisation only ○ Yes, name only ○ No, prefer anonymity
Person 8						○ Yes, name and organisation ○ Yes, organisation only ○ Yes, name only ○ No, prefer anonymity
Person 9						○ Yes, name and organisation ○ Yes, organisation only ○ Yes, name only ○ No, prefer anonymity

1. As mentioned, today we will be talking about sexual and gender-based violence. Who can give me a definition as to what SGBV is?

Thank you for sharing. I will now provide the Definition of SGBV that we are using for this study so that our discussion is rooted in a common/unified understanding.

SGBV is an umbrella term for any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships.

It includes acts that inflict physical, mental, or sexual harm or suffering, the threat of such acts, coercion, and other deprivations of liberty, that occur both in public and in private. Some core SGBV types include, rape, sexual assault, physical assault, forced marriage, forced abortions, femicide, Female Genital Mutilation (FGM), online or digital violence, trafficking for forced labour or sexual exploitation, denial of resources/opportunities or services such as access to education or remunerated employment, and psychological and emotional abuse.

SGBV is a violation of human rights that denies the human dignity of the individual and adversely affects human development.

To note is that while women and girls are disproportionately affected by SGBV globally, it can also be perpetrated against any person, including men, boys, and LGBTQI+ persons.

The World Health Organisation (WHO) estimates that GLOBALLY, about 1 in 3 women have been subjected to physical and/or sexual violence, mostly by intimate partners, but also by other perpetrators. In Sri Lanka, while there is no systematic data collection on SGBV, before COVID-19, UNFPA estimated that around 1 in 5 women have experienced SGBV by an intimate partner, and 1 in 4 reported facing violence since the age of 15. Global studies have shown that the pandemic resulted in a significant increase in incidence of SGBV.

2. Based on your observations and the cases you see, to what extent is SGBV prevalent in the community you serve?

    a. What types of SGBV cases have you most commonly encountered in your community? (offer some detailed examples without providing any identifying information)

    b. Are there any new trends with regards to types of SGBV (Especially since 2019-Covid-19 and the economic crisis)? (**Prompt:** technology related violence, socio-economic violence etc.)

c. Could you give a general profile/s of victim-survivors you receive information about/or approach you for assistance? (**Prompt:** age, gender, conflict-affected, disability, ethnicity, level of education, socio-economic background, displaced, sexual orientation as relevant, if revealed by respondents)

d. Can you give a general profile of who the perpetrators usually are? (Prompt: intimate partner, parent, relative, strangers, employers, landlords, etc)

e. Have you seen any new types of victim-survivors or victim-survivors from new social groups? (in other words, are there any population groups who are experiencing increased violence due to any shifting contextual realities) If yes, what groups are most affected, and what are the predominant types of violence affecting them? (***Examples for the benefit of interviewers. Not to be shared with the FGD participants:*** *technology related violence, socio-economic violence, post-pandemic related violence, family violence in relation to transgender women, extremism, violence against women with disabilities etc.*)

f. What do you think are the causes of violence (***Examples for the benefit of the interviewers. Not to be shared with the FGD participants:*** *Inequality, Economic dependence/increasing hardship, Poverty, patriarchal and sexist views, General acceptance/normalisation of violence, lack of awareness of what constitutes violence, under-representation of women in power and politics to affect progressive policy changes, limited access to information, limited access to resources/services, political instability/insecurity, climate change* (***Explanation for interviewers:*** *Research suggests a link between climate change and domestic violence, as droughts and other climate-related disasters can worsen economic hardship and potentially instigate more violence. Therefore, there is a difference between economic hardship and climate change*), other: specify]?

3. Thinking of your communities of work, to what extent do you believe that women and girls are aware of the concept of SGBV and what it entails?

4. Do you believe they are aware of their rights, and how/when they should report SGBV and seek services?

5. To what extent do you believe that SGBV victim-survivors report violence when they experience it? (Commonly report, only in specific instances, do not report, etc.)

   a. What types of violence are most commonly reported? Why?

   b. What types are under-reported or not reported at all? Why?

6. What are the commonly used channels for reporting SGBV cases? (***Examples for the benefit of the interviewer. Not to be shared with the FGD participants:*** police, help lines, Mithuru piyasa, GN, WDO, midwife, hospital staff, HRCSL, CSOs etc.)

    a. How would you assess the service/response offered by these channels? Which would you say are:

        i. The most effective? How are they effective?

        ii. The least effective? What is the issue?

    b. Do you believe the reporting channels are generally adequately responsive?

    c. Do you believe that state actors running such channels have the necessary capacities to work with survivors (i.e. respect, non-discrimination, promotion of agency, confidentiality, etc.)? Among such personnel, can you tell me what specific capacities need strengthening?

    d. Do you believe that non-state actors running such channels have the necessary capacities to work with survivors (as above)?

7. What services are the most widely available for victim-survivors of SGBV? (Healthcare- post-rape care/managing chronic physical health outcomes/reproductive healthcare etc., legal advice and/or legal representation- pro bono or fee levying, shelter services, psychosocial support, economic empowerment, reintegration support etc.)

        i. In your work, how do you determine which services are necessary for any particular victim-survivor? Does your work usually include providing them with guidance on what services to access?

        ii. Do you always conduct risk-assessments for each victim-survivor who approaches you for services? If yes, what is the process? If no, what are the reasons for not conducting a risk assessment when you decide not to do one? [**Prompt:** lack of resources, lack of expertise, didn't know those were necessary etc.]?

    a. Do you usually refer cases to state authorities such as the police?

        i. If yes, what types of cases do you usually refer?

        ii. Are you required to obtain the consent of the survivor before making this referral?

iii. Are there any mandatory laws or regulations which require you to report or refer a victim-survivor to other support services even if they do not consent?

b. Based on your observations, what are the most effective SGBV response services your organization or other organizations in your area provide? Why are these effective?

c. To which extent do you believe victim-survivors access services offered by your organization? (**Prompt**: Frequently/ occasionally/ rarely/ never)

d. What are the most commonly sought SGBV services? What services are not or infrequently sought, and why?

e. What prompts/ motivates victim-survivors to access services offered by your organization? (**Prompt**: physical and geographical accessibility/ accommodation of language preferences/ gender-sensitivity/ well-trained staff etc.)

f. Are services available to victim-survivors immediately upon experiencing violence or do they have to wait (i.e.is the response delayed?)? (Prompt: Specifically ask about available emergency services). If they have to wait, can you explain why?

g. Do you know of any short-term emergency shelters or long-term shelters for survivors? Who runs those (state/non-state)? What are the requirements for women to access them? How long do they have to wait to get into the short-term shelters? What about the long-term shelters? Please provide elaboration on wait times.

h. Do survivors ever refuse services after seeking your support? Why?

i. Do you take any steps if victim-survivors refuse services? Please explain.

8. Do you and actors working on SGBV response generally refer victim-survivors to other services that your organization does not offer?

a. If yes, what are these services?

b. If not, why?

c. How do you provide referrals (**Prompt:** Formally (existence of a formal referral pathway)/ informally (ad-hoc referral pathway) - what is the procedure?)?

d. Do you follow-up to ensure the service has been provided?

9. How do people usually access SGBV services? (**Prompt: Directly-**in-person, telephone, e-mail, or through referrals etc.)

    a. How do people learn about these services in general and at your organisation in specific?

    b. Do you know of any public/nationwide awareness-raising campaigns dealing with SGBV and survivor rights? Who has implemented these campaigns (state/non-state)? If such campaigns exist, please mention specific campaigns you know of. (researcher to document campaign names, or actors who led them)

    c. What risk factors prevent SGBV victim-survivors from accessing services you offer? What mitigatory measures have you taken to reduce these risk factors?

    d. Do you always provide services in the language of the victim-survivor? If there are language barriers due to a dearth of staff proficient in that language, what measures have you taken to address this?

    e. Do you have infrastructural facilities and other processes in place to accommodate victim-survivors with disabilities (both physical and intellectual)? If you do not have, what measures do you take to accommodate victim-survivors with disabilities?

    f. Do you have any processes or support mechanisms in place to reach victim-survivors in remote locations? If yes, please explain these processes.

10. Do non-state actors usually collaborate/network in implementing work/service provision to victim-survivors of SGBV?

    a. If Yes, what are the key types of collaboration? (**Prompt:** with other service providers NGOs, government departments, health facilities, legal, law enforcement, psychosocial)?

    b. Can you describe this collaboration/work/networking on issues of SGBV with these entities? (**Prompt:** by way of referrals, joint programmes for service provision or training, advocacy coalitions)

11. What types of resources are generally available for non-state actors handling SGBV cases? (physical, financial and human resource ex: trained personnel)

a. Where do non-state SGBV actors usually obtain funding from? (State allocated budgets, non-state sources, international/institutional donors, individual donors, mixed, etc.)

b. Do you face difficulties recruiting qualified personnel who can work with SGBV survivors? Please explain your response, whether positive or negative.

c. Are training opportunities for personnel widely available? What types of opportunities are available? Who (what stakeholder) offers these opportunities? Are they available free of charge, or do you need to pay to access them?

12. What are the challenges you face in the course of your work? (**Prompt if no response is forthcoming:** financial/resource constraints, cooperation of other service providers, safety, language barriers, gaps in knowledge etc.) (If the respondent does not mention financial challenges, please inquire specifically about financial challenges).

    a. What challenges do you think victim-survivors face when accessing your services or reporting experiences of SGBV? (Probe: financial constraints, safety, cultural barriers, language barriers etc.)

    b. Do you have any plans or programmes to respond to these challenges?

13. What recommendations would you propose to overcome the above challenges and strengthen SGBV service provision in your communities?

14. How do you believe SGBV needs to be addressed on the national level? (Prompt: What needs to be done? Who are the stakeholders who need to be engaged? At what level (community, civil society, government, etc.)?

    Advocacy:

    Legal frameworks: (draft laws, policy development, national strategies/action plans, implementation of ratified treaties like the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and UNSCR 1325 on Women, Peace, and Security)

    Service availability, improvement, delivery:

    Service delivery staff capacity building and qualifications:

Resource availability/national budgets:

Other, if anything to add:

15. Do you have anything more to share about SGBV and/or SGBV service provision in your community?

*Could you share the list of available stakeholders offering SGBV services in your community to whom you make referrals, please? You may either email or share the hard copy of the document with us.

Thank you for providing information. We appreciate your support.