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

in Sri Lanka

Centre for Equality and Justice and VILUTHU

2024

Key Informant Interview (KII) Guidelines for State/Non-State Service Providers

INFORMATION NOTE

Instructions for the facilitator:

- Start by introducing yourself and the interpreter (if present).
- Give the Key informant a copy of the consent form. Ask them "Do we have your voluntary consent to participate in this KII?" before proceeding with the discussion.
- Only collect information if the Key Informants 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 KII 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 KII is expected to take approximately 90 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.

Voluntary Participation:

- Your participation in the study is voluntary. You are free to withdraw from the KII 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 efforts aiming to strengthen and improve 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 → Terminate Interview

Would 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)

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

Name of Interviewer:	
Respondent name:	**(Reassure them again that we will not be using their name in the body of the report, and this is exclusively collected in case the research team needs to revert to them with any questions/clarifications at a later stage)**
Respondent's organization/ institution: Address and District:	
Do you mainly work in urban or rural communities?	**Note: if both, while answering questions, ask them to highlight any differences as relevant**

Organisation's Sectors/Fields of Work/Specialisation (select all that apply)	**(SGBV, Protection, Women's/Human Rights, Legal Aid and Case Management, Life Skills Training, Livelihood support (economic empowerment), Mental Health and Psychosocial Support (inc. counselling), Long or Short-Term Safe Sheltering, Healthcare, Other: specify)**
Respondent official title (if applicable):	
Years of sectoral experience or in current role:	
Interview date/time:	
Interview format: In-person/Telephone/ email	
Gender of respondent:	
Category of respondent:	**State/non-state**

Definition of SGBV

Before we begin, I would like to provide the definition of SGBV that we are adopting for this study, to ensure that all respondents are on the same basis. 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.

1. Based on your work, experience, and observations, to what extent is SGBV prevalent in the area/community you serve? (very much/somewhat/not much/not at all)
    a. If very much->not much, what types of SGBV cases are most prevalent in your community (based on cases you have personally experienced/seen, worked with, or heard about from trusted sources or the media)? *(**note to researchers**: make it clear that the question focuses on SGBV – meaning that while various types of violence may exist, the question intends to understand the types of violence being perpetrated against people specifically due to gender)*

Type of Violence	Elaborate, as provided by KI
Physical (by intimate partner or family)	
Physical (by stranger)	
Physical (by employer, friend, teacher….)	
Sexual (by intimate partner or family)	
Sexual (by stranger)	
Sexual (by employer, friend, teacher….)	
Psychological/Emotional (*through tactics like threats, intimidation, verbal abuse, gaslighting, isolation*)	
Public humiliation (*shaming or disgracing people in public, includes emotional abuse, forced public stripping as a tool of pressure/war, etc.*)	
Economic (*controlling a person's access to financial resources and preventing their financial independence – includes controlling their money, preventing them from working, denying them inheritance, sabotaging job prospects, etc.*)	
Social (*isolating a person from their social support networks through controlling behaviour/intimidation*)	

Human trafficking (*illegal movement of people for exploitation*)	
Exploitation (*taking advantage of vulnerability for personal gain, can be sexual, labour, financial exploitation by family, a landlord, an employer, other*)	
Neglect (*failure to provide basic needs such as food, shelter, or medical care, even emotional*)	
Cyber violence (*using technology to threaten, harass, abuse, or stalk*)	
Femicide (*killing of women and girls*)	
Other: specify	

b. Can you please share some specific cases/ examples with me? Please provide as many relevant details, but do not include any identifying information.
c. 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 KI:*** *technology related violence, socio-economic violence, post-pandemic related violence, family violence in relation to transgender women, extremism, violence against women with disabilities etc.*)
d. Could you give a general profile/s of SGBV 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)
e. What do you think are the causes of violence [***Examples for the benefit of the interviewers. Not to be shared with the KI:*** *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]?

2. Do you believe that SGBV victim-survivors generally report violence when they experience it? (Frequently, occasionally, it depends, rarely, never) If always-not usually:
    a. What types of violence are most commonly reported? Why do you believe these are most commonly reported? (***The following list is for the benefit of the interviewer to select. Not to be shared with the KI. Note: If they provide additional important elaboration, please add it near the relevant selected option):***
        - *Survivor does not feel these types are stigmatising/scandalising*
        - *Severity of the type of violence/life at risk*
        - *Survivor has evidence of the experienced violence (witnesses, medical records, physical injuries, etc.)*
        - *No relationship to perpetrator (not a family member)*
        - *Belief that the authorities dealing with this type of violence will actually help*
        - *Support systems are available*
        - *Increased awareness and empowerment*
        - *Other: specify)*

    b. What types are under-reported or not reported at all? Why do you believe these are not reported? (***The following list is for the benefit of the interviewer. Not to be shared with the KI. Note: if they provide additional important elaboration, please add it near the relevant selected option:***
        - *Shame and fear of victim-blaming*
        - *Fear of stigma and negative impacts on reputation*
        - *Fear of losing child custody or exposing them to violence*
        - *Fear of retaliation from the perpetrator or people supporting them*
        - *Lack of trust in the authorities responsible for processing reports*
        - *Financial dependence on the perpetrator*
        - *Fear of losing spouse/spouse's support/divorce*
        - *Normalising violence and abuse*
        - *Lack of awareness of rights*
        - *Lack of awareness of available services*
        - *Lack of availability of service delivery points in their community*

- *Accessibility issues (disability-related communication barriers for example if deaf, physical access barriers if physical/visual disability, etc.)*

3. What are the commonly used channels for reporting SGBV cases? (***Examples for the benefit of the interviewer. Not to be shared with the KI:*** *police, help lines, Mithuru piyasa, GN, WDO, midwife, hospital staff, HRCSL, Legal Aid Commission, CSOs etc.*)
    a. What are the strengths and drawbacks of these reporting channels?
    b. In your opinion, which channels have proven to be the most efficient and effective in responding to SGBV? Which factors have made these efficient and effective? Please explain your selection, including any evidence to support your choice(s).
    c. Which of these reporting channels should improve and how?

4. What services do you provide victim-survivors of SGBV? (***Examples for the benefit of the interviewer. Not to be shared with the KI:*** 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, cash assistance, reintegration support, full case management, etc.)
    a. When you receive a complaint, can you tell us the step-by-step process you follow in dealing with it?
        - How do you determine which services are necessary for any particular victim-survivor?
        - What is the first thing you do when a person comes seeking your services?
        - Where do you speak with them? (Note for interview: This is to ascertain whether it is done in a safe space where they have privacy. Do not directly ask, but probe to understand if the place is away from random people walking in, a private room, if soundproof, if no clear glass windows, etc)
        - Do you have a standardised form to document their details? If yes, is it a manual form or an electronic form (or both)? If not, how do you document details?
        - Where and how do you store these forms/documentation? Who has access to these forms?
        - Are electronic forms password protected?

- Do you conduct risk-assessments for each victim-survivor who approaches you for services? If yes, what is the process? If no, what are the reasons [***Examples for the benefit of the interviewer. Not to be shared with the KI:*** *lack of resources, lack of expertise, didn't know those were necessary etc.]*?

b. Do you refer cases to other state/ non-state authorities such as the police or WIN?
    - If yes, which are the most common referrals you make?
    - Are you required to obtain the consent of the survivor before making referrals?
    - If you make referrals without the consent of the victim-survivor, what are the reasons for doing so/ in which types of cases do you refer?
    - Are there any mandatory laws or regulations which require you to report or refer a victim-survivor to other support services? If yes, for which cases?
    - If yes, have you or service-seekers ever faced issues as a result of mandatory reporting? Please explain.
c. How long does it usually take victim-survivors to receive a response/ services from your organization?
    - Are there differences in response time depending on the service?
    - Are there differences in response time depending on the type of incident/ violence faced by the victim-survivor?
    - Are there differences in response time depending on the social group/category of the victim-survivor?
d. To which extent do you believe victim-survivors seek services offered by your organization? (**Prompt**: Frequently/ occasionally/ rarely/ never)
e. What prompts/ motivates victim-survivors to seek services offered by your organization? (**Examples for the benefit of the interviewer:** *physical and geographical accessibility/ accommodation of language preferences/ gender-sensitivity/ well-trained staff, credibility in the community, consistent outreach efforts, etc.*)
f. Are services available to victim-survivors immediately upon experiencing life-threatening violence or do they have to wait (i.e.is the response delayed?)?
    - If the situation is not an emergency, how long do they have to wait?
g. If they have to wait, can you explain why?

h. Based on your observations, what would you say are the most frequently accessed SGBV response services your organization or other organizations in your area provide? What are the reasons for the identified support services to be preferred?
i. Why are the other support services not accessed as frequently?
j. What steps do you take if victim-survivors refuse services?
k. If victim-survivors avoid accessing certain services or refuse services, what are the reasons for such avoidance/ refusal? Are there differences in access depending on the social groups/other factors- for instance, do Muslim women in Tamil majority areas not access services due to certain obstacles? Do Lesbian and TG women not access services? Do women with disabilities access services?
l. 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?

5. Do you refer victim-survivors to other services that your organization does not offer?
    a. If yes, what are these services? To which institutions are they referred?
    b. If not, why not?
    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?

6. How do people access your services? (**Prompt:** Directly-in-person, telephone, e-mail, or through referrals etc.)
    a. How do you make the community aware of the services you provide? What methods do you most frequently rely on for awareness-raising?
    b. Do they mostly access you directly or through referrals? If by referrals, who commonly refers them to you?
    c. Approximately how many cases do you receive per month directly and how many through referrals?
    d. What costs, if any, do they have to incur to access your services? (Both direct costs and hidden costs)
    e. What risk factors prevent SGBV victim-survivors from accessing services you offer? What mitigatory measures have you taken to reduce these risk factors?
    f. 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, how do you usually address this?
    g. Do you have infrastructural facilities and other processes in place to accommodate victim-survivors with disabilities (both physical (inc. visual and

auditory), and intellectual)? If you do not have, do you take any measures to accommodate victim-survivors with disabilities, or do you refer them? If you refer, to whom?

h. Do you have any processes or support mechanisms in place to reach victim-survivors in remote locations? If yes, please explain these processes.
i. Do you involve the community in SGBV prevention? If yes, how do you involve the community? How successful/ effective are these measures?
j. Do you work with men and/or boys towards SGBV prevention/ending violence against women/girls? If yes, please explain.

7. Do you collaborate/network in implementing your work/service provision to victim-survivors of SGBV?
    a. If Yes, with whom (**Prompt:** with other service providers NGOs, government departments, health facilities, legal, law enforcement, psychosocial)? Could you give us specific names of organizations/ persons with whom you collaborate?
    b. How do you collaborate/work/network on issues of SGBV with these entities? (**Prompt:** by way of referrals, joint programmes for service provision or training, advocacy coalitions)
    c. Are there formal channels/networks/forums/platforms to collaborate? If not, do you feel there is a need for such a formal setting?

8. What types of resources do you have to handle SGBV cases? (physical, financial and human resource ex: trained personnel)
    a. Are there any services you/your organisation wish to offer but do not currently?
    b. If yes, what are those services?
    c. What resources do you need to improve your service delivery? (prompt: financial, capacity building, in-kind, permissions/state engagement, other)

9. In general, what gaps in SGBV service delivery have you observed i) in your community, and ii) nationally?
    a. In your opinion, are there any gaps in knowledge among service delivery personnel in your sector? If yes, what are those? (***Examples for the benefit of the interviewer. Read these only after the KI is given the opportunity to respond****: knowledge of referral pathways/ SGBV mitigation and management, capacity to work with victim-survivors, empathy/communication skills, technical knowledge and understanding of how to work with SGBV survivors, gaps in working with people with disabilities*)

10. 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 etc.) (**If the KI 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?

11. Do SGBV services available in your community discriminate against some women victim-survivors of SGBV?
    a. If yes, on which basis are those victim-survivors discriminated?

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

13. In your opinion, what do you believe that SGBV stakeholders working at the national level should do in order to improve the situation for SGBV survivors at the following levels?

    - *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:*

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

    a. 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.