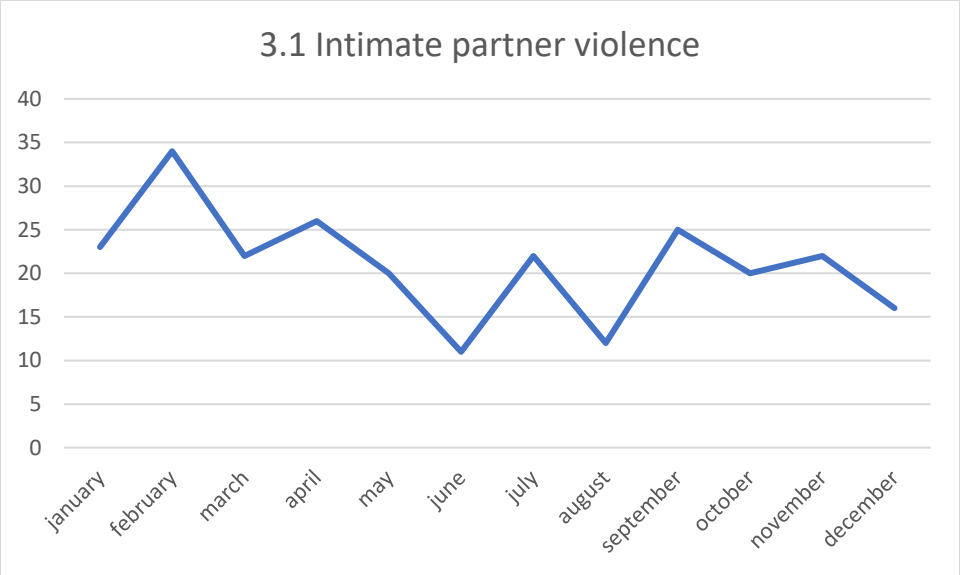
GENDER BASE VIOLENCE CLINICS STATISTICAL DATA 2024 TEACHING HOSPITAL JAFFNA

	january	february	march	april	may	june	july	august	september	october	november	december	total
Total no of new clients	32	50	47	53	32	39	38	30	39	32	36	25	453

2.Disaggregation Of New Clients

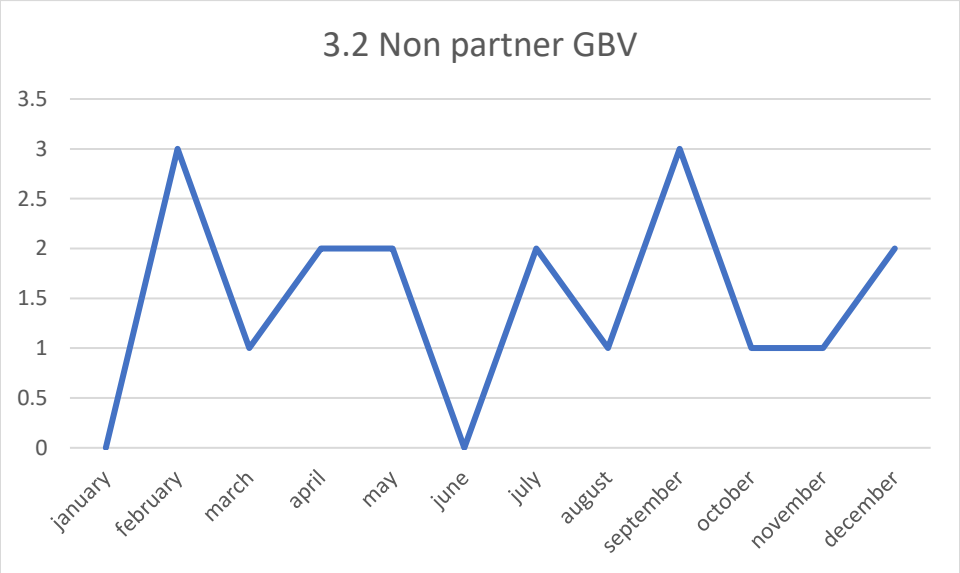
2.1. Intimate Partner Violence

	january	february	march	april	may	june	july	august	septemb er	october	novemb er	decemb er	total
Intimate partner violence	23	34	22	26	20	11	22	12	25	20	22	16	253



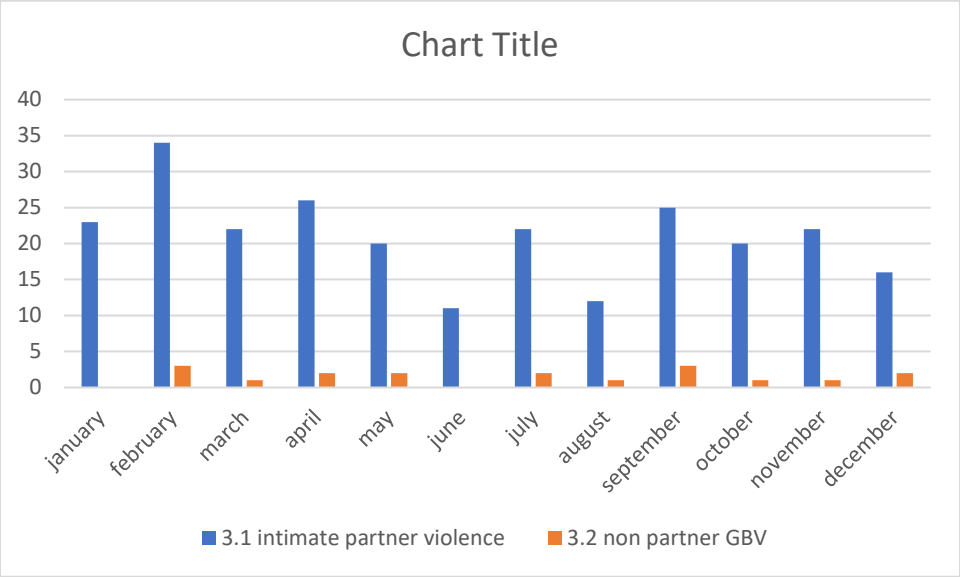
2.2 non-Partner GBV

	january	february	march	april	may	june	july	august	septemb er	october	novemb er	decemb er	total
Non-partner GBV	0	3	1	2	2	0	2	1	3	1	1	2	18



2.3. Intimate Partner Violence@ non-Partner GBV

	january	february	march	april	may	june	july	august	septemb	october	novemb	decemb	total
Intimate partner violence	23	34	22	26	20	11	22	12	25	20	22	16	253
Non partner GBV	0	3	1	2	2	0	2	1	3	1	1	2	18



2.4. Female Survivors@ Male survivors

	january	february	march	april	may	june	july	august	september	october	november	december	total
Female survivors	28	37	23	28	22	11	24	12	24	20	21	16	266
Male survivors	0	0	0	0	0	0	0	1	4	1	2	2	10

3.1 New GBV survivors referred from

	january	february	march	april	may	june	july	august	september	october	november	december	total
Hospital	22	37	23	26	22	11	22	13	26	18	21	17	258
MOH office staff	0	0	0	0	0	0	0					1	1
DS office staff	0	0	0	0	0	0	0						0
Police	0	0	0	1	0	0	0			3			4
Courts	0	0	0	0	0	0	0						0
Self-referral	1	0	0	0	0	0	2		2		2		7

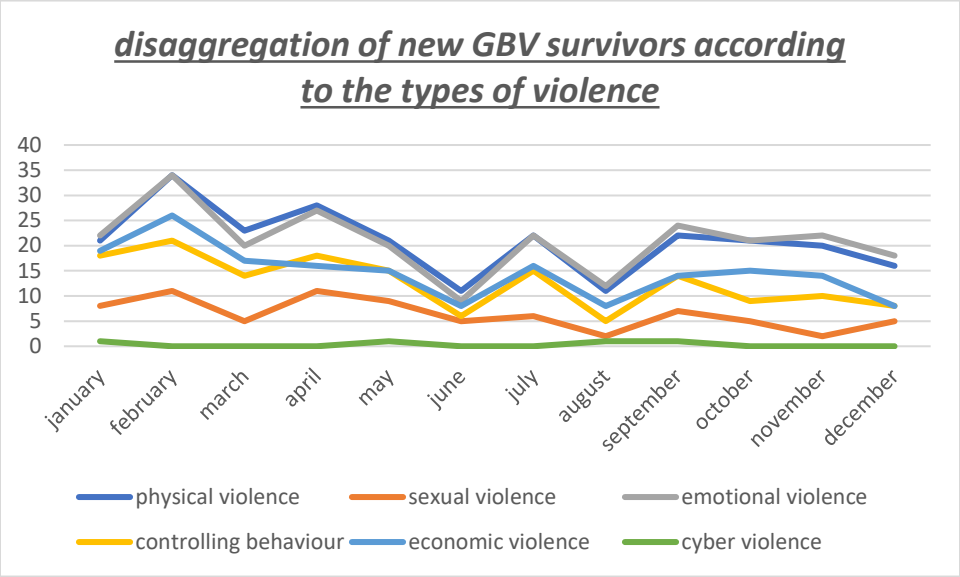
3.2 **3.1** New GBV survivors referred from

Hospital	258
MOH office staff	1
DS office staff	0
Police	4
courts	0
self-referral	7

4.Disaggregation Of New GBV Survivors According to the Types of Violence

	january	february	march	april	may	june	july	august	september	october	november	december	total
physical violence	21	34	23	28	21	11	22	11	22	21	20	16	250
sexual violence	8	11	5	11	9	5	6	2	7	5	2	5	76
emotional violence	22	34	20	27	20	9	22	12	24	21	22	18	251
controlling behaviors	18	21	14	18	15	6	15	5	14	9	10	8	153
economic violence	19	26	17	16	15	8	16	8	14	15	14	8	176
cyber violence	1	0	0	0	1	0	0	1	1	0	0	0	4

4.1. Disaggregation Of New GBV Survivors According to the Types of Violence



5. Disaggregation of New GBV Survivors According to The Services Provided

	january	february	march	april	may	june	july	august	september	october	november	december	total
Befriending /Basic emotional support	23	37	23	28	22	11	24	13	28	21	23	18	271
Continuous basic emotional support	7	8	5	8	6	11	7	2	3	11	20	17	105
Referred to other services within the hospital	6	8	3	4	6	6	2	4	2	1	4	5	51
Referred to other services outside the hospital	2	11	7	8	12	10	5	6	6	7	1	6	81

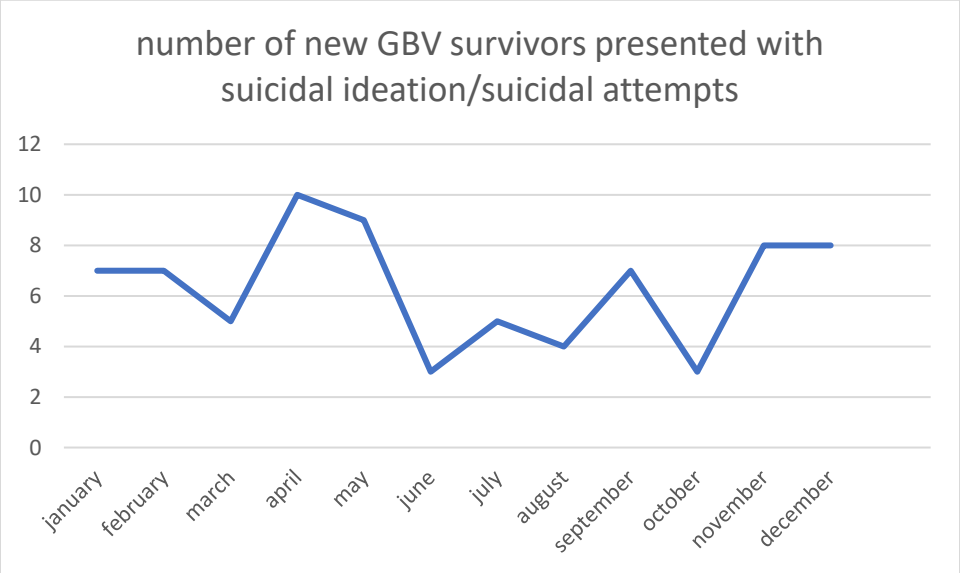
6.Referred Outside the Hospital

	january	february	march	april	may	june	july	august	septemb	october	novemb	decemb	total
Counselling / In Depth Counselling	0	0	0	0	9	10	3	1	1				24
Legal Support	2	5	2	2	2	0	1		1			1	16
Rehabilitation Services	0	0	0	0	0	1	0		1				2
Social Services (NGO, DS Etc)	1	12	5	8	2	1	3	2	3	5	1	5	48
Police	0	0	0	0	0	0	0	3		2			5
Safe House	0	0	0	0	0	0	0						0
Others	0	0	0	0	0	0	0						0

7. GBV survivors with suicidal ideation/suicidal attempts

	january	february	march	april	may	june	july	august	septemb	october	novemb	decemb	total
number of new GBV survivors presented with suicidal ideation/suicidal attempts	7	7	5	10	9	3	5	4	7	3	8	8	76

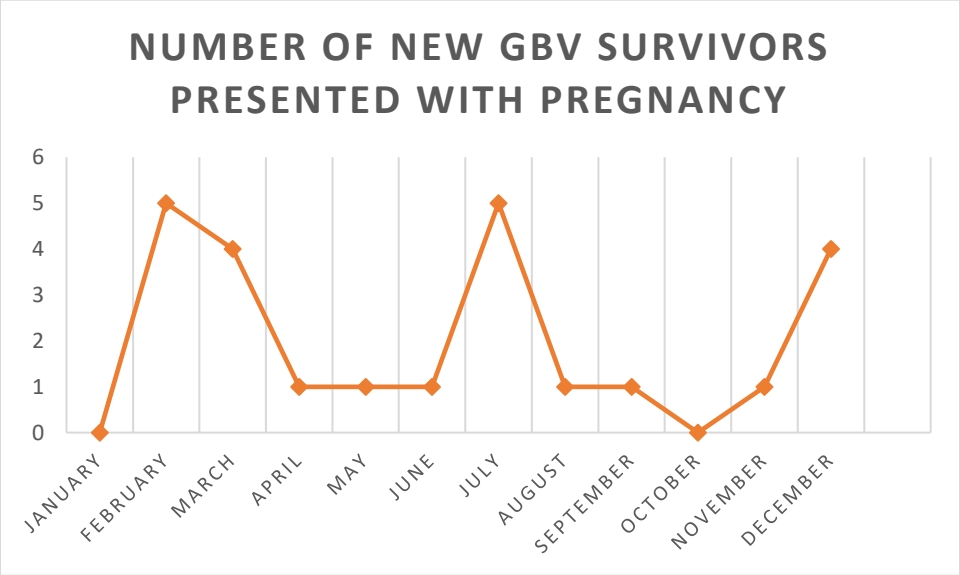
7.1. GBV survivors with suicidal ideation/suicidal attempts



8.1. GBV survivors presented with pregnancy

	january	february	march	april	may	june	july	august	september	october	november	december	total
number of new GBV survivors presented with pregnancy	0	5	4	1	1	1	5	1	1	0	1	4	24

8.2. GBV Survivors Presented with Pregnancy



Observation of the report

a. All most throughout the year monthly incidence of GBV is same. no significant fluctuations of monthly incidence. GBV prevalence is remains constant throughout the year.

b. Intimate partner violence (husband and wife) is more than the non-patterner violence.

c. Referral from Medical Officers of Health, Divisional Secretary Offices and self-referral of GBV survivors to Gender Base Violence Clinic hospital were almost absent or minimal number.

It shows community awareness regarding GBV is very poor. There for stake holders should do more active awareness programs to community level. GBV victims comes for hospital for take treatment for their injuries.

D. when considering the type of violence among the that physical violence and emotional violences are noted. It shows there were many survivors of emotional violent victims remains in the community without violence need support.

E. other significant type of violence such as economic violence victims to be managed in community level protection.

F. New thread of cyber violence to be addressed in the community level.

G. significant number of survivors with suicidal ideation or had suicidal attempts to be followed in the community level.

H. GBV survivors with pregnancy to be handled by multi-disciplinary professional team otherwise pregnancy outcome may be disastrous.

DISSUSION

Gender-based violence (GBV) is a growing public health concern in Sri Lanka.
Gender-based Violence (GBV) broadly describes a collection of harmful and denigratory acts against a person, because of her/his gender.
It rejects human rights, equality and the dignity of the individual, while delaying human development and is deeply entrenched in societal and individual discriminatory attitudes towards gender.
Intimate partner violence is one of the most common forms of GBV affecting women in heterosexual relationships and is broadly defined as all acts of physical, sexual, psychological, or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim.
It has been shown that intimate partner violence against women increases during emergencies, civil disturbances and disasters including epidemics. It postulates the disruption of social and protective networks, increased socio-economic instability and hardships, mental stress, and decreased access to services as exacerbating factor for the increases.
In Sri Lanka some studies found the following as risk factors for Intimate partner violence such as **early age at marriage**; **a higher number of children**; **women living without supports**, **poor social skills; partners abusing substances** or **carrying on extra-marital affairs** ext. Better educational levels and economic stability were found to be protective factors for Intimate partner violence.

some idented factors such as Raise awareness on the prevalence of sexual and gender-based violence and supporting women's organizations and shelters to ensure services are accessible Strengthen public institutions to address sexual and gender-based violence.

Strengthen gender-focused corporate culture at the workplace to address gender-based violence and uphold **gender equality**. Advocate for **essential services** for women and girls that support their safety, well-being and access to justice.
This vast experience has shown that there are many social, cultural and economic barriers that prevent women victim survivors from disclosing the abuse they face or in seeking assistance and justice. Victim survivors of gender-based violence tend to seek traditional and informal mechanisms of redress rather than formal legal redress mechanisms, which is only looked at as a last resort.

It was found from recent reports that severe forms of domestic violence are experienced by women in Jaffna and Mullaitivu for long periods. Notable in Jaffna and Mullaitivu districts is that such violence was committed not only by the husbands but also by close relatives. Pregnancies in unmarried women and teenage pregnancies are common in Jaffna and Mullaitivu, with increasing cases of rape, incest and illegal abortions being reported.

Victims have insufficient knowledge on the available laws and remedies for their grievances. They are not aware of their rights nor of the legal remedy available for the violation of their rights. Many women are also not aware that there are organizations which provide free services including counselling, shelter and legal services.

They also have no experience in accessing the police or courts. Women victim survivors face many internal fears they must deal with prior to making the decision to seek legal redress. Many women fear that it will destabilize their lives and the lives of their children. They also fear breaking down the marriage and family and losing custody of the children if legal relief is sought. Fear of losing their place of abode and the lack of alternate facilities is also a concern for some. Many victims also have negative perceptions of the law, courts and legal mechanisms and fear going to the court houses themselves or standing in the witness box. Some victim survivors also fear returning home after seeking relief from the police or any other authority due to possible retaliation from the perpetrator if he gets to know that the victims have sought relief.

They fear for their lives as the violence can exacerbate after a complaint through further threats, intimidation, assault and other forms of aggravated behaviors. Political contacts and affiliations of the perpetrator with the police also aggravate the situation and victims along with their children were subjected to many forms of continuous violence due to this factor.

Redistribution of socio-economic resources and increased labour force participation to enable women more equal access and opportunities**.** Social factors including social stigma and victim blaming are some of the predominant factors for women not seeking a legal remedy outside the home. Different myths and misconceptions such as don't take family disputes to the outside world, family disputes are until the rice is cooked, women should learn how to be patient, gents will be gents.

There is also a myth in society that going to a court house brings dishonor to the family. Society often places blame on the woman if a marriage breaks down and many women fear the social repercussions of seeking legal redress.

Economic dependency on the perpetrator, which in most instances is the husband, is another key factor for not leaving the abusive home environment. This happens very often when there are children involved and when the victim has no source of income of her own to maintain the family without the support from the husband. The lack of economic resources to access lawyers and courts is also a factor preventing victims from seeking legal redress.

Lack of adequate and accessible services. This was specially seen due to the specific issues faced by women in Jaffna and Mullaitivu due to the aftermath of the war where accessing justice is extremely difficult. There are insufficient service providers in the districts to address the concerns of women and there is a dire requirement to establish organizations both national and non-governmental to address the issues of women.

The language barrier in Jaffna is a major concern where there are very few Tamil speaking officers in law enforcement authorities including police. There are few Tamil speaking women police constables in the Northern and Eastern Provinces and women making complaints of gender base violences are uncomfortable and reluctant to do so in front of these male officers.

Representation of women in formal and informal transitional justice processes, as well as political participation.

Conduct community awareness programs: it has been found that many women do not have awareness and understanding of their rights and the remedies available to them if these rights are violated. Therefore, it is important to conduct programs targeting women, men and youth about the rights available for women and women victims of violence as well as in the available remedies. Highlighting positive practices of the justice sector including at the level of the judges would also help in building faith in victim survivors of GBV to resort to legal remedies.

Community programs could also be conducted to counter and challenge cultural inhibitions in reporting and seeking redress for GBV. Empowering women to fight against sexual exploitation, harassment, abandonment and household violence through community awareness programs and strengthening the services of community-based organizations are also particularly important.

Strengthen the capacity of service providers: There is a range of service providers that provide psycho-social, legal and shelter services for victim survivors of GBV. However, as many of these needs strengthening, it is important to take measures to improve such services including free counselling services, rehabilitee services, occupational services women's club, legal services, legal aid, and the provision of information to the public in all local languages. It is also useful to increase support for civil and civic organizations to carry out social mobilization and awareness programs. This could include various topics to address location specific issues such as to address the triggers of violence such as the consumption of alcohol and drugs, prevention of such additions and the rehabilitation of current addicts.

However, while Sri Lanka has not witnessed any discrimination against woman's and girls in education. All sectors have carried out activities to prevent GBV both at primary and at secondary levels which are essential in addressing SGBV. The preventive work was multi-dimensional in nature and was supported by donors, INGOs and UN agencies and supplemented by State funding. Preventive activities included community awareness and sensitization on issues of GBV, initiatives that aim at attitudinal and behavior changes, community vigilance, men engagement, empowering and capacitating women and girls to say no to violence, and media campaigns both electronic and print

RESOURSE; Hospital statistics, epidemiology unit Colombo, Multi-Sectoral National Action Plan to Address Sexual and Gender-based Violence (SGBV) in Sri Lanka – II 2024-2028, Complied by Women in Need June 2019