

Health Sector Response to Gender Based Violence

STANDARD OPERATING PROCEDURES FOR FIRST CONTACT POINT HEALTH CARE PROVIDERS

Sri Lanka



Ministry of Health, Nutrition
& Indigenous Medicine



Family Health Bureau



British
High Commission
Colombo

2019

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Contributors:

These SOPs were developed:

Under the guidance of,

Dr.Nethanjalie Mapitigama MD, MSc, MD (Community Medicine)
Consultant Community Physician, National programme Manager: Gender & Women's Health

Compiled by,

Dr.Lakshmen Senanayake MBBS, FRCOG (UK), FSLCOG (SL), MA
Technical Advisor
Dr.Manoj Fernando MBBS, MPhil (Health Promotion)
Technical Advisor

Reviewed by,

Dr.Chandani Galwaduge MBBS, MSc, MD (Community Medicine)
Dr.Sardha Hemapriya MBBS, MD, FRCOG (UK), FSLCOG (SL),
Dr.Dinusha Perera MBBS, MSc, MD (Community Medicine)

Resource persons,

Professor Muditha Vidanapathirana, University of Sri Jayawardhanepura
Dr.S.M.P Karunathne - Deputy Director, Colombo South Teaching Hospital
Dr.Chiranthika Vithana - Consultant Community Physician, Family Health Bureau
Dr Amalka Padhmaperuma - Medical Officer In charge (OPD), BH Avissawella
Dr.S.Jayanetti - Medical Officer In Charge (OPD), BH Panadura
Dr.Nisha Fernando - Medical Officer (Mithuru Piyasa), Kethumathie Maternity Hospital - Panadura
Dr.Sudarshani Mahakumarage - Medical Officer (Mithuru Piyasa), BH Avissawella
Dr.U.K.D.G.A.Gunasekera- Medical Officer- Psychiatry, National Institute of Health Science , Kalutara
Dr.E.A.R.D.Edirisinghe - Medical Officer of Health, Bandaragama
Dr.S.K.M.D Karunaratne - Medical Officer of Health, Hanwella
Dr.S. Amarasinghe - Additional Medical Officer of Health, Horana
T.H.Thanthirige - Supervisory Grade Nursing Officer, Colombo South Teaching Hospital
M.D.R.J. Jayarathna - Public Health Nursing Sister, MOH office, Hanwella
P.I.A. Rodrigo - Public Health Nursing Sister, MOH Office, Bandaragama
Champika Rupasinghe - Nursing Officer Mithuru Piyasa, GH Kalutara
D.M.S. Dissanayake - Nursing Officer Mithuru Piyasa, Colombo South Teaching Hospital
H.P.C.S. Weerasekera - Public Health Inspector, MOH Office, Hanwella
M.A.S.R. Samaraweera - Public Health Inspector, MOH Office, Bandaragama
N.N.W. Nalawaththa - Public Health Midwife, MOH Office, Hanwella
T.C. Liyanage - Public Health Midwife, MOH Office, Bandaragama

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Message from Director General of Health Services

Gender Based Violence (GBV) is a global, public health and a clinical concern. GBV affects the health and well-being of the women and their children, and is also considered as a gross violation of human rights. GBV causes adverse physical, mental, sexual and reproductive health outcomes, which lead the survivors to make extensive use of health care services and resources. As such, health care providers frequently and often unknowingly encounter survivors of GBV. The health care system can provide survivors a safe environment where they can confidentially disclose experiences of violence, and receive supportive responses and services.

Affirming the important and specific role that the health system of the country should pay in responding to Gender Based Violence, Family Health Bureau as the nodal organization responsible for women's health in the Ministry of Health, has taken a significant step forward, by developing "Standard Operating Procedures For First Contact Point Health Care Providers on Prevention and Management of GBV". The interaction of the survivor with the first contact health care provider is a crucial interphase, which ensures service provision, and generates first step of trust which promotes and encourages continuity of care.

I congratulate the Family Health Bureau for taking this important initiative to streamline the health sector response to GBV in a sustainable manner. I expect that these new standard operating procedures will help each health care provider to be knowledgeable regarding their role and responsibility in providing care and it would bring a new dimension to already existing services in dealing with GBV in Sri Lankan health care settings. I would like to pledge my fullest support in further enhancing the quality of care provided by health sector to the citizens of Sri Lanka.

Dr. Anil Jasinghe

Director General of Health Services
Ministry of Health, Nutrition and Indigenous Medicine
Sri Lanka

Message from UNFPA Representative In Sri Lanka

The United Nations Population Fund (UNFPA) is the lead UN agency working to further gender equality and women's empowerment in Sri Lanka. We are pleased to be a part of the joint effort with the Ministry of Health to develop the first 'Standard Operating Procedures on sexual and gender-based violence for first-contact-point healthcare providers'.

Gender-based violence is one of the most prevalent human rights violations in the world. It is estimated that globally 1 out of 3 women have experienced physical and/or sexual violence in their life time. When women and girls are victims of violence, they are more likely to become vulnerable to forced and unwanted pregnancies, unsafe abortions, and sexually transmitted infections including HIV, let alone long-lasting psychological trauma.

In Cairo 25 years ago, at the International Conference on Population and Development, world leaders placed women's rights at the center of population and development policies. This meant advancing gender equality, empowering women and eliminating all forms of violence against women and girls. As gender-based violence is often shrouded in a culture of silence, stigma and discrimination; supporting survivors of violence and providing them with essential medical and psychosocial services is a key priority and a critical effort towards achieving universal health coverage and the 2030 Agenda for Sustainable Development.

We need to ensure that women and girls who suffer from violence have the confidence to approach healthcare providers and be assured that they will be in safe hands. This is what these operating procedures aim to achieve; by providing a comprehensive set of actions to healthcare providers to effectively manage and address incidents of sexual and gender-based violence. The operating procedures will assist in improving coordination in service delivery and enhance the quality of response and prevention mechanisms to survivors of sexual and gender-based violence. The use of the 'Standard Operating Procedures' can make the clinical practice more comprehensive, uniform and more responsive to the needs of the survivor. It will further help to build gaps between data on gender-based violence and clinical practice within the first contact point-of-care.

These operating procedures were developed alongside the 'National guidelines on sexual and gender-based violence', which aims to strengthen Sri Lanka's health systems response to survivors of violence. We are grateful to the British High Commission in Colombo for their support in developing these guidelines and procedures as they mark an important milestone in creating a safer Sri Lanka for all women and girls. UNFPA is proud to be a part of this journey, and we stand ready to provide continued assistance to the Government of Sri Lanka and all key stakeholders to ensure women and girls receive essential services that support their safety, well-being and access to justice and to create a violence-free Sri Lanka.

Ms. Ritsu Nacken

UNFPA Representative in Sri Lanka

Acknowledgements

This document was developed utilizing the inputs from many individuals and organisations committed towards elimination of SGBV, and incorporating published literature. We greatly appreciate the contribution made by those who assisted us in numerous ways. Space does not permit us to mention them all and we acknowledge their support.

Development of these SOPs would not have been a reality without:

- the services of the technical experts Dr. Lakshmen Senanayake and Dr. Manoj Fernando who compiled the document utilising the international literature and align the document with the Essential Services Package while keeping it suitable to the Sri Lankan context.
- the time and energy spent by all reviewers and resource persons who participated at the consultations and provided input that added much value to the SOPs and made it applicable to the Sri Lankan health delivery system.
- the assistance given by UNFPA Colombo in completing this task and in particular, the contribution made by Ms. Ritsu Nacken the Country Representative and Ms. Sarah Soysa National Programme Analyst- Sexual and reproductive Health and Rights in encouraging us throughout the process of development.

We would like to acknowledge the commitment and courage of all categories of staff who provide care for survivors of GBV under difficult circumstances which is an encouragement to us.

Finally, we acknowledge the bravery of survivors who defy the social barriers to seek care from the health delivery system in Sri Lanka who are an inspiration to us to work towards a society free from GBV.

Dr. Nethanjali Mapitigama

MD, MSc, MD (Community Medicine)

Consultant Community Physician

National Programme Manager

Gender and Women's Health

Family Health Bureau

Preface

Sri Lanka has made a concerted and comprehensive response within the health sector to address Gender-based Violence (GBV) over the years, using a multi-pronged and systematic approach. In the early stages apathy and indifference of the policy makers and providers limited the response but as this waned off, is presently replaced by understanding, enthusiasm and a drive to assist fellow human beings.

These efforts were accompanied by the development of training tools and protocols that were designed to suit the local context and sensitivities. The development of the *Mithuru Piyasa/Natpu Nilayam* a GBV service point in health institutions unique to Sri Lanka followed and is very successful with 70 hospitals throughout the island providing this service at present.

Introduction of the Essential Services Package at global level brought to light the need of streamlining the health sector response and aligning it with international standards to make the response more effective, survivor centred and comparable with other countries.

One of the challenges faced by the health care providers is the lack of knowledge on the subject but more overwhelming barrier is the uncertainty of how to respond in an effective manner to a person divulging GBV without upsetting the individual and conforming to the ethical and legal standards.

This SOP follows the flow of the Essential Service Package and provides precise step by step instructions and options so that the provider would be able to confidently provide a sensitive, empathetic and an effective response to a survivor of GBV throughout Sri Lanka.

Dr. Chithramlee de Silva

MBBS, MSc, MD (Community Medicine)

Consultant Community Physician

Director

Family Health Bureau

Dr. Nethanjalie Mapitigama

MD, MSc, MD (Community Medicine)

Consultant Community Physician

National Programme Manager

Gender and Women's Health

Family Health Bureau

I. Acronyms and Abbreviations

A & E	Accident and Emergency
CCP	Consultant Community Physician
CEDAW	Convention of the Elimination of All forms of Discrimination against Women
DGHS	Director General of Health Services
DHS	Demographic and Health Survey
DV	Domestic Violence
EC	Emergency Contraception
ECCD	Early Childhood Care and Development
ENT	Ear Nose and Throat
FGM	Female Genital Mutilation
FHB	Family Health Bureau
GBV / DV	Gender-based Violence / Domestic Violence
HCP	Health Care Provider
HITS	Hits, Insults, Threats and Screams,
HIV	Human Immune deficiency Virus
HPB	Health Promotion Bureau
IPV	Intimate Partner Violence
IYCF	Infant and Young Child Feeding
L.I.V.E.S	Listen, Inquire, Validate, Ensure safety, Support: components of first line support
MO/OPD	Medical Officer/Out Patients Department
MOH	Medical Officer of Health
MoH	Ministry of Health
MOMCH	Medical Officer: Maternal and Child Health
OCP	Oral Contraceptive Pills
OMF Clinics	Oro Maxillary Facial Clinics
OPD	Out Patients Department
PCU	Preliminary Care Units
PDA	Personal Digital Assistant (hand held PC)
PDHS	Provincial Director of Health Services
PEP	Post Exposure Prophylaxis
PHM	Public Health Midwife
RDHS	Regional Director of Health Services
SGBV /DV	Sexual and Gender-based Violence / Domestic Violence
SOP	Standard Operating Procedure
STIs	Sexually Transmitted Infections
UN	United Nations
VAW	Violence Against Women
WHO	World Health Organization
WWC	Well Woman Clinic
YFHS	Youth Friendly Health Services

II. Terms used

Befriending literally means to act as, or become a friend to (someone), especially when they are in need of help or support. It doesn't necessarily mean "make a friend of". It is typically used when a person offers support to someone in difficulties, rather like the Good Samaritan as a form of basic emotional support. Befriending creates and maintains a link with the person and the institution that can be protective. Befriending and the resultant connection are governed by limits, rules and codes of conduct.

Controlling behaviors includes, for example: not allowing a woman to go out of the home or to see family or friends, insisting on knowing where she is at all times, often being suspicious that she is unfaithful, not allowing her to seek health care without permission, or leaving her without money to run the home¹.

Empowerment is helping women to feel more in control of their lives and able to take decisions about their future. Empowerment is a key feature of advocacy interventions and of some psychological (brief counseling) interventions²

Essential services encompass a core set of services provided by the health care, social service, police and justice sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence³.

First-line support refers to the minimum level of (primary psychological) support and validation of their experience that should be received by all women who disclose violence to a health care (or other) provider⁴. (Detailed information given later)

Female Genital Mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

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. It varies from society to society and can be changed⁵. (Detailed information given later)

Gender-based Violence is "any act of violence that is directed against a woman because she is a woman or that affects women disproportionately"⁶. (Detailed information given later)

Health Care Provider is an individual or an organization that provides health-care services in a systematic way. An individual health-care provider may be a healthcare professional, a community health worker; or any other person who is trained and knowledgeable in health.

Health Organizations include hospitals, MOH Offices, clinics, primary care centres and other service delivery points.

- 1: A clinical handbook Health care for women subjected to intimate partner violence or sexual violence WHO/RHR/14.26
- 2: Responding to intimate partner violence and sexual violence against women: clinical and policy guidelines. WHO 2013
- 3: Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines Module 2 <http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/essential-services-package-en.pdf?la=en&vs=3648>
- 4: Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva, WHO; 2013
- 5: WHO <https://www.who.int/gender-equity-rights/understanding/gender-definition/en/>
- 6: CEDAW, General Recommendation No. 19, paragraph 6, <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>

Terms used contd.

Incidence of IPV is the number of separate episodes of IPV that occurred among women aged 18 years and older during the 12 months preceding the survey or the inquiry.

Intimate Partner Violence (IPV) includes sexual assault, physical assault, and stalking perpetrated by a current or former date, boyfriend, husband, or cohabiting partner. (Cohabiting means living together as a couple). Both same-sex and opposite-sex cohabitants are included in the definition.⁷

Mandatory reporting refers to legislation passed by some countries or states that requires individual or designated individuals such as health-care providers to report (usually to the police or legal system) any incident of actual or suspected domestic violence or intimate partner violence⁸

Mithuru Piyasa/Natpu Nilayam is a service point established in Government hospitals by MoH/FHB in Sri Lanka to provide dedicated services to adult survivors of SGBV.

Perpetrator refers to a person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her / his will⁹.

Physical Violence includes causing injury or harm to the body by, for example, hitting, kicking or beating, pushing, hurting with a weapon¹⁰.

Prevalence of IPV is the number of women aged 18 and older who has been victimized by an intimate partner at some point during their lifetime (Lifetime prevalence), or during the 12 months preceding the inquiry (Prevalence in the past 12 months). For IPV, incidence frequently exceeds prevalence because IPV is often repeated.¹¹

Primary Health Care Providers are Public Health Midwives, Public Health Inspectors, Public Health Nursing Sisters, Medical Officers of Health¹²

Psychological / Emotional violence involves trauma to the victim caused by acts, threats of acts, or coercive tactics. Psychological/Emotional abuse can include, but is not limited to, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources.¹¹

7: Costs of Intimate Partner Violence Against Women in the United States, Department of Health and Human Services Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

8: Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines Module 2

9: Guidelines for Gender-based Violence Interventions in Humanitarian Settings IASC

10: A clinical handbook Health care for women subjected to intimate partner violence or sexual violence- WHO/RHR/14.26

11: Centers for Disease Control and Prevention. Intimate partner violence: Overview., 2007, <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>

12: Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva, WHO; 2013

Rape is defined in the Article 363 of the Penal Code as sexual intercourse with a woman in five specific scenarios

- (1) Sexual intercourse without consent,
- (2) Sexual intercourse even with consent where the woman is in lawful or unlawful detention or where consent is obtained through intimidation, threat, or force,
- (3) Sexual intercourse where consent has been obtained when the woman is of unsound mind or in a state of intoxication administered to her by the man or some other person,
- (4) Sexual intercourse where the woman has consented because she believes she is married to the man,
- (5) Sexual intercourse with or without consent if the woman is under 16 years of age unless the woman is the accused man's wife, she is over 12 years of age, and she is not judicially separated from the accused. Penetration constitutes sexual intercourse for the purposes of article¹³

Sexual assault refers to forced sex or rape: it can be by someone a woman knows (partner, other family member, friend or acquaintance) or by a stranger.¹⁴

Sexual Coercion is an act of forcing or attempting to force, another individual through violence, threats, verbal insistence, deception, cultural expectations, or economic circumstances to engage in sexual behaviors against her/his will. It includes a wide range of behaviors from violent forcible rape to more contested areas that require young women/men to marry and sexually service men/women not of their choosing¹⁵.

Sexual Harassment is an unwelcome act of a sexual nature, using assault, criminal force, or words or actions, which causes annoyance or pain of mind to the person being harassed¹⁶. While the act is unwelcome, humiliating, disgusting, revolting and repulsive, to the victim, the perpetrator may view/claim it as complimentary, harmless, funny, 'normal' and even flattering. It is nevertheless sexual harassment if the act is unwelcome as perceived by the recipient. Sexual harassment can happen in private or public life at the workplace, public places and transportation.

Sexual Violence is violence of sexual nature inflicted upon a person and includes but not limited to: forcing her to have sex or perform sexual acts when she doesn't want to, harming her during sex, forcing her to have sex without protection from pregnancy or infection¹⁷.

Stalking is repeated visual or physical proximity, non-consensual communication, and/or verbal, written, or through electronic/social media or implied threats directed at a specific individual that would arouse fear in a reasonable person. The stalker need not make a credible threat of violence against the victim, but the victim must experience a high level of fear or feel that they or someone close to them will be harmed or killed by the stalker¹⁸

13: Sri Lanka Penal Code art.363 and its explanation.

14: A clinical handbook Health care for women subjected to intimate partner violence or sexual violence WHO/RHR/14.26

15: National Guidelines Health sector response to GBV Maldives

16: National Guideline on Sexual Harassment at work place.2018 Ministry of Health / FHB

17: Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines Module 2

18: Centers for Disease Control and Prevention. Intimate partner violence: Overview., 2007, <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html> Centers for Disease Control and Prevention. Intimate partner violence: Overview., 2007, <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>

Terms used contd.

Survivor / victim is a person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably. “Victim” is a term often used in the legal and medical sectors. “Survivor” is the term generally preferred in the psychological and social support sectors because it implies resiliency.

Temporary Shelter is also known as a safe house or refuge, and is usually a place, often at a concealed location, where women stay temporarily away from the abusive partners. Usually run by government or nongovernmental organization (NGO). However, it can also refer to a church, community group, or other setting that provides a safe haven for survivors.¹⁹

Violence Against Women means “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 life²⁰.”

19: Responding to intimate partner violence and sexual violence against women clinical and policy guidelines WHO 2013

20: Declaration on the Elimination of all Forms of Violence Against Women, United Nations: Geneva, Article 1, 1993.

1. Introduction

1.1 What is a Standard Operating Procedure (SOP)?

A standard operating procedure (SOP), by definition, is a set of step-by-step instructions compiled by an organization to help workers (staff) carry out complex routine operations (procedures). SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with institutional regulations²¹.

SOPs are expected to be detailed, written down, step-by-step instructions that describe how to perform a routine activity to achieve high-quality response, uniformity and to avoid lapses or errors.

These describe a specific set of practices that are required to be initiated and followed when specific circumstances, issues or requirements are faced by the employee. For example, emergency room staff may develop a SOP for managing patients who are brought in an unconscious state; nurses in an operating theatre may have a SOP for counting the instruments and swabs that they hand over to the operating surgeons²².

The SOPs are service provider category specific, and each SOP will describe all aspects of care. This necessitates the repetition of some of the sections such as first line support, in most of the SOPs as it is the responsibility of most of the provider/s.

Survivors of GBV are mostly women and girls but it is acknowledged that there are instances of GBV perpetrated by women on men and boys. As majority of survivors are women, the feminine pronoun 'she' is used in this document to indicate survivors.

1.2 Why do we need Standard Operating Procedures (SOP)?

Use of SOPs can make the clinical practice more comprehensive, uniform, and more responsive to the needs of the patient. On the other hand, use of SOPs will reduce the opportunities to have mishaps, lapses and dissatisfied patients.

To give an example to show how useful it is to have a SOP, let us first pose a question to ourselves: *“How often in routine practices do we ask female patients of reproductive age, about the date of their last menstrual period in the medical, surgical or accident wards?”* *“How often could they be X-rayed without this information (except when declared by patient as pregnant?)”*. If she is in early pregnancy, we may not be taking the necessary precautions to prevent exposing the foetus. If a SOP is in place and adhered to, the question will not be missed and will prevent such a mishap.

Success of using SOPs in such special circumstances, in avoiding mishaps and lapses show that it is time to expand SOPs to routine situations such as receiving patients, identifying specific conditions and responding to them.

SOPs are more specific than guidelines. They provide a comprehensive set of rigid action steps, outlining the management for a single situation: For example, what should be done if patient divulges domestic violence?

Guidelines on the other hand, are more descriptive, mostly evidence-based, and consist of two distinct components: the evidence and the detailed descriptive instructions for the application of that evidence to patient care.

Accompanying document “Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka” will provide additional information to help the reader to understand why the instructions given in this SOP should be followed.

SOPs, therefore, help to bridge the gap between evidence-based information on GBV, and clinical practice within the Sri Lankan realities at the first contact point-of-care.

21: Wikipedia https://en.wikipedia.org/wiki/Standard_operating_procedure

22: T. S. Sathyanarayana Rao, Rajiv Radhakrishnan, Chittaranjan Andrade Standard operating procedures for clinical practice, Indian J Psychiatry. 2011 Jan-Mar; 53(1): 1–3.

Introduction contd.

In summary:

- **SOPs save time**

When the same activity is completed in many different ways, according to the individual's opinion or habit, it will always take longer to complete and will be different. Having a SOP in place streamlines the process and can be accomplished in lesser time.

- **SOPs provide consistency**

Having a standard operating procedure in place ensures that, regardless of who is performing the activity, it is completed the correct way.

- **SOPs improve communication**

Staff will find it easier to perform their duties, because no longer do they have to guess, as to how they should be performing their tasks. They don't have to try to rack their brains to remember what they learnt some time ago.

- **SOPs hold the staff accountable**

The performance of the staff can be effectively evaluated only, if written standards are in place. Without standard operating procedures, employee evaluations can become a matter of personal opinion, which is not fair to the staff.

- **SOPs create a safer work environment**

When employees perform the same tasks in completely different ways, it is not only inefficient it may put the patients at risk. SOPs ensure that staff perform their functions in a safe and consistent manner

1.3 Process of development

Steps in the development of these SOPs were:

1. The process was initiated by the Gender and Women's Health Unit of the Family Health Bureau, with financial support of the UNFPA Sri Lanka, as an activity identified in the National Action Plan for Health Sector Response on Prevention and Management of Gender-based Violence in Sri Lanka (2017-2021) based on the Policy Framework and National Action Plan to address SGBV in Sri Lanka ratified by the Cabinet in 2016.
2. Technical experts were selected to compile the SOPs and reviewers were identified.
3. List of suitable international documents to be used for guidance were selected.
4. SOPs were compiled by the technical experts in symmetry with the Essential Services Package for women subjected to violence²³.
5. Compiled draft was reviewed by the reviewers and their comments were in-cooperated.
6. The draft was presented at a consultative meeting participated by Health Care Providers, (including first contact point providers from the field and health institutions), Health administrators and Consultants
7. The suggested changes were made accordingly and the document finalised.

23: Essential services package for women and girls subject to violence: UN Women, UNFPA, WHO, UNDP and UNODC <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence#view>

Introduction contd.

1.4 Objectives of the SOPs

1.4.1 Primary Objective

To provide guidance in providing Essential Services, including receiving the survivor, delivering appropriate and survivor centred GBV care within the health care system and preventing GBV in the community.

1.4.2 Specific Objectives

1. To provide precise and step by step guidance in providing Essential Services to GBV/DV survivors at the first contact point in a comprehensive and survivor centred manner.
2. To provide clear instructions to Health Care Providers (HCPs) on how they could effectively interact with survivors at the first contact interphase in a sensitive and responsive manner.
3. To provide standard procedures that will help the HCPs to receive and care for survivors that will minimize lapses and dissatisfaction, and encourage survivors, to seek help from the health system.
4. To identify the role of the Health Administrators, other Supervisory staff to promote, guide and facilitate a high-quality response from the first contact providers.
5. To provide guidance to HCPs to initiate and sustain an effective preventive response to GBV.

1.5 Target Group

The SOPs target, the first contact health care providers, who are likely to meet survivors of GBV/DV at the health institutions or during field care delivery, including home visits and other officials who could facilitate and supervise their work.

All Medical Officers providing Judicial medical services / Forensic pathology services are excluded in this document on account of the specialized nature of services they provide, and as detailed guidance is provided by the comprehensive document, “National Guideline for First Contact Point HealthCare Providers Sri Lanka on Examination, Reporting and Management of Sexually Abused Survivors for Medico Legal Purposes” developed by the Sri Lanka College of Forensic Pathologists.²⁴

The SOPs target the following health care providers:

Curative care services	
	Medical Officers attached to: Out Patients Departments (OPD), Preliminary Care Units (PCU). Accident and Emergency services, Emergency Treatment Units (ETU)
	Medical Officers including Dental Surgeons attached to: ENT clinics, Eye clinics, Antenatal Clinics, OMF clinic and any other relevant clinics, units or wards, Medical Officer Mental Health
	House Officers (Intern/ Relief/Senior), Postgraduate (Registrars and Senior Registrars): Surgical wards, Maternity and Gynaecological wards, Paediatric wards, Medical wards, Burns units, Accident wards & Triage and any other relevant clinics, units or wards
	Nursing Officers and Nursing Sisters attached to: OPDs, PCUs, Accident services, ENT clinics, Eye clinics, Antenatal clinics, Surgical wards, Maternity and Gynaecological wards, Burns units and any other relevant clinics, units or wards
Preventive care services	
	Medical Officer of Health
	Public Health Nursing Sister
	Supervising Public Health Inspector
	Supervising Public Health Midwife
	Public Health Inspector
	Public Health Midwife

24: National Guidelines On Examination, Reporting And Management Of Sexually Abused Survivors For Medico-Legal Purposes; The College of Forensic Pathologists of Sri Lanka and MoH 2014 <http://medical.sjp.ac.lk/downloads/forensic-medicine/Medico%20Legal%20Purposes.pdf>

Introduction contd.

1.6 How the SOPs are arranged

- These SOPs are arranged according to the care system; preventive and curative, based on the category of staff within each system.
- As the subject of GBV is new to some of the HCPs these SOPs take up a more descriptive tone and elaborate on some of the key steps, resulting in a comprehensive but a long document.
- First Line Support is expected from every category of staff, when they see the client at the first contact point . This includes receiving the survivor and providing L.I.V.E.S.(Listen, Inquire, Validate, Ensure safety and Support).
- To reiterate the importance of providing this crucial component of care to all survivors this section is included in all SOPs targeting each category, leading to duplication.
- So each SOP is complete and independant for each category of staff

The SOPs are colour coded for easy reference.

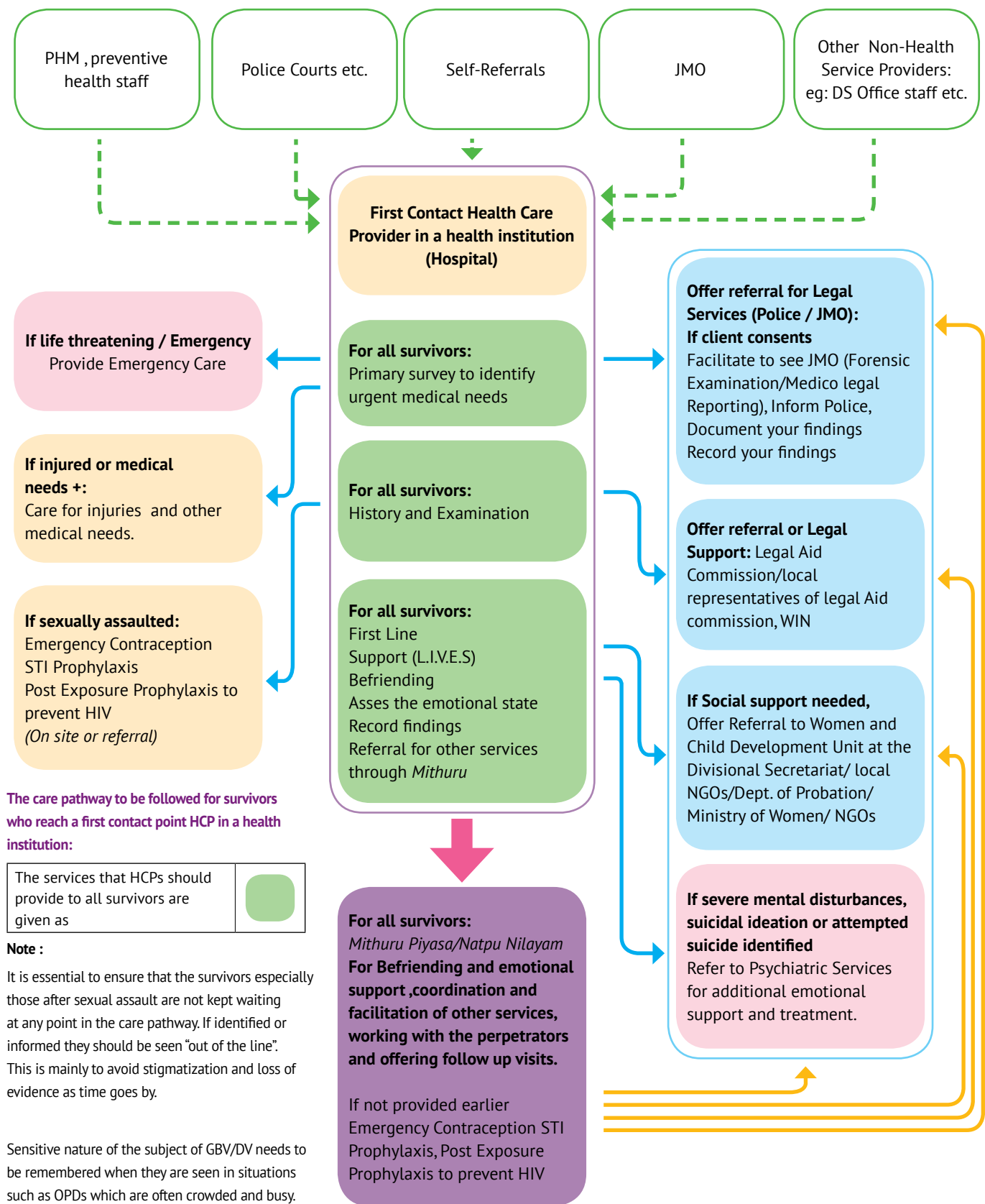
	Category of staff	Colour	Page number
3.1	Medical Officers including Dental Surgeons attached to curative sector (Other than JMOs) (House Officers (Intern/ Relief/Senior), Postgraduate (Registrars and Senior Registrars): Working in : Out Patients Departments, Primary Care Units. Accident and Emergency services, Surgical wards, Maternity and Gynaecological wards, Burns units, Accident wards & Triage, ENT clinics, Eye clinics, Antenatal clinics OMF clinic and any other relevant clinics, units or wards		07
3.2	Nursing Officers in curative sector (Nursing Officers, Nursing Sisters) : Working in : Out Patients Departments, Primary Care Units. Accident and Emergency services, Surgical wards, Maternity and Gynaecological wards, Burns units, Accident wards & Triage, ENT clinics, Eye clinics, Antenatal clinics OMF clinic and any other relevant clinics, units or wards		21
3.3	Medical Officers in preventive health sector: Medical Officers of Health		31
3.4	Public Health Midwives attached to MOH offices		46
3.5	Public Health Inspectors attached to MOH offices		59
3.6	Public Health Nursing Sisters attached to MOH offices		71
3.7	Supervising Public Health Midwife (SPHM)		81
3.8	Supervising Public Health Inspector (SPHI)		85

These SOPs must be used in combination with the Health Sector Response to GBV: National Guidelines for First Contact Point Health Care Providers Sri Lanka published by FHB/MoH and distributed together with these SOPs and not in isolation.

Survivors of GBV are mostly women and girls. But it is acknowledged that there are instances of GBV perpetrated by women on men and boys. As majority of survivors are women, the feminine pronoun 'she' is used in this document to indicate survivors. However, if the survivor is a male, the same standard operating procedures could be used for provision of services.

2. Pathway of care for survivors of GBV/DV

2.1 For First Contact Health Care Providers in Hospitals



The care pathway to be followed for survivors who reach a first contact point HCP in a health institution:

The services that HCPs should provide to all survivors are given as	
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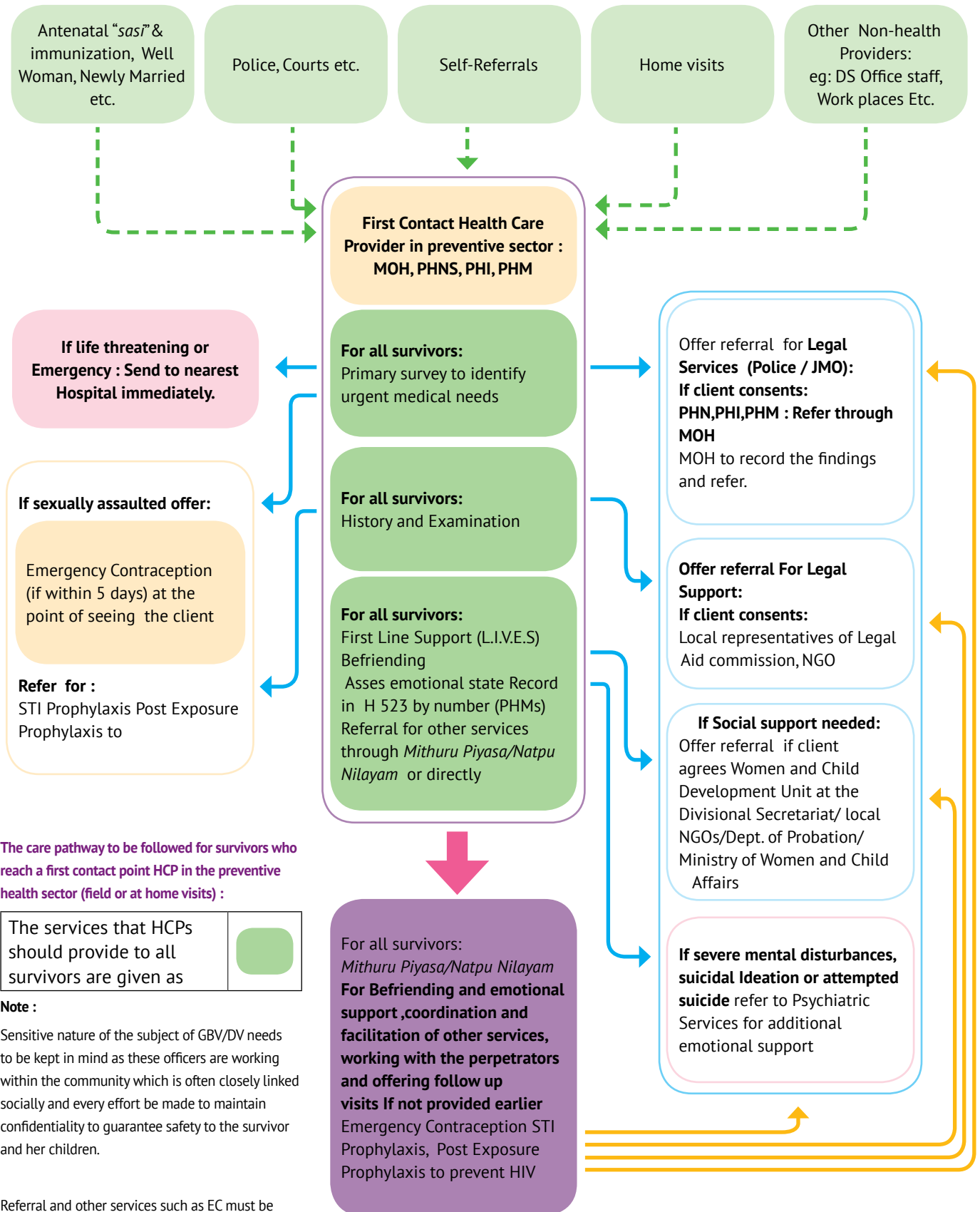
Note :

It is essential to ensure that the survivors especially those after sexual assault are not kept waiting at any point in the care pathway. If identified or informed they should be seen "out of the line". This is mainly to avoid stigmatization and loss of evidence as time goes by.

Sensitive nature of the subject of GBV/DV needs to be remembered when they are seen in situations such as OPDs which are often crowded and busy. Every possible effort should be taken to minimize the embarrassment and discomfort that the survivor is likely to encounter.

Pathway of care for survivors of GBV/DV contd.

2.2 For First Contact Health Care Providers in Preventive Sector.



**Standard Operating Procedures
for
Medical Officers in Curative Sector**

3. Standard Operating Procedures (SOPs)

3.1 SOPs for Medical Officers in the curative sector (other than JMOs)

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)

Target Group:

Medical Officers including Dental Surgeons attached to curative sector

(House Officers (Intern/ Relief/Senior), Postgraduate (Registrars and Senior Registrars):

Working in :

Out Patients Departments, Primary Care Units. Accident and Emergency services, Surgical wards, Maternity and Gynaecological wards, Burns units, Accident wards & Triage, ENT clinics, Eye clinics, Antenatal clinics OMF clinic and any other relevant clinics, units or wards.

Except those performing Judicial Services such as JMOs

Purpose:

Provide guidance in, effectively and uniformly responding to survivors of SGBV to provide a sensitive and high-quality service at the first contact point .

Scope:

To provide guidance in receiving, interacting, providing emotional support, medical services and referrals for the survivor.

References:

Related chapters from the Health Sector Response to GBV: National Guideline for First Contact Point HealthCare Providers Sri Lanka.

As a First Contact Care Provider

Action points:

Receiving the survivor

- Receive her in a very friendly and non-official manner to make her feel welcome.
- Greet her according to the time and way used in the community and offer a seat.
- Talk to her as talking to a friend.
- Address her by the first name, if you know it or after the initial introductions.
- Sit at the same level so that the survivor will not feel daunted or “small”.
- Maintain same eye level and eye contact.
- She may be exhausted and offer a glass of water If she asks and where possible.
- Ensure privacy within the available resources.
- Choose a private place to talk, where no one can overhear depending on the facilities available. Improvise accordingly: talk softly; she may divulge more information at the examination.
- Offer the survivor a chaperone and have her with the survivor’s consent.

SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)

Asking about Violence

When she had not disclosed, but you suspect :

- ☛ Ask very sensitively and raise the issue in general terms, but keep a look out for her responses and proceed gently.
- ☛ Opening statements you can make to raise the subject of violence before you ask direct questions:
 - *“Many women have told me that they experience problems with their husband or partner, they live with.”*
 - *“I have seen women with problems like yours, who have been experiencing trouble at home.”*
- ☛ Later, you may use simple but direct questions to indicate that you genuinely want to hear about her problems. If she agrees, continue to ask questions and listen to her story.

If she discloses violence initially, or answers “yes” to any of these questions, offer her first-line support (See pages 18 - 23 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).

- ☛ Now you may probe more about the violence:
 - “are you scared of your husband (or partner)?”
 - “Has your husband (or partner) or someone else at home ever threatened to hurt you or physically harm you in some way? If so, when did it happen?”
 - “Does your husband (or partner) or someone at home bully you or insult you?”
 - “Does your husband (or partner) try to control you, for example not letting you decide what to buy or go out of the house?”
 - “Has your husband (or partner) forced you into having sex or forced you to do any sexual act you did not want?”
 - “Has your husband (or partner) threatened to kill you?”

If she denies violence, even in the presence of signs or evidence:

- ☛ Understand that she may be having her own reasons to do so.
- ☛ Do not pressurize her or stress her to answer yes.

Try to establish a connection with her so that she can reach you / hospital as and when she feels like. (See page 17 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).

SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)

Provide First Line Support:

(Listen, Inquire, Validate, Ensure safety, Support)

What needs to be done as you start talking:

- During the whole process ,it is important to maintain an effective, responsive and empathetic conversation.
- Encourage her to talk and show that you are genuinely listening.
- Do not force / order her to talk but encourage her. (“Do you want to say more about that?” “Can you share with me more about it”?)
- Assure her that you will not repeat what she says to anyone else.
- Assure her that you will not mention that she was at the hospital to anyone who doesn’t need to know. (except for administrative or legal reasons).
- If you are obliged to report her situation, e.g. grievous injuries, explain why you must report and to whom.
- Encourage her to continue talking if she wishes.
- Allow silences. If she cries, give her time to recover.

You do not need to:

- find solutions to all her problems.
- pressurize or convince her to leave a violent relationship.
- pressurize or convince her to go to police, the courts or any other services.
- ask questions that embarrass her or to relive painful events.
- ask her to think of reasons / causes for what happened.

These actions could do more harm than good.

SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)

Listen

- Listening is one of the key interactions with the survivor and one of the most important.
- Empathetic listening by the provider may be the first action which starts the survivor on the path to recovery and rehabilitation.
 - Often the person may not have divulged her emotions to anyone and you may be the first person to whom the survivor unburdens herself.
 - Listen actively, non-judgmentally, giving her enough time to cry, if she feels so.

Listening to a survivor	
Appropriate ✓	Inappropriate ✗
Be patient and calm.	Don't pressurize her to tell her story.
Let her know you are genuinely listening; for example: nod your head or say "hmm..."	Don't look at your watch or speak too rapidly. Don't answer the telephone, look at a computer
Acknowledge how she is feeling. "I understand how sad you are." (<i>"mata hondata therenava oyata danunu duka."</i>)	Don't judge what she has done or has not done, Don't say: "You should not get angry" (<i>"oyata tharaha yanna honda naa,"</i>) or, "you must be happy that escaped only with this" (<i>"oya tharamin beruna eka gana sathutu venna ona"</i>) or, "How sad that it happened to you" (<i>"ane pau oyata vuna de"</i>).
Let her tell her story at her own pace.	Don't rush her "Please be quick. I have lot of work" (<i>"Ikman karanna, mata thava godak leddu innava"</i>)
Give her the opportunity to say what she wants. Ask, "How can we help you" (<i>"apita oyata udavu karanna pulvan kohomada?"</i>) "Apen kerenna ona monavada"	Don't assume that you know what is best for her. "I will tell you what you must do" <i>"Mama kiyannam oya karanna ona de"</i> "You must do like this") <i>"Oya mehema karanna ona"</i>
Encourage her to keep talking if she wishes. Ask, "Do you have anything else in mind to tell me" (<i>"oyata thava mokuth kiyanna hithe thiyana vada?"</i>)	Don't interrupt. Wait until she finishes before asking questions. "Wait, tell me before that" (<i>"Poddak Inna, mata meka kiyala inna"</i>)
Allow for silence. Give her time to think. "It is O.K. for you to take time to tell" (<i>"Kamak naha, oya ohoma tikak indala kiyannana"</i>)	Don't try to complete her thoughts for her "OK.OK, you don't like to go to Police" (<i>"hari hari, e kiyanne oya policiyata yanna kamthi nahane"</i>)
Acknowledge what she wants and respect her wishes: "I understand the way you think" (<i>"Oya hithana vidiya mata therenava,"</i>) "Let's see how we can help you to do it that way" (<i>e vidihata karanna oyata udavu venne kohomada kiyala balamu"</i>)	Don't think and act as if you must or can solve her problems. "I will tell you the solution to your problem" (<i>"oyage prashneta visanduma mekai.....mama kiyannam"</i>)

SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)		
Inquire about needs and concerns	<p>Phrase your questions as invitations to speak. “What would you like to talk about?” (<i>“oba katha karanna kamathi monava ganada?”</i>)</p>	<p>Inquire about her immediate needs and concerns</p> <p>This is important in allaying her anxiety and building a good rapport.</p>
	<p>Ask open-ended questions to encourage her to talk instead of getting her to say: yes or no. “How do you feel about that?” (<i>Obata me gana hithenne kohomada?</i>)</p>	
	<p>Repeat or restate what the person says to check your understanding. “You mentioned that you feel very frustrated ,Have I understood it correctly?” (<i>“Oba keeva obata siyalla epa vuna kiyala, mama therum gattha hari neda?”</i>)</p>	
	<p>Reflect her feelings. “It sounds as if you are feeling angry about that...” (<i>“mata therena vidiyata Oyata ekata tharaha yanna ethi neda?”</i>)</p>	
	<p>Explore as and when indicated. “Could you tell me more about that?” (<i>“mata egana thava tikak kiyanna puluvanda?”</i>)</p>	
	<p>Ask for clarification if you don’t understand. “Can you explain that again, please?” (<i>“karunakarala mata navatha e gana visthara karanna puluvanda?”</i>).</p>	
	<p>Help her to identify and express her needs and concerns. “Is there anything that you need or are concern?” (<i>“obata uvamana deyak ho obata gataluvak thiyavada?”</i>) “It sounds like you are worried about your children.” (<i>“mata hithena vidiyata oyage daruwo gana bayaen inne?”</i>)</p>	
	<p>Don’t ask leading questions, such as “I would imagine that made you feel upset, didn’t it? (<i>“mata hithenava ekata oyata duka hithenna ethi kiyala. Eheme neda?”</i>)</p> <p>Don’t ask “why” questions, such as “Why did you do that?” (<i>“Ai oya ehema keruve?”</i>) That may sound accusing “Why did you go without telling” (<i>“Ai oya nokiya giye?”</i>)</p>	

SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)

<p>Validate</p>	<p>Validate her experience by telling her that, you believe what she says, that you do not blame her for the abuse, and that it has been experienced by others. For example, you can say:</p> <table border="1" data-bbox="323 499 1473 728"> <tr> <td data-bbox="323 499 391 573"></td> <td data-bbox="391 499 1473 573"> <p>“There is no place for violence in a family” (“pavula thula hinsanayata thanak naha”)</p> </td> </tr> <tr> <td data-bbox="323 573 391 651"></td> <td data-bbox="391 573 1473 651"> <p>“There may be options that we can look at” (“Thava karanna pulavan deval athi.Api eva ganath balamu”)</p> </td> </tr> <tr> <td data-bbox="323 651 391 728"></td> <td data-bbox="391 651 1473 728"> <p>“There were many who had suffered in a similar manner” (“<i>Me akarayata gatalu walata muhuna dun thava godak aya innawa</i>”)</p> </td> </tr> </table>		<p>“There is no place for violence in a family” (“pavula thula hinsanayata thanak naha”)</p>		<p>“There may be options that we can look at” (“Thava karanna pulavan deval athi.Api eva ganath balamu”)</p>		<p>“There were many who had suffered in a similar manner” (“<i>Me akarayata gatalu walata muhuna dun thava godak aya innawa</i>”)</p>
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	<p>“There were many who had suffered in a similar manner” (“<i>Me akarayata gatalu walata muhuna dun thava godak aya innawa</i>”)</p>						
<p>Ensure safety</p>	<p>Safety of the survivor and her children should be the prime concern of all HCPs who care for them.</p> <ul style="list-style-type: none"> Needs to assess the risk of immediate violence. (Refer the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka) <p>Factors to be considered for Risk Assessment</p> <ul style="list-style-type: none"> Has the physical violence happened more often or got worse over the past 6 months? Has he ever used a weapon or threatened you with a weapon? Has he ever tried to strangle you? Do you believe he could kill you? Has he ever beaten you when you were pregnant? Is he violently and constantly jealous of you? <p>If the survivor answers “yes” to more than 3 questions, there is a considerable risk to her safety.</p> <ul style="list-style-type: none"> Discuss with her the ways to improve her safety. She would know the circumstances at home, and be the best person to decide what is appropriate. You should prompt her to think about safety and facilitate her to take a decision. <p>Discuss how to stay safer at home:</p> <ol style="list-style-type: none"> If she cannot avoid discussions with her partner (that may escalate violence), advise her to try to have such discussions in a room or in an area that has two openings or doors so that she has a way to leave easily if threatened . Advise her to stay away as far as possible from any room where there are weapons: knives, guns, hammers etc. when a conflict starts. If she has decided (already and on her own) that leaving is the best option for her, advise her to make her plans and leave for a safe place BEFORE she lets her husband / partner know. Otherwise, she may put herself and her children in danger of more violence or being killed. (It is known that there are higher violent acts immediately after separation.) 						

SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)

Ensure safety Contd.

If she feels that it is not safe for her to return home:

Make appropriate referrals for temporary shelter, safe house, or work with her to identify a safe place she can go to (such as a friend's/relative's home) ²⁵ Shelters are available with Ministry of Women and Child Affairs **1938**, Women in Need **011 471 85 85** and some other NGOs Information on other service providers is given in Annexure V.

When developing a safety plan consider:

Safety at home	In case of an emergency: "Is there a neighbour who would you and respond if you shout out?"; "Is there anyone you can call on the mobile phone?"
	"Is there an additional key in case he locks you in?" "Is there a back door through which you can escape if he threatened to kill you?"
Safe place to go	"If you need to leave your home in a hurry, where could you go? Parents, relations, friends?"
Planning for children	"If there are threats to injure or kill, would you go alone or take your children with you?"
	"How will you get to where you think safe?"
	"If, using public transport or taxi do you have any money kept aside for the purpose?"
Items to take with you	"Do you need to take any documents (ID, birth certificate etc.), keys, money, clothes, or other things with you if you have to leave in a hurry?"
Financial needs	"Do you have access to money if you need to leave in a hurry?"
Support of someone close by.	"Is there a neighbour who can call the police if you tell to call or come to assistance if they hear sounds of beating or shouting from your home?"

Support

Please read section on support on the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka

As a HCP, It may not be possible to fulfil all the needs and expectations of the survivor within the facilities available within the Ministry of Health hospitals.

However, she may have urgent issues and concerns in mind :

E.g. She may not have had any food on this day, may have left children at a neighbour or may want to contact her parent or a relation.

It is important for you to recognise these needs of the survivor and do what is possible may be to get a phone call. Your concern itself will make her accept you and trust you.

25: A clinical handbook Health care for women subjected to intimate partner violence or sexual violence WHO/RHR/14.26

SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)

Support	Area of concern	
	Ask her what issues are most important to her right now: Has she eaten? Where are the children?	“Apart from medical treatment what can we do to help you?” (“ <i>Vedakama arenna, apita kohomada puluvan udavu karanna?</i> ”)
	Help her to identify and consider her options	“There are places you can get help: Police, Womens’ Development Unit at DS Office, etc” (“ <i>Obata sevavak ganna yanna puluvan than kihipayak theyenava: policiya,</i> ”)
	Help her to identify other family members who could help her: family member, friend, or trusted person in the community whom she could talk to.	“Is there any one to whom you can talk to or ask for help?” (“ <i>Obata katha karanna ho udavwak ganna kavuruvath innavada?</i> ”) “Is there a way to talk to him / her?” (“ <i>Eata kathakaranna vidihak thiyenavada?</i> ”)

Care of injuries and urgent medical treatment

<p>Taking a History (This does not cover history taking for medico legal purposes)</p>	<p>Please read section on support on the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka</p> <p>When taking a history:</p> <ul style="list-style-type: none"> • Review any medical records, diagnosis cards that the woman has in order to avoid additional stress to her with avoidable questions. • Show that you are listening closely and that you care: acknowledge her feelings (for example, you can nod, and you can say “I understand” or “I see how you feel”). • Avoid repeating the questions she has already answered. • Keep a respectful attitude and a calm voice. • Maintain eye contact and use body language, as far as possible, to be culturally sensitive. • Avoid distraction and interruptions like answering phone calls or disturbances by other staff. • Do not rush her and let her talk freely. <p>Ask about general medical information:</p> <p>This should cover any current or past health problems, allergies, and any medications that the woman is taking. This information may help to understand and interpret the examination findings: past surgery etc.</p>
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SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)	
<p>Taking a History (This does not cover history taking for medico legal purposes)</p>	<p>Briefly ask about the assault: <u>(JMO /Consultant Forensic pathologist will take a detailed history)</u> Refer the section on the Health Sector Response to GBV: National Guideline for First Contact Point HealthCare Providers Sri Lanka) The reason to obtain an account of the violence is to:</p> <ul style="list-style-type: none"> • guide the examination so that all injuries can be found and treated: assess her risk of pregnancy, STIs and HIV, internal injuries, head injuries • avoid disturbing the evidence or where relevant, guide specimen collection and documentation. <p>(This is mostly done by the JMO/Forensic Pathologist) Do not force a woman to talk about the details of assault if it embarrasses her. In all cases limit questions to just what is required for medical care. However, if a woman clearly wants to talk about what happened, it is very important to listen empathetically and allow her to talk and document it .(WHO Clinical Hand book)</p>
<p>Conducting a medical examination (This does not cover examination for medico legal purposes)</p>	<p>Conducting the examination: <u>(JMO /Consultant Forensic pathologist will be doing a detailed examination.</u> <u>This examination is only to identify urgent medical needs and should not disturb the Forensic Examination and evidence collection by JMO. If in doubt call JMO and ask for guidance)</u> <u>Refer the Health Sector Response to GBV: National Guideline for First Contact Point HealthCare Providers Sri Lanka for details on pages 27 - 28)</u></p> <p>It is essential to explain about the examination clearly and in a language understood by him, prior to proceeding with the examination. Useful tips:</p> <ul style="list-style-type: none"> • Detailed examination / vaginal examination should be left for the JMO forensic pathologists unless there is a medical indication: Internal / vaginal injury is suspected • Obtain informed consent and document it before proceeding to examination • If you are a male service provider always have a female available to chaperone at the examination. If you are a female, to have a chaperone is optional • Take the basic vital signs such as: pulse, Blood Pressure at the start of the examination. • As the JMO will conduct the forensic examination and evidence collection, minimise disturbance to clothes / dress as far as possible. • Never ask a survivor to be undress completely but conduct the upper body examination initially, and then the lower half after covering the upper section or give an appropriate dress / gown • Conduct the examination systematically. <p>Conduct basic steps in assessing all systems: General Examination, Cardiovascular System, Respiratory System, Abdominal Examination and the Neurological examination (They are not described here)</p>

SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)

Conducting a medical examination (This does not cover examination for medico legal purposes)	Look at all these :	Record the presence/absence of:
	General appearance	Active bleeding
	Hands and wrists	Bruising or abrasions
	Forearms, inner surfaces of upper arms, armpits	Redness or swelling
	Face, including inside of mouth	Evidence that hair has been pulled out, and recent evidence of missing teeth
	Ears, including inside and behind ears	Injuries such as bite marks
	Neck Head	Ruptured ear drum
	Chest, including breasts	bite marks or other injuries
	Abdomen	Evidence of internal bleeding / traumatic injuries in the abdomen
	Buttocks, thighs, including inner thighs, legs and feet	Bruises, abrasions or bite marks

Manage the Medical / Surgical condition / Emergency as soon as it is identified.

Attending to life saving emergency situations and the time-dependent preventive treatments take priority over all other activities

Examples of indicators of Life-threatening situation:

- **Rectal bleeding**
- **Non-menstrual vaginal bleeding(especially if continuing)**
- **Acute abdomen**
- **Suicide attempt**
- **Any major injuries suspected**
- **Major acute wounds**
- **Major burns**
- **Fractures**
- **Poisoning**

More information on resuscitation etc. is given in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka pages 23 - 24.

SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)

Emergency Contraception (EC)

Possibility of a pregnancy exists for all women who had been raped or sexually assaulted.

Therefore, EC should be offered to them:²⁶.

- Check with her if she has been using an effective contraceptive method such as pills, injectable, implants, IUD, or female sterilization. If so, it is not likely that she will get pregnant and EC should not be given.
- If she had not been using an effective method, the possibility of a pregnancy is real after rape. Survivor may not think about it. Therefore discuss the possibility with her, and explain the value of using emergency contraception and offer it.
- Use of emergency contraception is a personal choice that the survivor herself, can make the decision to take. Your role is to make her aware of the issue and offer EC.
- Emergency contraception can help her to avoid a pregnancy, but it is not 100% effective. Give that information also to her
- EC pills work mainly by stopping release of the egg. So it will not be considered as an abortion.
- EC pills are not meant for regular use. If needed she should use a more effective, contraceptive method in the future.

Instructions given to her must be clear to ensure compliance:

- She should take the EC pills as soon as possible after the sexual assault, preferably within 72 hrs. She can take them up to 5 days, but they become less effective with each hour / day that passes.
- EC pills may cause nausea and vomiting. If she vomits within 2 hours after taking EC pills, she should take another dose as soon as possible.
- She may have spotting or bleeding a few days after taking EC pills. She need not worry
- If she had other instances of unprotected sex since her last menstrual period, she may already be pregnant. If so EC pills will not work, but they will not harm the pregnancy.
- If her next menstrual period is more than 1 week late she should check urine for pregnancy.
- Additional information on Emergency Contraception is given in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka.

26: Hand book WHO

SOP for Medical Officers in the curative sector (other than JMOs) contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Medical Officers in the curative sector (other than JMOs)	
STI prophylaxis and HIV Post Exposure Prophylaxis	<p>Additional information on STI / HIV Prophylaxis is given on the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka.</p> <p>Survivors may or may not be concerned about the possibility of becoming infected with a STI or HIV as a result of rape or sexual assault. It is a possibility, whether the perpetrator is known or unknown and more so in multiple or gang rapes.</p> <ul style="list-style-type: none"> • While the risk of acquiring HIV through a single sexual exposure is small, these concerns are well founded in the area of STI where prevalence is high and the possibility is real. • Compassionate and careful discussion around the possibility is essential without unduly alarming her/him. • The survivor may be referred to a STD clinic wherever possible for guidance. <p>If any delay is foreseen in reaching such a clinic, it is better to initiate prophylaxis medication as described on pages 31 - 33 in Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka.</p> <ul style="list-style-type: none"> • The survivor should be advised to use a condom with all partners for a period of 6 months (or until STI/HIV status has been determined). • Give advice on the signs and symptoms of possible STIs, and when to return for further consultation. <p>Additional information on STI / HIV Prophylaxis is given on the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka.</p>
Documenting and record keeping	<p>Documenting the findings :</p> <p>Documentation for medico-legal purposes will be done by the JMO or the Consultant Forensic Pathologists. However your findings as the person who sees her first, are very important to the JMO / Forensic pathologists and should be carefully documented. Details of what needs to be done are described in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka pages 27 - 28.</p> <p>It is important to keep all documents safe and confidential as far as possible, within the resources available to you.</p> <p>Especially, the consent, or refusal of a chaperone, examination, referrals or treatment should be documented.</p>
Referral	<p>Referrals where necessary are an important component of the services.</p> <p>Where necessary they should be offered to the survivors and if accepted you should facilitate the process by giving information: the reason for referral location or contact details, and what to expect there.</p> <p>It is also important to give a referral note carefully written so that the safety of the survivor is not jeopardized, in case the perpetrator finds it.</p> <p>Hospital based GBV care centres: <i>Mithuru Piyasa / Natpu Nilayam</i> is one of the key points of referrals where befriending and other services are available. Description of the services is given in Annexure III and contact details of the nationwide centres are given in Annexure IV - V of this document.</p> <p>Details are given in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka.</p>

**Standard Operating Procedures
for
Nursing Officers in Curative Sector**

Standard Operating Procedures (SOPs) contd.

3.2 SOP for Nursing Officers in the curative sector

Title : Standard Operating Procedure for managing survivors of GBV/DV for Nursing Officers in the curative sector

Target Group:

Nursing Officers in curative sector

(Nursing Officers, Nursing Sisters):

Working in :

Out Patients Departments, Primary Care Units. Accident and Emergency services, Surgical wards, Maternity and Gynaecological wards, Burns units, Accident wards & Triage, ENT clinics, Eye clinics, Antenatal clinics OMF clinic and any other relevant clinics

Purpose:

To provide guidance in responding to survivors, effectively and uniformly, in a sensitive manner at the first contact point.

Scope:

Provide guidance in receiving, interacting, providing emotional support, services and facilitate the recommended referral for other needs of the survivor

References:

Related chapters from the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka

Responsibilities:

You are responsible for assisting in identifying survivors of GBV, providing first line support and other services as recommended by medical Officers.

Action Points

Receiving the survivor

- ☛ Receive her in a very friendly and non-official manner to make her feel welcome.
- ☛ Greet her according to the time and way used in the community and offer a seat.
- ☛ Talk to her as talking to a friend.
- ☛ Address her by the first name if you know it or after in initial introductions.
- ☛ Sit at the same level so that the survivor will not feel daunted or “small”.
- ☛ Maintain same eye level and eye contact.
- ☛ If she asks for a glass of water provide it.
- ☛ Ensure privacy within the available facilities.
- ☛ May offer a chaperone and have her with the survivor’s consent.
- ☛ Choose a private place to talk, where no one can overhear depending on the facilities available. Improvise accordingly : talk softly, talk more at the examination table.

Asking about Violence

When she had not disclosed but you suspect:

- ☛ Ask very sensitively and raise the issue in general terms, but keep a look out for her responses and proceed gently.
- ☛ Opening statements you can make to raise the subject of violence before you ask direct questions:
 - “Many women have told me that they experience problems with their husband or partner, they live with.”
 - “I have seen women with problems like yours, who have been experiencing trouble at home.”
- ☛ Later you may use simple but direct, questions to indicate that you genuinely want to hear about her problems. If she agrees, continue to ask questions and listen to her story.

SOP for Nursing Officers in the curative sector contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Nursing Officers in the curative sector

<p>Asking about Violence</p>	<p>If she discloses violence initially or answers “yes” to any of these questions, offer her first-line support (See pages 18 - 23 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).</p> <ul style="list-style-type: none"> ☛ Now you may probe more about the violence: <ul style="list-style-type: none"> • “are you scared of your husband or partner?” • “Has your husband (or partner) or someone else at home ever threatened to hurt you or physically harm you in some way? If so, when did it happen?” • “Does your husband (or partner) or someone at home bully you or insult you?” • “Does your husband (or partner) try to control you, for example not letting you decide what to buy or go out of the house?” • “Has your husband (or partner) forced you into having sex or forced you to do any sexual act you did not want?” • “Has your husband (or partner) threatened to kill you?” <p>If she denies violence even in the presence of signs or evidence:</p> <ul style="list-style-type: none"> • Understand that she may be having her own reasons. • Do not pressurize her. <p>Try to establish a connection so that she can reach you/hospital as and when she feels like. (See page 17 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).</p>
<p>Provide First Line Support:</p> <p>(Listen, Inquire, Validate, Ensure safety, Support)</p>	<p>What must be done as you start talking</p> <ul style="list-style-type: none"> ☛ During the whole process it is important to maintain an effective, responsive and empathetic conversation: <ul style="list-style-type: none"> • Encourage her to talk and show that you are genuinely listening. • Do not force/order her to talk but encourage her. (“Do you want to say more about that?” “Can you share with me more about it”). • Assure her that you will not repeat what she says to anyone else. • Assure her that you will not mention that she was there to anyone who doesn’t need to know (except for administrative or legal reasons). • If you are obliged to report her situation e.g. grievous injuries, explain why you must report and to whom. • Allow her to continue talking if she wishes. • Allow silences. If she cries, give her time to recover.

SOP for Nursing Officers in the curative sector contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Nursing Officers in the curative sector

<p>Provide First Line Support:</p> <p>(Listen, Inquire, Validate, Ensure safety, Support)</p>	<p>You do NOT need to:</p> <ul style="list-style-type: none"> • find solutions to all her problems. • pressurize or convince her to leave a violent relationship. • pressurize or convince her to go to police, the courts or any other services. • ask questions that embarrass her or to relive painful events. • ask her to think of reasons / causes for what happened. <p>These actions could do more harm than good.</p>														
<p>Listen</p>	<p>Listen actively</p> <ul style="list-style-type: none"> • Empathetic listening by the provider may be the first action which starts the survivor on the path to recovery and rehabilitation. • Often the person may not have divulged her expressions to anyone and you may be the first person to whom the survivor unburdens herself. • Listen non-judgmentally, giving her enough time to cry, if she feels so. <table border="1" data-bbox="288 987 1468 1697"> <thead> <tr> <th colspan="2" data-bbox="288 987 1468 1025">Listening to a survivor</th> </tr> <tr> <th data-bbox="288 1025 879 1070">Appropriate ✓</th> <th data-bbox="879 1025 1468 1070">Inappropriate ✗</th> </tr> </thead> <tbody> <tr> <td data-bbox="288 1070 879 1115">Be patient and calm.</td> <td data-bbox="879 1070 1468 1115">Don't pressurize her to tell her story.</td> </tr> <tr> <td data-bbox="288 1115 879 1189">Let her know you are genuinely listening; for example: nod your head or say "hmm..."</td> <td data-bbox="879 1115 1468 1189">Don't look at your watch or speak too rapidly. Don't answer the telephone, look at a computer</td> </tr> <tr> <td data-bbox="288 1189 879 1406">Acknowledge how she is feeling. "I understand how sad you are." (<i>"mata hondata therenava oyata danunu duka."</i>)</td> <td data-bbox="879 1189 1468 1406">Don't judge what she has done or has not done, Don't say: You should not get angry (<i>"oyata tharaha yanna honda naa,"</i>) or, "you must be happy that escaped only with this" (<i>"oya tharamin beruna eka gana sathutu venna ona"</i>) or, "How sad that it happened to you" (<i>"ane pavu oyata vuna de"</i>).</td> </tr> <tr> <td data-bbox="288 1406 879 1518">Let her tell her story at her own pace.</td> <td data-bbox="879 1406 1468 1518">Don't rush her. Do not say: "Please be quick. I have lot of work" (<i>"Ikman karanna, mata thava godak leddu innava"</i>)</td> </tr> <tr> <td data-bbox="288 1518 879 1697">Give her the opportunity to say what she wants. Ask, "How can we help you" (<i>"apita oyata udavu karanna pulvan kohomada?"</i>) (<i>"Apen kerenna ona monavada"</i>)</td> <td data-bbox="879 1518 1468 1697">Don't assume that you know what is best for her. "I will tell you what you must do" (<i>"Mama kiyannam oya karanna ona de"</i>) "You must do like this" (<i>"Oya mehema karanna ona"</i>)</td> </tr> </tbody> </table>	Listening to a survivor		Appropriate ✓	Inappropriate ✗	Be patient and calm.	Don't pressurize her to tell her story.	Let her know you are genuinely listening; for example: nod your head or say "hmm..."	Don't look at your watch or speak too rapidly. Don't answer the telephone, look at a computer	Acknowledge how she is feeling. "I understand how sad you are." (<i>"mata hondata therenava oyata danunu duka."</i>)	Don't judge what she has done or has not done, Don't say: You should not get angry (<i>"oyata tharaha yanna honda naa,"</i>) or, "you must be happy that escaped only with this" (<i>"oya tharamin beruna eka gana sathutu venna ona"</i>) or, "How sad that it happened to you" (<i>"ane pavu oyata vuna de"</i>).	Let her tell her story at her own pace.	Don't rush her. Do not say: "Please be quick. I have lot of work" (<i>"Ikman karanna, mata thava godak leddu innava"</i>)	Give her the opportunity to say what she wants. Ask, "How can we help you" (<i>"apita oyata udavu karanna pulvan kohomada?"</i>) (<i>"Apen kerenna ona monavada"</i>)	Don't assume that you know what is best for her. "I will tell you what you must do" (<i>"Mama kiyannam oya karanna ona de"</i>) "You must do like this" (<i>"Oya mehema karanna ona"</i>)
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SOP for Nursing Officers in the curative sector contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Nursing Officers in the curative sector

Listen contd.	Listening to a survivor	
	Appropriate ✓	Inappropriate ✗
	Encourage her to keep talking if she wishes. Ask, "Do you have anything else in mind to tell me" (<i>"oyata thava mokuth kiyanna hithe thiyavada?"</i>)	Don't interrupt. Wait until she finishes before asking questions. "Wait, tell me before that" (<i>"Poddak Inna, mata meka kiyala inna"</i>)
	Allow for silence. Give her time to think. "It is O.K. for you to take time to tell" (<i>"Kamak naha, oya ohoma tikak indala kiyanna"</i>)	Don't try to complete her thoughts for her. "OK.OK, you don't like to go to Police." (<i>"hari hari, e kiyanne oya policiyata yanna kamthi nahane"</i>)
	Stay focused on her experience, and on offering her emotional support.	Don't tell her someone else's story or talk about your own troubles. It does not help her
Acknowledge what she wants and respect her wishes: "I understand the way you think" (<i>"Oya hithana vidiya mata therenava,"</i>) "Let's see how we can help you to do it that way" (<i>"e vidihata karanna oyata udavu venne kohomada kiyala balamu"</i>)	Don't think and act as if you must or can solve her problems. "I will tell you the solution to your problem" (<i>"oyage prashneta visanduma mekai.....mama kiyannam"</i>)	
Inquire about needs and concerns	Phrase your questions as invitations to speak. "What would you like to talk about?" (<i>"oba katha karanna kamathi monava ganada?"</i>)	Inquire about her immediate needs and concerns This is important in allaying her anxiety and building a good rapport.
	Ask open-ended questions to encourage her to talk instead of getting her to say: yes or no. "How do you feel about that?" (<i>"Obata me gana hithenne kohomada?"</i>)	
	Repeat or restate what the person says to check your understanding. "You mentioned that you feel very frustrated ,Have I understood it correctly?". (<i>"Oba keeva obata siyalla epa vuna kiyala, mama therum gattha hari neda?"</i>)	
	Reflect her feelings. "It sounds as if you are feeling angry about that..." (<i>"mata therena vidiyata Oyata ekata tharaha yanna ethi neda?"</i>)	
	Explore as and when indicated. "Could you tell me more about that?" (<i>"mata egana thava tikak kiyanna puluvanda"</i>)	
	Ask for clarification if you don't understand. "Can you explain that again, please?" (<i>"karunakarala mata navatha e gana vishthara kranna puluvanda"</i>).	

SOP for Nursing Officers in the curative sector contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Nursing Officers in the curative sector

<p>Inquire about needs and concerns contd.</p>	<p>Help her to identify and express her needs and concerns. “Is there anything that you need or are concerned. <i>(“Obata uvamana deyak ho obata gataluvak thiyavada?”)</i> “It sounds like you may need a place to stay”. <i>(Obata danata navathinna thanak ona vage neda?)</i> “It sounds like you are worried about your children.” <i>(“mata hithena vidiyata oyage daruwo gana bayaen inne”)</i></p> <p>Don’t ask leading questions, such as “I would imagine that made you feel upset, didn’t it? <i>(“mata hithenava ekata oyata duka hithenna ethi kiyala. Eheme neda?”)</i></p> <p>Don’t ask “why” questions, such as “Why did you do that?” <i>(“Ai oya ehema keruve?”)</i> That may sound accusing. “Why did you go without telling” <i>(“Ai oya nokiya giye?”)</i>.</p>	<p>Inquire about her immediate needs and concerns This is important in allaying her anxiety and building a good rapport.</p>							
<p>Validate</p>	<p>Validate her experience by telling her that, you believe what she says, that you do not blame her for the abuse, and that it has been experienced by others. For example, you can say:</p> <table border="1" data-bbox="288 992 1474 1216"> <tr> <td>“No-one deserves to be abused” <i>(“kavuruvathma guti kanna vatinne naha”)</i></td> </tr> <tr> <td>“There is no excuse for domestic abuse” <i>(“gruhastha hinsanaya mona vidiyen vath sadharneeya karneya karanna baha”)</i></td> </tr> <tr> <td>“There may be options that we can look at” <i>(“Thava karanna pulavan deval athi. Api eva ganath balamu”)</i></td> </tr> </table>	“No-one deserves to be abused” <i>(“kavuruvathma guti kanna vatinne naha”)</i>	“There is no excuse for domestic abuse” <i>(“gruhastha hinsanaya mona vidiyen vath sadharneeya karneya karanna baha”)</i>	“There may be options that we can look at” <i>(“Thava karanna pulavan deval athi. Api eva ganath balamu”)</i>					
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<p>Ensure safety</p>	<p>Safety of the survivor and her children should be a prime concern of all HCPs who care for them.</p> <ul style="list-style-type: none"> Need to assess the risk of immediate violence. (Refer the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka) <table border="1" data-bbox="323 1375 1417 1666"> <thead> <tr> <th>Factors for risk Assessment</th> </tr> </thead> <tbody> <tr> <td>• Has the physical violence happened more often or gotten worse over the past 6 months?</td> </tr> <tr> <td>• Has he ever used a weapon or threatened you with a weapon?</td> </tr> <tr> <td>• Has he ever tried to strangle you?</td> </tr> <tr> <td>• Do you believe he could kill you?</td> </tr> <tr> <td>• Has he ever beaten you when you were pregnant?</td> </tr> <tr> <td>• Is he violently and constantly jealous of you?</td> </tr> </tbody> </table> <p>If the survivor answers “yes” to more than 3 questions, there is a considerable risk to her safety.</p> <ul style="list-style-type: none"> Discuss with her, the ways to improve her safety . She would know the circumstances at home, and is the best person to decide what is appropriate. You should prompt her to think about safety and facilitate her to take a decision. 	Factors for risk Assessment	• Has the physical violence happened more often or gotten worse over the past 6 months?	• Has he ever used a weapon or threatened you with a weapon?	• Has he ever tried to strangle you?	• Do you believe he could kill you?	• Has he ever beaten you when you were pregnant?	• Is he violently and constantly jealous of you?	
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SOP for Nursing Officers in the curative sector contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Nursing Officers in the curative sector

Ensure safety contd.

Discuss how to stay safer at home:

- If she cannot avoid discussions that may escalate violence:
Advise her to try and have such discussions in a room or in an area that has two openings or doors so that she can leave easily if threatened .
- Advise her to stay away as far as possible from any room where there may be weapons: knives, guns, hammers etc..
- If she has decided (already and on her own) that, leaving is the best option for her, advise her to make her plans and leave for a safe place BEFORE she lets her husband / partner know. Otherwise, she may put herself and her children in danger of more violence or being killed. (It is known that there are higher violent acts immediately after separation.)

If she feels that it is not safe for her to return home:

Make appropriate referrals for shelter , safe housing, or work with her to identify a safe place she can go to (such as a friend's/relative's home or ²⁷Shelters are available with Ministry of Women and Child Affairs **1938** ,Women in Need **011 471 85 85** Information on other service providers is given in Annexure V).

When developing a safety plan consider:

Safety at home	In case of an emergency: "Is there a neighbour who would respond if you shout out?," "Is there anyone you can call on the mobile phone?" "Is there an additional key in case he locks you in?" "Is there a back door through which you can escape, if he threatened to kill you?"
Safe place to go	"If you need to leave your home in a hurry, where could you go? Parents, relations, friends?"
Planning for children	"If there are threats to injure or kill, would you go alone or take your children with you?" "How will you get to where you think safe?" "If, she is using public transport or taxi do you have any money kept aside for the purpose?"
Items to take with you	"Do you need to take any documents (ID, birth certificate etc.), keys, money, clothes, or other things with you if you have to leave in a hurry?"
Financial needs	"Do you have access to money if you need to leave in a hurry?"
Support of someone close by.	"Is there a neighbour who can call the police if you tell, or come to assistance if they hear sounds of beating or shouting from your home?"

27: A clinical handbook Health care for women subjected to intimate partner violence or sexual violence WHO/RHR/14.26

SOP for Nursing Officers in the curative sector contd.

Title : Standard Operating Procedure for managing survivors of GBV/DV for Nursing Officers in the curative sector

Support

Please read section on support on the Health Sector Response to GBV:
The National Guideline for First Contact Point Health Care Providers Sri Lanka
As a HCP, It may not be possible to fulfil all the needs and expectations of the survivor within the available facilities of the Ministry of Health .
However, she may have urgent issues in mind :
e.g. She may not had any food for some time, may have left children at a neighbour, May want to contact her parent or a relation.
It is important for you to recognise these needs of the survivor and do what is possible. Your concern itself will make her accept you and trust you.

Area of concern	
Ask her what issues are most important to her right now: Has she eaten? Where are the children?	“Apart from medical treatment what can we do to help you?” (“ <i>Vedakama arenna, mulinma apita karala denna puluvan monavada?</i> ”)
Help her to identify and consider her options.	“There are places you can get help: Police, Womens’ Development Unit at DS Office, etc” (“ <i>Obata sevavak ganna yanna puluvan than kihipayak theyenava: policiya,</i> ”)
Help her to identify other family members who could help her : family member, friend, or trusted person in the community whom she could talk to.	“Is there any one to whom you can talk to or ask for help ?” (“ <i>Obata katha karanna ho udavwak ganna kavuruvath innavada?</i> ”) “Is there a way to talk to him / her” (“ <i>Eyata kathakaranna vidihak thiyenavada?</i> ”)

Facilitating referrals:

Referrals to the JMO/ Consultant Forensic Pathologist:

Examination by the JMO should be considered as an “Emergency” because, with every minute passed, evidence may be lost.

Therefore facilitating the process as fast as possible is important

- Instruct the survivor of sexual abuse not to remove her clothes / change in to new clothes or have a wash or bath till seen by the JMO. As they can’t wait without a wash for long periods expedite seeing the JMO.
- Inform JMO personally by phone, preferably as soon as instructed by the house officer. If any delay reaching the JMO inform the House Officer.
- Assist the JMO if he / she visits the ward to see the patient and in evidence collection, if required to do so
- Carry out medications as instructed by the house officer with respect to EC/STI prophylaxis/PEP.
- Provide services, bed etc. in a manner that will make her comfortable physically and emotionally.
- Take every action possible, not to create or support, an environment that will stigmatise her.
- Keep all relevant documents such as BHTs / Reports confidential (as far as possible within available facilities)

Offer her information about *Mithuru Piyasa / Natpu Nilayam* as the GBV care service point to all survivors

More details are given in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka

**Standard Operating Procedures
for
Medical Officers in Preventive Sector**

Standard Operating Procedures (SOPs) contd.

3.3 SOP for Medical Officers in preventive sector (Medical Officer of Health)

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

Target Group:

Medical Officers in Preventive health sector: Medical Officers of Health

Purpose

Provide guidance, support and oversee the services by the health care team of the MOH office to survivors of GBV, effectively conducting activities related to prevention of GBV, in the community through the MOH team, and providing first contact services where necessary.

Scope:

Provide Guidance in implementing preventive activities such as Programme for Newly Married Couples, awareness raising within routine activities such as ANC, Postnatal care, Early Childhood Care, FP, SMI, adolescent health, NCD and programmes for vulnerable groups such as estate sector/ factory workers.

Oversee the activities of the MOH team, liaise with, and support the GBV service points: *Mithuru Piyasa / Natpu Nilyam* service centres and temporary shelters (where available) in the area.

References:

Related chapters from the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka

Responsibilities:

You are responsible for effectively conducting Programme for Newly Weds, other preventive activities to prevent GBV/DV as mentioned, above to ensure that PHMs and PHIs perform preventive and service provision activities as described in their SOPs and collaborate with *Mithuru Piyasa/Natpu Nilayam* centres and other service providers in health and non-health sectors.

Action Points

MOH as a first contact point

Receiving the survivor

- Receive her in a very friendly and non-official manner to make her feel welcome.
- Greet her according to the time and way used in the community and offer a seat.
- Talk to her as talking to a friend.
- Address her by the first name, if you know it or after the initial introductions.
- Sit at the same level so that the survivor will not feel daunted or “small”.
- Maintain same eye level and eye contact.
- She may be exhausted and offer a glass of water If she asks and where possible.
- Ensure privacy within the available facilities.
- May offer a chaperone and have her with the survivor’s consent.
- Choose a private place to talk, where no one can overhear, depending on the facilities available
- Improvise accordingly: talk softly; she may divulge more information at the examination.

SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

Asking about Violence

When she had not disclosed but you suspect :

- Ask very sensitively and raise the issue in general terms, but keep a look out for her responses and proceed gently.
- Opening statements you can make to raise the subject of violence before you ask direct questions:
 - *“Many women have told me that they experience problems with their husband or partner, they live with.”*
 - *“I have seen women with problems like yours, who have been experiencing trouble at home.”*
- Later you may use simple but direct, questions to indicate that you genuinely want to hear about her problems. If she agrees, continue to ask questions and listen to her story.

If she discloses violence initially or answers “yes” to any of these questions, offer her first-line support (See pages 18 - 23 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).

- Now you may probe more about the violence:
 - *“are you scared of your husband or partner?”*
 - *“Has your husband (or partner) or someone else at home ever threatened to hurt you or physically harm you in some way? If so, when did it happen?”*
 - *“Does your husband (or partner) or someone at home bully you or insult you?”*
 - *“Does your husband (or partner) try to control you, for example not letting you decide what to buy or go out of the house?”*
 - *“Has your husband (or partner) forced you into having sex or forced you to do any sexual act you did not want?”*
 - *“Has your husband (or partner) threatened to kill you?”*

If she denies violence even in the presence of signs or evidence:

- Understand that she may be having her own reasons.
- Do not pressurize her.
Try to establish a connection so that she can reach you/hospital as and when she feels like. (See page 17 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).

SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

<p>Provide First Line Support:</p> <p>(Listen, Inquire, Validate, Ensure safety, Support)</p>	<p>What must be done as you start talking</p> <ul style="list-style-type: none"> • During the whole process it is important to maintain an effective, responsive and empathetic conversation: • Encourage her to talk and show that you are genuinely listening. • Do not force/order her to talk but encourage her. (“Do you want to say more about that?” “Can you share with me more about it”) • Assure her that you will not repeat what she says to anyone else. • Assure her that you will not mention that she was there to anyone who doesn’t need to know (except for administrative or legal reasons). • If you are obliged to report her situation e.g. grievous injuries, explain why you must report and to whom. • Allow her to continue talking if she wishes. • Allow silences. If she cries, give her time to recover. <p>You do NOT need to:</p> <ul style="list-style-type: none"> • find solutions to all her problems. • pressurize or convince her to leave a violent relationship. • pressurize or convince her to go to police, the courts or any other services. • ask questions that embarrass her or to relive painful events. • ask her to think of reasons / causes for what happened. <p>These actions could do more harm than good.</p>
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<p>Listen</p>	<p>Listen actively</p> <ul style="list-style-type: none"> • Empathetic listening by the provider may be the first action which starts the survivor on the path to recovery and rehabilitation. • Often the person may not have divulged her expressions to anyone and you may be the first person to whom the survivor unburdens herself. • Listen non-judgmentally, giving her enough time to cry, if she feels so. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #d2b48c;">Listening to a survivor</th> </tr> <tr> <th style="background-color: #d2b48c;">Appropriate ✓</th> <th style="background-color: #f08080;">Inappropriate ✗</th> </tr> </thead> <tbody> <tr> <td>Be patient and calm.</td> <td>Don’t pressurize her to tell her story.</td> </tr> <tr> <td>Let her know you are genuinely listening; for example: nod your head or say “hmm...”</td> <td>Don’t look at your watch or speak too rapidly. Don’t answer the telephone, look at a computer</td> </tr> <tr> <td>Acknowledge how she is feeling. “I understand how sad you are.” (“mata hondata therenava oyata danunu duka.”)</td> <td>Don’t judge what she has done or has not done, Don’t say: You should not get angry (“oyata tharaha yanna honda naa,”) or, “you must be happy that escaped only with this” (“oya tharamin beruna eka gana sathutu venna ona”) or, “How sad that it happened to you (“ane pavu oyata vuna de”).</td> </tr> </tbody> </table>	Listening to a survivor		Appropriate ✓	Inappropriate ✗	Be patient and calm.	Don’t pressurize her to tell her story.	Let her know you are genuinely listening; for example: nod your head or say “hmm...”	Don’t look at your watch or speak too rapidly. Don’t answer the telephone, look at a computer	Acknowledge how she is feeling. “I understand how sad you are.” (“mata hondata therenava oyata danunu duka.”)	Don’t judge what she has done or has not done, Don’t say: You should not get angry (“oyata tharaha yanna honda naa,”) or, “you must be happy that escaped only with this” (“oya tharamin beruna eka gana sathutu venna ona”) or, “How sad that it happened to you (“ane pavu oyata vuna de”).
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SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

Listen contd.

Listening to a survivor	
Appropriate ✓	Inappropriate ✗
Let her tell her story at her own pace.	Don't rush her. Do not say: "Please be quick.I have lot of work" (<i>"Ikman karanna, mata thava godak leddu innava"</i>)
Give her the opportunity to say what she wants. Ask, "How can we help you" (<i>"apita oyata udavu karanna pulvan kohomada?"</i>) ("Apen kerenna ona monavada")	Don't assume that you know what is best for her. "I will tell you what you must do" (<i>"Mama kiyannam oya karanna ona de"</i>) "You must do like this" (<i>"Oya mehema karanna ona"</i>)
Encourage her to keep talking if she wishes. Ask, "Do you have anything else in mind to tell me" (<i>"oyata thava mokuth kiyanna hithe thiyavada?"</i>)	Don't interrupt. Wait until she finishes before asking questions. "Wait, tell me before that" (<i>"Poddak Inna, mata meka kiyala inna"</i>)
Allow for silence. Give her time to think. "It is O.K. for you to take time to tell" (<i>"Kamak naha, oya ohoma tikak indala kiyannanna"</i>)	Don't try to complete her thoughts for her "OK.OK, you don't like to go to Police" (<i>"hari hari, e kiyanne oya policiyata yanna kamthi nahane"</i>)
Stay focused on her experience, and on offering her emotional support.	Don't tell her someone else's story or talk about your own troubles. It does not help her
Acknowledge what she wants and respect her wishes: "I understand the way you think" (<i>"Oya hithana vidiya mata therenava,"</i>) "Let's see how we can help you to do it that way" (<i>"e vidihata karanna oyata udavu venne kohomada kiyala balamu"</i>)	Don't think and act as if you must or can solve her problems. "I will tell you the solution to your problem" (<i>"oyage prashneta visanduma mekai.....mama kiyannam"</i>)

Inquire about needs and concerns

Phrase your questions as invitations to speak. "What would you like to talk about?" (<i>"oba katha karanna kamathi monava ganada?"</i>)
Ask open-ended questions to encourage her to talk instead of getting her to say: yes or no. "How do you feel about that?" (<i>"Obata me gana hithenne kohomada?"</i>)
Repeat or restate what the person says to check your understanding. "You mentioned that you feel very frustrated ,Have I understood it correctly?" (<i>"Oba keeva obata siyalla epa vuna kiyala, mama therum gattha hari neda?"</i>)
Reflect her feelings. "It sounds as if you are feeling angry about that..." (<i>"mata therena vidiyata Oyata ekata tharaha yanna ethi neda?"</i>)

SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

<p>Inquire about needs and concerns contd.</p>	<p>Explore as and when indicated. “Could you tell me more about that?” <i>(“mata egana thava tikak kiyanna puluvanda”)</i></p> <p>Ask for clarification if you don’t understand. “Can you explain that again, please?” <i>(“karunakarala mata navatha e gana visthara kranna puluvanda”).</i></p> <p>Help her to identify and express her needs and concerns. <i>(“Is there anything that you need or are concerned?”)</i> <i>(“obata uvamana deyak ho obata gataluvak thiyavada?”)</i> “it sounds like you may need a place to stay”. <i>(“Obata danata navathinna thanak ona vage neda?”)</i> “it sounds like you are worried about your children.” <i>(“mata hithena vidiyata oyage daruwo gana bayaen inne”)</i></p> <p>Don’t ask leading questions, such as “I would imagine that made you feel upset, didn’t it?” <i>(“mata hithenava ekata oyata duka hithenna ethi kiyala. Ehome neda?”)</i></p> <p>Don’t ask “why” questions, such as “Why did you do that?” <i>(“Ai oya ehema keruve?”)</i> That may sound accusing “Why did you go without telling” <i>(“Ai oya nokiya giye?”)</i></p>							
<p>Validate</p>	<p>Validate her experience by telling her that, you believe what she says, that you do not blame her for the abuse, and that it has been experienced by others. For example, you can say:</p> <p>“No-one deserves to be abused” <i>(“kavuruvathma guti kanna vatinne naha”)</i></p> <p>“There is no excuse for domestic abuse” <i>(“gruhashta hinsanaya mona vidiyen vath sadharaneeya karanna baha”)</i></p> <p>“There may be options that we can look at” <i>(“Thava karanna pulavan deval athi.Api eva ganath balamu”)</i></p>							
<p>Ensure safety</p>	<p>Safety of the survivor and her children should be a prime concern of all HCPs who care for them.</p> <ul style="list-style-type: none"> • Need to assess the risk of immediate violence. (Refer the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka) <table border="1" data-bbox="363 1675 1449 1966"> <thead> <tr> <th>Factors for risk Assessment</th> </tr> </thead> <tbody> <tr> <td>• Has the physical violence happened more often or gotten worse over the past 6 months?</td> </tr> <tr> <td>• Has he ever used a weapon or threatened you with a weapon?</td> </tr> <tr> <td>• Has he ever tried to strangle you?</td> </tr> <tr> <td>• Do you believe he could kill you?</td> </tr> <tr> <td>• Has he ever beaten you when you were pregnant?</td> </tr> <tr> <td>• Is he violently and constantly jealous of you?</td> </tr> </tbody> </table>	Factors for risk Assessment	• Has the physical violence happened more often or gotten worse over the past 6 months?	• Has he ever used a weapon or threatened you with a weapon?	• Has he ever tried to strangle you?	• Do you believe he could kill you?	• Has he ever beaten you when you were pregnant?	• Is he violently and constantly jealous of you?
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SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

Ensure safety contd.

If the survivor answers “yes” to more than 3 questions, there is a considerable risk to her safety.

- Discuss with her the ways to improve her safety. She would know the circumstances at home, and is the best person to decide what is appropriate. You should prompt her to think about safety and facilitate her to take a decision.

Discuss how to stay safer at home:

If she cannot avoid discussions that may escalate violence:

- Advise her to try and have such discussions in a room or in an area that has two openings or doors so that she can leave easily if threatened .
- Advise her to stay away as far as possible from any room where there may be weapons: knives, guns, hammers etc..
- If she has decided (already and on her own) that leaving is the best option for her, advise her to make her plans and leave for a safe place BEFORE she lets her husband / partner know. Otherwise, she may put herself and her children in danger of more violence or being killed. (It is known that there are higher violent acts immediately after separation.)

If she feels that it is not safe for her to return home:

Make appropriate referrals for shelter , safe housing, or work with her to identify a safe place she can go to (such as a friend’s/relative’s home or ²⁸ Shelters are available with Ministry of Women and Child Affairs **1938**, Women in Need **011 471 85 85** Information on other service providers is given in Annexure V).

When developing a safety plan consider:	
Safety at home	In case of an emergency: “Is there a neighbour who would respond if you shout out?,” “Is there anyone you can call on the mobile phone?” “Is there an additional key in case he locks you in?” “Is there a back door through which you can escape, if he threatened to kill you?”
Safe place to go	“If you need to leave your home in a hurry, where could you go? Parents, relations, friends?”
Planning for children	“If there are threats to injure or kill, would you go alone or take your children with you?” “How will you get to where you think safe?” “If, she is using public transport or taxi do you have any money kept aside for the purpose?”
Items to take with you	“Do you need to take any documents (ID, birth certificate etc.), keys, money, clothes, or other things with you if you have to leave in a hurry?”
Financial needs	“Do you have access to money if you need to leave in a hurry?”
Support of someone close by.	“Is there a neighbour who can call the police if you tell, or come to assistance if they hear sounds of beating or shouting from your home?”

28: A clinical handbook Health care for women subjected to intimate partner violence or sexual violence WHO/RHR/14.26

SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

Support

Please read section on support on the Health Sector Response to GBV:
The National Guideline for First Contact Point Health Care Providers Sri Lanka
As a HCP, It may not be possible to fulfil all the needs and expectations of the survivor within the available facilities of the Ministry of Health .
However, she may have urgent issues in mind :
e.g. She may not have had any food for some time, may have left children at a neighbour, may want to contact her parent or a relation.
It is important for you to recognise these needs of the survivor and do what is possible. Your concern itself will make her accept you and trust you.

Area of concern	
Ask her what issues are most important to her right now: Has she eaten? Where are the children?	"Apart from medical treatment what can we do to help you?" (<i>"Vedakama arena apita kohomada puluwan udavu karanna?"</i>)
Help her to identify and consider her options.	"There are places you can get help: Police, Womens' Development Unit at DS Office, etc" (<i>"Obata sevavak ganna yanna puluvan than kihipayak thiyenava: policiya,"</i>)
Help her to identify other family members who could help her : family member, friend, or trusted person in the community whom she could talk to.	"Is there any one to whom you can talk to or ask for help ?" (<i>"Obata katha karanna ho udavwak ganna kavuruvath innavada?"</i>) "Is there a way to talk to him/her" (<i>"Eyata kathakaranna vidihak thiyenavada?"</i>)

Please read the section on support in the Health sector response to GBV: National Guideline for First Contact Point Health Care Providers on page 23

Providing support	
Ask her what issues are most important to her right now.	"What would help the most if we could do it right away?" (<i>"Vedakama arena Mulinma apita karala denna puluvan monavada?"</i>)
Help her to identify and consider her options	"These are the places you can get help:Police,Womens unit DS Office,etc"" <i>Obata sevavan ganna yanna puluvan than kihipayak theyenava: policiya,...</i>
Does she have a family member, friend, or trusted person in the community whom she could talk to?	<i>Obata katha karanna ho udavwak ganna kavuruvath innavada? Kathakaranna vidihak thiyenavada?</i>
Does she have anyone who could help her with money?	(<i>"Danata viyadamata mudal thiyenavada? Illa ganna kenek innavada?"</i>)

More details of referring a survivor is given in section on referrals in pages 46 -47 in GBV National Guideline for First Contact Point Health Care Providers.

SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

MOH as a health manager, trainer, supervisor and a team leader

<p>Supervision</p>	<p>Institutionalise prevention and management of GBV in routine MOH supervisions</p> <p>Supervision of activities related to addressing GBV needs to be included in the routine supervisory activities of the MOH. This will result in institutionalisation of the subject of GBV in the agenda of the MOH.</p> <ul style="list-style-type: none"> ☛ Suggested steps: <ul style="list-style-type: none"> • Establish and maintain a register on GBV survivors identified by all categories of staff attached to your office. The register should be made available to staff to make their entries. (Format for this register is given in Annexure II). ☛ Each month, the number of survivors identified should be entered in this register by the PHMs, SPHMs, PHIs and PHNS separately: <ul style="list-style-type: none"> • by MOH: Information on GBV/DV directly • by PHMs : information on GBV, based on H523 • by SPHM / PHI / PHNS: information on GBV include directly ☛ MOH would submit collected data to FHB through H 524 regularly ☛ The entries should include the three indicators on GBV that are routinely reported to FHB through eRHMSIS : <ul style="list-style-type: none"> • Number of new survivors identified (Male/ Female) • Number of survivors provided with basic emotional support • Number of survivors referred for supportive services ☛ Data should be entered by the “PHM area” by all providers. ☛ Consolidation of data taken from this register to be done monthly and submitted to FHB through H524 ☛ Perusal of the data submitted as a routine by MOH, PHM, SPHM, PHI and PHN to be done regularly ☛ Review the situation of GBV reporting in your area regularly. <ul style="list-style-type: none"> • Based on the data from Sri Lanka Demographic and Health Survey 2016, it is expected that at least 2 percent of your population should be receiving services for GBV. This percentage can be used in evaluating the performance of the Health team in your area. • Supervision through observation at field visits and at work. <p>Routine supervisory visits to the offices of PHMs and PHIs and field visits should focus on:</p> <ul style="list-style-type: none"> • GBV prevention activities conducted at clinics and other community locations. • Pick up of new cases • effective referral and follow up • Perusal of Diaries maintained by PHMs, PHIs . • Ensure that flow of information up to Monthly statement (H524) is maintained uninterrupted. <p>PHM : Diary-> H 523 (Daily work sheet) -> Register at MOH Office -> H 524 PHI : Diary (include under “other” column)-> Register at MOH Office SPHM - Monthly enter the relevant data to the register at MOH office. PHNS : Monthly enter the relevant data to the register maintained at MOH office MOH : Monthly enter the relevant data (personally identified) to the register maintained at MOH office</p>
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SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

<p>Supervision</p>	<ul style="list-style-type: none"> Discuss the area situation at the monthly conference, reviewing the data collected in the register for the month. <p>To prevent duplication of data following questions are to be asked from the clients by each provider <i>“Have you ever discussed with any service provider of our MOH office regarding this issue before this?”</i> If the answer is “no” that client should be entered in the register If the answer is “yes” that client should not be entered in the new survivors column register to avoid duplication.</p> <ul style="list-style-type: none"> Ensure that anonymity and confidentiality is maintained by all categories of staff. <p>Ensure that Gender and GBV is considered as a cross cutting issue in most of the reproductive health programmes conducted by MOH staff</p> <p>GBV is an issue that has ramifications cross cutting all components of reproductive health programmes such as, maternal care, adolescent health, family planning and women’s health. Therefore, MOH should ensure that GBV is included in all relevant reproductive health programmes.</p> <ul style="list-style-type: none"> Already some of the programmes such as Maternal Care Package²⁹, At the Preconception Programme: highlight GBV as a negative determinant of health and family wellbeing. Ensure that Public Health Care Providers attached to the MOH office discuss gender attitudes which are harmful and contributes to GBV at opportunities such as home visits, clinics, weighing posts and schools. Ensure that Preschool teachers are sensitized on gender, gender stereotyping and gender attitudes by PHMs. Montessori teachers should impart positive gender attitudes and practices to children such as, mutual respect and caring among boys and girls, sharing responsibilities by both sexes in order to minimize gender stereotyping. Promote all PHMs to make aware her clients that GBV is a negative determinant of health and family wellbeing and discuss preventive factors.
<p>Monitoring and evaluation</p>	<p>Monitoring of the activities implemented by the MOOH, PHMs, , SPHMs, PHNS, PHIs is essential in ensuring effective implementation of preventive programmes to address GBV.</p> <p>This must be considered as a part of routine activities of the MOH.</p> <ul style="list-style-type: none"> Include GBV as an agenda item of the monthly conference and do a brainstorming on identification of new survivors, interventions carried out and the details of preventive programmes conducted. Monitor performances of PHMs and PHIs through data entered in GBV register at MOH office on, identification of new survivors, number provided emotional support and referral to the services. Evaluate GBV data within your area bi-quarterly and look for specific patterns, vulnerable groups or high risk areas and target preventive measures to address them.

29: Maternal care package: A guide to field health care workers Published by FHB/MoH

SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

<p>Training, skill development and support to the staff</p>	<p>Capacity building of the staff is important as the subject is new to some of them and needs a cautious approach especially at home visits.</p> <ul style="list-style-type: none"> • Include the topic of GBV in the routine training programmes for the public health staff and highlight the linkages of GBV with other RH issues. • Use a participatory approach including problem solving sessions in the training programmes so that staff can feel comfortable to share their experiences and challenges. • Include at least one in-service training (full day) per year on gender and GBV. Try to highlight the importance of first contact support (LIVES) as given in the guideline, GBV/DV and pregnancy and consequences on the children. • At least once in 6 months invite external resource persons to raise awareness on different aspects of the subject of GBV at the monthly conference. Assistance from Provincial or District level or the <i>Mithuru Piyasa/Natpu Nilayam</i> may be sought for this purpose. • You should conduct “in service” training of the PHMs, SPHMs, PHNS and PHIs using training tools provided by FHB: Preconception care guidelines, National Guideline for First Contact Point Health Care Providers Sri Lanka providers, and Gender based violence information booklet. • Utilize to the maximum the self-capabilities gained through training and skills development opportunities you had. Use every chance to join the quarterly review meeting of the <i>Mithuru Piyasa/Natpu Nilayam</i> in your area where local information is shared. • Select appropriate adult training and teaching methodologies such as, discussions, role plays, case studies and other interactive sessions for capacity building. While sharing experiences or case studies ensure that anonymity is maintained. • TOT manual on “Sathuta Sapiri Yahapath Pawulak Udesa Dhanathmaka Sanniwedanaya” has been developed for the specific purpose of addressing gender issues and it should be utilized in the training programmes. • Discuss the importance of guiding principles (pages 40 -43 in Guideline), first line support (LIVES) (pages 18 -23 in Guideline), referrals for other services (pages 46 - 47 in Guideline) during discussions at individual level or at meetings whenever the subject is discussed.
<p>Implementing preventive activities</p>	<p>GBV is clearly a public health issue. All the principles applied in preventive approaches of public health, should be in-corporated while implementing GBV prevention activities.</p> <p>Prevention of GBV through the routine programme for Newly Married Couples</p> <p>Follow the “Guidelines for delivery of the service package for newly married couples” and the General circular letter no: 02-68/2018 precisely.</p> <ul style="list-style-type: none"> • Ensure that the PHMs identify and register all newly married couples in the eligible family register (H 526). • Encourage and promote them to sensitize the newly identified couples about the “service package for newly married couples” and ensure participation of both husband and wife to both preconception care sessions. • Make sure that the sessions are delivered in a client friendly manner with time constraints of the clients in mind. • Ensure that the topics on benefits of non-violence, sexuality and good marital relationship is discussed in these sessions. • If any of the couples attending either of the sessions ask for any support in relation to GBV issues, you need to serve as a first contact health care provider and support them as given in the earlier section of this SOP.

SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

Implementing preventive activities	Conducting Community based preventive activities <p>Taking the leadership as the main preventive health professional in the area, implement awareness raising programmes to prevent GBV.</p> <ul style="list-style-type: none">• Target schools, work places, community/village societies such as youth clubs, sports clubs, and welfare societies etc. to conduct these programmes.• Select spaces where more men are present or conduct targeted programmes dedicated for men and boys.• Identify vulnerable groups for GBV in your area such as, free trade zone workers, youth and implement targeted activities.• Address the determinants of GBV identified through discussions with your staff such as alcohol abuse, substance use, negative media reporting etc.• Emphasize during all programmes the importance of minimizing gender discrimination, and negative gender attitudes which may lead to GBV.• Use and promote ‘happy family’ concept in your programmes (pages 56 - 58 of GBV : National in Guideline for First Contact Point Health Care Providers.)• Utilize available IEC material / training tools developed by MoH / FHB or approved by Gender and Women’s Health unit to improve public awareness in your area E.g.: posters, leaflets• Use the docu-drama: “Samanala Palama” developed by Gender and Women’ Health Unit of the FHB for awareness raising for public and as a training tool for capacity building programmes conducted by you or your staff.• Support community groups working in the area of GBV: Vigilant committees or CSOs or NGOs working on prevention and management of GBV . You may assist them by capacitating their members through sensitization workshops if required.• Measure the process and outcome of different GBV prevention programmes conducted using relevant indicators. (See the section on GBV prevention of the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka) <p><i>“Gender based violence information booklet”, “The Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka” and TOT manual on “Sathuta Sapiri Yahapath Pawulak Udesa Dhanathmaka Sanniwedanaya published by the FHB, HPB will provide technical inputs to enrich these programmes.</i></p>
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SOP for Medical Officers in preventive sector (Medical Officer of Health) contd.

Title : Standard Operating Procedure for prevention of GBV and managing survivors of GBV/DV for the Medical Officers in preventive sector (Medical Officer of Health)

Coordination and collaboration

Responding to GBV and supporting the survivor needs the collaboration of different sectors such as Health, Legal including Police and Social services (Essential services Package). In addition to these, other stakeholders such as other state actors: Ministries, Departments and institutions, media, CSOs and NGOs play a major role in supporting these survivors.

Therefore, coordination among these organisations and individuals becomes a key task at every level: National, Regional, local and individual. As the head of the preventive health delivery unit it is your task to establish linkages, network and facilitate the process of coordination so that your staff will find it easy to do their tasks effectively.

- Develop a Contact List of local and central agencies that you may have to collaborate in order to implement preventive activities and provide a survivor centred response to survivors identified by you or your staff.
- Once developed share it with the PHMs, SPHMs, PHIs, Regional Dental Surgeons, and PHNS.
- Establish connections with the Women and Child Development Unit at the Divisional Secretariat. This unit has the following officers providing services which are very important in making a holistic assistance to the survivor. They are :
 - Women Development Officer (WDO).
 - Counselling Assistant.
 - Psychosocial Assistant.
 - Early Child Care Development Officer (ECCD Officer).
 - Child Rights Promoting Officer.
 - Social Services Officer.
- You will be able to introduce some of these officials at the monthly meeting by inviting them and allocating time to explain their duties and share their experiences in the area of GBV.
- Make every effort to participate at forums common to all Government Officers in the district (when invited) such as District Committee meeting at DS Offices.
- Collaborate with and support *Mithuru Piyasa/ Natpu Nilayam* centres within your area.
 - Your assistance and cooperation is a key element in the successful functioning of *Mithuru Piyasa/ Natpu Nilayam*
 - Make all your staff aware about services available at *Mithuru Piyasa/ Natpu Nilayam* centres and promote referrals by indicating these centres as a key referral point.
 - Make an effort on attending quarterly and annual review meetings of *Mithuru Piyasa/ Natpu Nilayam* in your area whenever you are invited.

**Standard Operating Procedures
for
Public Health Midwives
in Preventive Sector**

Standard Operating Procedures (SOPs) contd.

3.4 SOPs for the Public Health Midwives in the preventive sector

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

Target Group:

Public Health Midwives attached to MOH offices.

Purpose:

To assist the PHMs in carrying out activities effectively and uniformly, to prevent GBV in communities they work, respond to survivors they meet, at clinics or during home visits and coordinate with other service providers including *Mithuru Piyasa/Natpu Nilayam*.

Scope:

To guide the PHMs who serves as a first contact point to survivors, identified at clinics or at home visits and during routine activities such as Antenatal care, Postnatal care, Early childhood care, IYCF, Immunization, Family planning, Programme for Newly Married Couples and Well Woman Clinics. PHMs are the focal point for MCH care at grass-root level.

Preventive activities at domiciliary level and at community level are important components of her work. In addition, coordination and collaboration with other agencies such as *Mithuru Piyasa/Natpu Nilayam* is an essential aspect of her work.

References:

Related chapters from National Guideline for First Contact Point Health Care Providers Sri Lanka

Responsibilities:

You are responsible for identifying and offering services (L.I.V.E.S.) as first contact providers, to those who divulge GBV/DV during home visits, clinics or during any other care delivery situation. In addition, preventive activities conducted during routine programmes, home visits or clinics such as awareness raising on Gender and GBV are key responsibilities.

Networking with other actors such as *Mithuru Piyasa/Natpu Nilayam* and Women Development Units at DS Office is important and should be done as directed by the MOH.

Action Points**PHM as a First contact provider****Receiving the survivor**

- Receive her in a very friendly and non-official manner to make her feel welcome.
- Greet her according to the time and way used in the community and offer a seat.
- Talk to her as talking to a friend.
- Address her by the first name, if you know it or after the initial introductions.
- Sit at the same level so that the survivor will not feel daunted or “small”
- Maintain same eye level and eye contact.
- She may be exhausted and offer a glass of water, If she asks and where possible.
- Ensure privacy within the available facilities.
- May offer a chaperone and have her with the survivor’s consent.
- Choose a private place to talk, where no one can overhear depending on the facilities available. Improvise accordingly: talk softly; she may divulge more information at the examination.

SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

Asking about Violence

When she had not disclosed but you suspect :

- ☛ Ask very sensitively and raise the issue in general terms but keep a look out for her responses and proceed gently.
- ☛ Opening statements you can make to raise the subject of violence before you ask direct questions:
 - “Many women have told me that they experience problems with their husband or partner, they live with.”
 - “I have seen women with problems like yours, who have been experiencing trouble at home.”
- ☛ Later you may use simple but direct, questions to indicate that you genuinely want to hear about her problems. If she agrees, continue to ask questions and listen to her story.

If she discloses violence initially or answers “yes” to any of these questions, offer her first-line support (See page 18 - 23 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).

- ☛ Now you may probe more about the violence:
 - “Are you scared of your husband or partner?”
 - “Has your husband (or partner) or someone else at home ever threatened to hurt you or physically harm you in some way? If so, when did it happen?”
 - “Does your husband (or partner) or someone at home bully you or insult you?”
 - “Does your husband (or partner) try to control you, for example not letting you decide what to buy or go out of the house?”
 - “Has your husband (or partner) forced you into having sex or forced you to do any sexual act you did not want?”
 - “Has your husband (or partner) threatened to kill you?”

If she denies violence even in the presence of signs or evidence:

- Understand that she may be having her own reasons.
- Do not pressurize her.

Try to establish a connection so that she can reach you/hospital as and when she feels like . (See page 17 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).

SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

<p>Provide First Line Support:</p> <p>(Listen, Inquire, Validate, Ensure safety, Support)</p>	<p>What must be done as you start talking</p> <ul style="list-style-type: none"> • During the whole process it is important to maintain an effective, responsive and empathetic conversation: • Encourage her to talk and show that you are genuinely listening. • Do not force/order her to talk but encourage her. (“Do you want to say more about that?” “Can you share with me more about it”). • Assure her that you will not repeat what she says to anyone else. • Assure her that you will not mention that she was there to anyone who doesn’t need to know (except for administrative or legal reasons). • If you are obliged to report her situation e.g. grievous injuries, explain why you must report and to whom. • Allow her to continue talking if she wishes. • Allow silences. If she cries, give her time to recover. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>You do NOT need to:</p> <ul style="list-style-type: none"> • find solutions to all her problems • pressurize or convince her to leave a violent relationship. • pressurize or convince her to go to police, the courts or any other services • ask questions that embarrass her or to relive painful event. • ask her to think of reasons / causes for what happened <p>These actions could do more harm than good.</p> </div>										
<p>Listen</p>	<p>Listen actively,</p> <ul style="list-style-type: none"> • Empathetic listening by the provider may be the first action which starts the survivor on the path to recovery and rehabilitation. • Often the person may not have divulged her emotions to anyone and you may be the first person to whom the survivor unburdens herself. • Listen non-judgmentally, giving her enough time to cry, if she feels so. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #ADD8E6;">Listening to a survivor</th> </tr> <tr> <th style="background-color: #ADD8E6;">Appropriate ✓</th> <th style="background-color: #FF6347;">Inappropriate ✗</th> </tr> </thead> <tbody> <tr> <td>Be patient and calm.</td> <td>Don’t pressurize her to tell her story.</td> </tr> <tr> <td>Let her know you are genuinely listening; for example: nod your head or say “hmm...”</td> <td>Don’t look at your watch or speak too rapidly. Don’t answer the telephone, look at a computer</td> </tr> <tr> <td>Acknowledge how she is feeling. “I understand how sad you are.” (<i>“mata hondata therenava oyata danunu duka.”</i>)</td> <td>Don’t judge what she has done or has not done, Don’t say: You should not get angry (<i>“oyata tharaha yanna honda naa,”</i>) or, “you must be happy that escaped only with this” (<i>“oya tharamin beruna eka gana sathutu venna ona”</i>) or, “How sad that it happened to you (<i>“ane pavv oyata vuna de”</i>).</td> </tr> </tbody> </table>	Listening to a survivor		Appropriate ✓	Inappropriate ✗	Be patient and calm.	Don’t pressurize her to tell her story.	Let her know you are genuinely listening; for example: nod your head or say “hmm...”	Don’t look at your watch or speak too rapidly. Don’t answer the telephone, look at a computer	Acknowledge how she is feeling. “I understand how sad you are.” (<i>“mata hondata therenava oyata danunu duka.”</i>)	Don’t judge what she has done or has not done, Don’t say: You should not get angry (<i>“oyata tharaha yanna honda naa,”</i>) or, “you must be happy that escaped only with this” (<i>“oya tharamin beruna eka gana sathutu venna ona”</i>) or, “How sad that it happened to you (<i>“ane pavv oyata vuna de”</i>).
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SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

Listen contd.

Listening to a survivor	
Appropriate ✓	Inappropriate ✗
Let her tell her story at her own pace.	Don't rush her. Do not say: "Please be quick. I have lot of work" (<i>"Ikman karanna, mata thava godak leddu innava"</i>)
Give her the opportunity to say what she wants. Ask, "How can we help you" (<i>"apita oyata udavu karanna pulvan kohomada?"</i>) (<i>"Apen kerenna ona monavada"</i>)	Don't assume that you know what is best for her. "I will tell you what you must do" (<i>"Mama kiyannam oya karanna ona de"</i>) "You must do like this" (<i>"Oya mehema karanna ona"</i>)
Encourage her to keep talking if she wishes. Ask, "Do you have anything else in mind to tell me" (<i>"oyata thava mokuth kiyanna hithe thiyana vada?"</i>)	Don't interrupt. Wait until she finishes before asking questions. "Wait, tell me before that" (<i>"Poddak Inna, mata meka kiyala inna"</i>)
Allow for silence. Give her time to think. "It is O.K. for you to take time to tell" (<i>"Kamak naha, oya ohoma tikak indala kiyannanna"</i>)	Don't try to complete her thoughts for her "OK.OK, you don't like to go to Police" (<i>"hari hari, e kiyanne oya policiyata yanna kamthi nahane"</i>)
Stay focused on her experience and on offering her emotional support.	Don't tell her someone else's story or talk about your own troubles. It does not help her.
Acknowledge what she wants and respect her wishes: "I understand the way you think" (<i>"Oya hithana vidiya mata therenava,"</i>) "Let's see how we can help you to do it that way" (<i>"e vidihata karanna oyata udavu venne kohomada kiyala balamu"</i>)	Don't think and act as if you must or can solve her problems. "I will tell you the solution to your problem" (<i>"oyage prashneta visanduma mekai.....mama kiyannam"</i>)

SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

Inquire about needs and concerns	Phrase your questions as invitations to speak. “What would you like to talk about?” (“ <i>Oba katha karanna kamathi monava ganada?</i> ”)
	Ask open-ended questions to encourage her to talk instead of getting her to say: yes or no. “How do you feel about that?” (“ <i>Obata me gana hithenne kohomada?</i> ”)
	Repeat or restate what the person says to check your understanding. “You mentioned that you feel very frustrated ,Have I understood it correctly?” (“ <i>Oba keeva obata siyalla epa vuna kiyala, mama therum gattha hari neda?</i> ”)
	Reflect her feelings. “It sounds as if you are feeling angry about that...” (“ <i>Mata therena vidiyata Oyata ekata tharaha yanna ethi neda?</i> ”)
	Explore as and when indicated. “Could you tell me more about that?” (“ <i>Mata egana thava tikak kiyanna puluvanda?</i> ”)
	Ask for clarification if you don’t understand. “Can you explain that again, please?” (“ <i>Karunakarala mata navatha e gana visthara kranna puluvanda?</i> ”).
	Help her to identify and express her needs and concerns. “Is there anything that you need or are concerned?” (“ <i>obata uvamana deyak ho obata gataluvak thiyavada?</i> ”) “It sounds like you may need a place to stay”. (“ <i>Obata danata navathinna thanak ona vage neda?</i> ”) “It sounds like you are worried about your children.” (“ <i>Mata hithena vidiyata oyage daruwo gana bayaen inne?</i> ”)
	Don’t ask leading questions, such as “I would imagine that made you feel upset, didn’t it?” (“ <i>Mata hithenava ekata oyata duka hithenna ethi kiyala. Ehome neda?</i> ”)
	Don’t ask “why” questions, such as “Why did you do that?” (“ <i>Ai oya ehema keruve?</i> ”) That may sound accusing. (“Why did you go without telling” (“ <i>Ai oya nokiya giye?</i> ”)
<u>Inquire about her immediate needs and concerns</u> This is important in allaying her anxiety and building a good rapport.	

SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

<p>Validate</p>	<p>Validate her experience by telling her that, you believe what she says, that you do not blame her for the abuse, and that it has been experienced by others. For example, you can say:</p> <table border="1" data-bbox="331 488 1465 716"> <tr> <td data-bbox="331 488 403 562"></td> <td data-bbox="411 488 1465 562"> <p>“No-one deserves to be abused” <i>(“Kavuruvathma guti kanna vatinne naha”)</i></p> </td> </tr> <tr> <td data-bbox="331 562 403 636"></td> <td data-bbox="411 562 1465 636"> <p>“There is no excuse for domestic abuse” <i>(“Gruhastha hinsanaya mona vidiyen vath sadharneeya karneya karanna baha”)</i></p> </td> </tr> <tr> <td data-bbox="331 636 403 716"></td> <td data-bbox="411 636 1465 716"> <p>“There may be options that we can look at” <i>(“Thava karanna pulavan deval athi. Api eva ganath balamu”)</i></p> </td> </tr> </table>		<p>“No-one deserves to be abused” <i>(“Kavuruvathma guti kanna vatinne naha”)</i></p>		<p>“There is no excuse for domestic abuse” <i>(“Gruhastha hinsanaya mona vidiyen vath sadharneeya karneya karanna baha”)</i></p>		<p>“There may be options that we can look at” <i>(“Thava karanna pulavan deval athi. Api eva ganath balamu”)</i></p>
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<p>Ensure safety</p>	<p>Safety of the survivor and her children should be a prime concern of all HCPs who care for them.</p> <ul style="list-style-type: none"> • Need to assess the risk of immediate. (Refer the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka). <div data-bbox="331 853 1442 1137" style="border: 1px solid black; background-color: #e0f0ff; padding: 5px;"> <p>Factors for risk Assessment</p> <ul style="list-style-type: none"> • Has the physical violence happened more often or gotten worse over the past 6 months? • Has he ever used a weapon or threatened you with a weapon? • Has he ever tried to strangle you? • Do you believe he could kill you? • Has he ever beaten you when you were pregnant? • Is he violently and constantly jealous of you? </div> <p>If the survivor answers “yes” to more than 3 questions, there is a considerable risk to her safety.</p> <ul style="list-style-type: none"> • Discuss with her the ways to improve her safety . She would know the circumstances at home, and be the best person to decide what is appropriate. You should prompt her to think about safety and facilitate her to take a decision. <p>Discuss how to stay safer at home:</p> <ul style="list-style-type: none"> • <u>If she cannot avoid discussions with her partner that may escalate violence</u> • Advise her to try to have such discussions in a room or in an area that has two openings or doors so that she can leave easily if threatened . • Advise her to stay away as far as possible from any room where there may be weapons: knives, guns, hammers etc.. • <u>If she has decided (already and on her own) that leaving is the best option for her, advise her to make her plans and leave for a safe place BEFORE she lets her husband / partner know. Otherwise, she may put herself and her children in danger of more violence or being killed. (It is known that there are higher violent acts immediately after separation.)</u> 						

SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

<p>Ensure safety</p>	<p>If she feels that it is not safe for her to return home. Make appropriate referrals for shelter , safe housing, or work with her to identify a safe place she can go to (such as a friend's/relative's home or ³⁰Shelters are available with Ministry of Women and Child Affairs 1938, Women in Need 011 471 85 85 Information on other service providers is given in Annexure V).</p> <table border="1" data-bbox="331 593 1463 1473"> <thead> <tr> <th colspan="2" data-bbox="331 593 1463 633">When developing a safety plan consider:</th> </tr> </thead> <tbody> <tr> <td data-bbox="331 633 831 891">Safety at home</td> <td data-bbox="831 633 1463 891"> In case of an emergency: <i>"Is there a neighbour who would respond if you shout out?"; "Is there anyone you can call on the mobile phone?"</i> <i>"Is there an additional key in case he locks you in?"</i> <i>"Is there a back door through which you can escape if he threatened to kill you?"</i> </td> </tr> <tr> <td data-bbox="331 891 831 965">Safe place to go</td> <td data-bbox="831 891 1463 965"> <i>"If you need to leave your home in a hurry, where could you go? Parents, relations, friends?"</i> </td> </tr> <tr> <td data-bbox="331 965 831 1144">Planning for children</td> <td data-bbox="831 965 1463 1144"> <i>"If there are threats to injure or kill, would you go alone or take your children with you?"</i> <i>"How will you get to where you think safe?"</i> <i>"If, using public transport or taxi do you have any money kept aside for the purpose?"</i> </td> </tr> <tr> <td data-bbox="331 1144 831 1256">Items to take with you</td> <td data-bbox="831 1144 1463 1256"> <i>"Do you need to take any documents (ID, birth certificate etc.), keys, money, clothes, or other things with you if you have to leave in a hurry?"</i> </td> </tr> <tr> <td data-bbox="331 1256 831 1330">Financial needs</td> <td data-bbox="831 1256 1463 1330"> <i>"Do you have access to money if you need to leave in a hurry?"</i> </td> </tr> <tr> <td data-bbox="331 1330 831 1473">Support of someone close.</td> <td data-bbox="831 1330 1463 1473"> <i>"Is there a neighbour who can call the police if you tell to call"</i> <i>or "come to assistance if they hear sounds of beating or shouting from your home?"</i> </td> </tr> </tbody> </table>	When developing a safety plan consider:		Safety at home	In case of an emergency: <i>"Is there a neighbour who would respond if you shout out?"; "Is there anyone you can call on the mobile phone?"</i> <i>"Is there an additional key in case he locks you in?"</i> <i>"Is there a back door through which you can escape if he threatened to kill you?"</i>	Safe place to go	<i>"If you need to leave your home in a hurry, where could you go? Parents, relations, friends?"</i>	Planning for children	<i>"If there are threats to injure or kill, would you go alone or take your children with you?"</i> <i>"How will you get to where you think safe?"</i> <i>"If, using public transport or taxi do you have any money kept aside for the purpose?"</i>	Items to take with you	<i>"Do you need to take any documents (ID, birth certificate etc.), keys, money, clothes, or other things with you if you have to leave in a hurry?"</i>	Financial needs	<i>"Do you have access to money if you need to leave in a hurry?"</i>	Support of someone close.	<i>"Is there a neighbour who can call the police if you tell to call"</i> <i>or "come to assistance if they hear sounds of beating or shouting from your home?"</i>
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30: A clinical handbook Health care for women subjected to intimate partner violence or sexual violence WHO/RHR/14.26

SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

<p>Support</p>	<p>Please read section on support on the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka As a HCP, It may not be possible to fulfil all the needs and expectations of the survivor within the available facilities of the Ministry of Health . However, she may have urgent issues in mind : e.g. She may not have had any food for some time, may have left children at a neighbour, may want to contact her parent or a relation. It is important for you to recognize these needs of the survivor and do what is possible. Your concern itself will make her accept you and trust you.</p> <table border="1" data-bbox="331 730 1468 1249"> <thead> <tr> <th colspan="2" data-bbox="331 730 1468 772">Area of concern</th> </tr> </thead> <tbody> <tr> <td data-bbox="331 772 901 882">Ask her what issues are most important to her right now: Has she eaten? Where are the children?</td> <td data-bbox="901 772 1468 882">“Apart from medical treatment what can we do to help you?” (“Vedakama areenna, apita kohomada puluvan udavu karanna?”)</td> </tr> <tr> <td data-bbox="331 882 901 1025">Help her to identify and consider her options.</td> <td data-bbox="901 882 1468 1025">“There are places you can get help: Police, Womens’ Development Unit at DS Office, etc” (“Obata sevavak ganna yanna puluvan than kihipayak thiyenava: policiya,”)</td> </tr> <tr> <td data-bbox="331 1025 901 1249">Help her to identify other family members who could help her : family member, friend, or trusted person in the community whom she could talk to.</td> <td data-bbox="901 1025 1468 1249">“Is there any one to whom you can talk to or ask for help ?” (“Obata katha karanna ho udavwak ganna kavuruvath innavada?”) (“Is there a way to talk to him / her”) (“Eyata kathakaranna vidihak thiyenavada?”)</td> </tr> </tbody> </table>	Area of concern		Ask her what issues are most important to her right now: Has she eaten? Where are the children?	“Apart from medical treatment what can we do to help you?” (“Vedakama areenna, apita kohomada puluvan udavu karanna?”)	Help her to identify and consider her options.	“There are places you can get help: Police, Womens’ Development Unit at DS Office, etc” (“Obata sevavak ganna yanna puluvan than kihipayak thiyenava: policiya,”)	Help her to identify other family members who could help her : family member, friend, or trusted person in the community whom she could talk to.	“Is there any one to whom you can talk to or ask for help ?” (“Obata katha karanna ho udavwak ganna kavuruvath innavada?”) (“Is there a way to talk to him / her”) (“Eyata kathakaranna vidihak thiyenavada?”)
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<p>Referrals</p>	<p>Service needs of survivors are multiple and you may not be able to provide all. Referrals where necessary must be done under the guidance of the MOH.</p> <ul style="list-style-type: none"> • When necessary, survivors should be offered referrals to such services. If accepted, the process should be facilitated by : giving information on the service, need for referral, location or contact details and what to expect there. • It is also important to give a referral note, through MOH, which should be carefully written. So that the safety of the survivor is not jeopardized in case the perpetrator finds it. • Hospital based GBV care centres: <i>Mithuru Piyasa /Natpu Nilayam</i> is one of the key points of referrals where befriending and other necessary services are available. Clients can be referred directly by the PHM. • List of available services and contact details are given in the Annexure III, IV and V of this document. <p><i>A more extensive list of service providers have been published as Directory of Service Providers by the FHB/MoH.</i></p>								

SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

PHM as a preventive health care provider

<p>Implementing preventive activities</p>	<p>GBV is a public health issue and primary prevention is a key component of the Ministry of Health response to GBV. PHM as the service provider is closely linked to the family and the community and has a very good opportunity to contribute towards prevention of GBV.</p> <p>Home visits: During home visits PHM should be vigilant and observant to identify negative gender attitudes and behaviours among the members of the families which may contribute to GBV. If any of them are observed, create an environment to initiate a discussion/ dialogue on negative consequences of such attitudes or behaviours. Sensitize and empower them towards changing their negative gender attitudes or gender stereotypical practices, in order to create a violence free environment in families. If positive behaviours are observed appreciate and encourage them.</p> <p>Promoting Happy Family concept: This can be advocated at all preventive programmes where you are active such as Antenatal clinics, Programme for Newly Married Couples Post Natal Clinics, and Home visits and almost anywhere you come into contact with families or individuals. One effective way of prevention of GBV is by introducing 'Happy Family' concept to both mothers and fathers (pages 56 - 58 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers). Steps of a "Happy Family" programme are:</p> <ul style="list-style-type: none"> • Show them how a "Happy family" looks like through interactive sessions. • Ask their views on the features of a "Happy Family". • You can even request them to identify characteristics of a "Happy Family" as they perceive. • If all the members of a family are happy, then that family can be called a 'Happy Family'. • Discuss things they could collectively do to convert their family to a "Happy Family". • Try to focus on factors such as domestic violence, alcohol and tobacco use, poor money management, media influence, and poor relationship between father and the mother through a question and answer session with them. • Discuss the factors identified with them to show the impact. • Discuss the measures to address such factors with them which lead to a "Happy Family". • Identify a process to start action with them. <p>Programme for Newly Married Couples:</p> <ul style="list-style-type: none"> • Follow the instructions given relevant to PHM in "Guidelines for delivery of the service package for newly married couples" issued under the General circular letter no: 02-68/2018. • Be on the lookout and identify newly married couples in your area and register in the eligible family register (H 526). • Talk to the newly identified couples about the "service package for Newly Married Couples" highlighting the benefits of attending the programme. Promote them to attend by repeated reminders and by making suitable arrangements to prevent delays and waste of their time. • Explain the importance of both partners being present and especially encourage the participation of the male partner. • Even if the couple is not legally married but living together encourage them to participate at these sessions. • If, after participation she/he divulges GBV/DV, act as the first contact provider and provide assistance (L.I.V.E.S.) as described in the previous section.
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SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

<p>Implementing preventive activities</p>	<p>Antenatal education programmes During the antenatal care, health education session “<i>sasi</i>” is a good opportunity to discuss the subject of GBV, in general.</p> <ul style="list-style-type: none"> • Always encourage participation of both husband and wife to these classes. • Sensitize both partners about the importance of antenatal period and the benefits of having a non-violent relationship. <p>During the provision of ante natal and post natal care GBV particularly DV has a negative health impact on pregnancy and is considered as a risk factor (Refer the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka)</p> <ul style="list-style-type: none"> • It is well known that there are many negative consequences of GBV during pregnancy : Preterm labour, ante partum haemorrhage, IUGR, Intrauterine death, Abortion...etc. • Some of the deaths in pregnancy are suicides and some of them are associated with domestic violence. They may have been prevented if help was offered early and effectively. • Display IEC material available in a prominent place in the clinic so that more women would seek help. • Asking about DV is recommended as a part of antenatal care (WHO). If divulged First Line Support (LIVES) should be provided as given in the earlier section. • Use only non-threatening questions to identify GBV. <i>“Hope your husband is supporting you during this period?”</i> <i>“As it is important for proper growth of your child, I assume both you and your husband have a happy family life?”</i> <i>“Hope your husband is helping to look after your child/children?”</i> • It is best to ask more than once (3-4 times) during the antenatal period and at the post natal visit because survivors find it difficult to divulge. • If she divulges DV at this point, provide First Line Support (L.I.V.E.S) and refer to <i>Mithuru Piyasa/ Natpu Nilayam</i>. • Some of them may need in-depth counselling and additional emotional support because pregnancy itself can exacerbate depressive mental states and some may have suicidal ideation or even commit suicide. • When conducting classes for mothers, show them how GBV impacts on pregnancy, child growth and development without unduly alarming them. Remember that some of them may be already undergoing violence at home. • Pay special attention to those who miss appointments, those registering late, and those who do not follow instructions to get admitted or blood tests etc. because they may have issues such as DV which may be the reason for non-compliance. • In general terms, inform all mothers attending antenatal classes (<i>sasi</i>) about service points including <i>Mithuru Piyasa/Natpu Nilayam</i> available in the area and say “<i>in case someone who is known to you need the information</i>”. • If a survivor is identified with a life threatening situation related to GBV /DV make an entry in the “Red Book”, inform MOH and follow her up with her guidance. • When conducting home visits, including post natal visits, be on the lookout for injuries bruises etc. on mothers, unusually sad or depressed mothers. (They may be sad for reasons other than pain in the breast or feeding difficulties.)
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SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector	
Implementing preventive activities	<p>Including GBV in Well Women Programme and other RH programmes</p> <ul style="list-style-type: none"> • Display IEC material on GBV/DV available in a prominent place in the clinic • Make the attendees aware about the impact of GBV on wellbeing of the family and especially on women and children in the family. • Make them aware of the available services for survivors. Eg: <i>Mithuru Piyasa/Natpu Nilayam</i>. <p>If any client ask for any support in relation to GBV during preventive work , you need to serve as a first contact health care provider and support them as described in the earlier section of this SOP.</p>
Networking with <i>Mithuru Piyasa/Natpu Nilayam</i> and other service providers	<p>Being aware of and having linkages with other service providers, especially <i>Mithuru Piyasa/Natpu Nilayam</i> is very important. Many other health and non health agencies are active in the area of GBV care provision and you should network with them under the guidance of the MOH..</p> <ul style="list-style-type: none"> • Connect with the <i>Mithuru Piyasa/Natpu Nilayam</i> and develop a positive relationship with the relevant staff of <i>Mithuru Piyasa</i> centres in the area. • Utilize the services available at <i>Mithuru Piyasa/Natpu Nilayam</i> to help the survivors, you come across during home visits, clinics or programmes. • Follow up the client on the referrals sent to other care providers in a sensitive manner and only if the survivor agrees. • Keep a list of GBV service providers in your area. You may need to communicate with them in a hurry. MOH may have developed a list of local service providers (Contact details of some of the service providers is included as Annexure III, IV and V. More details are available in the Service Directory published by FHB / MoH). • Network with the Women Development Unit of the DS Office under the guidance of MOH . Following officers function at the Women Development Unit and they could help the survivor. <ul style="list-style-type: none"> • Women Development Officer • Counselling Assistant • Psychosocial Assistant • Early Childhood Care and Development Officer • Child Rights Promotion Officer • Social Services Officer • You could utilize the services of the above staff officers such as the counselling assistant to provide services to affected women and children • Participate in their meetings whenever possible to share your experience in GBV prevention. • Support DS office staff to align their programme with a focus on addressing determinants of GBV. Share your knowledge on GBV with them too.

SOPs for the Public Health Midwives in the preventive sector contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV in the field by Public Health Midwives (PHMs) in the preventive sector

Collecting accurate data on GBV

Data collection is an important component of the GBV response. Data and other information collected through you will help the FHB / MoH to collate national level data (SDG etc.), to know the issues relevant to your area and plan interventions.

- You should be collecting accurate information on new survivors of GBV identified throughout your activities: during registration of children, mothers, eligible couples ,when attending all clinics and on your home visits. (On your diary by the dedicated number e.g. Eligible Family Register)
 - Once collected, the data and information must be kept confidentially and as far as possible anonymity must be ensured.
 - Information transmission must be on numbers and not by name.
1. Collect the data on the following to be included in H 523.
 - 1.1 No: of survivors identified,
 - 1.2 No: provided emotional support
 - 1.3 No: referred to supportive services of your area
 2. Above data to be entered by PHM, PHI, SPHM, SPHI, PHNS and MOH in the GBV Register kept at the MOH every month before 5th of the next month.
 3. Submit the collective data on No: of survivors identified, No: provided emotional support and referred to supportive services of your area **through H524.**
 4. Flow of data: **PHMs Diary-> H 523 (Daily work sheet)> Data from GBV register of MOH-> H 524 > e-RHMIS**

**Standard Operating Procedures
for
Public Health Inspectors**

Standard Operating Procedures (SOPs) contd.

3.5 SOPs for Public Health Inspectors (PHIs)

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV for Public Health Inspectors (PHIs)

Target Group:

Public Health Inspectors

Purpose:

To provide guidance in effectively conducting activities to prevent GBV in the community and providing first contact services if a survivor is identified.

Scope:

To conduct programmes planned to prevent GBV in your area with the guidance of MOH targeting particularly men. As an all-male category, PHIs can be effective leaders to encourage male participation in preventive activities. Provide support in implementing other established programmes such as programme for Newly Married Couples,

References:

Related chapters from the Health Sector Response to GBV. National Guideline for First Contact Point Health Care Providers Sri Lanka.

Responsibilities:

You are responsible for effectively conducting programmes towards prevention of GBV utilising the opportunity to raise awareness in schools, particularly among boys. In addition conduct targeted programmes on prevention among special groups such as: trishaw drivers, bus drivers and conductors or drivers of school vans. If a person divulges (may be a woman or a man) GBV, you will be responsible for giving first line support as described and refer to a service point such as *Mithuru Piyasa/Natpu Nilayam*.

Action Points:

PHI as a first contact point provider

Receiving the survivor

- Receive him/her in a very friendly and non-official manner to make him/her feel welcome.
- Greet him/her according to the time and way used in the community and offer a seat.
- Talk to him/her as talking to a friend.
- Address him/her by the first name, if you know it or after the initial introductions.
- Sit at the same level so that the survivor will not feel daunted or “small”.
- Maintain same eye level and eye contact.
- He/She may be exhausted and offer a glass of water If he/she asks and where possible.
- Ensure privacy within the available resources.
- Choose a private place to talk, where no one can overhear depending on the facilities available. Improvise accordingly: talk softly; he/she may divulge more information at the examination.
- Offer the survivor a chaperone and have him/her with the survivor’s consent.

SOPs for Public Health Inspectors (PHIs) contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV for Public Health Inspectors (PHIs)

Asking about Violence

When he/she had not disclosed, but you suspect :

- Ask very sensitively and raise the issue in general terms, but keep a look out for him/her responses and proceed gently.
- Opening statements you can make to raise the subject of violence before you ask direct questions:
 - *“Many men/women have told me that they experience problems with their husband or partner, they live with.”*
 - *“I have seen men/women with problems like yours, who have been experiencing trouble at home.”*
- Later, you may use simple but direct questions to indicate that you genuinely want to hear about his/her problems. If he/she agrees, continue to ask questions and listen to his/her story.

If he/she denies violence, even in the presence of signs or evidence:

- Understand that he/she may be having his/her own reasons to do so.
- Do not pressurize his/her or stress her to answer yes.

Try to establish a connection with her so that she can reach you / hospital as and when she feels like. (See pages 18 - 23 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).

If he/she discloses violence initially, or answers “yes” to any of these questions, offer her first-line support (See page 17 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).

- Now you may probe more about the violence:
 - *“are you scared of your husband (or partner)?”*
 - *“Has your husband (or partner) or someone else at home ever threatened to hurt you or physically harm you in some way? If so, when did it happen?”*
 - *“Does your husband (or partner) or someone at home bully you or insult you?”*
 - *“Does your husband (or partner) try to control you, for example not letting you decide what to buy or go out of the house?”*
 - *“Has your husband (or partner) forced you into having sex or forced you to do any sexual act you did not want?”*
 - *“Has your husband (or partner) threatened to kill you?”*

SOPs for Public Health Inspectors (PHIs) contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV for Public Health Inspectors (PHIs)

<p>Provide First Line Support:</p> <p>(Listen, Inquire, Validate, Ensure safety, Support)</p>	<p>What needs to be done as you start talking :</p> <ul style="list-style-type: none"> • During the whole process, it is important to maintain an effective, responsive and empathetic conversation. • Encourage her to talk and show that you are genuinely listening. • Do not force / order her to talk but encourage her. (“Do you want to say more about that?” “Can you share with me more about it?”) • Assure her that you will not repeat what she says to anyone else. • Assure her that you will not mention that she was at the hospital to anyone who doesn’t need to know. (except for administrative or legal reasons). • If you are obliged to report her situation, e.g. grievous injuries, explain why you must report and to whom. • Encourage her to continue talking if she wishes. • Allow silences. If she cries, give her time to recover. <p>You do not need to:</p> <ul style="list-style-type: none"> • find solutions to all her problems. • pressurize or convince her to leave a violent relationship. • pressurize or convince her to go to police, the courts or any other services. • ask questions that embarrass her or to relive painful events. • ask her to think of reasons / causes for what happened. <p>These actions could do more harm than good.</p>
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<p>Listen</p>	<p>Listening is one of the key interactions with the survivor and one of the most important.</p> <ul style="list-style-type: none"> • Empathetic listening by the provider may be the first action which starts the survivor on the path to recovery and rehabilitation. • Often the person may not have divulged her emotions to anyone and you may be the first person to whom the survivor unburdens herself. • Listen actively, non-judgmentally, giving her enough time to cry, if she feels so.
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Listening to a survivor	
Appropriate ✓	Inappropriate ✗
Be patient and calm.	Don't pressurize her to tell her story.
Let her know you are genuinely listening; for example: nod your head or say “hmm....”	Don't look at your watch or speak too rapidly. Don't answer the telephone, look at a computer
Acknowledge how she is feeling. “I understand how sad you are.” (“mata hondata therenava oyata danunu duka.”)	Don't judge what she has done or has not done, Don't say: “You should not get angry” (“oyata tharaha yanna honda naa;”) or, “you must be happy that escaped only with this” (“oya tharamin beruna eka gana sathutu venna ona”) or, “How sad that it happened to you (“ane pavu oyata vuna de”).

SOPs for Public Health Inspectors (PHIs) contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV for Public Health Inspectors (PHIs)

Listen contd.

Listening to a survivor	
Appropriate ✓	Inappropriate ✗
Let her tell her story at her own pace .	Don't rush her "Please be quick.I have lot of work" (<i>"Ikman karanna, mata thava godak leddu innava"</i>)
Give her the opportunity to say what she wants. Ask, "How can we help you" (<i>"apita oyata udavu karanna pulvan kohomada?"</i>) "Apen kerenna ona monavada"	Don't assume that you know what is best for her. "I will tell you what you must do" (<i>"Mama kiyannam oya karanna ona de"</i>) "You must do like this". (<i>"Oya mehema karanna ona"</i>)
Encourage her to keep talking if she wishes. Ask, "Do you have anything else in mind to tell me" (<i>"oyata thava mokuth kiyanna hithe thiyavada?"</i>)	Don't interrupt. Wait until she finishes before asking questions "Wait, tell me before that" (<i>"Poddak Inna, mata meka kiyala inna"</i>)
Allow for silence. Give her time to think. "It is O.K. for you to take time to tell" (<i>"Kamak naha, oya ohoma tikak indala kiyanna"</i>)	Don't try to complete her thoughts for her "OK.OK, you don't like to go to Police" (<i>"hari hari, e kiyanne oya policiyata yanna kamthi nahane"</i>)
Acknowledge what she wants and respect her wishes: " I understand the way you think" (<i>"Oya hithana vidiya mata therenava,"</i>) "Let's see how we can help you to do it that way" (<i>"e vidihata karanna oyata udavu venne kohomada kiyala balamu"</i>)	Don't think and act as if you must or can solve her problems. "I will tell you the solution to your problem" (<i>"oyage prashneta visanduma mekai.....mama kiyannam"</i>)

SOPs for Public Health Inspectors (PHIs) contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV for Public Health Inspectors (PHIs)

Inquire about needs and concerns	<p>Inquire about her immediate needs and concerns This is important in allaying her anxiety and building a good rapport.</p>									
	<table border="1"> <tr> <td data-bbox="304 481 1449 593"> <p>Phrase your questions as invitations to speak. “What would you like to talk about?” <i>(“oba katha karanna kamathi monava ganada?”)</i></p> </td> </tr> <tr> <td data-bbox="304 593 1449 705"> <p>Ask open-ended questions to encourage her to talk instead of getting her to say: yes or no. “How do you feel about that?” <i>(“Obata me gana hithenne kohomada?”)</i></p> </td> </tr> <tr> <td data-bbox="304 705 1449 817"> <p>Repeat or restate what the person says to check your understanding. “You mentioned that you feel very frustrated, Have I understood it correctly?” <i>(“Oba keeva obata siyalla epa vuna kiyala, mama therum gattha hari neda?”)</i></p> </td> </tr> <tr> <td data-bbox="304 817 1449 929"> <p>Reflect her feelings. “It sounds as if you are feeling angry about that...” <i>(“mata therena vidiyata Oyata ekata tharaha yanna ethi neda?”)</i></p> </td> </tr> <tr> <td data-bbox="304 929 1449 1041"> <p>Explore as and when indicated. “Could you tell me more about that?” <i>(“mata egana thava tikak kiyanna puluvanda”)</i></p> </td> </tr> <tr> <td data-bbox="304 1041 1449 1153"> <p>Ask for clarification if you don’t understand. “Can you explain that again, please?” <i>(“karunakarala mata navatha e gana visthara kranna puluvanda”).</i></p> </td> </tr> <tr> <td data-bbox="304 1153 1449 1332"> <p>Help her to identify and express her needs and concerns. “Is there anything that you need or are concerned. <i>(“obata uvamana deyak ho obata gataluvak thiyavada?)</i> “It sounds like you are worried about your children.” <i>(“mata hithena vidiyata oyage daruwo gana bayen inne”)</i></p> </td> </tr> <tr> <td data-bbox="304 1332 1449 1444"> <p>Don’t ask leading questions, such as “I would imagine that made you feel upset, didn’t it?” <i>(“mata hithenava ekata oyata duka hithenna ethi kiyala. Eheme neda?”)</i></p> </td> </tr> <tr> <td data-bbox="304 1444 1449 1556"> <p>Don’t ask “why” questions, such as “Why did you do that?” <i>(“Ai oya ehema keruve?”)</i> That may sound accusing “Why did you go without telling” <i>(“Ai oya nokiya giye?”)</i></p> </td> </tr> </table>	<p>Phrase your questions as invitations to speak. “What would you like to talk about?” <i>(“oba katha karanna kamathi monava ganada?”)</i></p>	<p>Ask open-ended questions to encourage her to talk instead of getting her to say: yes or no. “How do you feel about that?” <i>(“Obata me gana hithenne kohomada?”)</i></p>	<p>Repeat or restate what the person says to check your understanding. “You mentioned that you feel very frustrated, Have I understood it correctly?” <i>(“Oba keeva obata siyalla epa vuna kiyala, mama therum gattha hari neda?”)</i></p>	<p>Reflect her feelings. “It sounds as if you are feeling angry about that...” <i>(“mata therena vidiyata Oyata ekata tharaha yanna ethi neda?”)</i></p>	<p>Explore as and when indicated. “Could you tell me more about that?” <i>(“mata egana thava tikak kiyanna puluvanda”)</i></p>	<p>Ask for clarification if you don’t understand. “Can you explain that again, please?” <i>(“karunakarala mata navatha e gana visthara kranna puluvanda”).</i></p>	<p>Help her to identify and express her needs and concerns. “Is there anything that you need or are concerned. <i>(“obata uvamana deyak ho obata gataluvak thiyavada?)</i> “It sounds like you are worried about your children.” <i>(“mata hithena vidiyata oyage daruwo gana bayen inne”)</i></p>	<p>Don’t ask leading questions, such as “I would imagine that made you feel upset, didn’t it?” <i>(“mata hithenava ekata oyata duka hithenna ethi kiyala. Eheme neda?”)</i></p>	<p>Don’t ask “why” questions, such as “Why did you do that?” <i>(“Ai oya ehema keruve?”)</i> That may sound accusing “Why did you go without telling” <i>(“Ai oya nokiya giye?”)</i></p>
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Validate	<p>Validate her experience by telling her that, you believe what she says, that you do not blame her for the abuse, and that it has been experienced by others. For example, you can say:</p> <table border="1"> <tr> <td data-bbox="304 1668 368 1758"></td> <td data-bbox="368 1668 1449 1758"> <p>“There is no place for violence in a family” <i>(“pavula thula hinsanayata thanak naha”)</i></p> </td> </tr> <tr> <td data-bbox="304 1758 368 1825"></td> <td data-bbox="368 1758 1449 1825"> <p>“There may be options that we can look at <i>(“Thava karanna pulavan deval athi. Api eva ganath balamu”)</i></p> </td> </tr> <tr> <td data-bbox="304 1825 368 1892"></td> <td data-bbox="368 1825 1449 1892"> <p>“There were many who had suffered in a similar manner” <i>“Me akaraye gatalu walata muhuna dun boho aya apita hamu welaa thiyenava”</i></p> </td> </tr> </table>		<p>“There is no place for violence in a family” <i>(“pavula thula hinsanayata thanak naha”)</i></p>		<p>“There may be options that we can look at <i>(“Thava karanna pulavan deval athi. Api eva ganath balamu”)</i></p>		<p>“There were many who had suffered in a similar manner” <i>“Me akaraye gatalu walata muhuna dun boho aya apita hamu welaa thiyenava”</i></p>			
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SOPs for Public Health Inspectors (PHIs) contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV for Public Health Inspectors (PHIs)

Ensure safety

Safety of the survivor and her children should be the prime concern of all HCPs who care for them.

- Needs to assess the risk of immediate violence. (Refer the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka)

Factors to be considered for Risk Assessment

- Has the physical violence happened more often or got worse over the past 6 months?
- Has he ever used a weapon or threatened you with a weapon?
- Has he ever tried to strangle you?
- Do you believe he could kill you?
- Has he ever beaten you when you were pregnant?
- Is he violently and constantly jealous of you?

If the survivor answers “yes” to more than 3 questions, there is a considerable risk to her safety.

- Discuss with her the ways to improve her safety. She would know the circumstances at home, and be the best person to decide what is appropriate. You should prompt her to think about safety and facilitate her to take a decision.

Discuss how to stay safer at home:

12. If she cannot avoid discussions with her partner (that may escalate violence), advise her to try to have such discussions in a room or in an area that has two openings or doors so that she has a way to leave easily if threatened .
13. Advise her to stay away as far as possible from any room where there are weapons: knives, guns, hammers etc. when a conflict starts.
14. If she has decided (already and on her own) that leaving is the best option for her, advise her to make her plans and leave for a safe place BEFORE she lets her husband / partner know. Otherwise, she may put herself and her children in danger of more violence or being killed. (It is known that there are higher violent acts immediately after separation.)

If she feels that it is not safe for her to return home:

Make appropriate referrals for temporary shelter, safe house, or work with her to identify a safe place she can go to (such as a friend's/relative's home)³¹ Shelters are available with Ministry of Women and Child Affairs 1938 ,Women in Need **011 471 85 85** and some other NGOs Information on other service providers is given in Annexure V.

31: A clinical handbook Health care for women subjected to intimate partner violence or sexual violence WHO/RHR/14.26

SOPs for Public Health Inspectors (PHIs) contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV for Public Health Inspectors (PHIs)

<p>Support</p>	<p>Please read section on support on the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka</p> <p>As a HCP, It may not be possible to fulfil all the needs and expectations of the survivor within the facilities available within the Ministry of Health hospitals. However, she may have urgent issues and concerns in mind : E.g. She may not had any food on this day, may have left children at a neighbour or may want to contact her parent or a relation.</p> <p>It is important for you to recognise these needs of the survivor and do what is possible May be to get a phone call. Your concern itself will make her accept you and trust you.</p> <table border="1" data-bbox="311 750 1444 1220"> <thead> <tr> <th colspan="2">Area of concern</th> </tr> </thead> <tbody> <tr> <td>Ask her what issues are most important to her right now: Has she eaten? Where are the children?</td> <td>“Apart from medical treatment what can we do to help you?” (<i>“Vedakama arena, apita kohomada puluvan udavu karanna?”</i>)</td> </tr> <tr> <td>Help her to identify and consider her options.</td> <td>“There are places you can get help: Police, Womens’ Development Unit at DS Office, etc” (<i>“Obata sevavak ganna yanna puluvan than kihipayak thiyenava: policiya, ...”</i>)</td> </tr> <tr> <td>Help her to identify other family members who could help her: family member, friend, or trusted person in the community whom she could talk to.</td> <td>“Is there any one to whom you can talk to or ask for help?” (<i>“Obata katha karanna ho udavwak ganna kavuruvath innavada?”</i>) “Is there a way to talk to him/her” (<i>“Eyata kathakaranna vidihak thiyenavada?”</i>)</td> </tr> </tbody> </table>	Area of concern		Ask her what issues are most important to her right now: Has she eaten? Where are the children?	“Apart from medical treatment what can we do to help you?” (<i>“Vedakama arena, apita kohomada puluvan udavu karanna?”</i>)	Help her to identify and consider her options.	“There are places you can get help: Police, Womens’ Development Unit at DS Office, etc” (<i>“Obata sevavak ganna yanna puluvan than kihipayak thiyenava: policiya, ...”</i>)	Help her to identify other family members who could help her: family member, friend, or trusted person in the community whom she could talk to.	“Is there any one to whom you can talk to or ask for help?” (<i>“Obata katha karanna ho udavwak ganna kavuruvath innavada?”</i>) “Is there a way to talk to him/her” (<i>“Eyata kathakaranna vidihak thiyenavada?”</i>)
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<p>Implementing preventive activities</p>	<p>As a male and a leader in the community you have a high potential to be a change agent. Utilize this opportunity to prevent GBV in your area.</p> <p>Programmes with schools</p> <p>When carrying out awareness raising programmes on adolescent and life skills, gender and GBV prevention must be included.</p> <ul style="list-style-type: none"> • Students should be made aware of the gender concepts, GBV, sexual harassment with a special emphasis on school culture, Gender and Gender stereotyping, negative / unhealthy gender attitudes and the impact of such violence on education. • Utilize the opportunity available at Health Promotion Schools programme to include the subject of Gender and addressing GBV to create awareness and an attitudinal change among students who themselves may serve as change agents. • Conduct interactive discussions with small groups of students. <ul style="list-style-type: none"> • Try to develop a good rapport with them by being friendly with them. • Approach the subject in broad terms “What do you know about wellbeing?” (<i>“ape yaha pavathme yannen mokak adhahas veda?”</i>) “How important is it to talk about our own wellbeing?” (<i>“Ape yahapawathma gana katha karana eka ketharam wadagathda?”</i>) “What are the differences between boys and girls?” (<i>“Gahanu pirimi athara oba dakina wenas kam monawada?”</i>) – List the differences and initiate a discussion on these differences. “What are the similarities among boys and girls?” (<i>“Gahanu pirimi athara oba dakina samanatha monawada?”</i>) – List and discuss with them. Fill the list and address the myths (Ref to the National Guideline). 								

SOPs for Public Health Inspectors (PHIs) contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV for Public Health Inspectors (PHIs)

Implementing preventive activities

- Highlight using the examples how GBV takes place in the schools. Eg: Pinching girls, stigmatizing girls with names, etc. Ask following questions to help them to identify determinants of GBV.
- “In your opinion what factors promote these habits of pinching, hitting and harassing girls?” (*“Samahara pirimi aya mese kanthawanta hirihara karanne ayi?”*)
- Empower the students to condemn acts of GBV, sexual harassment and gender discrimination in the school.
- School children should be sensitized on male participation and motivated to communicate their knowledge to families as well as to the community. Also make boys prepared for a more caring and a sharing partnership within relationships.
- It is necessary to strengthen school teachers through teacher trainings, after school programmes and through other educational activities, on importance of male participation as they are in a position to empower the school children to achieve a positive attitudinal change.

Conducting programmes at work places to address GBV

PHIs have a better access to work places more than other health providers .

- You may include GBV prevention in occupational and mental health programmes usually conducted at workplaces .
- Introduce new programmes exclusively on prevention of GBV and sexual harassment wherever possible.
 - Make the staff aware of the gender concepts, gender discrimination, sexual harassment taking place in the work place and the impact of them on the wellbeing of the workers.
 - Show them the impact of GBV, gender discrimination and sexual harassment on productivity.
 - Help them to identify factors which support GBV, gender discrimination and sexual harassment at the work place.

Eg: You can ask this question: “What are the factors which support sexual harassment at work place?” (*“Mona hethun nisada kanthawan ape wadabim thula mese hinsanayata lakwanne?”*)

- Ask : “ how could you change some of these factors in order to improve work place mental health and overall wellbeing”. (*“Ihatha oba sandahan kala hethu walin wada wadagath saha obata wenas kala haki hethu monawada?”*)
- Make them aware how survivors could seek help and from whom? Give them information on *Mithuru Piyasa /Natpu Nilayam* and other relevant services.

SOPs for Public Health Inspectors (PHIs) contd.

Title : Standard Operating Procedure for prevention of GBV/DV and managing survivors of GBV/DV for Public Health Inspectors (PHIs)

Implementing preventive activities

Youth clubs, Community groups, Community clubs

The main objective should be to strengthen above groups to address determinants of GBV/DV collectively by making them understand risk factors and protective factors and carry out activities to address the risk factors and enhance the protective factors.

- Improve the knowledge of community groups/community on gender concepts.
- GBV and its impact, determinants of GBV and how GBV impact on families and communities.
- Show them the negative consequences of GBV/DV by highlighting how it affects on the health and wellbeing of families including children.
- Help them to identify suitable activities to address selected factors (determinants) of GBV/DV such as alcohol related violence and community acceptance of violence in their communities.
- Take measures to shift community attitude towards positive male participation, towards non acceptance of violence, to reduce use of alcohol and also the disapproval of aggression/ violence after use of alcohol.

At family level

- Create an awareness among the newly married couples on male participation, the benefits of non-violence and how non-violence contributes to the health and wellbeing of the whole family.
- Appreciate, encourage and promote male participation whenever it is observed in a family.

**Standard Operating Procedures
for
Public Health Nursing Sisters**

Standard Operating Procedures (SOPs) contd.

3.6 SOPs for Public Health Nursing Sister (PHNS)

Title : Standard Operating Procedure for prevention of GBV /DV and managing survivors of GBV/DV for Public Health Nursing Sister (PHNS)

Target Group:

Public Health Nursing Sisters

Purpose:

To provide guidance in effectively supervising activities in the field by PHMs related to prevention of GBV, and implementing activities to minimize GBV in the community and provide first contact services if a survivor is identified.

Scope:

Guide and facilitate programmes planned to prevent GBV in your area by PHMs.

Provide support in implementing preventing activities such as Programme for newly married couples and awareness raising on GBV

References:

Related chapters from the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka

Responsibilities:

You are responsible for effectively supervising the work related to GBV by PHMs and conducting or facilitating programmes towards prevention of GBV.

If a person divulges GBV you will be responsible for giving first line support (L.I.V.E.S.) as described and refer to a service point such as *Mithuru Piyasa/Natpu Nilayam*.

Action points:**PHNS as a first contact point****Receiving the survivor**

- Receive her in a very friendly and non-official manner to make her feel welcome.
- Greet her according to the time and way used in the community and offer a seat.
- Talk to her as talking to a friend.
- Address her by the first name, if you know it or after the initial introductions.
- Sit at the same level so that the survivor will not feel daunted or “small”.
- Maintain same eye level and eye contact.
- She may be exhausted and offer a glass of water If she asks and where possible.
- Ensure privacy within the available resources.
- Choose a private place to talk, where no one can overhear depending on the facilities available. Improvise accordingly: talk softly; she may divulge more information at the examination.
- Offer the survivor a chaperone and have her with the survivor’s consent.

SOPs for Public Health Nursing Sister (PHNS) contd.

Title : Standard Operating Procedure for prevention of GBV /DV and managing survivors of GBV/DV for Public Health Nursing Sister (PHNS)

Asking about Violence

When she had not disclosed, but you suspect:

- Ask very sensitively and raise the issue in general terms, but keep a look out for her responses and proceed gently.
- Opening statements you can make to raise the subject of violence before you ask direct questions:
 - *“Many women have told me that they experience problems with their husband or partner, they live with.”*
 - *“I have seen women with problems like yours, who have been experiencing trouble at home.”*
- Later, you may use simple but direct questions to indicate that you genuinely want to hear about her problems. If she agrees, continue to ask questions and listen to her story.

If she denies violence, even in the presence of signs or evidence:

- Understand that she may be having her own reasons to do so.
- Do not pressurize her or stress her to answer yes.

Try to establish a connection with her so that she can reach you / hospital as and when she feels like . (See pages 18 -23 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).

If she discloses violence initially, or answers “yes” to any of these questions, offer her first-line support (See page 17 in the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka).

- Now you may probe more about the violence:
 - *“are you scared of your husband (or partner)?”*
 - *“Has your husband (or partner) or someone else at home ever threatened to hurt you or physically harm you in some way? If so, when did it happen?”*
 - *“Does your husband (or partner) or someone at home bully you or insult you?”*
 - *“Does your husband (or partner) try to control you, for example not letting you decide what to buy or go out of the house?”*
 - *“Has your husband (or partner) forced you into having sex or forced you to do any sexual act you did not want?”*
 - *“Has your husband (or partner) threatened to kill you?”*

SOPs for Public Health Nursing Sister (PHNS) contd.

Title : Standard Operating Procedure for prevention of GBV /DV and managing survivors of GBV/DV for Public Health Nursing Sister (PHNS)

Provide First Line Support:

(Listen, Inquire, Validate, Ensure safety, Support)

What needs to be done as you start talking:

- During the whole process, it is important to maintain an effective, responsive and empathetic conversation.
- Encourage her to talk and show that you are genuinely listening.
- Do not force / order her to talk but encourage her. (“Do you want to say more about that?” “Can you share with me more about it?”)
- Assure her that you will not repeat what she says to anyone else.
- Assure her that you will not mention that she was at the hospital to anyone who doesn’t need to know. (except for administrative or legal reasons).
- If you are obliged to report her situation, e.g. grievous injuries, explain why you must report and to whom.
- Encourage her to continue talking if she wishes.
- Allow silences. If she cries, give her time to recover.

You do not need to:

- find solutions to all her problems.
- pressurize or convince her to leave a violent relationship.
- pressurize or convince her to go to police, the courts or any other services.
- ask questions that embarrass her or to relive painful events.
- ask her to think of reasons / causes for what happened.

These actions could do more harm than good.

SOPs for Public Health Nursing Sister (PHNS) contd.

Title : Standard Operating Procedure for prevention of GBV /DV and managing survivors of GBV/DV for Public Health Nursing Sister (PHNS)

Listen

Listening is one of the key interactions with the survivor and one of the most important.

- Empathetic listening by the provider may be the first action which starts the survivor on the path to recovery and rehabilitation.
- Often the person may not have divulged her emotions to anyone and you may be the first person to whom the survivor unburdens herself.
- Listen actively, non-judgmentally, giving her enough time to cry, if she feels so.

Listening to a survivor	
Appropriate ✓	Inappropriate ✗
Be patient and calm.	Don't persure her to tell her story.
Let her know you are genuinely listening; for example: nod your head or say "hmm..."	Don't look at your watch or speak too rapidly. Don't answer the telephone, look at a computer
Acknowledge how she is feeling. "I understand how sad you are." (<i>"mata hondata therenava oyata danunu duka."</i>)	Don't judge what she has done or has not done, Don't say: "You should not get angry" (<i>"oyata tharaha yanna honda naa,"</i>) or, "you must be happy that escaped only with this" (<i>"oya tharamin beruna eka gana sathutu venna ona"</i>) or, "How sad that it happened to you" (<i>"ane pavu oyata vuna de"</i>).
Let her tell her story at her own pace.	Don't rush her "Please be quick.I have lot of work" (<i>"Ikman karanna, mata thava godak leddu innava"</i>)
Give her the opportunity to say what she wants. Ask, "How can we help you" (<i>"apita oyata udavu karanna pulvan kohomada?"</i>) "Apen kerenna ona monavada"	Don't assume that you know what is best for her. "I will tell you what you must do" (<i>"Mama kiyannam oya karanna ona de"</i>) "You must do like this" (<i>"Oya mehema karanna ona"</i>)
Encourage her to keep talking if she wishes. Ask, "Do you have anything else in mind to tell me" (<i>"oyata thava mokuth kiyanna hithe thiyana vada?"</i>)	Don't interrupt. Wait until she finishes before asking questions. "Wait, tell me before that" (<i>"Poddak Inna, mata meka kiyala inna"</i>)
Allow for silence. Give her time to think. "It is O.K. for you to take time to tell" (<i>"Kamak naha, oya ohoma tikak indala kiyannana"</i>)	Don't try to complete her thoughts for her "OK.OK, you don't like to go to Police." (<i>"hari hari, e kiyanne oya policiyata yanna kamthi nahane"</i>)
Acknowledge what she wants and respect her wishes: "I understand the way you think" (<i>"Oya hithana vidiya mata therenava,"</i>) "Let's see how we can help you to do it that way" (<i>"e vidihata karanna oyata udavu venne kohomada kiyala balamu"</i>)	Don't think and act as if you must or can solve her problems. "I will tell you the solution to your problem" (<i>"oyage prashneta visanduma mekai.....mama kiyannam"</i>)

SOPs for Public Health Nursing Sister (PHNS) contd.

Title : Standard Operating Procedure for prevention of GBV /DV and managing survivors of GBV/DV for Public Health Nursing Sister (PHNS)

<p>Inquire about needs and concerns</p>	<p>Phrase your questions as invitations to speak. “What would you like to talk about?” <i>(“oba katha karanna kamathi monava ganada?”)</i></p> <p>Ask open-ended questions to encourage her to talk instead of getting her to say: yes or no. “How do you feel about that?” <i>(Obata me gana hithenne kohomada?)</i></p> <p>Repeat or restate what the person says to check your understanding. “You mentioned that you feel very frustrated, Have I understood it correctly?” <i>(“Oba keeva obata siyalla epa vuna kiyala, mama therum gattha hari neda?”)</i></p> <p>Reflect her feelings. “It sounds as if you are feeling angry about that...” <i>(“mata therena vidiyata Oyata ekata tharaha yanna ethi neda?”)</i></p> <p>Explore as and when indicated. “Could you tell me more about that?” <i>(“mata egana thava tikak kiyanna puluvanda”)</i></p> <p>Ask for clarification if you don’t understand. “Can you explain that again, please?” <i>(“karunakarala mata navatha e gana visthara kranna puluvanda”).</i></p> <p>Help her to identify and express her needs and concerns. “Is there anything that you need or are concerned?” <i>(“ obata uvamana deyak ho obata gataluvak thiyavada?)</i> “It sounds like you are worried about your children.” <i>(“mata hithena vidiyata oyage daruwo gana bayen inne”)</i></p> <p>Don’t ask leading questions, such as “I would imagine that made you feel upset, didn’t it?” <i>(“mata hithenava ekata oyata duka hithenna ethi kiyala. Eheme neda?”)</i></p> <p>Don’t ask “why” questions, such as “Why did you do that?” <i>(“Ai oya ehema keruve?”)</i> That may sound accusing “Why did you go without telling” <i>(“Ai oya nokiya giye?”)</i></p>	<p>Inquire about her immediate needs and concerns This is important in allaying her anxiety and building a good rapport.</p>						
<p>Validate</p>	<p>Validate her experience by telling her that, you believe what she says, that you do not blame her for the abuse, and that it has been experienced by others. For example, you can say:</p> <table border="1" data-bbox="339 1615 1466 1839"> <tr> <td data-bbox="339 1615 403 1686"></td> <td data-bbox="411 1615 1466 1686"> “There is no place for violence in a family” <i>(“pavula thula hinsanayata thanak naha”)</i> </td> </tr> <tr> <td data-bbox="339 1693 403 1765"></td> <td data-bbox="411 1693 1466 1765"> “There may be options that we can look at” <i>(“Thava karanna pulavan deval athi. Api eva ganath balamu”)</i> </td> </tr> <tr> <td data-bbox="339 1771 403 1839"></td> <td data-bbox="411 1771 1466 1839"> “There were many who had suffered in a similar manner” <i>(“Me akaraye gatalu walata muhuna dun boho aya apita hamu welaa thiyenava”)</i> </td> </tr> </table>			“There is no place for violence in a family” <i>(“pavula thula hinsanayata thanak naha”)</i>		“There may be options that we can look at” <i>(“Thava karanna pulavan deval athi. Api eva ganath balamu”)</i>		“There were many who had suffered in a similar manner” <i>(“Me akaraye gatalu walata muhuna dun boho aya apita hamu welaa thiyenava”)</i>
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SOPs for Public Health Nursing Sister (PHNS) contd.

Title : Standard Operating Procedure for prevention of GBV /DV and managing survivors of GBV/DV for Public Health Nursing Sister (PHNS)

Ensure safety

Safety of the survivor and her children should be the prime concern of all HCPs who care for them.

- Needs to assess the risk of immediate violence. (Refer the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka)

Factors to be considered for Risk Assessment

- Has the physical violence happened more often or got worse over the past 6 months?
- Has he ever used a weapon or threatened you with a weapon?
- Has he ever tried to strangle you?
- Do you believe he could kill you?
- Has he ever beaten you when you were pregnant?
- Is he violently and constantly jealous of you?

If the survivor answers “yes” to more than 3 questions, there is a considerable risk to her safety. Discuss with her the ways to improve her safety. She would know the circumstances at home, and be the best person to decide what is appropriate. You should prompt her to think about safety and facilitate her to take a decision.

Discuss how to stay safer at home:

15. If she cannot avoid discussions with her partner (that may escalate violence), advise her to try to have such discussions in a room or in an area that has two openings or doors so that she has a way to leave easily if threatened .
16. Advise her to stay away as far as possible from any room where there are weapons: knives, guns, hammers etc. when a conflict starts.
17. If she has decided (already and on her own) that leaving is the best option for her, advise her to make her plans and leave for a safe place BEFORE she lets her husband / partner know. Otherwise, she may put herself and her children in danger of more violence or being killed. (It is known that there are higher violent acts immediately after separation.)

If she feels that it is not safe for her to return home:

Make appropriate referrals for temporary shelter, safe house, or work with her to identify a safe place she can go to (such as a friend’s/relative’s home).³² Shelters are available with Ministry of Women and Child Affairs **1938**, Women in Need **011 471 85 85** and some other NGOs Information on other service providers is given in Annexure V.

32: A clinical handbook Health care for women subjected to intimate partner violence or sexual violence WHO/RHR/14.26

SOPs for Public Health Nursing Sister (PHNS) contd.

Title : Standard Operating Procedure for prevention of GBV /DV and managing survivors of GBV/DV for Public Health Nursing Sister (PHNS)

Ensure safety contd.

When developing a safety plan consider:

Safety at home	In case of an emergency: “Is there a neighbour who would respond if you shout out?”, “Is there anyone you can call on the mobile phone?” “Is there an additional key in case he locks you in?” “Is there a back door through which you can escape if he threatened to kill you?”
Safe place to go	“If you need to leave your home in a hurry, where could you go? Parents, relations, friends?”
Planning for children	“If there are threats to injure or kill, would you go alone or take your children with you?” “How will you get to where you think safe?” “If, using public transport or taxi do you have any money kept aside for the purpose?”
Items to take with you	“Do you need to take any documents (ID, birth certificate etc.), keys, money, clothes, or other things with you if you have to leave in a hurry?”
Financial needs	“Do you have access to money if you need to leave in a hurry?”
Support of someone close by.	“Is there a neighbour who can call the police if you tell to call or come to assistance if they hear sounds of beating or shouting from your home?”

Support

Please read section on support on the Health Sector Response to GBV:
National Guideline for First Contact Point Health Care Providers Sri Lanka

As a HCP, It may not be possible to fulfil all the needs and expectations of the survivor within the facilities available within the Ministry of Health hospitals.
However, she may have urgent issues and concerns in mind :
E.g. She may not have had any food on this day, may have left children at a neighbour or may want to contact her parent or a relation.
It is important for you to recognize these needs of the survivor and do what is possible may be to get a phone call. Your concern itself will make her accept you and trust you.

SOPs for Public Health Nursing Sister (PHNS) contd.

Title : Standard Operating Procedure for prevention of GBV /DV and managing survivors of GBV/DV for Public Health Nursing Sister (PHNS)

Support contd.	Area of concern	
	Ask her what issues are most important to her right now: Has she eaten? Where are the children?	“Apart from medical treatment what can we do to help you?” (<i>“Vedakama arena, apita kohomada puluvan udavu karanna?”</i>)
	Help her to identify and consider her options.	“There are places you can get help: Police, Womens’ Development Unit at DS Office, etc” (<i>“Obata sevavak ganna yanna puluvan than kihipayak thiyenava: policiya,”</i>)
	Help her to identify other family members who could help her: family member, friend, or trusted person in the community whom she could talk to.	“Is there any one to whom you can talk to or ask for help?” (<i>“Obata katha karanna ho udavwak ganna kavuruvath innavada?”</i>) “Is there a way to talk to him?” (<i>“Eyata kathakaranna vidihak thiyenavada?”</i>)
Supervision	<p>What needs to be done within routine supervisions:</p> <ul style="list-style-type: none"> • Supervise and motivate PHMs to identify survivors of GBV and submit data on the number of survivors identified, number provided emotional support and number referred to supportive services. Cross check the Diary with H523 and H524. • Supervise, motivate and facilitate PHMs carrying out GBV prevention activities at home visits, clinics and other community locations. • Ensure all PHMs address GBV as a determinant of MCH in preconception care programmes and Antenatal classes (<i>“Sasi”</i>). 	
Monitoring and evaluation	<p>Monitoring and evaluation can be done within monthly conferences, local conferences (PHM) and within in-service trainings.</p> <ul style="list-style-type: none"> • Performances of PHMs on responding to GBV can also be monitored by the Register on GBV survivors identified maintained at the MOH office. 	

**Standard Operating Procedures
for
Supervising Public Health Midwives**

Standard Operating Procedures (SOPs) contd.

SOPs for Supervising Public Health Midwives (SPHM)

Title :

Standard Operating Procedure for SPHMs in relation to preventing GBV /DV and managing survivors of GBV/DV

Target Group:

Supervising Public Health Midwives.

Purpose:

To provide guidance in effectively supervising activities in the field by PHMs related to prevention of GBV, and implementing activities to minimize GBV in the community and provide first contact services if a survivor is identified.

Scope:

Guide and facilitate programmes planned to prevent GBV in your area by PHMs.

Provide support in implementing prevention activities such as Programme for Newly Married Couples and awareness raising on GBV.

References:

Related chapters from the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka

Responsibilities:

You are responsible for effectively supervising the work related to GBV by PHMs.

Action points:

Supervision	<p>What needs to be done within routine supervisions:</p> <ul style="list-style-type: none">• Supervise and motivate PHMs to identify survivors of GBV and submit data on the number of survivors identified, number provided emotional support and number referred to supportive services. Cross check the Diary with H523 and H524.• Supervise, motivate and facilitate PHMs carrying out GBV prevention activities at home visits, clinics and other community locations.• Ensure all PHMs address GBV as a determinant of MCH in preconception care programmes and Antenatal classes (“Sasi”).
Monitoring and evaluation	<p>Monitoring and evaluation can be done within monthly conferences, local conferences (PHM) and within in-service trainings.</p> <ul style="list-style-type: none">• Performances of PHMs on GBV can be monitored through the “Register on GBV survivors” maintained at the MOH office.

**Standard Operating Procedures
for
Supervising Public Health Inspectors**

Standard Operating Procedures (SOPs) contd.

3.8 SOPs for Supervising Public Health Inspector (SPHI)

Title :

Standard Operating Procedure for SPHIs in relation to preventing GBV/DV and managing survivors of GBV/DV

Target Group:

Supervising Public Health Inspectors.

Purpose:

To provide guidance in effectively supervising activities in the field by PHIs related to prevention of GBV, and implementing activities to minimize GBV in the community and provide first contact services if a survivor is identified.

Scope:

Guide and facilitate programmes planned to prevent GBV in your area by PHIs.

Provide support in implementing prevention activities such as Programme for Newly Married Couples and awareness raising on GBV.

References:

Related chapters from the Health Sector Response to GBV: National Guideline for First Contact Point Health Care Providers Sri Lanka.

Responsibilities:

You are responsible for effectively supervising the work related to GBV by PHIs.

Action points:

Supervision	<p>What needs to be done within routine supervisions:</p> <ul style="list-style-type: none">• Supervise and motivate PHIs to identify survivors of GBV and submit data on the number of survivors identified, number provided emotional support and number referred to supportive services.• Supervise PHIs carrying out GBV prevention activities at schools, village societies and other community locations.• Ensure all PHIs conduct community based programmes to shift community attitudes towards positive male participation, non-acceptance of violence, to reduce use of alcohol and also the disapproval of aggression/ violence after use of alcohol.
Monitoring and evaluation	<p>Monitoring and evaluation can be done within monthly conferences</p> <ul style="list-style-type: none">• Performances of PHIs on GBV can also be monitored through the “Register on GBV survivors” maintained at the MOH office.

4. Role of other Health Care Professionals in implementing the SOPS

The performance of any category of health care staff described earlier, is influenced to a substantial extent on the cooperation of the other health care professionals in the administrative, curative and preventive sectors generated through the recognition of GBV/DV as a major public health issue.

GBV/DV has emerged as a major health issue with extensive negative consequences spreading beyond the visible injuries. In addition, the negative gender attitudes, social norms and myths which are prevalent in the society pose a formidable challenge to the HCPS when faced with providing care to survivors of GBV. Overcrowded wards and Out Patients Departments and constraints of time and space is almost a universal problem in any state health institution. Under these circumstances HCPS need a helping hand from the administrators, consultants and other professionals to overcome these barriers in order to serve these survivors effectively .

The following key officials have a role to play in facilitating the implementation of these National Guideline and SOPs in order to deliver effective and comprehensive care to survivors of GBV : Administrators; PDHS, RDHS, Directors, Medical Superintendent and Officers in Charge of health institutions, Consultants in hospitals, Consultant Community Physicians in district or provincial offices, MOO MCH and RSPHNOO.

Health Administrators in curative or preventive sector

Provincial and Regional Directors of Health

Preventive programmes form the mainstay of the response to GBV in the health sector in Sri Lanka. Facilitation, guidance, encouragement and support of all on going preventive programmes on GBV/DV by PDHS/RDHS is highly anticipated.

The National Action Plan of the FHB/MoH on addressing GBV/DV (2017-2021) iterates the importance of establishing GBV care centres: *Mithuru Piyasa/Natpu Nilayam* in all hospitals at and above the level of Base Hospitals by 2021. This is being implemented and up to date 70 hospitals have complied. Provision of leadership and guidance is expected in the establishment process for new centres in the hospitals under the purview of PDHS/RDHS at the provincial or district level.

Already established centres are guided by the document “*Protocol for Mithuru Piyasa/Natpu Nilayam centres*” developed by the FHB/MoH which clearly indicates a monitoring process including a quarterly collaboration meeting with stake holders. FHB has also established indicators to assess the performance of these centres through information collected monthly and submitted to FHB. The contribution of the PDHS/RDHS in supervising, monitoring and evaluating the operation of these centres is appreciated. Some of these centres are functioning with many constraints such as, lack of staff and/or space. In order to ensure smooth functioning of these centres the support and guidance of PDHS/RDHS to the hospital administration is vital.

Responding adequately to an emerging topic such as GBV/DV needs knowledge updates and an attitudinal change which requires targeted capacity building of the staff, at different levels. The leadership of the PDHS and RDHS in facilitating the training programmes in the field and hospitals is requested.

Provision of due recognition for addressing GBV/DV should be emphasised when provincial/district annual action plans are prepared and implemented.

The implementation of these the National Guideline and SOPs by all categories of the staff to deliver a high quality response to the survivors is envisaged. Therefore, the guidance and direction of PDHS/RDHS for the implementation of these guideline and SOPs in the health institutions and preventive health units is highly expected.

Role of other Health Care Professionals in implementing the SOPS contd.

Heads of Health Institutions (Directors, Medical Superintendents, Officers in Charge)

The relevant staff of the health institution needs to be aware of the contents of the National Guideline and SOPs. This can be achieved individually or collectively by raising awareness of the contents / by distributing these documents to the relevant units/section/wards/or to individuals.

In order to promote a high quality response from the first contact health care providers, the health administrators of the hospital are expected to encourage, guide, and facilitate the delivery of essential services identified in the National Guideline and SOPs, by providing necessary space, facilities and other needs (within the available resources).

The head of the institution needs to support and give leadership in the capacity building activities related to GBV/DV and ensure the implementation of the National Guideline and SOPs by the relevant categories of the staff.

Supporting the *Mithuru Piyasa/Natpu Nilayam*

The leadership given by the head of the institution is a key factor for the success of the services provided by *Mithuru Piyasa/Natpu Nilayam*. As such, the head of the institution is requested to:

- Ensure that a suitable space is provided: It is essential to allocate a suitable space for the establishment or functioning of the *Mithuru Piyasa/Natpu Nilayam* as providing GBV care is considered as an essential service. Reference is made to DGHS letter No. *FHB/GWH/2016/05* Dated *17/10/2016* which clearly describes the role of the health administrator.
- Allocate necessary staff which would enable smooth functioning of the centre.
- Direct the relevant supervisory staff such as Matron / MOIC - OPD, of the institution to fulfil the staff requirements of the *Mithuru Piyasa/Natpu Nilayam*, in order to provide an uninterrupted service to survivors.
- Include the post of “Medical Officer (MO) *Mithuru Piyasa*” in the MO vacancy list in order to get MOs dedicated to the *Mithuru Piyasa/Natpu Nilayam* to ease the burden on the existing staff.
- Supervise and monitor the progress of *Mithuru Piyasa/Natpu Nilayam*:
 - regular perusal of monthly statistics on the performance.
 - a brief monthly meeting (10 minutes) with the *Mithuru Piyasa/Natpu Nilayam* staff to review progress.
 - conduct quarterly review meetings of the *Mithuru Piyasa/Natpu Nilayam* with the involvement of health and non health stakeholders.
- Support the capacity building activities of the *Mithuru Piyasa/Natpu Nilayam* staff and the sensitization programmes organised by the staff targeting groups within or outside the hospital.
- Sensitise heads of units / wards/ consultants on the services of *Mithuru Piyasa/Natpu Nilayam* so that they could refer their patients to the centre.

The implementation of these SOPs and the National Guideline by all categories of the staff in the institution is essential to deliver a high quality response to the survivors. Therefore, ensuring the implementation of the guideline and the SOPs in the health institution is highly appreciated.

Role of other Health Care Professionals in implementing the SOPS contd.

Consultants in the Wards, Units or OPDs

Consultants provide the leadership and serve as role models for the junior staff who are working with them, and are being trained. Therefore, the support of the consultants is crucial for the implementation of the National Guideline and SOPs in order to provide GBV care accordingly.

Mithuru Piyasa/Natpu Nilayam is a GBV care point supported by staff trained to provide GBV care which is available in 70 hospitals as at present. This is to be extended to all hospitals with specialists by 2021. As such, the support and the guidance of the consultant to encourage the staff to make patients aware of the *Mithuru Piyasa/Natpu Nilayam* services and offer referrals is expected.

Capacity building of the *Mithuru Piyasa/Natpu Nilayam* staff and awareness raising of the other staff is an on-going process. The assistance and expertise of the consultants in such capacity building programmes is valued.

Some survivors who access *Mithuru Piyasa/Natpu Nilayam* directly, need referral for specialised advice/services to the consultants /wards /clinics/ units. The cooperation of the Consultants to ensure the provision of services to such survivors through their staff in a sensitive, non-stigmatising manner is essential and expected.

Consultant Community Physicians (District/Provincial Level)

As the consultant primarily guiding, supporting and coordinating the preventive health staff, the CCP has a major role in strengthening the implementation process of the National Guideline and SOPs. As such the expertise of the CCPs is very useful in directing the preventive activities and programmes based on the public health principles, in order to achieve a tangible outcome.

Hence, CCPs are expected to:

- Collaborate and coordinate GBV preventive activities at district/provincial level.
- Facilitate capacity building and community based interventions to address GBV.
- Facilitate establishment and smooth functioning of *Mithuru Piyasa/Natpu Nilayam* centres in the district/province.
- Conduct research to identify the evidence based information and existing gaps.
- Ensure inclusion of activities with regard to addressing GBV/DV when provincial/district annual action plans are prepared and implemented.
- Mobilize financial support to address GBV at district/provincial level.
- Take leadership in conducting advocacy with relevant stakeholders in order to make relevant policy changes at district/provincial level.
- Supervise, monitor and evaluate the smooth implementation of the National Guideline and the SOPs at district/provincial level.

Role of other Health Care Professionals in implementing the SOPS contd.

Medical Officer Maternal and Child Health (MOMCH)

MOMCH as a main supervising officer in reproductive health at the district level, has a pivotal role to play in facilitating the implementation of GBV prevention and response to survivors of GBV/DV at divisional and district level by providing necessary guidance and support.

The relevant staff of the field health services, needs to be aware of the contents of the SOPs and the National Guideline. This can be achieved individually or collectively by raising awareness of the contents and by distributing these documents to the relevant offices or individuals.

Successful implementation of the SOPs and National Guideline at the field services level can be achieved only by the effective facilitation and supervision of all categories of staff by the MOMCH. Therefore, MOMCH should provide supervision, guidance, and support to plan and implement activities by MOH, PHNS, PHIs and PHM In order to achieve a collective positive response at the district level.

Utilise in-service and other capacitating experiences you had received, and be a resource person alone or with others and serve the function of a trainer in GBV at district level, and take part in training and awareness raising activities.

Coordination and collaboration of many activities at and between different levels: Divisional/District/National, on matters related to addressing GBV/DV is an important role of the MOMCH.

Important area where MOMCH needs to play a critical role is ensuring effective coordination and collaboration between field health services and the GBV care centre *Mithuru Piyasa/Natpu Nilayam*. This is important and should be assured through: supporting at the establishment stage, coordinating a collective response from the field staff for utilising it as a primary referral point and support *Mithuru Piyasa/Natpu Nilayam* to collaborate with other stake holders both health and non health. Your participation at the Quarterly review meetings of *Mithuru Piyasa/Natpu Nilayam* (when invited) is a crucial step to achieve some of these.

As the district level officer monitoring and evaluating the performance related to activities on addressing GBV/DV by MOH, PHNS, PHI, and PHM based on the indicators, targets, and other information collected is the responsibility of the MOMCH.

District Supervising Public Health Inspector

Supervise the health sector response to GBV activities of PHII.

Regional Supervising Public Health Nursing Officer (RSPHNO)

As the regional person with the mandate to supervise PHNSs/PHMM the responsibility to ensure adherence to the SOPs and following the National Guideline by the PHNSs, SPHMM and PHMM lies with the RSPHNO

5. Consent

Taking the consent from an adult survivor before services are provided is very important. Traditionally, the mere fact that survivor comes to the hospital or asks for help from the PHM during the home visit was taken as equivalent to giving consent: Implied consent.

However, as we move towards survivor centred approach, with the survivor considered as the person responsible for decision making it is appropriate that the survivor's agreement to accept our services is reached and documented rather than relying on implied or verbally given consent.

In addition to giving the survivor the impression that her decision has a "value" and we are going by the decision, documenting is a safeguard for the care provider in the rare event of the survivor changes her mind and denies giving consent for some components of care such as examination or referral to police or social services.

Survivor should be given a brief explanation why the consent is needed while emphasizing the fact that we are going by her decisions, what services we can offer, advantages as well as disadvantages of actions such as : Reporting to Police or seeking help under the Prevention of Domestic Violence Act of 2005 and the fact that she can stop the examination or other procedures at any time she likes.

As most of our patients are not used to giving consent (except for surgical procedures) it must be done cautiously without unduly alarming her, by taking time to explain in simple language, in a friendly and non-threatening manner. This must not be the first action to be taken when the survivor is seen but to be done after listening to her, empathizing with her and once she settles down, preferably before examination or referral.

Annexure I - Consent Form

Name of the Health Institution:

Note to the health worker:

Request the survivor to read the consent form. If she is unable to do so, read the entire form to the survivor in a language understood by the survivor, explain that she can choose any or none of the items listed.

Obtain a signature, or a thumb print (with signature of a witness).

I..... (Print name of survivor) authorize the above-named health facility to perform the following (tick the appropriate boxes):

- | | | |
|---|------------------------------|-----------------------------|
| Conduct a medical examination: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Document the findings: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Reporting to Police: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I take full responsibility for my decision of not informing Police: | Yes <input type="checkbox"/> | |
| I understand that the health institution is legally bound to provide the information recorded, if legal authorities request to do so: | Yes <input type="checkbox"/> | |

Signature:

Date:

Witness:

Annexure II - Format for collection of information on GBV care at MOH level

Month :

Year :

PHM Area	Category of staff	Number of new survivors identified		Number of survivors provided with basic emotional support		Number of survivors referred for supportive services	
		Female	Male	Female	Male	Female	Male
.....	PHM/SPHM						
	PHI /SPHI						
	PHNS						
	MOH						
Total for the PHM area							
.....	PHM /SPHM						
	PHI /SPHI						
	PHNS						
	MOH						
Total for the PHM area							
Keep adding total for the PHM areas to get the grand total.							
Grand Total identified for the MOH Area							

Annexure III - List of Mithuru Piyasa /Natpu Nilayam centres and their contact details

City/District In alphabetical order	Mithuru Piyasa /Natpu Nilayam established at :	Contact No.
Ampara	District General Hospital- Ampara	063 2222261
	Base Hospital, Kalmunai North	067 2229261
	Base Hospital- Pothuvil	063 2248061
	Base Hospital, Kalmunai South	067 2222261
	Base Hospital, Akkaraipattu	067 2277213
	Base Hospital, Samanthurai	067 2260261
Anuradhapura	Teaching Hospital- Anuradhapura	025 2222261
	Base Hospital, Thambuttegama	025 2276262
	Army Hospital, Minneriya	0703006583
Badulla	Provincial General Hospital, Badulla	055 2222261
	Base Hospital, Diyathalawa	057 2229061
	Base Hospital, Welimada	057 2245161
	Divisional Hospital, Bandarawela	0572222261
Batticaloa	Teaching Hospital, Batticaloa	065 2222261
	Base Hospital, Valachchenai	065 2257721
	Base Hospital, Kaththankudi	0652245561
	Base Hospital, Kaluwanchikudi	0652250061
	Divisional Hospital- Chenkalady	065 2240483
Colombo	Castle Street Hospital for Women	011 2696231
	Colombo South Teaching Hospital (Kalubowila)	011 2763261
	De Soysa Hospital for Women	011 2696224
	Family Health Bureau	0112696508
	Sri Jayawardhanapura General Hospital	011 2778610
	Base Hospital, Avissawella	036 2222261
	Base Hospital- Homagama	011 5059646
	Devisional Hospital, Thalagama	011 2862313
	University of Sri Jayawardanepura	0112758000
	New Bazar Maternity Home	0112 691191
	Army Hospital, Narahenpita	011 2697219
Galle	Teaching Hospital, Mahamodara	091 2234951
	Base Hospital, Elpitiya	091 2291981
Gampaha	Colombo North Teaching Hospital (Ragama)	011 2959261
	Base Hospital, Meerigama	033 2273261
	Base Hospital, Kiribathgoda	011 2911493
	Board of Investment, Katunayake	0112256256
Hambantota	District General Hospital, Hambantota	047 2222016
	Base Hospital- Thangalle	047 2240261

List of Mithuru Piyasa /Natpu Nilayam centres and their contact details contd.

City/District In alphabetical order	Mithuru Piyasa /Natpu Nilayam established at :	Contact No.
Jaffna	Teaching Hospital, Jaffna	0212222261
	Base Hospital, Chavakachcheri	0213215429
	Base Hospital, Kytes	
	Divisional Hospital, Chankanei	0212250079
	University of Jaffna	021 2218100
	Base Hospital- Point Pedro	021 2263261
Kalutara	General Hospital, Kaluthara	034 2222261
	Base Hospital, Horana	034 2261261
	Base Hospital, Pimbura	034 2244461
	Kethumathi Maternity Hospital, Panadura	038 2232361 0714432361
Kandy	Teaching Hospital, Kandy	0812222261
	Teaching Hospital, Peradeniya	0812388001
	District General Hospital, Nawalapitiya	054 2222261
	Base Hospital, Gampola	081 2352261
	Base Hospital, Teldeniya	0812374055
Kegalle	Teaching Hospital, Kegalle	0352222261
Kilinochchi	District General Hospital, Kilinochchi	021 2285329
Kurunegala	Teaching Hospital, Kurunegala	037 2222261 071 2922261
	Base Hospital- Dambadeniya	037 2266592
Matale	District General Hospital, Matale	066 2222261
Matara	District General Hospital, Matara	0412222451
Mullaitivu	District General Hospital, Mulativu	021 2061412
Moneragala	Base Hospital- Bibila	055 3555861
	Base Hospital- Wellawaya	055 2274861
Nuwara Eliya	District General Hospital, Nuwara Eliya	0522222261
	Base Hospital, Dik Oya	051 2222226
	Base Hospital, Rikillagaskada	081 2365261
Puttalam	Base Hospital, Marawila	032 2254261
Polonnaruwa	Army Hospital- Minneriya	027 2055330
Ratnapura	Provincial General Hospital, Rathnapura	045 2222261
	Base Hospital, Balangoda	045 2287261
	Base Hospital, Embilipitiya	047 2230261
Trincomalee	District General Hospital, Trincomalee	026 2222260
Vavuniya	District General Hospital, Vavuniya	024 2222761
Coordinating institution	Gender and Women's' Health Unit FHB	0112692744

Annexure IV - Inventory of Other GBV Service Providers at National level

Institutions and Organizations providing services at central level

Organization	Postal Address	Hotline/ contact no.	e-Mail	Comments
Family Health Bureau – Gender and Women’s Health Unit	No: 231, De Saram Place, Colombo 10	0112 692744	info@fhb.health.gov.lk	Co-ordinates the National health sector response
Complaints Centre at National Committee on Women	Ministry of Child Development & Women’s Affairs 5th Floor, Sethsiripaya Stage II, Battaramulla, Sri Lanka.	1938(Hot Line) 0112186063/ 0112186055	secycdwa@gmail.com	Receives complaints and directs to appropriate services. Provide legal and psycho-social counseling services.
National Child Protection Authority	No. 330, Thalawathugoda Road, Madiwela, Sri Jayawardenapura	1929(Hot Line)	ncpa@childprotection.gov.lk	Entertains all complaints regarding child abuse.
Department of Probation and Child care Services	Third Floor Section B Sethsiripaya Stage II Battaramulla.	011-2187285	pcc@sltnet.lk	Co-ordinates probation and child care services
Police Bureau for the Prevention of Abuse of Women and Children	No. 78, Mukthar Plaza Building 1st Floor, Colombo 14.	011 2337041	dir.cwbureau@police.lk	Provide dedicated police assistance on issues related to GBV on women and children.
Sri Lanka Legal Aid Commission	No 129, Hulftsdorp Street, Colombo 12	011 433618, 0115 335281, 0112 395894	legalaids@sltnet.lk	Provides free legal assistance to servicers of GBV.
Sri Lanka CERT/CC	4-112, BMICH, Buadhaloka Road, Colombo 07.	Emergency 0112691692/ 0112679888	slcert@cert.gov.lk	Entertains complaints on Cyber violence and provide guidance on issues related to GBV through internet and social media.
Instructions regarding Cyber Crimes: Techcert – A division of LK Domain Registry	545/4, De Soysa Road, Molpe, Moratuwa	0114462562 (Emergency Line) 0114216062	info@techcert.lk	
Sri Lanka Sumithrayo	60/7, Horton Place, Colombo 7	011 2692909/ 011 2696666/ 011 2683555	sumithra@sumithrayo.org	Provides counseling services to servicers of GBV and those with suicidal ideation.

Annexure V - Inventory of Other GBV Service Providers at regional level

Organization Postal Address	Hotline/ contact no.
Legal Aid Commissions	
Counseling on legal matters free of charge Any person may call over at the LAC Head Office or any of its 77 centres island-wide and seek legal opinion on matter of interest to them. In circumstances that the centres are not in a position to certain complicated legal issues, the centres get appropriate advice from Head Office. Representation in court cases for domestic violence and other issues is limited to persons whose monthly income level is Rs. 18,000/= or less. (Divorce, domestic violence, Maintenance, Fundamental rights violation cases, etc).	
Legal Aid Commission District Court Complex, Akkaraipaththu	0672279462
Legal Aid Commission District Court Complex, Ambilipitiya	0472230299
Legal Aid Commission District Court Complex, Ampara	0632223496
Legal Aid Commission Court Complex, Anuradhapura	0252224465
Legal Aid Commission Court Complex, Attanagalle	0332297020
Legal Aid Commission Court Complex, Avissawella	0362233857
Legal Aid Commission District Court Complex, Baddegama	0912292051
Legal Aid Commission District Court Complex, Badulla	0552225759
Legal Aid Commission District Court Complex, Balangoda	0452289099
Legal Aid Commission District Court Complex, Balapitiya	0912255753
Legal Aid Commission District Court Complex, Bandarawela	0572224733
Legal Aid Commission Children Court Densil Kobbakaduwa Mw, Battaramulla	0112877687
Legal Aid Commission Court Complex, Batticaloa	0652225399
Legal Aid Commission Labour Tribunal Complex, Borella	0112698003
Legal Aid Commission District Court Complex, Chawakachcheri	0212270882
Legal Aid Commission District Court Complex, Chilaw	0322222175
Legal Aid Commission District Court Complex, Dambulla	0662284551
Legal Aid Commission District Court Complex, Dehiattakandiya	0272250700

Inventory of Other GBV Service Providers at regional level contd.

Organization Postal Address	Hotline/ contact no.
Legal Aid Commission No.51, Police Waththa Deiyandara	0412268077
Legal Aid Commission District Court Complex, Deniyaya	0412271128
Legal Aid Commission District Court Complex, Galgamuwa	0372253290
Legal Aid Commission District Court Complex, Galgamuwa	0372253290
Legal Aid Commission District Court Complex, Galle	0912226124
Legal Aid Commission Court Complex, Gampaha	0332248804
Legal Aid Commission District Court Complex Hambanthota	0472221092
Legal Aid Commission District Court Complex, Hatton	0512222390
Legal Aid Commission Court Complex, Hingurakgoda	0272245521
Legal Aid Commission Court Complex, Homagama	0113159672
Legal Aid Commission Court Complex, Horana	0342265244
Legal Aid Commission District Court Complex, Jaffna	0212224545
Legal Aid Commission Court Complex, Kadawatha	0112922440
Legal Aid Commission Court Complex, Kaduwela	0112548150
Legal Aid Commission District Court Complex, Kalmunai	0672223710
Legal Aid Commission Court Complex, Kaluthara	0342222017
Legal Aid Commission District Court Complex, Kandy	0812388978
Legal Aid Commission District Court Complex, Kanthale	0262234521
Legal Aid Commission Court Complex, Kebithigollawa	0252298101
Legal Aid Commission District Court Complex, Kegalle	0352231790
Legal Aid Commission Court Complex, Kekirwa	0252263536

Inventory of Other GBV Service Providers at regional level contd.

Organization Postal Address	Hotline/ contact no.
Legal Aid Commission District Court Complex, Killinochchi	0212285618
Legal Aid Commission District Court Complex, Kuliypitiya	0372284611
Legal Aid Commission District Court Complex, Kurunegala	0372229641
Legal Aid Commission District Court Complex, Kurunegala	0372229641
Legal Aid Commission Opposite Court Complex, Mahiyanganaya	0552258332
Legal Aid Commission District Court Complex, Maho	0372275075
Legal Aid Commission District Court Complex, Mallakam	0212059170
Legal Aid Commission District Court Complex, Mannar	0232222045
Legal Aid Commission District Court Complex, Marawila	0322254443
Legal Aid Commission Court Complex, Fort Matara	0412233815
Legal Aid Commission District Court Complex, Mathale	0662224828
Legal Aid Commission Court Complex, Mathugama	0342249262
Legal Aid Commission 71/5J/1/1Highway Complex, Mawanella	0372247272
Legal Aid Commission Court Complex, Minuwangoda	0112297790
Legal Aid Commission District Court Complex, Monaragala	0552276891
Legal Aid Commission Court complex, Kotapola, Morawaka	0413428006
Legal Aid Commission Court Complex, Mount Lavana	0112718708
Legal Aid Commission District Court Complex, Mullaithivu	0212290077
Legal Aid Commission District Court Complex, Muthur	0262238777
Legal Aid Commission District Court Complex, Nawalapitiya	0542224227
Legal Aid Commission Court Complex, Negambo	0313321476

Inventory of Other GBV Service Providers at regional level contd.

Organization Postal Address	Hotline/ contact no.
Legal Aid Commission District Court Complex, Nikaweratiya	0372260203
Legal Aid Commission Court Complex, Nugegoda	0112809068
Legal Aid Commission District Court Complex, Nuwaraeliya	0522235260
Legal Aid Commission Court Complex, Panadura	0382244822
Legal Aid Commission District Court Complex, Point pedro	0212260212
Legal Aid Commission District Court Complex, Polgahawela	0372243039
Legal Aid Commission Court Complex, Polonnaruwa	0272226572
Legal Aid Commission District Court Complex, Pothuvil	0632248485
Legal Aid Commission Court Complex, Pugoda	0112405333
Legal Aid Commission Sahana Piyasa Office Opposite Provincial Secretariat office, Puttalam	0322266636
Legal Aid Commission Court Complex, Rathnapura	0452226899
Legal Aid Commission District Court Complex, Siyambalanduwa	0552279250
Legal Aid Commission District Court Complex Tangalle	0472240122
Legal Aid Commission Court Complex, Thambuththegama	0252276259
Legal Aid Commission District Court Complex Thissamaharamaya	0472239611
Legal Aid Commission District Court Complex, Trincomalee	0262226328
Legal Aid Commission Court Complex, Valachchenai	0652258349
Legal Aid Commission District Court Complex, Vavuniya	0242221863
Legal Aid Commission Divisional Secretarial Office Walasmulla	0472245566
Legal Aid Commission Court Complex, Warakapola	0372277075

Inventory of Other GBV Service Providers at regional level contd.

Organization Postal Address	Hotline/ contact no.
Legal Aid Commission District Court Complex, Wariyapola	0372268199
Legal Aid Commission District Court Complex, Welimada	057244860
Legal Aid Commission District Court Complex, Wellavaya	0552274466
Women In Need - Crisis Centre	
Women In Need-Crisis Centre No 395/13, Karuna Mawatha, Kadapanaha Anuradhapuraya	0252225708
Women In Need No 25, Kailagoda Road, Badulla	0552224395
Women In Need No 32/3, Kovintan Road, Batticaloa	0652228388
Women In Need No 25, Tickle Road, Colombo 08	0112671411/ 0112671401
Women In Need No 35/A, Somasundaram Mawatha, Jaffna	0212229671
Women In Need No 867/A, Peradeniya Road, Kandy	0812203246
Women In Need No 33/A, Udyana Mawatha, Uyanwaththa, Matara	0415814004/ 0412233760
Women In Need No 39, Service Road, Puttalam	0325672161
Women In Need Counseling Desk - One Stop Hospital Crisis Centres	
National Hospital, Sri Lanka	0772260504
De Soysa Hospital for Women Health Education Unit, Colombo 08	0772260503
Sri Jayawardenapura General Hospital Nugegoda	0777307864
Teaching Hospital, Batticaloa	0777913529
Provincial General Hospital, Badulla	0772260495
Teaching Hospital, Anuradhapura	0772260494
Psychiatric Ward, General Hospital, Kandy	0770870270
Base Hospital, Puttalam	0773560632
Women In Need Counseling Desk - Police Crisis Centres	
Police Station, Badulla	0772083319
Police Station, Kandy	0772260506
Police Station, Kirulapone	0113071122
Police Station, Medawachchiya	0777307894

Inventory of Other GBV Service Providers at regional level contd.

Organization Postal Address	Hotline/ contact no.
Women and Children's Bureau 16, Subodha Building, Pagoda Road, Nuegoda	0113071121
Police Station, Weligama	0773560282
Other NGOs assisting servicers of GBV	
The Family Planning Association of Sri Lanka	0112555455/ 0112588488
Damrivi Foundation	0112504431
Caritas Sri Lanka	0112693989/ 0112662474
Department of Probation and Child care Services by Provinces	
Central	0812217128
North	0212057102
Western	0112865997/ 0112865999
Southern	0912248259
North Western	0372220044
North Central	0254928619
Sabaragamuwa	0452226912
Eastern	0263263031
Uva	0552231209
Children & Women's Bureau Desk - Police Station	
Children & Women's Bureau Desk Police Station - Ampara	0632224963
Children & Women's Bureau Desk, Police Station - Anuradhapura	0252225919
Children & Women's Bureau Desk, Police Station - Badulla	0552222222/ 0552222223
Children & Women's Bureau Desk, Police Station - Bandarawela	0572222222
Children & Women's Bureau Desk Police Station - Batticaloa	0652224422
Children & Women's Bureau Desk Police Station - Chilaw	0322222222
Children & Women's Bureau Desk, Police Station - Colombo (Central)	0112394226
Children & Women's Bureau Desk, Police Station - Colombo (North)	0112524411
Children & Women's Bureau Desk, Police Station - Colombo (South)	0112513531
Children & Women's Bureau Desk, Police Station - Elpitiya	0912291222
Children & Women's Bureau Desk, Police Station - Galle	0912247457
Children & Women's Bureau Desk, Police Station - Gampaha	0332222224

Inventory of Other GBV Service Providers at regional level contd.

Organization Postal Address	Hotline/ contact no.
Children & Women's Bureau Desk, Police Station - Gampola	0812075810
Children & Women's Bureau Desk Police Station - Hatton	0512225063
Children & Women's Bureau Desk, Police Station - Jaffna	0212222222/ 0213215390
Children & Women's Bureau Desk, Police Station - Kaluthara	0342222222
Children & Women's Bureau Desk, Police Station - Kandy	0812204775
Children & Women's Bureau Desk, Police Station - Kankasanthurai	0212059907
Children & Women's Bureau Desk, Police Station - Kanthale	0262234222
Children & Women's Bureau Desk, Police Station - Kegalle	0352222222
Children & Women's Bureau Desk, Police Station - Kelaniya	0112911222
Children & Women's Bureau Desk, Police Station - Killinochchi	0212285467/ 0212285457
Children & Women's Bureau Desk, Police Station - Kuliyaipitiya	0372281223
Children & Women's Bureau Desk, Police Station - Kurunegala	0372222229
Children & Women's Bureau Desk, Police Station - Mankulam	0212060003
Children & Women's Bureau Desk, Police Station - Mannar	0232222222
Children & Women's Bureau Desk Police Station - Matale	0662222222
Children & Women's Bureau Desk, Police Station - Matara	0412222727
Children & Women's Bureau Desk, Police Station - Monaragala	0552273922
Children & Women's Bureau Desk, Police Station - Mount Lavenia	0112732916
Children & Women's Bureau Desk, Police Station - Mulathivu	0243244936
Children & Women's Bureau Desk, Police Station - Negambo	0312222222
Children & Women's Bureau Desk, Police Station - Nikeweratiya	037-2260222
Children & Women's Bureau Desk, Police Station - Nugegoda	0112852566

Inventory of Other GBV Service Providers at regional level contd.

Organization Postal Address	Hotline/ contact no.
Children & Women's Bureau Desk Police Station - Nuwaraeliya	0522222222/ 0522222223
Children & Women's Bureau Desk, Police Station - Panadura	0382232223
Children & Women's Bureau Desk, Police Station - Polonnaruwa	0272222222
Children & Women's Bureau Desk Police Station - Puttalam	0322266493
Children & Women's Bureau Desk Police Station - Rathnapura	0452223840
Children & Women's Bureau Desk, Police Station - Seethawaka	0362222223
Children & Women's Bureau Desk, Police Station - Tangalle	0472241604
Children & Women's Bureau Desk, Police Station - Trincomalee	0262222222
Children & Women's Bureau Desk, Police Station - Vavuniya	0242224452
Probation Officer	
Probation Officer, Akkaraipattu	0672279314
Probation Officer, Ambilipitiya	0472230236
Probation Officer, Ampara	0632224983
Probation Officer, Anuradhapura	0252222559
Probation Officer, Avissawella	0362222302
Probation Officer, Badulla	0552222370
Probation Officer, Balangoda	0452287210
Probation Officer, Balapitiya	0912258491
Probation Officer, Bambalapitiya	0112731278
Probation Officer, Bandarawella	0752222206
Probation Officer, Batticaloa	0652222142
Probation Officer, Chilaw	0322222385
Probation Officer, Colombo	0112348151
Probation Officer, Dambulla	0662284707
Probation Officer, Dehiaththe Kandiya	0272250407
Probation Officer, Galgamuwa	0372253896
Probation Officer, Galle	0912222097
Probation Officer, Gampaha	0332222388

Inventory of Other GBV Service Providers at regional level contd.

Organization Postal Address	Hotline/ contact no.
Probation Officer, Gampola	0812352263
Probation Officer, Hambanthota	0472220298
Probation Officer, Hatton	0512222201
Probation Officer, Homagama	0112894853
Probation Officer, Horowupathana Road Iluppei	0242222194
Probation Officer, Horana	0342261288
Probation Officer, Jaffna	0212228321
Probation Officer, Kalmunai	0672224655
Probation Officer, Kaluthara	0342222259
Probation Officer, Kandy	0812388783
Probation Officer, Kanthele	0263263032
Probation Officer, Kebithigollewa	0252298611
Probation Officer, Kegalle	0352222452
Probation Officer, Kekirawa	0252265218
Probation Officer, Kilinochchi Kachcheri	0243248309
Probation Officer, Kuliyapitiya	0372281231
Probation Officer, Kurunegala	0372222391
Probation Officer, Mahiyangana	0552258222
Probation Officer, Maho	0372275267
Probation Officer, Mannar Kachcheri Mannar	0232222081
Probation Officer, Marawila	0322253067
Probation Officer, Matale	0662222454
Probation Officer, Matara	0412223277
Probation Officer, Mathugama	0342247215
Probation Officer, Mawanella	0352247073
Probation Officer, Moneragala	0552276550
Probation Officer, Mount Lavinia	0112726126
Probation Officer, Mullaitivu	0243243622
Probation Officer, Muthur	0263263554
Probation Officer, Nawalapitiya	0813884962
Probation Officer, Negambo	0312222363
Probation Officer, Nuwara Eliya	0522222523

Inventory of Other GBV Service Providers at regional level contd.

Organization Postal Address	Hotline/ contact no.
Probation Officer, Panadura	0382232134
Probation Officer, Pelmadulla	0452275930
Probation Officer, Polonnaruwa	0272222033
Probation Officer, Pothuwil	0774794758
Probation Officer, Pugoda	0112494978
Probation Officer, Puttalam	0322265345
Probation Officer, Rathnapura	0452222302
Probation Officer, Ruwenwella	0362267493
Probation Officer, Tangalle	0472240288
Probation Officer, Thambuttegama	0252275002
Probation Officer, Theldeniya	0813884967
Probation Officer, Trincomalee	0262222840
Probation Officer, Valaichchenai	0652257183
Probation Officer, Warakapola	0372279499
Probation Officer, Wariyapola	0372268319
Probation Officer, Wellawaya	0552274320
Sri Lanka Bureau of Foreign Employment	
Sri Lanka Bureau of Foreign Employment.	0112879900-902/ 0112879903 (24 hour) 0112864101-105

