Scaling up health sector response to address Intimate Partner Violence in Sri Lanka

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Ryerson University

A project funded by IDRC

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A Canada-Sri Lanka research collaboration to strengthen the health sector response to address IPV.

Through a program of research, advocacy and policy initiatives we aim to support the health sector response to address IPV in Sri Lanka.

For more information:
contact@addressingipvsrilanka.ca

IPV is a significant public health issue in Sri Lanka, with one in three women at risk. The healthcare sector can play a significant role in responding to the needs of women experiencing IPV.

Activities

Collate and generate an evidence base through literature reviews and bringing in key expert perspectives to identify gaps in existing practices ...[read more]

Project Aims

To strengthen the health sector response to IPV through collaborative, interdisciplinary, research partnerships, knowledge building...[read more]

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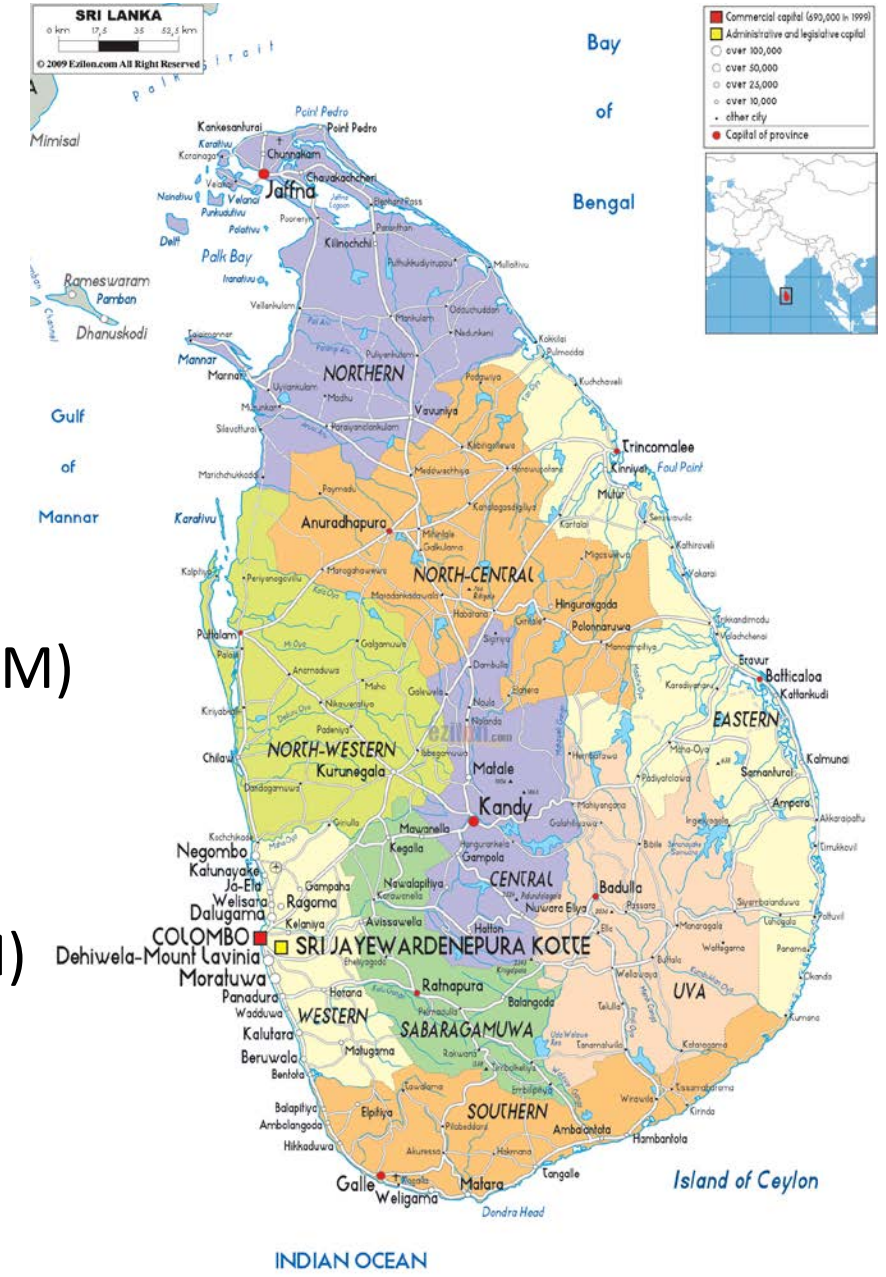
Source: UNHCR, Telegraph


BOC

Population : 20.1 million
Annual growth rate : 1%
GDP per capita : USD 2,836
Unemployment : 4.9%

- Life expectancy : 75 years (F), 70 years (M)
- Literacy : 90% (F), 93% (M)
- School enrollment : 48% (F), 52% (M)
- University enrollment : 52% (F), 48% (M)



Source : Department of Census and Statistics, Sri Lanka

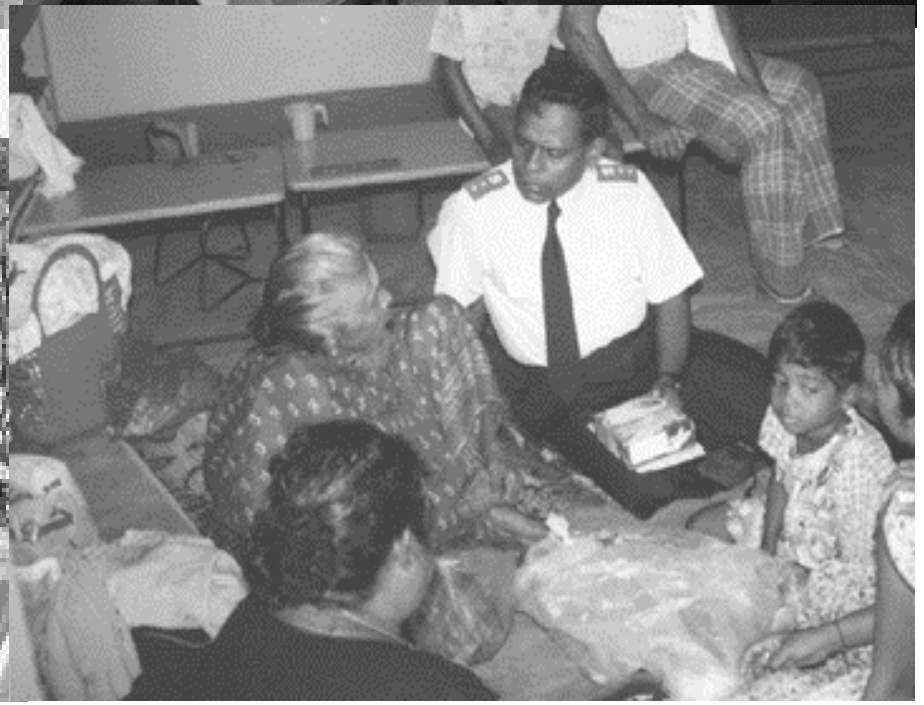
Aim

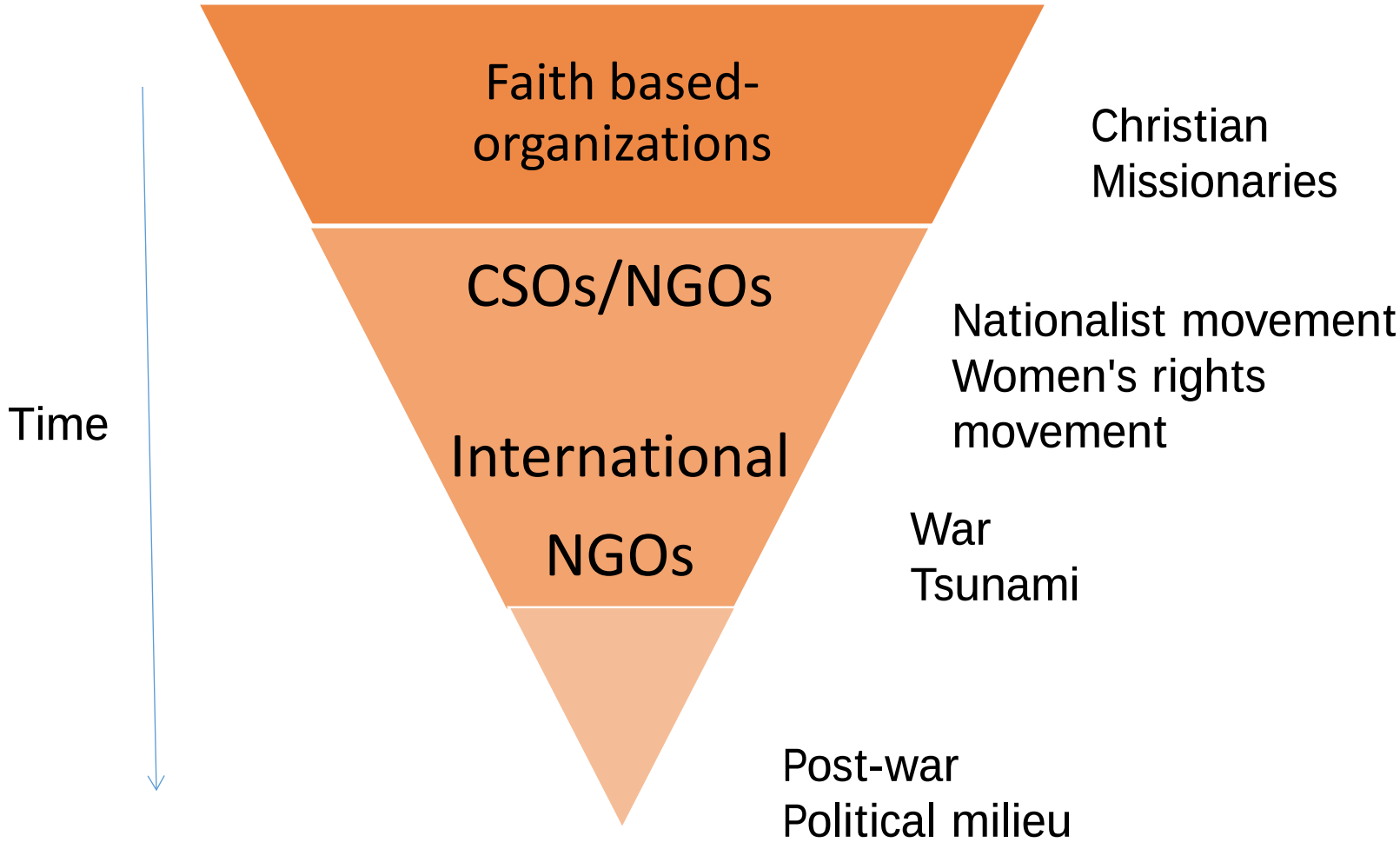
To describe:

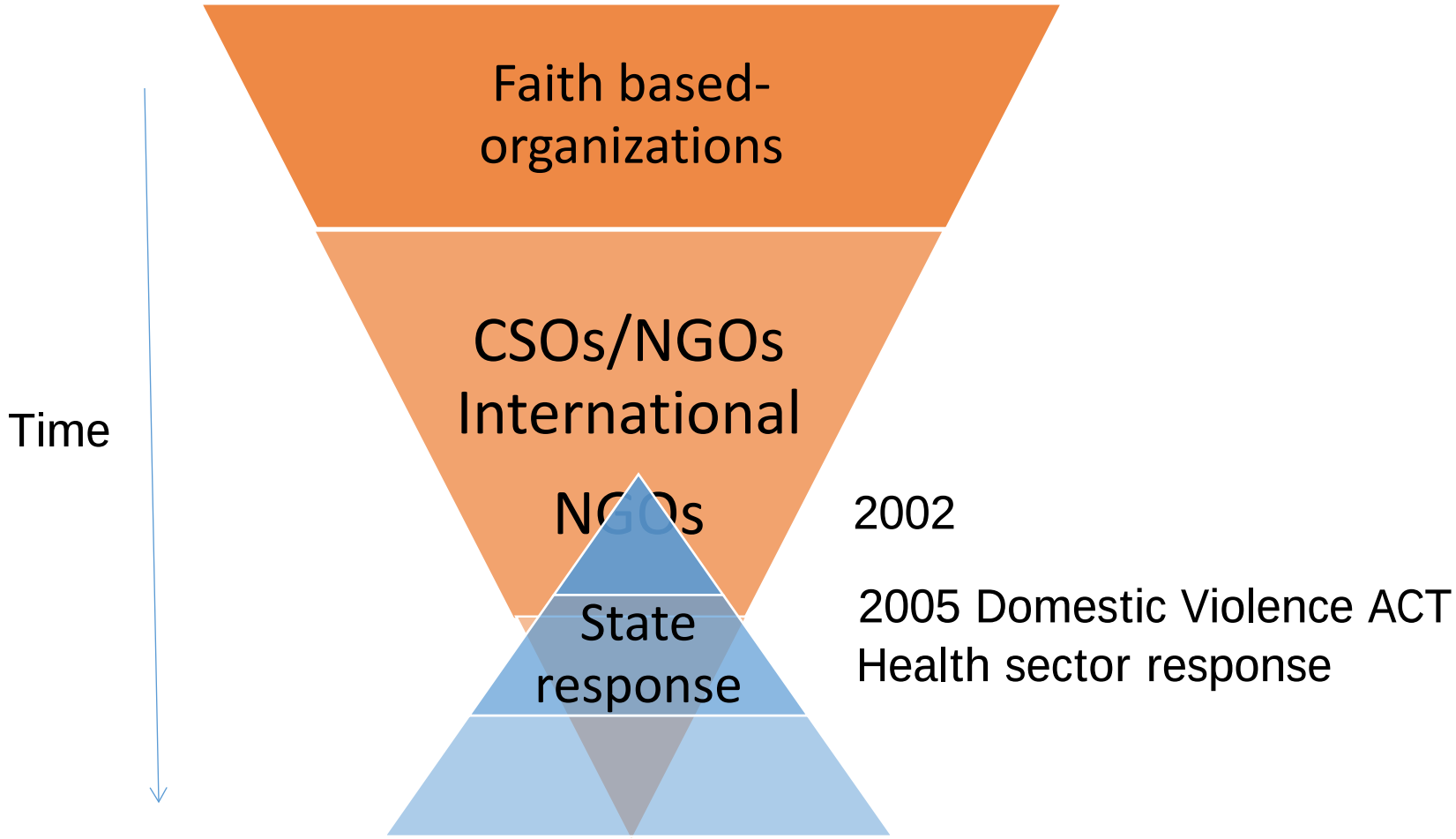
- the health sector response to address intimate partner violence in Sri Lanka
- the practice and policy implications of replacing a well-established local service model in favor of the Canadian One Stop Crises Center (OSCC) model in Sri Lanka

Methods:

- Comprehensive search of published and grey literature
- Interviews with key stakeholders
- Knowledge Sharing Forum – 80 stakeholders
- Survey among 400 healthcare workers




Faith based-organizations
CSOs/NGOs
International NGOs
Time
Christian Missionaries
Nationalist movement
Women's rights movement
War
Tsunami
Post-war
Political milieu

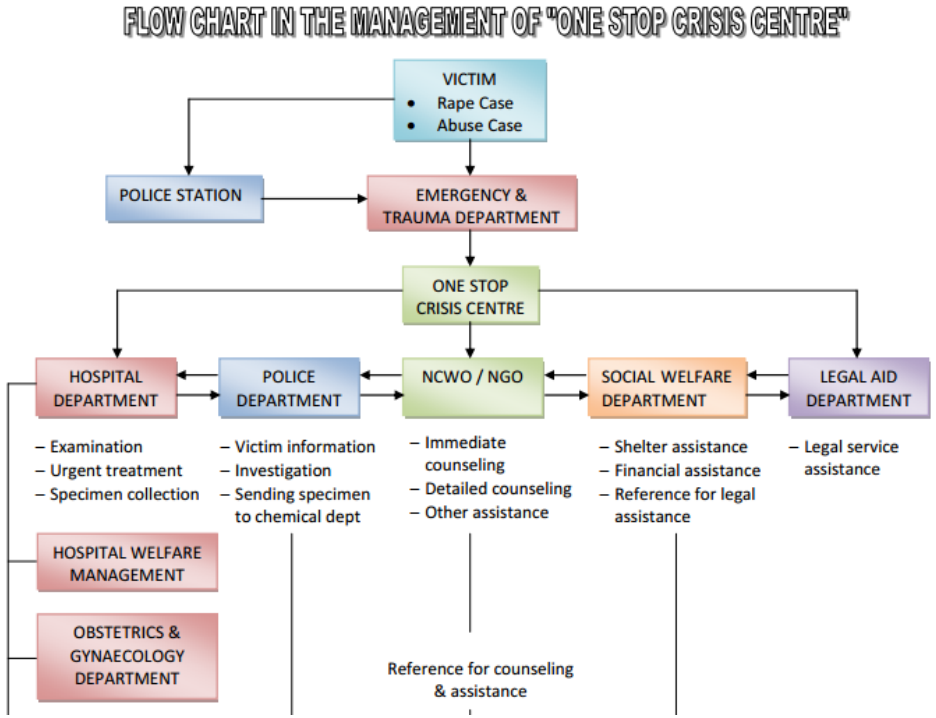

Time
Faith based-organizations
CSOs/NGOs International
NGOs
State response
2002
2005 Domestic Violence ACT
Health sector response

Gender Based Violence (GBV) Desks

- NGO initiative
- Counselling services, safe homes, legal aid
- minimal dependence on healthcare resources
- low resource needs
- cost-effective and sustainable
- GBV Desks well-utilized by women, in particular, in the war-affected areas
- Multi-level integration of services

One Stop Crisis Centre (OSCC)

- Based on Sexual Assault Care Centre model
- Established in Malaysian Hospitals in 1993
- Adopted by several low-middle income countries



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‘Mithuru Piyasa’ (Friendly Abode) : OSCC

Implications

Replacing a locally-developed and sustainable service model with One-Stop Crisis Centers

- Integration and coordination of services to women experiencing IPV in Sri Lanka
- Shaping public health policies and programs in low-middle income countries

Thank you

- A Review of the Sri Lankan health sector response to intimate partner violence: Looking back, moving forward. *South-East Asian Journal of Public Health, 2015; 4*, 6-11. Available at http://www.searo.who.int/publications/journals/seajph/issues/srilankanhealth.pdf
- Time to step up: A review of the health sector response to intimate partner violence in Sri Lanka. *Journal of College of Community Physicians of Sri Lanka*, *2015;* 57-61.
- Intimate partner violence in Sri Lanka: A scoping review. *Ceylon Medical Journal, 2015; 60*, 133-38

Putting Action Plans to Action: Policy, procedure, and frameworks for Intimate Partner Violence services in Canada

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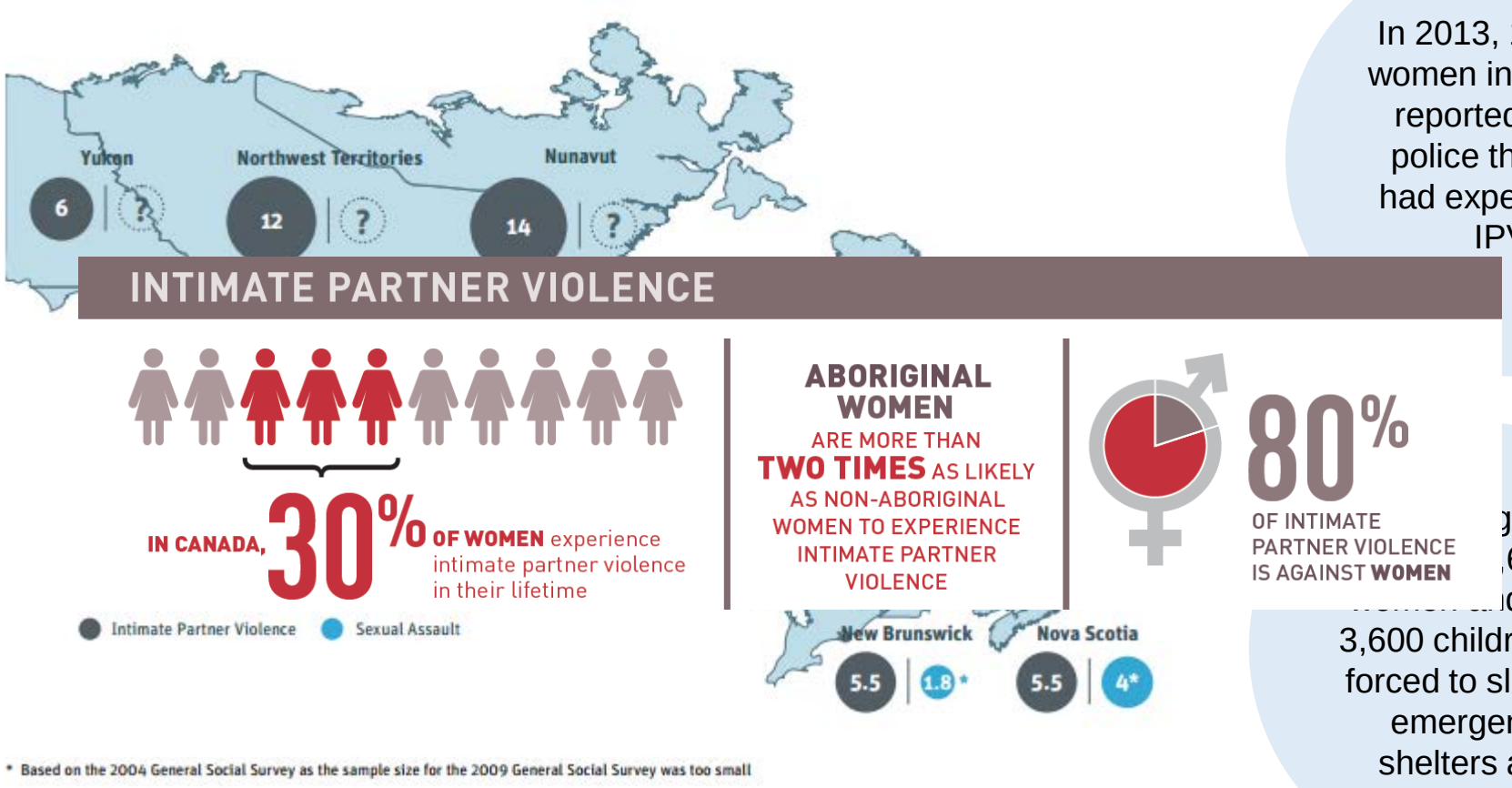
Laura Zahreddine, BSc

Ryerson University

A project funded by IDRC

Canada

- $7.4 billion: IPV related health, social, and economic costs annually
- No comprehensive national plan or strategy to deal with violence against women.[1]



In 2013, 175,000 women in Canada reported to the police that they had experienced IPV.

given
,600
d their
3,600 children are forced to sleep in emergency shelters as a result of violence

[1]http://endvaw.ca/wp-content/uploads/2015/10/Blueprint-for-Canadas-NAP-on-VAW.pdf

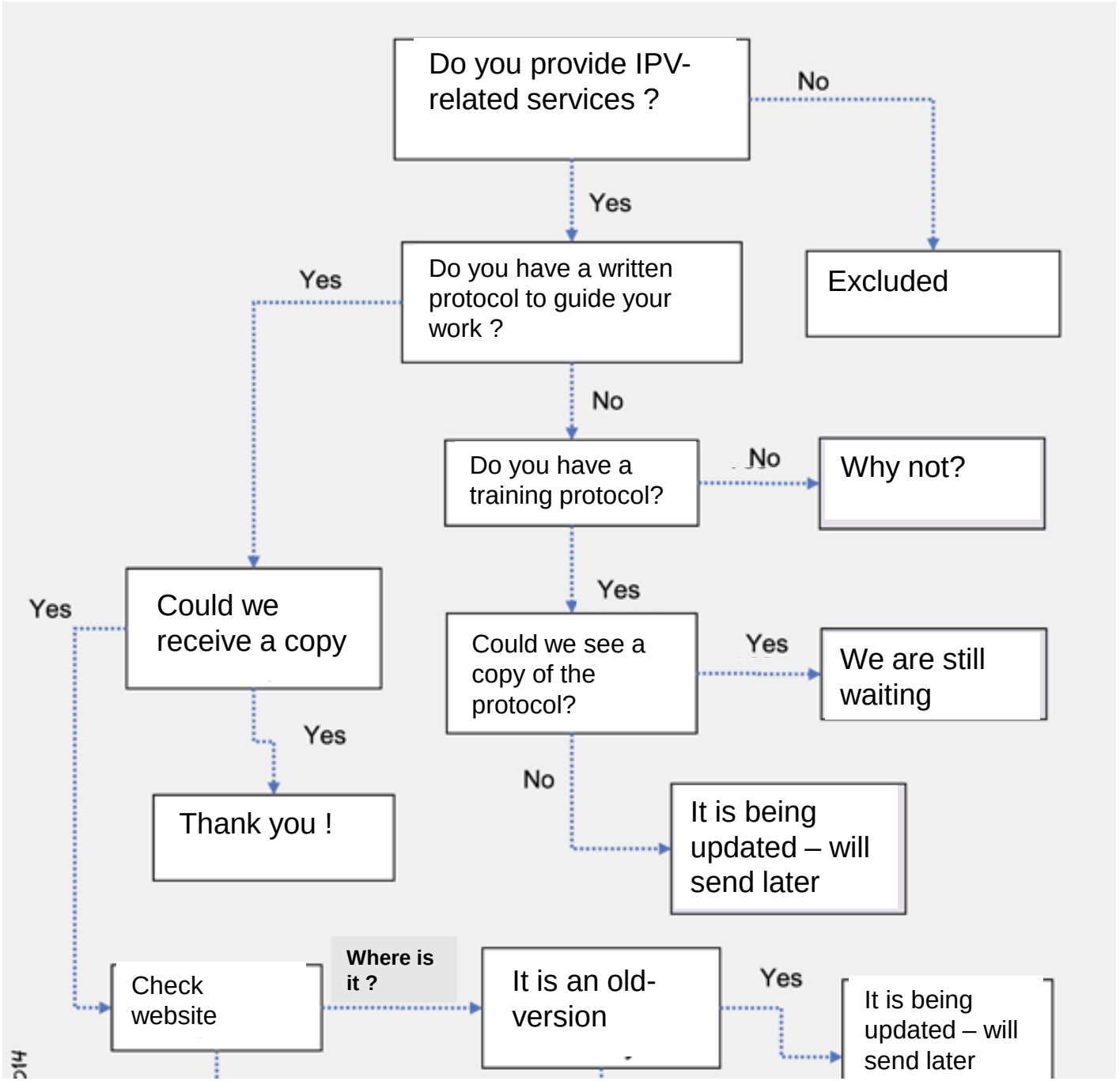
Aim: To discuss how existing action plans and polices translate into practices in addressing IPV in four provinces in Canada

Method:

Review of policies and protocols

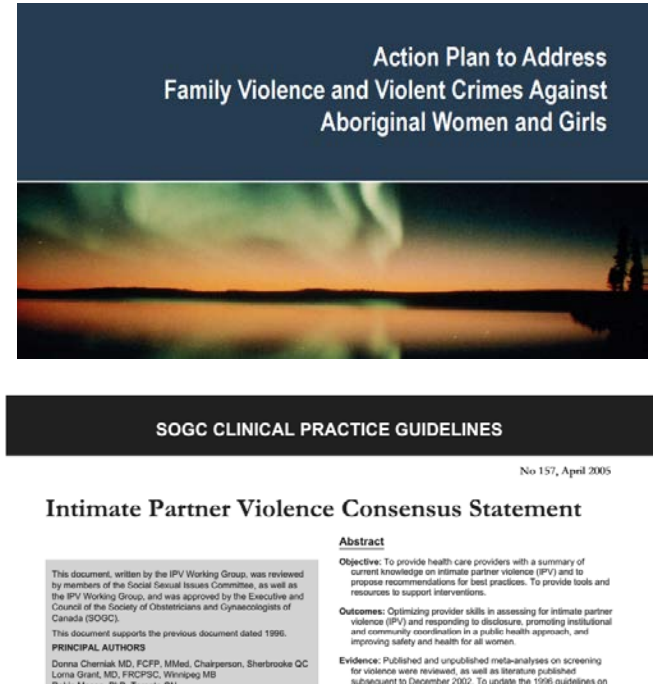
- Federal level
- Provincial (BC, AB, ON, NS) level

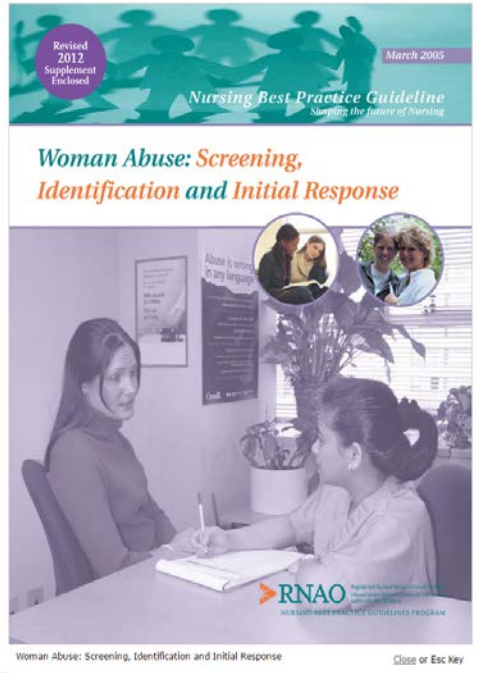
Contact with shelters, women's agencies, health care institutions providing IPV-related care


Do you provide IPV-related services ?
No
Yes
Do you have a written protocol to guide your work ?
Yes
Excluded
No
Do you have a training protocol?
No
Why not?
Yes
Could we see a copy of the protocol?
Yes
We are still waiting
Could we receive a copy
Yes
Yes
Thank you !
No
It is being updated – will send later
Check website
Where is it ?
It is an old-version
Yes
It is being updated – will send later

Findings

- Domestic violence, IPV, and Family violence are used interchangeably to refer to violence instigated by current or former partner or spouse.

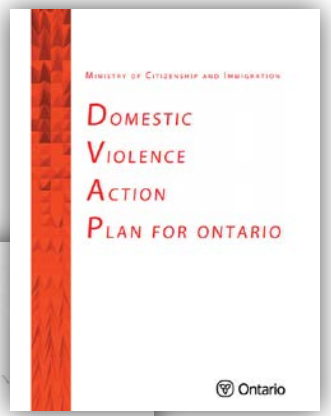


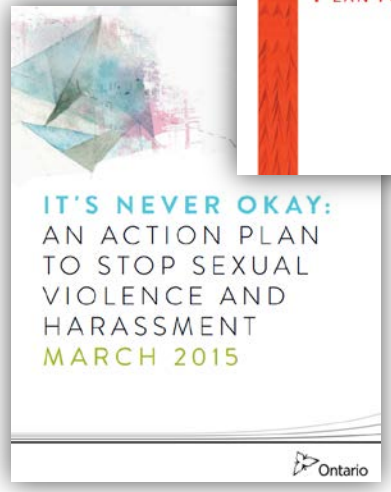


- Only 30% of the 80 shelters in 4 provinces were aware of and/or referred to policy and practice guidelines.

Ontario (ON)

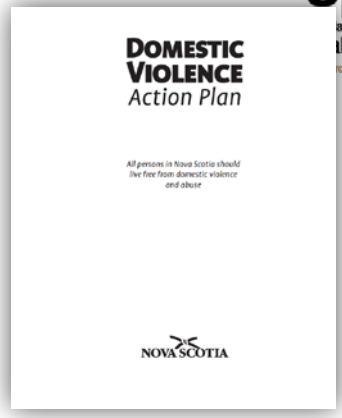
- The Domestic Violence Action Plan
- It's Never Okay





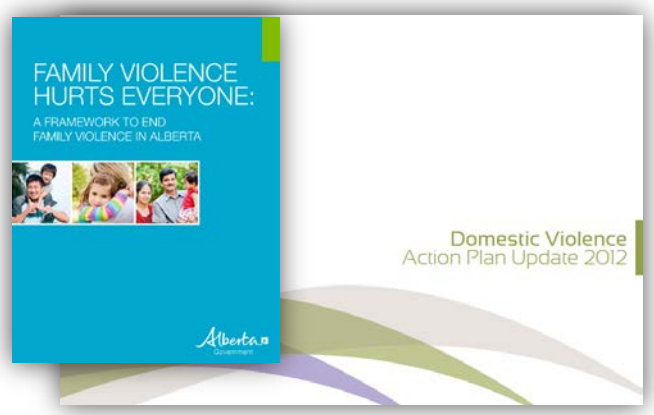
Nova Scotia (NS)

- Domestic Violence Action Plan
- The Nova Scotia Advisory Council on the Status of Women



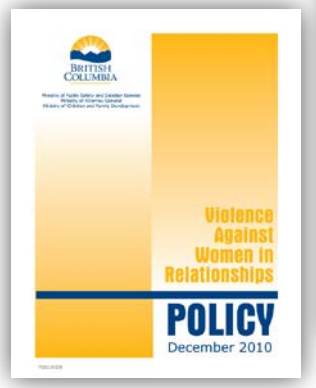
Alberta (AB)

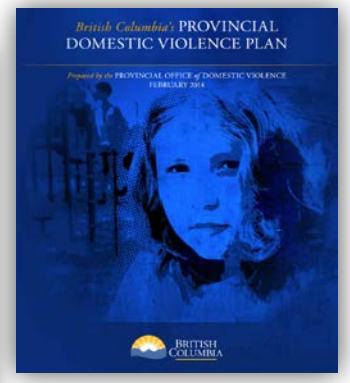
- A Framework to End Family Violence in Alberta
- Domestic Violence Action Plan



British Columbia (BC)

- Violence Against Women in Relationships (VAWIR) policy
- Domestic Violence Action Plan





Findings (contd.)

- No published guidelines; IPV-related services were limited (mostly made referral to other agencies)
- Current guidelines severely outdated
- Policies/guidelines being updated

Implications

- Provincial Action Plans outline the need for uniform definitions and standard protocols for providing services to women experiencing IPV
- Lack of congruency between the community/ institutional level actions and the principles of practice outlined in the Action plans

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Thank you

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