

ONLINE VIOLENCE, OFFLINE CONSEQUENCES

Gaps in Technology-Facilitated Sexual and Gender-Based
Violence (TFSGBV) Service Delivery in Sri Lanka

A mapping study conducted in Anuradhapura, Batticaloa, Galle, Kilinochchi, and Puttalam districts



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Preface

Technology has transformed the ways in which people communicate, organize, access information, and participate in public life. However, alongside these opportunities, digital spaces have also become sites of violence, harassment, discrimination, and abuse, particularly for women, girls, and marginalized communities. In recent years, Technology-Facilitated Sexual and Gender-Based Violence (TFSGBV) has emerged as one of the most pressing and rapidly evolving human rights concerns of our time, with significant consequences for safety, dignity, mental health, freedom of expression, and public participation of women, girls and those from marginalized communities.

In Sri Lanka, the rapid development of digital technologies and increased use in social media platforms has coincided with increasing incidents of online harassment, non-consensual image sharing, impersonation, cyberstalking, hate speech, and other forms of TFSGBV. Women in politics, activism, journalism, and public life, as well as young women, LGBTQIA+ persons, and women from marginalized communities, are disproportionately targeted. Emerging technologies, including artificial intelligence tools that facilitate the creation of deepfakes, are further intensifying these harms and creating new challenges for protection, accountability, and redress.

Despite the growing prevalence of TFSGBV, responses in Sri Lanka remain fragmented and under-resourced. Victim-survivors frequently encounter barriers when seeking support, including limited awareness of available services, language barriers, stigma, lack of trauma-informed approaches, inadequate digital literacy among service providers, and gaps in institutional coordination. There is also limited research

examining the human resource capacities of institutions responsible for responding to TFSGBV.

This mapping study by the Centre for Equality and Justice (CEJ) seeks to address that gap by examining the availability, accessibility, acceptability, and quality of services available to victim-survivors of TFSGBV across five districts in Sri Lanka: Anuradhapura, Batticaloa, Kilinochchi, Galle, and Puttalam. Grounded in survivor-centred and rights-based approaches, the study explores institutional capacities, staffing gaps, language and gender sensitivity, referral mechanisms, and training needs among both state and non-state service providers.

Importantly, this report centres the experiences and perspectives of women impacted by TFSGBV. Their voices reveal not only the serious harms caused by online violence, but also the resilience, courage, and determination of those navigating systems that are often ill-equipped to respond to their needs. The findings highlight the urgent need for coordinated, trauma-informed, and technology-responsive services that uphold the rights and dignity of victim-survivors.

This report is intended to contribute to ongoing discussions among policymakers, state institutions, civil society organizations, digital rights advocates, researchers, and international stakeholders on strengthening responses to TFSGBV in Sri Lanka. It is our hope that the evidence and recommendations presented in this study will support more inclusive policies, better resourced services, stronger institutional accountability, and safer digital environments for all.

Acknowledgements

The Centre for Equality and Justice (CEJ) extends its sincere gratitude to all those who contributed to this mapping study on gaps in human resources in Technology-Facilitated Sexual and Gender-Based Violence (TFSGBV)-related service delivery in Sri Lanka. This study would not have been possible without the courage, trust, and commitment of the women and stakeholders who generously shared their experiences, perspectives, and expertise.

We are especially grateful to the women victim-survivors of TFSGBV who participated in key informant interviews and surveys across the target districts of this study. Many participants shared deeply personal and difficult experiences of online harassment, abuse, intimidation, and violence. Their willingness to speak despite stigma, fear, and trauma reflects immense strength and has been central to shaping this research and its recommendations. We hope this study contributes meaningfully to improving survivor-centred responses to TFSGBV and strengthening accountability and support systems for victim-survivors in Sri Lanka.

We also extend our appreciation to the state service providers, counsellors, women development officers, police officers, legal practitioners, civil society representatives, and other community stakeholders who participated in interviews and focus group discussions. Their insights regarding institutional challenges, human resource gaps, referral pathways, and service provision were invaluable in understanding the current landscape of responses to TFSGBV.

CEJ sincerely acknowledges the dedication and hard work of our partner organizations, Muslim Women's Development Trust (Puttalam), Rajarata Praja Kendraya (Anuradhapura), Islamic Women's Association for Research and Empowerment (Batticaloa), Rural women's Front (Galle) and Federation of Institutions for Rural Management (Kilinochchi), who conducted interviews, facilitated focus group discussions, administered surveys, and supported coordination throughout the research process. Their contextual knowledge, commitment to ethical engagement, and sensitivity toward participants greatly strengthened the quality and integrity of the study.

CEJ further acknowledges the contributions of all individuals who supported the design, analysis, translation, coordination, and review processes of this report. We also appreciate the continued efforts of feminist activists, digital rights advocates, researchers, and organizations working to address online violence and strengthen protections for women, girls, and marginalized communities in Sri Lanka.

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1. Introduction

Technology-Facilitated Sexual and Gender-Based Violence (TFSGBV) is a pervasive human rights violation that affects women and girls in both public and private spheres, online and offline.¹ Although there is no universal definition for TFSGBV, it can include *“any act that is committed, assisted, aggravated, or amplified by the use of information communication technologies or other digital tools that results in or is likely to result in physical, sexual, psychological, social, political, or economic harm, or other infringements of rights and freedoms.”*² Certain groups of people are at a higher risk of experiencing TFSGBV. Girls, young women, and persons with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) are more likely to experience TFSGBV, with politically active women, women with disabilities, women from low socio-economic backgrounds, or women belonging to religious and ethnic minorities being disproportionately affected.³ This type of violence is now often amplified by new technologies, such as artificial intelligence image generators, which are contributing to a rise in harmful content like deepfakes, which are then shared on online platforms that enable the formation of misogynistic online communities.

TFSGBV infringes on multiple human rights, including freedom of expression, the right to privacy, and freedom from discrimination.⁴ The Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) explicitly recognises TFSGBV as a new form of gender-based violence under its mandate, through General Recommendation 35.

1.1 Technology Facilitated Gender based Violence (TFSGBV) in Sri Lanka

In Sri Lanka, TFSGBV commonly encompasses actions such as the non-consensual sharing of intimate images or videos, unauthorised disclosure of private information, doxxing, and malicious activities where an individual's identity is stolen to create fake online profiles, often with the intent to harass, threaten, or intimidate. Times of national crises, such as the COVID-19 pandemic, the economic crisis and Aragalaya movement, and the Easter Sunday Attacks, have shown increases in online hate speech and TFSGBV, especially against religious and ethnic minorities.⁵ Research also indicates that approximately

¹ CEJ uses the term Technology-Facilitated Sexual and Gender-Based Violence (TFSGBV); UNFPA and UN Women, Research Study on Technology-Facilitated Violence experienced by Women and Marginalized Groups in Sri Lanka (August 2025), page 9

² UN Women, 'UNGA79: Intensification of efforts to eliminate all forms of violence against women: technology-facilitated violence against women and girls report of the UN Secretary-General' (2024)

³ CEDAW Committee, 'Working Group on Gender Based Violence, Technology facilitated gender based violence against women: Initial position paper', UNFPA and UN Women, Research Study on Technology-Facilitated Violence experienced by Women and Marginalized Groups in Sri Lanka, (August 2025), page 8

⁴ Center for Protecting Women Online, Response to Human Rights Council's Advisory Committee Questionnaire on Technology-Facilitated Gender-Based Violence against Women and Girls (2025)

⁵ UNFPA and UN Women, Research Study on Technology-Facilitated Violence experienced by Women and Marginalized Groups in Sri Lanka (August 2025), page 35

53.5% of TFSGBV was directed at women, especially women politicians and activists.⁶ The LGBTQIA+ community is also increasingly a target of TFSGBV in Sri Lanka.⁷

TFSGBV can result in severe and long-lasting physical, psychological, political, social and economic consequences.⁸ Experiencing TFSGBV discourages victim-survivors from participating in online public spaces.⁹ Some victim-survivors are subjected to victim-blaming and felt forced or compelled to change their appearance, relocate, delete social media accounts, discard their SIM cards, and in certain instances, attempt suicide.¹⁰

This mapping study, conducted by the Centre for Equality and Justice (CEJ), focuses on the gaps in human resources available at institutions that provide services to victim survivors of TFSGBV. The UN CEDAW Working Group on Gender-Based Violence notes that interventions to combat tech-facilitated violence can be guided by the “5Ps” of Due Diligence.¹¹ These include *“Preventing tech-facilitated violence; Protecting women and girls against tech-facilitated violence; Prosecuting and investigating tech-facilitated violence; Punishing cybercriminals; and Providing redress for women and girl victims/survivors.”*¹² One aspect of the RESPECT violence prevention framework developed by UN Women and the World Health

Organization highlights the importance of ensuring access to survivor-centred tech-responsive services. This includes (1) ensuring survivor-friendly reporting and response mechanisms for TFSGBV within law enforcement, hotlines, and support centres; (2) developing multi-lingual, confidential helplines and counselling services that understand the dynamics of online harassment and non-consensual image distribution, and (3) training service providers such as social workers, health professionals, police and legal actors, on recognising and addressing TFSGBV.¹³

Against this backdrop, this study assesses the access to services and the required human resources to address TFSGBV utilising UNICEF’s AAAQ (availability, accessibility, acceptability and quality) framework.¹⁴ It includes assessing the availability of language-sensitive staff, the gender of staff, and the number of available counselors, psychologists, psychiatrists, police officers, women development officers, etc. In order to assess the quality of services provided, this study also looks at staff access to training in terms of digital security, trauma-informed counselling and TFSGBV knowledge.

⁶ Ibid 13.

⁷ Ibid 3.

⁸ CEDAW Committee, ‘Working Group on Gender Based Violence, Technology facilitated gender based violence against women: Initial position paper’; UNFPA and UN Women, Research Study on Technology-Facilitated Violence experienced by Women and Marginalized Groups in Sri Lanka, (August 2025), page 4

⁹ UNFPA and UN Women, Research Study on Technology-Facilitated Violence experienced by Women and Marginalized Groups in Sri Lanka (August 2025), page 9

¹⁰ Ibid 37.

¹¹ The Due Diligence project has evolved from CEDAW (1979 and 1993) and seeks to advocate for the inclusion of the 5Ps in VAWG discourse globally.

¹² CEDAW Committee Working Group on Gender-Based Violence, ‘Initial Position Paper: Tech-Facilitated Gender-Based Violence Against Women’

¹³ UNFPA and UN Women, Research Study on Technology-Facilitated Violence experienced by Women and Marginalized Groups in Sri Lanka, (August 2025), page 53

¹⁴ UNICEF, ‘Availability, Accessibility, Acceptability and Quality Framework: A Tool to Identify Potential Barriers to Accessing Services in Humanitarian Settings’

2. Methodology

This mapping study was conducted in Anuradhapura, Batticaloa, Kilinochchi, Galle and Puttalam Districts. Seven key informant interviews (KII) were conducted in each district, including four interviews with service providers and three interviews with women victim-survivors of TFSGBV. The women victim-survivors included in this study had faced varying forms of TFSGBV, including non-consensual sharing and manipulation of their photographs, hacking of their social media accounts, threats to expose intimate personal information, and targeted attacks online due to their involvement in politics. Those who reported the incidents had reached out to the police, Grama Niladaris, civil society organisations, women development officers (WDOs), counsellors, and the Telecommunications Regulatory Commission (TRC). Names of impacted

women have been anonymised with pseudonyms for the purpose of this study. Further, two focus group discussions (FGDs) with state service providers and civil society stakeholders were conducted in each of the five districts selected for the mapping study.

Additionally, an anonymous survey was administered among 175 women victim-survivors of TFSGBV (35 women in each of the target districts). The survey included multiple-choice and Yes/No questions assessing women's experiences with TFSGBV and various support services, and one open-ended question on recommendations for improving service provision. The age and education demographics of the survey participants are given below:

Chart 2.1:

Age demographics of survey participants

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 or over

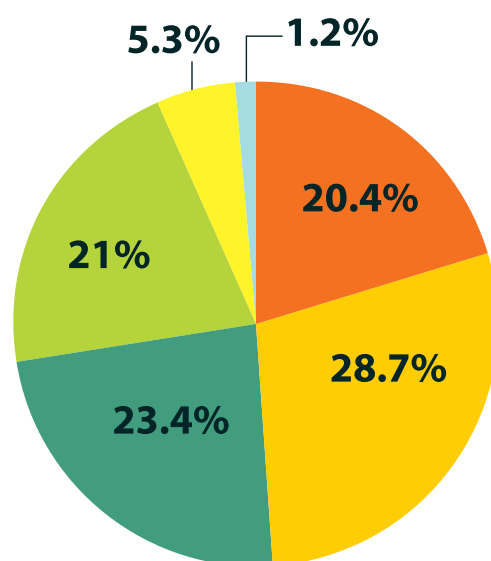
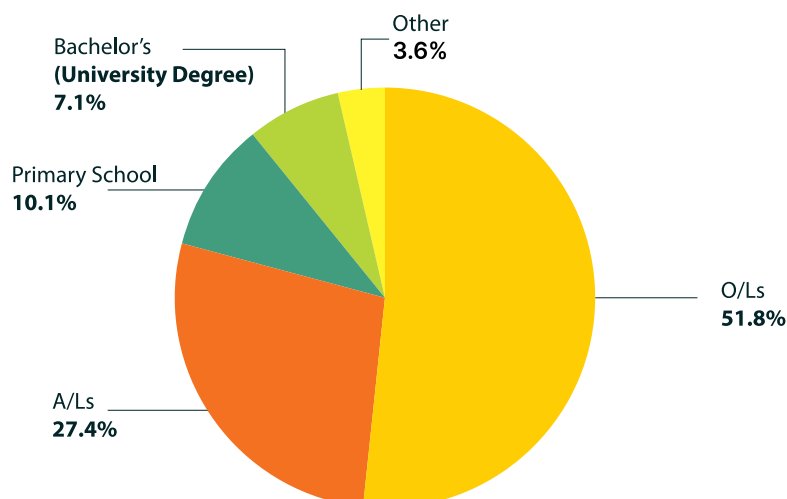


Chart 2.2:

education
level of survey
participants



The KIIs, FGDs, and surveys were conducted by CEJ's partner organisations in each of the target districts between October 2025 and April 2026. Prior to the data collection, CEJ conducted a training session for all interviewers and enumerators. The training included explanations about how informed consent should be obtained from participants using CEJ's consent forms, available in all three languages. Accordingly, as part of the data collection process, participants were informed that they could withdraw from the interview within two weeks of the date of completion of the interview and that all KII interviews with TFSGBV-impacted women would be anonymised to maintain complete confidentiality. Interviewers and enumerators were also trained to adopt a trauma-informed approach when conducting interviews to ensure that participants were not re-traumatised.

The KIIs with women victim-survivors of TFSGBV focused on the following topics: (i) reporting of the incidents; (ii) how different aspects of women's identities impacted their access; (iii) perceived gaps in the capacity of the staff; (iv) ability to access services in preferred language; and (v) referral to other services.

KIIs with service providers focused on the following topics: (i) barriers and challenges women face when accessing services; (ii) women's access to helplines; (iii) available reporting procedures (iv) perceived gaps in the capacity of the staff; (v) available training for staff; (vi) gender and language sensitivity of service provision; (vii) mechanisms for referral; and (viii) recommendations on improving service provision.

The FGDs with stakeholders and service providers focused on the following topics: (i) gaps and challenges in the provision of services; (ii) available hotlines; (iii) challenges faced by women when accessing services; (iv) whether services are gender, language, disability and age-sensitive; (v) mechanisms for referrals, (vi) barriers to hiring and retaining qualified staff, (vii) recommendations on improving service provision; and (viii) support for staff to deal with burnout.

Overall, the mapping study aims to understand gaps in human resources at service providing institutions in order to develop strategies to strengthen interventions aimed at addressing TFSGBV.

3. Overview of Service Providers

Following instances of TFSGBV, victim-survivors should be provided access to different types of services to address their varied needs. According to available literature, there are five types of service providers women can approach: (1) law enforcement, (2) legal aid centres, (3) counselling services, (4) hotlines, and (5) civil society organisations.

1. Law Enforcement

Police complaints about TFSGBV can be made to Children and Women's Desks at local police stations, the headquarters of the Children and Women's Bureau of the Sri Lanka Police, and the Computer Crimes Investigation Unit (CCIU) of the Criminal Investigation Department (CID).¹⁵ However, existing literature notes that not all police stations include a Children and Women's Desk. Where such desks exist, they are underfunded and deprioritised in budget allocation.¹⁶

The Cyber Crimes Investigation Division is operational only in five districts in the country (Colombo, Kandy, Ampara, Matara, and Kurunegala).¹⁷ In areas where there are no cybercrime units, people are forced to travel long distances, which also dissuades them from making a complaint.¹⁸ The literature also indicates that the police lack gender sensitivity and specialised technical expertise in digital forensics to handle complaints about TFSGBV.¹⁹

2. Legal Aid

Free legal aid is available through 77 legal aid centres available islandwide.²⁰ Victim-survivors can request consultations, call the hotline and participate in mobile clinics.²¹ The Legal Aid Commission (LAC) usually directs victim-survivors to the police, and thereafter to the courts.²² However, victim-survivors are discouraged from reporting due to low conviction rates and slow court processes that often lead to prolonged trauma and fear of re-victimisation²³ There is also a lack of technological resources and human resources to address TFSGBV in particular.

¹⁵ CEJ and Equality Now, 'Shadow Report to the United Nations Committee on the Elimination of Discrimination Against Women', 9th periodic review of Sri Lanka (2025)

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ UNFPA and UN Women, Research Study on Technology-Facilitated Violence experienced by Women and Marginalized Groups in Sri Lanka (August 2025), page 44

¹⁹ Ibid 43

²⁰ Ministry of Justice and National Integration, Legal Aid Commission of Sri Lanka

²¹ CEJ, 'Trapped: A rapid assessment of the prevalence and response to cases of cyber sexual and gender-based violence and gendered online hate speech' (2023)

²² Ibid.

²³ UNFPA and UN Women, Research Study on Technology-Facilitated Violence experienced by Women and Marginalized Groups in Sri Lanka (August 2025)

3. Counselling

Grassroots level women development officers (WDOs) attached to the Ministry of Women and Child Affairs provide basic counselling support.²⁴ When complaints are reported via phone, WDOs visit impacted women directly in order to ensure their safety and security.²⁵ They also make referrals to hospitals, the police, courts, and for follow-up psychological care. If the victim-survivor is a child, they make referrals to a child protection officer.²⁶ WDOs can be reached either directly through their mobile numbers or through the 1938 helpline, which is available 24 hours a day, seven days a week.

Counselling assistants of divisional secretariats, counsellors at the 'Mithuru Piyasa'/'Natpu Nilayam' wing at state hospitals, and local civil society organisations also facilitate counselling through referrals or support services. However, there is a lack of quality psychosocial support. Counselling assistants, who are part of the state counselling services at the district secretariat, lack knowledge and understanding of TFSGBV. They are also limited by a lack of private spaces to provide confidential counselling, in order to ensure the necessary care.²⁷

4. Hotlines

There are several hotlines available to report instances of TFSGBV and access support established by different institutions.

- » The police run three hotlines: police emergency service (119); a hotline for the Northern and Eastern Provinces in Tamil (107) and the Bureau for the Prevention of Abuse of Children and Women hotline (109)²⁸
- » The Sri Lanka Computer Emergency Readiness Team (SLCERT) runs a hotline to report incidents of cyber crime (101)
- » The Ministry of Women and Child Affairs runs the Women's Helpline (1938)
- » National Child Protection Authority's National Child Helpline (1929) and Child Protection Mobile App, which allow children to report incidents of online violence
- » Women in Need (WIN) runs a 24-hour hotline (077 567 6555) specifically for individuals affected by SGBV

Some hotlines that provide general mental health support are also available for individuals seeking counselling services:

- » The National Institute of Mental Health runs the National Mental Health Helpline (1926)
- » The Lanka Life Line (1375) is a volunteer-run crisis support service
- » CCCLine (1333) provides mental health and counselling services

²⁴ Ministry of Women and Child Affairs, 'Women Development Officers', accessed 8 May 2026.

²⁵ Interview with Women Development officer, Krachchi DS office, Kilinochchi District

²⁶ Interview with Counselling Assistant, Divisional Secretariat Kattankudy, Batticalo District

²⁷ CEJ and Equality Now, 'Shadow Report to the United Nations Committee on the Elimination of Discrimination Against Women', 9th periodic review of Sri Lanka (2025)

²⁸ Telecommunications Regulatory Commission of Sri Lanka, 3 Digital Short Codes for Special Services

5. Civil Society Organisations

Civil society organisations (CSOs) facilitate access to counselling services and refer victim-survivors to legal and other services. Sometimes CSOs accompany victim-survivors to police stations to make complaints, as the presence of an external organisation can add perceived credibility to the complaint. In cases where harmful material is posted on social media, assistance from non-state actors such as Hashtag Generation and Hithawathi, who possess “trusted partner” status with certain platforms such as Meta and TikTok, can enable faster content removal.²⁹

3.1 Challenges in Accessing Services

Although the above services exist, challenges persist in terms of the lack of technical expertise; knowledge gaps in gender sensitivity and facilitating survivor-centric care; cultural and social biases that contribute to victim blaming and shaming; and limited access to services in preferred languages. A recent study by UNFPA and UN Women found that many factors discourage victim-survivors from reporting TFSGBV: fear of victim-blaming and stigma, lack of trust in authorities, limited access to psychosocial support, protracted legal proceedings, low public awareness of reporting mechanisms, and lack of family support.³⁰ Victim-survivors

found authorities to be ineffective in taking necessary actions. Additionally, **“39 per cent were afraid to go to the police, and 41 per cent feared personal information being shared.”**³¹ The report also found that the lack of access to gender-sensitive legal aid, psychosocial services and safe reporting channels also contributed to underreporting.³² Further, victim-survivors’ awareness and utilisation of counselling services is extremely low, reported at 5.7%.³³

Moreover, service provision is hindered due to the lack of a central and secure data management system for complaints and incidents, which has led to duplication of complaints.³⁴ The lack of a standardised reporting procedure and limited inter-organisational collaboration for TFSGBV cases hinder effective responses.

Further, existing training for service providers does not appear to include TFSGBV.³⁵ However, the most recent National Action Plan to address SGBV in Sri Lanka aims to **“review and update the existing Protocol & training module for staff of Mithuru Piyasa to include TFSGBV and other emerging SGBV issues.”**³⁶ The Plan further elaborates on addressing SGBV in general, stating that **“[p]ara legal training will be provided to all WDOs and Counsellors who are engaged in activities connected with gender-based violence by using a comprehensive handbook developed with technical support from UNDP.”**³⁷

²⁹ UNFPA and UN Women, Research Study on Technology-Facilitated Violence experienced by Women and Marginalized Groups in Sri Lanka (August 2025), page 47

³⁰ Ibid

³¹ Ibid 5.

³² Ibid 12.

³³ Ibid 45.

³⁴ Ibid 46.

³⁵ CEJ and Equality Now, ‘Shadow Report to the United Nations Committee on the Elimination of Discrimination Against Women’, 9th periodic review of Sri Lanka (2025)

³⁶ Ministry of Women, Child Affairs, & Social Empowerment, The Multi-Sectoral National Action Plan to Address Sexual and Gender-Based Violence (SGBV) in Sri Lanka – Phase II (2024–2028), page 181

³⁷ Ibid.

4. Findings

This chapter focuses on the findings from the mapping study conducted by CEJ. It provides an overview of the types and extent of TFSGBV faced by women who participated in the research and identifies gaps in human resources at service provision institutions dealing with cases of TFSGBV. The gaps have been identified and mapped by district.

4.1. Type and Extent of TFSGBV Faced by Women

Of the 175 survey respondents, most belonged to marginalised or underrepresented communities, with over 50 per cent belonging to a low-income community (96) and over 50 per cent belonging to a religious or ethnic minority. Additionally, some respondents identified as persons of diverse sexual orientation, gender identity and expression, and sex characteristics (25), had a disability (4), were female heads of households (3), and belonged to an indigenous community (1).

For women, marginalised backgrounds also impact access to services. For example, a domestic worker said,

“The Grama Niladari didn’t take me into account at all. I think it was because I was a poor woman from the village.”³⁸

Another woman who was a member of the Divisional Secretariat was subjected to attacks on Facebook and WhatsApp and made a complaint to the police. She was told by the police that

“when women enter politics, they have to face many such problems on social media.”³⁹

According to the survey, participants had been subjected to various types of TFSGBV, with over 30 per cent experiencing it daily or weekly. The most commonly experienced types were online gender-based hate speech, non-consensual sharing of intimate images or videos, and receiving unwanted/offensive content. Additionally, participants were also subjected to doxxing, impersonation, cyberstalking, digital surveillance, sexual harassment, cyberbullying, gender trolling, cyber blackmail, doctored videos and images, and social media hacking. Similar complaints were reported in the KIIs with women victim survivors of TFSGBV.

³⁸ Interview with Nayana, woman impacted by TFSGBV, Anuradhapura

³⁹ Interview with Rani, a woman impacted by TFSGBV, Puttalam District

Chart 4.1.1: Types of TFSGBV experienced

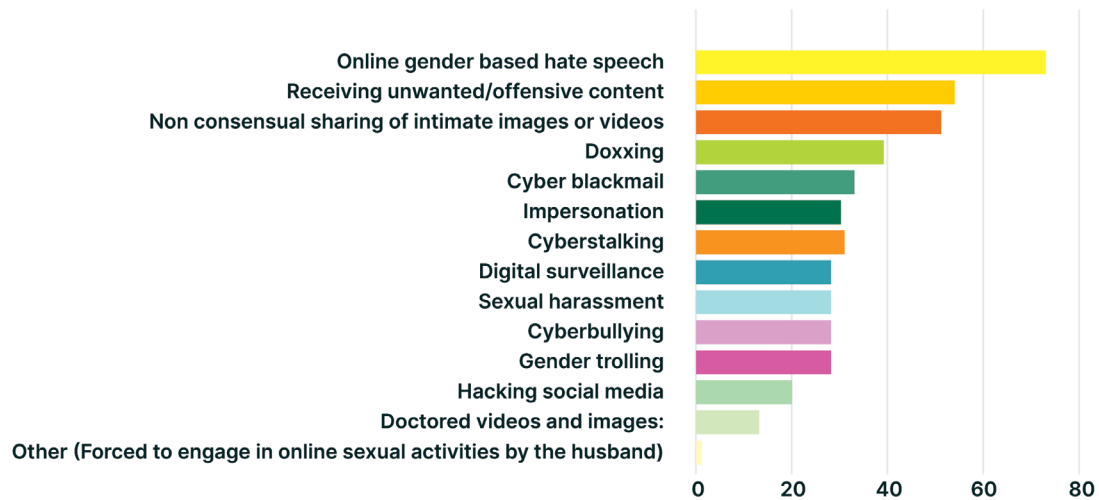
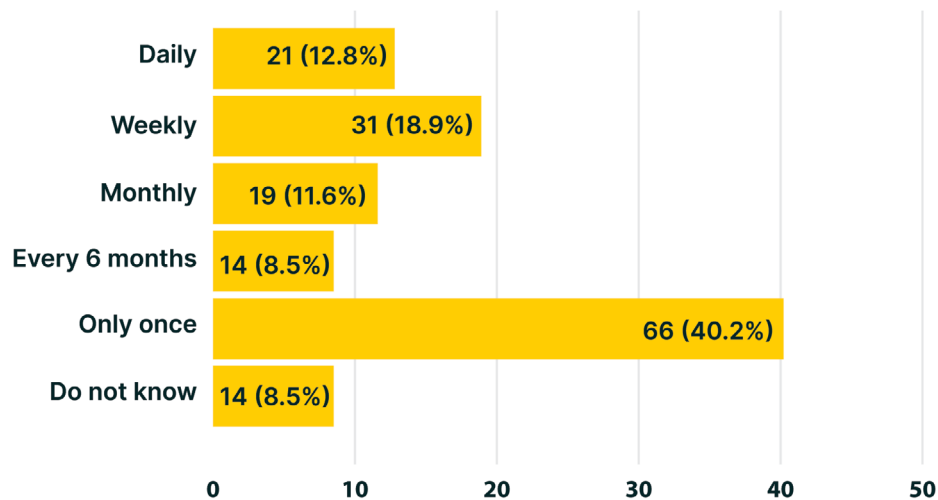


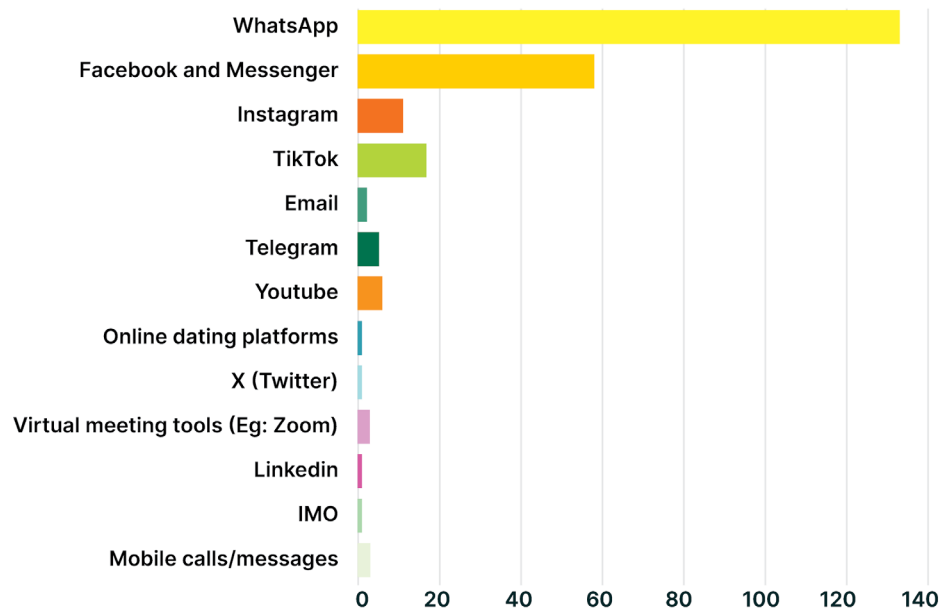
Chart 4.1.2: Frequency of TFSGBV



Participants reported that they were subjected to TFSGBV through various platforms, predominantly through WhatsApp (133), and Facebook and Messenger (58).

This is likely because these are two of the most used platforms in Sri Lanka.

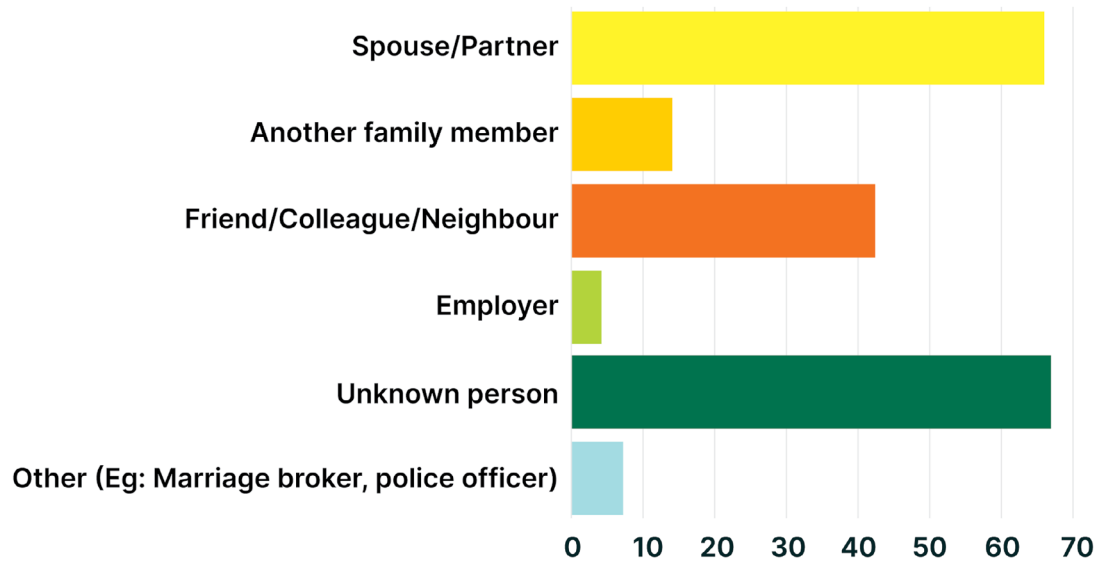
Chart 4.1.3: Platforms where TFSGBV occurred



Responses indicated that the most common perpetrators of TFSGBV were spouses/partners (66) or unknown persons (67), followed by friends/colleagues/neighbours

(42). One participant shared that TFSGBV was perpetrated by a police officer and another shared that it was a prominent person in the community.

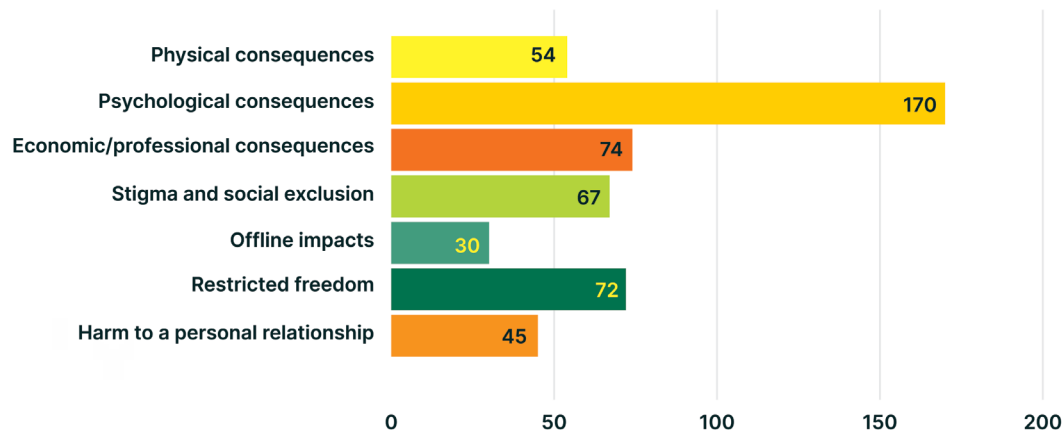
Chart 4.1.4: Perpetrators of TFSGBV



Women to whom the survey was administered also reported experiencing various consequences, as a result of TFSGBV. Almost all of the participants reported psychological consequences (97.1%). Other reported consequences also included physical,

psychological, and economic/professional consequences, stigma and social exclusion, offline impacts, restricted freedom, and harm to personal relationships.

Chart 4.1.5: Consequences experienced due to TFSGBV



4.2 Gaps in Required Human Resources for TFSGBV-related service provision

During the study, 93.7% of respondents sought support or reported the incident involving TFSGBV, while 6.3% did not seek any form of support. According to KIIs with women impacted by TFSGBV, women said they did not make complaints because they did not trust service providers, and because

staff in the relevant institution or division were all men.⁴⁰ One woman, Dharshi, said that she was prevented from making a complaint due to stigma and the fear of reprisals.⁴¹ She was afraid her children would be subjected to social exclusion.⁴² Another woman, Fathima, said that the society she lived in, her family background, and her job as a government servant prevented her from reporting the incident.⁴³

Women sought support and redress through several avenues. Many of the participants (110) approached the police and spoke to informal

⁴⁰ Interview with Latha, woman impacted by TFSGBV, Anuradhapura

⁴¹ Interview with Dharshi, a woman impacted by TFSGBV, Puttalam District

⁴² Interview with Dharshi, a woman impacted by TFSGBV, Puttalam District

⁴³ Interview with Fathima, a woman impacted by TFSGBV, Puttalam District

sources such as family and friends (78). Women also sought out other avenues: legal aid services; community based organisations such as the Muslim Women’s Development Trust (MWDT), Rajarata Praja Kendraya (RPK), and Islamic Women’s Association for Research and Empowerment (IWARE); the online platform on which TFSGBV occurred; the Human Rights Commission (HRC), helplines, and their Divisional Secretariats

(DS). According to the survey results, 51.6% were satisfied with the services, while 24.8% were somewhat satisfied, and 23.6% were dissatisfied. Further, only 24.5% believed that adequate numbers of staff were available, with 42.6% responding that enough staff were only sometimes available, and 32.9% reporting that enough staff were rarely or never available.

Chart 4.2.1: Avenues of support and redress sought

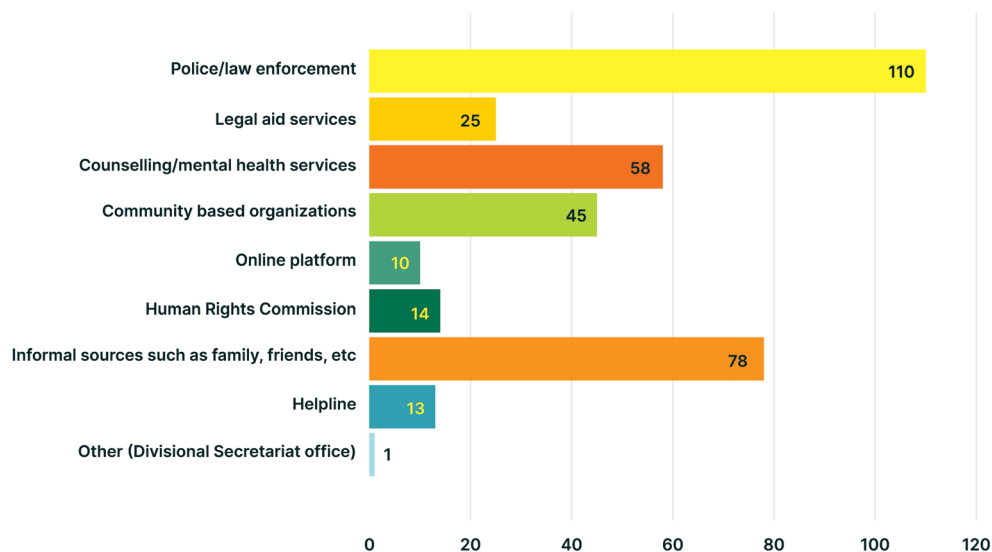


Chart 4.2.2: Satisfaction with service provided

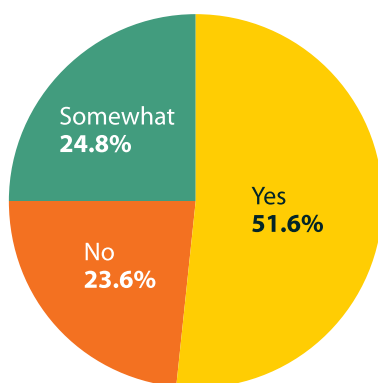
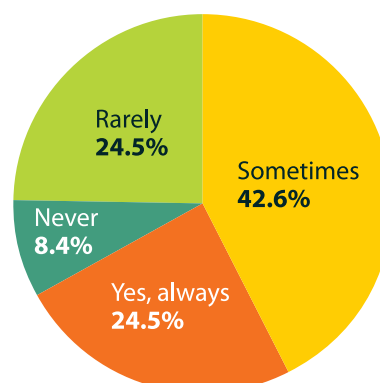


Chart 4.2.3: Availability of staff



The survey results also demonstrate that women encountered multiple difficulties when accessing support services. The most commonly experienced difficulties were the need to repeat the experience to many people (101) and long waiting times (96). Many also encountered a lack of female staff (58), a lack of trained staff in TFSGBV (54), and a lack of staff who could communicate in their preferred language (58). Sarala, interviewed for this study, said,

*"I thought a female officer would support, but since the complaint was written by a man, they looked at me like I was a worthless coin. And they looked at me like I was a criminal. Especially since I am a woman, they see the problems that happen through the phone as problems that we have created... while asking me questions, that person also did something else, and he did it on purpose—he questioned me in front of everyone. I thought I wouldn't go to the police station after that."*⁴⁴

Chart 4.2.4: Difficulties faced when seeking help

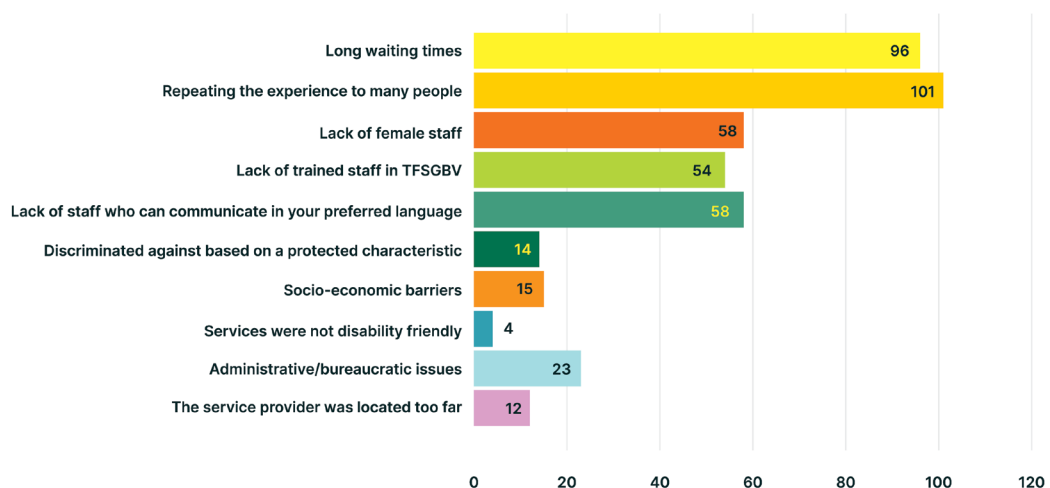
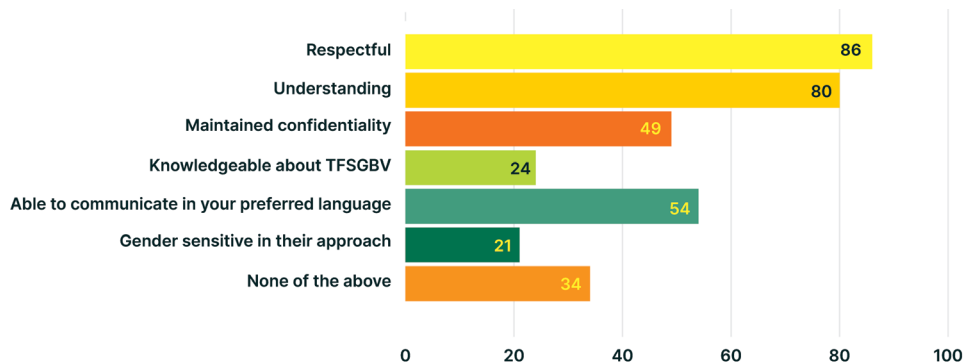


Chart 4.2.5: Perceived characteristics of service providers



⁴⁴ Interview with Sarala, woman impacted by TFSGBV, Anuradhapura

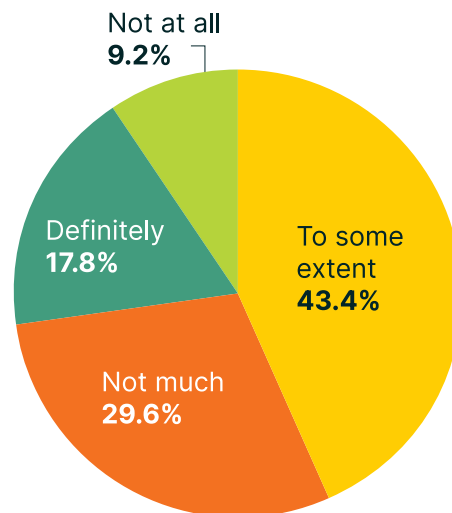
Further, 12.8% could not access services in their language of choice and 30.1% could only access services in the language of their choice partially.

The survey also indicates that a majority of participants thought that service providers

were not fully equipped through training to handle cases of TFSGBV. Only 17.8% of survey respondents definitely felt that the staff were trained, and 43.4% felt they were only trained to some extent. 38.8% felt that staff received not much or no training.

Chart 4.2.6:

Perceived extent of staff training



The following section includes specific gaps in human resources identified in the five districts in which the study was conducted.

Respondents in all five districts highlighted gaps in police services. Primarily three types of gaps were highlighted: (i) lack of women officers or access to women officers to report to; (ii) lack of Tamil-speaking staff; (iii) lack of technical knowledge of digital security.

4.2.1 Anuradhapura

A particular shortcoming identified in police services in Anuradhapura was the inability to access women police officers to report incidents involving TFSGBV. A woman reported that when she approached the police to make a complaint, even if there were women officers present, she could not make complaints specifically to women officers. She was compelled to make the complaint before a male police officer with everyone present without any privacy.⁴⁵ Further, although there is a police hotline that can be accessed anytime in any language, only male officers are assigned to respond.⁴⁶ At the Galkiriyagama Police Station, although there is a Women and Children's desk, there is a staff shortage and it has only two officers.⁴⁷

⁴⁵ Interview with Sarala, woman impacted by TFSGBV, Anuradhapura

⁴⁶ Interview with a Woman Police Officer, Anuradhapura

⁴⁷ Interview with a Woman Police Officer, Anuradhapura

A police officer also noted that while there is a shortage of Tamil-speaking staff, at some stations, there are 3-4 officers who speak Sinhala.⁴⁸ Additionally, as the police do not have counsellors,⁴⁹ when counseling support is required, women are referred to the Divisional Secretariat or to doctors at the Kekirawa Divisional Hospital.⁵⁰

The Divisional Secretariat also assists women victim-survivors of TFSGBV through mediation officers and WDOs, by providing free counselling and through referrals to the cybercrime unit.⁵¹ Mediation officers provide support by creating awareness through programmes they facilitate, making necessary referrals, and coordinating follow up actions. They also respond to complaints received on TFSGBV through a Facebook page that operates across the country.⁵² Support is available 24-hours a day through the Facebook page, with approximately 25-30 officers available to take turns responding to users.⁵³ According to a mediation officer, there are five officers, four of whom are women, to support the impacted women.⁵⁴ WDOs can be reached through the 1938 hotline operated by the Ministry of Women and Child Affairs. However, it was noted that this hotline is slow to respond.⁵⁵

The DS Office includes a separate counselling room that seeks to protect women's privacy and confidentiality.⁵⁶ There are two Tamil-speaking field officers who offer interpretation support.⁵⁷ There is a need for trained staff to be able to conduct awareness sessions on TFSGBV.⁵⁸ However, there are no funds available to receive training.

Although women can approach the Legal Aid Commission (LAC) through their hotline, which is available 24-hours a day, seven days a week, there is insufficient staff.⁵⁹ Both men and women have been assigned to handle the hotline, and when a person specifically requests a woman officer, assistance can be provided based on that request.⁶⁰ While there is no training provided institutionally on TFSGBV, LAC officers pursue such training privately. There are no Tamil-speaking staff, and instead, the assistance of two Tamil-speaking junior lawyers is sought.⁶¹

The research also notes a lack of training for staff in service-providing institutions such as the police, divisional secretariat, and the LAC. Training has been provided by non-government organisations such as Rajarata Praja Kendraya (RPK). However, respondents emphasised that there were challenges in attending such trainings. They have to

⁴⁸ Interview with a Woman Police Officer, Anuradhapura

⁴⁹ Focus Group Discussion (FGD) with Stakeholders, Anuradhapura

⁵⁰ Interview with a Woman Police Officer, Anuradhapura

⁵¹ Interview with a Mediation Officer, Divisional Secretariat, Anuradhapura

⁵² Interview with a Mediation Officer, Divisional Secretariat, Anuradhapura; In the case of mediation, when a dispute arises, it is referred to the Mediation Board which consists of members of a Panel selected by the parties to the dispute: Ministry of Justice and National Integration, 'Mediation Boards Commission' accessed 11 May 2026.

⁵³ Interview with a Mediation Officer, Divisional Secretariat, Anuradhapura

⁵⁴ Interview with a Mediation Officer, Divisional Secretariat, Anuradhapura

⁵⁵ Focus Group Discussion (FGD) with Stakeholders, Anuradhapura; Interview with a Women Development Officer, Anuradhapura

⁵⁶ Interview with a Mediation Officer, Divisional Secretariat, Anuradhapura; Interview with a Women Development Officer, Anuradhapura

⁵⁷ Interview with a Mediation Officer, Divisional Secretariat, Anuradhapura

⁵⁸ Focus Group Discussion (FGD) with Service Providers, Anuradhapura

⁵⁹ Interview with Legal Aid Officer, Legal Aid Commission, Kekirawa

⁶⁰ Interview with Legal Aid Officer, Legal Aid Commission, Kekirawa

⁶¹ Interview with Legal Aid Officer, Legal Aid Commission, Kekirawa

obtain leave, arrange covering officers, and face a lack of funding for travel expenses. For example, in the case of police officers at the Women and Children's Desk, the written approval of the DIG is required to attend such programmes.⁶²

Non-government services play an important role in addressing TFSGBV. For example, police, courts, the DS, and the public refer survivors to Rajarata Praja Kendraya (RPK), a local women's organisation. Further, a room at the Anuradhapura Hospital's Mithuru Piyasa is managed by RPK to support women.

4.2.2. Batticaloa

Women reported that there was an inadequate number of staff and there were no female officers in the criminal division within the police.⁶³ At the Kattankudy Police Station, there are three women police officers, and there is a shortage of officers with both language fluency and digital security knowledge.⁶⁴ Further, there is no TFSGBV-related digital security support. As a result, such cases are referred to the Cyber Crime Division in Maha Oya or to the Criminal Investigation Department (CID) in Colombo for further investigation. But they are far from the Batticaloa District, and officers converse predominantly in English.⁶⁵

There is also no training provided on TFSGBV, which is reflected in the experiences shared by women of accessing services from the police.⁶⁶ For example, police officers are quick to blame survivors who approach

them. One woman said she was harassed at the police station, where an officer said,

"You are still young; what will you do alone? Shall I marry you?"⁶⁷

Another woman said when she made a complaint to the police, she did not receive support from the Women and Children's Desk.⁶⁸

Due to the shame and fear associated with being subjected to TFSGBV, Muslim women often approach the Quazi for assistance. However, they are not provided with necessary referrals or support, and are instead asked to reconcile with their ex-husbands, who have subjected them to TFSGBV.⁶⁹ When Rizana complained to the Quazi, he merely said,

"This is not our responsibility,"

and did not refer her to any other institution to assist her in resolving her issue.⁷⁰

Another woman, Asma, who attempted to make a complaint to the police about threats over the phone her ex-husband was making, was asked to go to the Quazi court.⁷¹ When she made a complaint again at the Women and Children's Desk, she was directed to the criminal division; thereafter, the officer-in-charge referred her again to the Women and Children's Desk.⁷² This reflects how gender and religious identity intersect and disproportionately impact women's access to services.

⁶² Focus Group Discussion (FGD) with Service Providers, Anuradhapura

⁶³ Interview with Asma, a woman impacted by TFSGBV, Batticaloa District

⁶⁴ Interview with Women Police Sergeant, Kattankudi Police Station, Batticaloa District

⁶⁵ Focus Group Discussion Report involving state service providers, Batticaloa District

⁶⁶ Interview with Women Police Sergeant, Kattankudi Police Station, Batticaloa District

⁶⁷ Interview with Farah, a woman impacted by TFSGBV, Batticaloa District

⁶⁸ Interview with Rizana, a woman impacted by TFSGBV, Batticaloa District

⁶⁹ Interview with Farah, a woman impacted by TFSGBV, Batticaloa District

⁷⁰ Interview with Rizana, a woman impacted by TFSGBV, Batticaloa District

⁷¹ Interview with Asma, a woman impacted by TFSGBV, Batticaloa District

⁷² Interview with Asma, a woman impacted by TFSGBV, Batticaloa District

At the Divisional Secretariat, staff includes one psychosocial support officer, one divisional child protection officer, one WDO, one economic development officer, and one officer for the Child and Women's Division. There is a shortage of one officer.⁷³ Additionally, there are no lawyers who can provide pro bono support for women.⁷⁴ Further, although training is provided through relevant ministries and organisations such as Hashtag Generation, it is still insufficient as staff lack specialised expertise needed to handle TFSGBV cases.⁷⁵ Funding constraints also limit the ability of the DS to organise relevant training sessions for its staff.⁷⁶ Services are also provided only during working hours on weekdays.⁷⁷ During weekends when incidents are reported by telephone, referrals are made to relevant organisations.⁷⁸

The General Hospital also provides psychological support and referral support.⁷⁹ Their services are also available only during working hours on weekdays, as there is a lack of permanent staff and a doctor in the Gender-Based Violence Prevention Unit. At the moment, there is one counsellor, one WDO, one psychiatrist and three nursing officers (one man and two women) available to support TFSGBV cases.⁸⁰ There is a shortage of one female medical officer and two female nursing officers.⁸¹ Training is provided through the Ministry of Health and the Mithuru Piyasa

Unit.⁸² The Islamic Women's Association for Research and Empowerment (IWARE), a local community-based organisation, also provides support, particularly in the form of counselling assistance.

4.2.3. Galle

The study identifies a lack of adequate staff at police stations. Existing officers are constantly reassigned to cover new tasks or are transferred suddenly, which impacts effective service delivery.⁸³ Further, there is a shortage of female officers.⁸⁴ A woman pointed out that when she approached the police, there were no women police officers, which made her uncomfortable, and the police were unsure of suitable next steps to take to address her situation.⁸⁵ There is also a shortage of police officers with digital security expertise.⁸⁶ As a result, according to a woman police inspector, in complaints that require digital security support, such as the removal of pictures online, the matter is referred to SLCERT. Further, counselling is only available for a limited duration at the police. Counselling support is provided through a psychologist who provides services voluntarily at the police station every Wednesday, free of charge.⁸⁷ There are no funds to recruit a full-time or even a part-time paid counsellor. The police also refer such cases to the Rural Women's

⁷³ Interview with Counselling Assistant, Divisional Secretariat Kattankudy, Batticaloa District

⁷⁴ Interview with Women Development Officer, Divisional Secretariat Kattankudy, Batticaloa District

⁷⁵ Interview with Counselling Assistant, Divisional Secretariat Kattankudy, Batticaloa District

⁷⁶ Interview with Women Development Officer, Divisional Secretariat Kattankudy, Batticaloa District

⁷⁷ Interview with Women Development Officer, Divisional Secretariat Kattankudy, Batticaloa District

⁷⁸ Interview with Women Development Officer, Divisional Secretariat Kattankudy, Batticaloa District

⁷⁹ Interview with Psychiatrist, General Hospital, Kattankudy, Batticaloa District

⁸⁰ Interview with Psychiatrist, General Hospital, Kattankudy, Batticaloa District

⁸¹ Interview with Psychiatrist, General Hospital, Kattankudy, Batticaloa District

⁸² Interview with Psychiatrist, General Hospital, Kattankudy, Batticaloa District

⁸³ Focus Group Discussion (FGD) with Service Providers, Galle District

⁸⁴ Interview with a Female Police Inspector, Women and Children's Bureau, Galle District

⁸⁵ Interview with Tharushi, woman impacted by TFSGBV, Galle District

⁸⁶ Interview with a Female Police Inspector, Women and Children's Bureau, Galle District

⁸⁷ Interview with a Female Police Inspector, Women and Children's Bureau, Galle District

Front for counselling support.⁸⁸ Other gaps identified included the lack of police officers proficient in Tamil, lack of interpreters, and a lack of training on gender-based violence, including TFSGBV.⁸⁹

At the Divisional Secretariat, while women can approach WDOs, there are no adequate Tamil-speaking staff.⁹⁰ Discussants also noted that their knowledge of how to address TFSGBV should also be developed through training, and they should not have to rely on personal funds to access TFSGBV-related training.⁹¹ In the case of 1938 and 109 hotlines, it appeared that while they were available in theory, in practice, service delivery for emergency support was not adequate.⁹² Emergency service responders also lacked training to respond to TFSGBV cases.⁹³

Women impacted by TFSGBV seek support from non-governmental organisations such as Rural Women's Front, whose counsellors listen to women in a quiet private room that affords confidentiality and privacy, and make necessary referrals.⁹⁴ They also provide humanitarian aid and legal advice.⁹⁵ Officers from this organisation also accompany women to referral institutions such as the police.⁹⁶ Staff members are also provided with training, including on online violence.⁹⁷ There is also a hotline available 24/7 where a woman trained in TFSGBV responds.⁹⁸ However, it is

not available in Tamil, so the support of an interpreter is necessary.⁹⁹ The organisation only has one Tamil-speaking staff member and is in need of more Tamil-speaking staff for effective service delivery.¹⁰⁰ One officer also noted that the organisation also has no safe houses that they manage and must rely on other institutions for such support.

Further, women can seek support from Mithuru Piyasa from 7:00 a.m. to 4:00 p.m. on weekdays and from 7:00 a.m. to 1:00 p.m. on weekends.¹⁰¹ Although there are only two staff members at Mithuru Piyasa, they make referrals to institutions such as to the Rural Women's Front, LAC, and the police. Through coordination and referrals, services are made available for women.¹⁰² However, none of the staff is proficient in Tamil, and due to the sensitive nature of the issues, Mithuru Piyasa does not seek outside help for interpretation.¹⁰³ This is an obstacle for Tamil-speaking women when accessing services. Mithuru Piyasa also needs more psychologists and doctors trained in trauma-informed counselling and care. Training would help them to understand victims' responses, avoid retraumatisation, and identify mental conditions resulting from TFSGBV.¹⁰⁴ An officer specifically highlighted the lack of a doctor who can diagnose mental illnesses and prescribe medication from the call centre. Notably, Mithuru Piyasa conducts

⁸⁸ Interview with a Female Police Inspector, Women and Children's Bureau, Galle District

⁸⁹ Interview with a Female Police Inspector, Women and Children's Bureau, Galle District

⁹⁰ Interview with a Women Development Officer, Galle District

⁹¹ Focus Group Discussion (FGD) with Service Providers, Galle District

⁹² Focus Group Discussion (FGD) with Service Providers, Galle District

⁹³ Focus Group Discussion (FGD) with Service Providers, Galle District

⁹⁴ Interview with Tharushi, woman impacted by TFSGBV, Galle District

⁹⁵ Interview with a Coordinator and Counselling Officer, Gemi Kantha Peramuna, Galle District

⁹⁶ Interview with Tharushi, woman impacted by TFSGBV, Galle District

⁹⁷ Interview with a Coordinator and Counselling Officer, Gemi Kantha Peramuna, Galle District

⁹⁸ Interview with a Coordinator and Counselling Officer, Gemi Kantha Peramuna, Galle District

⁹⁹ Interview with a Coordinator and Counselling Officer, Gemi Kantha Peramuna, Galle District

¹⁰⁰ Interview with a Coordinator and Counselling Officer, Gemi Kantha Peramuna, Galle District

¹⁰¹ Interview with a Medical Officer, Mithuru Piyasa, Galle District

¹⁰² Interview with a Medical Officer, Mithuru Piyasa, Galle District

¹⁰³ Interview with a Medical Officer, Mithuru Piyasa, Galle District

¹⁰⁴ Interview with a Medical Officer, Mithuru Piyasa, Galle District

monthly mental health check-ups for staff exposed to hearing about TFSGBV.¹⁰⁵

Women are also impacted by the lack of information and effective referral support from institutions they access. For example, a woman whose Facebook account was hacked had approached the Telecommunications Regulatory Commission (TRC) to make a complaint. Although officials at TRC recommended that she approach SLCERT, the institution had failed to guide her on the procedure to approach SLCERT.¹⁰⁶ There were also no female staff at TRC when she sought support.¹⁰⁷ This indicates the need for state institutions to offer proactive support when incidents involving TFSGBV are reported.

4.2.4. Kilinochchi

Due to limitations in digital security expertise in Kilinochchi, impacted women must travel to Jaffna to seek support from the Jaffna Police cybercrime unit to remove pictures that have been uploaded online without their consent.¹⁰⁸ One impacted woman said,

*"I went to multiple places for a very long time. I did not receive any support in Kilinochchi to remove the photographs from social media. I was advised to visit Jaffna. Officers in Jaffna assisted me in removing the photographs and ensured my safety."*¹⁰⁹

Thus, the absence of digital security investigation capacity to handle TFSGBV cases is a major gap in Kilinochchi.¹¹⁰

Most police officers in Kilinochchi are Sinhala-speaking, although the population is primarily Tamil-speaking. Even if translations are provided through officers who can speak Tamil, women find such translations unsatisfactory as they are uncertain about whether information was conveyed accurately.¹¹¹ One impacted woman said,

*"When I approached the police station, there was only one female officer present, and she was unable to understand Tamil."*¹¹²

As a result, she had to make her complaint to a male officer to whom she could not disclose certain sensitive information.

There is a need for more women police officers to assist on TFSGBV matters.¹¹³ At present, in Kilinochchi police station, there are only five women police officers and nine policemen. An officer reported that two women officers provide Sinhala to Tamil interpretation and vice versa. Although there is no dedicated police hotline for TFSGBV cases, impacted women can make complaints 24/7 at no cost through the 107 (for Tamil)

¹⁰⁵ Interview with a Medical Officer, Mithuru Piyasa, Galle District

¹⁰⁶ Interview with Sanduni, female identifying woman impacted by TFSGBV, Galle district

¹⁰⁷ Interview with Sanduni, female identifying woman impacted by TFSGBV, Galle district

¹⁰⁸ Interview with Woman Police officer, Kilinochchi District; In 2025, a Computer Crime Investigation Sub-Unit was installed at the Jaffna Police Station: Sri Lanka Police, A new computer crime investigations Sub-Unit for the Northern Province, <https://www.police.lk/?p=8218>

¹⁰⁹ Interview with Kamala, woman impacted by TFSGBV, Kilinochchi

¹¹⁰ Interview with Woman Police officer, Kilinochchi District

¹¹¹ Interview with Kamala, woman impacted by TFSGBV, Kilinochchi, Interview with Lakshmi, a women impacted by TFSGBV, Kilinochchi District

¹¹² Interview with Lakshmi, a women impacted by TFSGBV, Kilinochchi District

¹¹³ Interview with Woman Police officer, Kilinochchi District

and 109 (for Sinhala) police hotlines.¹¹⁴ No specialised training related to TFSGBV has been conducted for the police.¹¹⁵

At the Divisional Secretariat, although counselling services provided by WDOs are free of charge, they can only be accessed during work hours, on weekdays, between 8:30 a.m. and 04:30 p.m.¹¹⁶ There is no dedicated hotline to get assistance from WDOs, and impacted women often reach WDOs through their personal numbers during working hours. Additionally, there are only four female WDOs serving in the Kilinochchi District, which is inadequate given the high number of cases received. As one WDO pointed out, on average, more than six complaints are received every week.¹¹⁷ Further, a WDO pointed out that government vacancies have not been filled during the period from 2019 to 2025. Further, counselors are available only in two locations, namely, Palai and Kilinochchi Town. Such services are accessible only in Tamil, given that Tamil is the predominant language used in the area.

WDOs have access to training programmes related to sexual and gender-based violence (SGBV) conducted once a month at the Divisional Secretariat Office. The DS Office conducts trainings with the participation of police officers, psychologists, and WDO staff. These are supported by organisations such as World Vision, Save the Children, and the Red Cross. However, there is a lack of expertise in digital security and trauma-informed counselling. Therefore, in cases

involving cybercrime, WDOs make referrals to specialised facilities in Jaffna.¹¹⁸

In the Vaddakachchi area alone, of the four Grama Niladharis (GN), only one is a woman. This makes it difficult for her to handle SGBV-related complaints received each month. There are also two staff vacancies that are yet to be filled. The Grama Niladhari, based on the complaint, advises impacted women and makes referrals to the police, the courts or the mediation board.¹¹⁹ Grama Niladharis are not provided with training to handle TFSGBV cases.

Further, lack of adequate funding hinders the provision of TFSGBV-specific training and the retention of trained staff.¹²⁰ There are also no counselling or other support mechanisms for service providers who are subjected to stress, burnout, and compassion fatigue. Additionally, there is no centralised referral or case management system in Kilinochchi. As a result, impacted women and girls must repeat their experiences multiple times to different service providers, such as the police, women development officers, NGOs, and community organisations, and are therefore, subjected to re-traumatisation.¹²¹

4.2.5. Puttalam

The study found a lack of adequate numbers of staff at police stations.¹²² For example, a woman chief inspector of police pointed out that there was no counsellor at the police station where she worked.¹²³ As a result, the police station seeks support from the

¹¹⁴ Interview with Woman Police officer, Kilinochchi District

¹¹⁵ Interview with Woman Police officer, Kilinochchi District

¹¹⁶ Interview with Women Development officer, Krachchi DS office, Kilinochchi District; Interview with Women Development Officer at Kilinochchi, Kilinochchi District

¹¹⁷ Interview with Women Development officer, Krachchi DS office, Kilinochchi District

¹¹⁸ Interview with Women Development officer, Krachchi DS office, Kilinochchi District

¹¹⁹ Interview with a GS Officer, Vaddakachchi, Kilinochchi district

¹²⁰ Focus Group Discussion with Service Providers, Kilinochchi.

¹²¹ Focus Group Discussion with Service Providers, Kilinochchi; Focus Group Discussion (FGD) with Stakeholders, Kilinochchi

¹²² Interview with Officer-in-Charge, Norochcholai police station, Puttalam District.

¹²³ Interview with a woman Chief Inspector of Police, Puttalam District

counsellor at the DS office.¹²⁴ They also seek support from the probation officer, the lawyers and the legal aid office.¹²⁵ However, this support is not available during weekends.¹²⁶ Further, there is only one police officer able to communicate in Tamil, and more police officers who are proficient in Tamil are needed.¹²⁷ At the Norochcholai Police Station, while there are six Tamil-speaking police officers, which is considered adequate, there are only three women police officers, with a shortage of two more women police officers.¹²⁸

Additionally, while the 107 hotline can be used to report incidents to the police, the police officers handling the hotline are not specifically trained to respond to TFSGBV.¹²⁹ There is no separate funding to retain and train staff members to adequately address TFSGBV. However, police officers have some access to trainings offered by the Katana Police Teaching College, such as the diploma on gender-based violence.¹³⁰ Further, when TFSGBV complaints are received, the matter is referred to the cybercrime unit in Wariyapola, and if the assistance from this unit is inadequate, then the matter is forwarded to the CCID in Colombo.¹³¹

At the Divisional Secretariat, there is a shortage of staff.¹³² At the Mundal DS Office,

although there is a WDO and an early childhood development officer, there is a shortage of four more staff members.¹³³ This shortage includes the lack of a counsellor, a child protection officer and a probation and childcare services officer.¹³⁴ Trainings have been provided by non-governmental organisations such as the Jaffna Social Action Centre.

Further, at the Mediation Board, although there should be 22 members, only 15 have been recruited.¹³⁵ Of them, 11 are men, and only four are women.¹³⁶ The Ministry of Justice has provided trainings to them on topics such as Sexual and Gender-Based Violence.¹³⁷

¹²⁴ Interview with a woman Chief Inspector of Police, Puttalam District

¹²⁵ Interview with a woman Chief Inspector of Police, Puttalam District

¹²⁶ Interview with a woman Chief Inspector of Police, Puttalam District

¹²⁷ Interview with a woman Chief Inspector of Police, Puttalam District

¹²⁸ Interview with Officer-in-Charge, Norochcholai police station, Puttalam District.

¹²⁹ Interview with Officer-in-Charge, Norochcholai police station, Puttalam District.

¹³⁰ Interview with a woman Chief Inspector of Police, Puttalam District

¹³¹ Focus Group Discussion with Service Providers, Puttalam District

¹³² Interview with a Women Development Officer, Divisional Secretariat of Mundal, Puttalam District

¹³³ Interview with a Women Development Officer, Divisional Secretariat of Mundal, Puttalam District

¹³⁴ Interview with a Women Development Officer, Divisional Secretariat of Mundal, Puttalam District

¹³⁵ Interview with a Member of the Conciliation Board, Kalpitiya, Puttalam District

¹³⁶ Interview with a Member of the Conciliation Board, Kalpitiya, Puttalam District

¹³⁷ Interview with a Member of the Conciliation Board, Kalpitiya, Puttalam District

5. Conclusion and Recommendations

This study has identified several gaps in service provision. In the case of accessing the police, the study has identified gaps in the availability of adequate numbers of Tamil-speaking police officers and women police officers in all five districts. Except in the Galle District where counselling is provided at the police station every Wednesday on a voluntary basis by a psychologist, there are no in-house counsellors at police stations. There is no funding allocated to recruit a full-time or part-time trained counsellor at police stations. As a result, police officers must make referrals.

Further, police stations lack officers with the requisite digital security expertise to address TFSGBV complaints. As a result, women must access the necessary service from cybercrime units outside their vicinity. For example, in Batticaloa, referrals are made to the CCD in Maha Oya or CID in Colombo. Similarly, in Kilinochchi, women must travel to the cybercrime unit at the Jaffna Police Station. In Puttalam, TFSGBV complaints are referred to the cybercrime unit in Wariyapola or the CCID in Colombo. In Galle, referrals are made to SL CERT. Thus, there should be at least one cybercrime unit in each district in the country to avoid TFSGBV-impacted women travelling far, enabling them to receive the necessary digital expertise to address their predicament.

At Divisional Secretariats the general hotline provided by the Ministry of Women and Child

Affairs can be used to access WDOs. However, the hotline response was found to be slow and women often approach WDOs through their personal numbers when possible. Across the districts, shortages of staff at DS offices were identified. For example, in Batticaloa, the need for a lawyer attached to the DS office who is able to provide pro bono legal support was identified. In Puttalam, the need for staff members such as a counsellor, a child protection officer, and a probation and childcare services officer was identified.

The study also highlighted the need for funding and institutional support to address general staff shortages.¹³⁸ Service providers must hire Tamil-speaking staff who understand the local jargon, including slang.¹³⁹ There should also be permanent staff positions assigned to address TFSGBV as appropriate. For example, in the Batticaloa General Hospital's Gender-Based Violence Prevention Unit, a shortage of permanent staff, especially a female medical officer and two female nursing officers, was reported.

Further, across the districts, the need for specialised state provided TFSGBV trainings for staff at service providing institutions was identified as a major gap that hinders service provision at institutions such as police stations and the DS office. In Anuradhapura, at the legal aid centre, staff obtain private certifications as state provided trainings are not available. Civil Society Organisations such as RPK, Hashtag

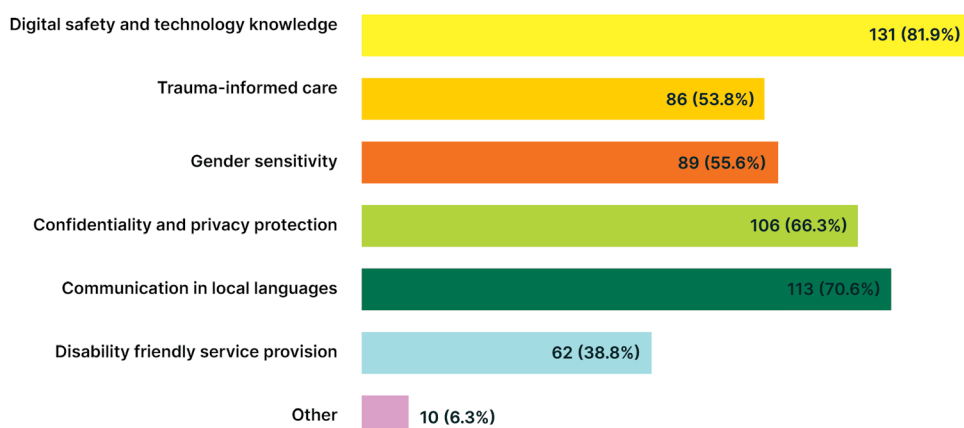
¹³⁸ Focus Group Discussion (FGD) with Service Providers, Kilinochchi

¹³⁹ Focus Group Discussion with Service Providers, Kilinochchi.

Generation, World Vision, Save the Children, the Red Cross and the Jaffna Social Action Centre also facilitate training and attempt to address the gap in specialised training. Such state facilitated training should also be provided to officers who respond to the police hotlines such as 107 and 109. It should include digital evidence management, cybercrime investigation, online harassment, manipulation of images or videos, and trauma-informed counselling for service providers.¹⁴⁰ It should also include storage

and preservation of digital evidence for court processes, gender sensitivity, enforcement of relevant laws to address TFSGBV, etc.¹⁴¹ There should also be a structured system in place to deliver TFSGBV training through government training institutions, such as the police training college curriculum, accessible to both male and female officers. This is important as victim-survivors often speak first to available male personnel.¹⁴²

Chart 5.1: Required training for staff who assist in TFSGBV cases



The study also found a lack of a centralised referral or case management system. While certain service providers do make necessary referrals based on impacted women's needs, there is no centralised case management system. As a result, women are forced to repeat themselves at multiple service providers and are subjected to retraumatisation. Thus, there should be a

formal coordination mechanism between the different service providers which will also enable effective follow-ups. Further, there should be a separate hotline for women impacted by TFSGBV which can coordinate law enforcement, legal aid, counselling and health services.

¹⁴⁰ Focus Group Discussion (FGD) with Stakeholders, Kilinochchi

¹⁴¹ See CEJ and Equality Now, 'Shadow Report to the United Nations Committee on the Elimination of Discrimination Against Women', 9th periodic review of Sri Lanka (2025), Page 10

¹⁴² CEJ, 'Trapped: A rapid assessment of the prevalence and response to cases of cyber sexual and gender-based violence and gendered online hate speech' (2023) Page 31

To conclude, the study makes the following recommendations:

- » Strengthen the police response to TFSGBV by establishing dedicated, multilingual and gender-sensitive units with trained female police officers, digital security experts, and access to confidential counselling and psychological support, that employ survivor-centred approaches.
- » Strengthen hospitals and health centres' response to TFSGBV by ensuring access to specialised counsellors, trained doctors, social workers/community support staff, and female and multilingual staff.
- » District and Divisional Secretariat offices should ensure access to trained lawyers, specialised counsellors, social workers, female and multilingual staff and dedicated units to handle TFSGBV-related incidents.
- » Service provision institutions should ensure access to lawyers trained on TFSGBV laws, specialised counsellors, social workers, community support staff, female staff, and Tamil-speaking staff.
- » Establish a centralised referral or case management system that is accessible to all of the above institutions to ensure cases are handled and referred in an efficient and sensitive manner that does not result in retraumatisation.

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