

## Gaps and Challenges of Domestic Violence Services in the Maldives: The Need for Minimum Standards

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### Abstract

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It is estimated that 1 in 3 of women worldwide experience Domestic Violence (DV) during their lifetime [86]. According to the Maldives Demographic and Health Survey 2016-17, 16.3 percent women experience physical and or sexual intimate partners violence in their lifetime. As of September 2023, there are 39 cases of domestic violence reported to the Ministry of Gender Family and Social Services. Victims of domestic violence must be provided with access to support mechanism to “manage their relations, keep themselves safe, exercise their rights to their property, children, access to justice and to rebuild their lives” [47]. Given this, providing the required services for assisting victims of domestic violence is of utmost importance. The first step for realizing this would be to undertake a stakeholder mapping to identify gaps and challenges in service delivery. Therefore, a series of stakeholder discussions were held with all government stakeholders, intergovernmental organization and NGOs in the Maldives from 13 November – 23 November 2022, to identify the gaps in service delivery. These discussions concentrated on gaps and challenges faced in service delivery to victims of DV in particular : (1) minimum standards to be used in the provision of social services, (2) help line, (3) information, advice and counselling, (5) psychosocial support, (6) victim support including crisis intervention, (7) supporting victims in court proceedings, and (8) other referral services available for ensuring safety and protection through strengthening partnerships with relevant institutions. The outcomes of stakeholder discussions reveal existing challenges and gaps in service delivery relating to technical capacity, limited staff, coordination, limited understanding of guidelines developed by institutions and issues of case management, effective and efficient monitoring of services, issues related to coordination, management and overall governance. It also raises the need to develop a shared understanding of minimum standards and the need for collaborative efforts to develop both preventing, protective and long-term guidelines to address gender-based violence in the Maldives, and calls for a victim-centered, community centered and rights-based approaches to deliver effective and efficient services to victims including vulnerable groups, such as children exposed to domestic violence, Persons with Disability and migrant workers. These findings shed light into similar issues in combatting domestic violence in other Small Island Developing States and other Muslim nations.

**Keywords:** Domestic Violence, minimums standards, psycho-social support, victim support, Human Rights Based Approach

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### 1. Introduction

The Maldives became party to Convention to the Elimination of All forms of Discrimination Against Women (CEDAW) on 01 July 1993 with reservations to Article 7 and 16. Following the enactment of the new Constitution in 2008, Maldivian women were granted with the right to contest for presidency with the removal of reservations on Article 7 in 2010 which seeks to eliminate discrimination within political and public spheres. The Maldives also lifted reservations to Part 1 (b)(e)(g)(h) and Part 2 of Article 16 in 2020[44]

According to the Article 54 of the Constitution (2008), no person shall be subjected to cruel, inhumane or degrading treatment or punishment, or to torture. Article 35 of the Constitution (2008) includes the protections required for children; (a) Children and young people are entitled to special protection and special assistance from the family, the community and the State. Children and young people shall not be harmed, sexually

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abused, or discriminated against in any manner and shall be free from unsuited social and economic exploitation. No person shall obtain undue benefit from their labour.

According to the Maldives Demographic and Health Survey 2016-17, 16.3% of women experience physical and or sexual intimate partners violence in their lifetime. There are 2.2 percent child marriages and 12.9 percent who have experienced Female Genital Mutilation [41]. As of June 2023, a total of 382 cases of domestic violence reported to the police [43]. In the Month of October 2022, the total number of cases on Domestic Violence received and attended by the Ministry of Gender Family and Social Services were 36 out of which 15 percent and 12 percent were based on physical violence or abuse, emotional and verbal abuse. [48]. Given the context, providing the essential services for assisting victims of domestic violence is of utmost importance. Victims of domestic violence must be provided with access to support mechanism to “manage their relations, keep themselves safe, exercise their rights to their property, children, access to justice and to rebuild their lives” [pp 7,51].

The most significant progress in addressing domestic violence in the country has been the ratification of the Domestic Violence Act in April 2012. The Act criminalizes domestic violence and mandates several institutions, service providers and other relevant stakeholders to implement the law to address domestic violence in the Maldives. The Domestic Violence Prevention Act (2012), is aimed at protecting victims of domestic violence; to find justice for victims; to prevent violence and rehabilitate perpetrators; to increase stakeholder awareness about domestic violence to increase their competency to address the issue; to identify civil and criminal liabilities of offenders and to comply with international standards for the prevention of domestic violence and to apply and enforce relevant principles of justice in accordance with such standards [4].

Another important law includes the Sexual Harassment Prevention Act, Law Number 16/2014 enacted in 2014 and is widely recognized as an advancement with regard to recognizing women human rights in the Maldives.

The Maldives also enacted the Human Trafficking Act in 2013 (Law Number 12/2013), to combat all forms of human trafficking in the Maldives. With the introduction of the Act, the Prosecutor General's Office has been prosecuting cases, in collaboration with the Police. The Government also adopted an online case management system so that the Prosecutor General can send criminal cases to Magistrate Courts [54] and gave prominence to the Anti-Trafficking Department under the authority of the Maldives Police Services, to increase the resources and expertise to implement the Act. The hotline 9500125 (Police Human Trafficking Hotline) or 1696 (Ministry of Economic Development Hotline) to report cases of human trafficking is accessible for anyone to report such cases [33].

The Public Health Protection Act 7/2012 assisted the development of the “Health Sector Response to GBV, a National Guideline on Care and Prevention for Healthcare Providers” (2014) was implemented in 2016, which enabled the establishment of protocols for the assessment and treatment of Cases of DV. In addition to this, the Special Provisions to Deal with Child Sex Abuse Offenders, Law No: 12/2009 ratified in 2009, manifested in the publication of a national sex offenders registry.

Given the context, under the Domestic Violence Act Law Number 3/2012 the Family Protection Authority is established to address domestic violence; create public awareness on issues of domestic violence; provide the required services to the victims of such violence; coordinate the work of the relevant government institutions including the Police and the Health Sector, coordinate various local efforts made by individuals (to protect victims of domestic violence) by bringing such efforts under a national policy and implementing such policies and; to undertake a leading role in carrying out such work on a national scale. The DVP Act (2012) also places obligations on the Family Protection Authority to determine the standards and policies to be introduced for further improving the responsiveness in dealing with incidents of domestic violence.

Hence, the purpose of this research is to determine the support services required for victims of domestic violence from state institutions and non-governmental organizations, and propose recommendations for drafting the minimum standards for these services and propose a monitoring and evaluation framework for these services. More specifically, it will look into (1) minimum standards to be used in the provision of social services;(2) help line; (3) information, advice and counselling; (5) psychosocial support; and (6) victim support including crisis intervention, supporting victims in court proceedings, other referral services available for ensuring safety and protection through strengthening partnerships with relevant institutions in the Maldives.

## 1.1.Literature Review

‘Domestic Violence’ is defined as “the threat or exercise of physical, psychological, and/or emotional violence; i.e., any type of force against another person with the intent of inflicting harm or exercising power and control over them” [pp.2]. In most cases of domestic violence, the perpetrators are from the victim’s domestic

environment and involves domestic relations such as an intimate partner, husband, former intimate partner, family member and the like [21]. In this regard the United Nations (UN) defines 'Domestic Violence' as "a pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner"[pp.1,23]. In the context of Maldives, the Domestic Violence Prevention Act, Law Number 3/2012 considers an 'individual as a victim of domestic violence if they are in a domestic relationship with an offender and if they undergo or are allegedly subjected to an act of domestic violence including any child in the care of the victim [21].

Determining the minimum standards help form a common understanding of what constitutes minimum GBV prevention and response. The term "minimum" refers "of adequate quality", which must be based on (1) good practices and (2) not causing harm [61]. Having a minimum standard will encourage social service providers to plan and deliver effective services, strengthen accountability of institutions, ensure the delivery of quality services and help enable transformative changes in victims of domestic violence and their families [22].

### **1.1.1 Minimum Standards for Addressing Domestic Violence**

The analysis of guideless recommended for DV services by the UN agencies reveals that although only a few countries have developed minimum standards for addressing domestic violence, the common distinctive characteristics relates to adopting a multi-sectoral approach, principles values to be considered.

The Minimum Standards for Service Delivery in Victim Empowerment (2018) in South Africa is based on the Draft South African Victims Charter of Rights, the National Crime Prevention Strategy, 1996, and the 1985 United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. The principles incorporated in the guide are accountability, empowerment, participation, family centered, community centered, continuum of care and development, integration, continuity of care and development, normalisation, effectiveness and efficiency and person centred. The minimum standards developed by the Department of Social Development, serves as a guide for service practitioners with information on what is expected of them to do when they render services to the victims. The cornerstone of the minimum standards rests with values such as proficiency, professionalism and respect of the client in service delivery and serves as a guideline to ensure developmental quality assurance in service delivery [19].

The strategy to eradicate domestic violence and other gender-based violence in United States of America incorporates: (1) to prevent the violence from happening in the first place or occurring again. In this regard, there are focused efforts on reducing the risk at the grassroot level by engaging with the civil societies and other main stakeholders; (2) once the violence occurs the identified survivors are provided protection for services; and (3) there is focus on accountability to end impunity. In this regard, by strengthening the laws and the judicial system it is ensured that the perpetrators are prosecuted and held accountable [70].

'The Essential Services Package for Women and Girls Subject to Violence' (2015) is a Joint programme developed through partnership by UN Women, UNFPA, WHO, UNDP and UNODC and focuses on provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. The package is an initiative aimed to fill the gap between agreements and obligation made by countries at the international level for services related to violence against women as well as an outcome to the 2013 Commission on the Status of Women, and country level activity for providing technical guidance on how to develop quality essential services. The publication comprises of essential services for health, justice and policing, social services, and actions for coordination and governance. The underlying principles of these essential services and coordination activities, is based on a right- based approach, advancing gender equality and women's empowerment, cultural and age appropriate and sensitive, victim/ survivor centred approach, safety is paramount and perpetrator accountability. Furthermore, the delivery of all essential services and action are based on the characteristics features such as availability, accessibility, adaptability, appropriateness, prioritizing safety, Informed consent and confidentiality, effective communication and participation by stakeholders in the design, implementation and assessment of services, data collection and information management, linking with other sectors and agencies through coordination [73].

Therefore, in developing a minimum framework for the service provision of DV victims it is important to incorporate common avenues for all the relevant sectors to work together on a regular. This would enable consistency of information provision and better accountability amongst all the stakeholders. It would also pave the way to establish a well-rounded mechanism to provide mental, physical, financial and legal support needed by the victims in a holistic and clear manner [74]

## 2. Methodology

The research (1) undertook an analysis of standards and guidelines from best practices to draw from these evidence-based practices in drafting the minimum standards for the Maldives; (2) conducted stakeholder meetings to identify the progress made and procedures followed and identify gaps in service delivery; (3) provide recommendations on guidelines and minimum standards for health, law enforcement and justice, social services

In order to identify the procedures that are followed and to identify the gaps in service delivery a series of meetings with stakeholders were held via online, through Microsoft Teams from 13 November – 23 November 2022. To ensure a more robust assessments, the narratives by stakeholders were compared with the existing documents and procedures manuals to identify the challenges in service delivery and determine the recommendations for developing minimum standards for addressing domestic violence in the Maldives.

### 2.1 Mapping Gaps and Challenges in addressing Domestic Violence in the Maldives

#### 2.1.1 Health Services

A landmark achievement in the health sector response to DV was establishing a Family Protection Unit (FPU) at the Indira Gandhi Memorial Hospital (IGMH) by the Ministry of Gender with the collaboration of the Ministry of Health, IGMH and the UN Agencies in 2004 to provide the required services for victims and survivors of DV both women and children. Initially set up as a pilot project, which culminated in the development of a comprehensive guideline for the functioning of the FPU and the training and sensitization of staff. The National Reproductive Health Strategy (2008-2010) by the Department of Public Health states that the goal of providing 'adequate and appropriate health services to all survivors of GBV at any level of care' [29].

Article 12 of the Domestic Violence Act (2012) places responsibility on Health professionals to carry out the following steps, when cases of domestic violence are referred: (a) examine the suspected victim to the highest possible degree; (b) advise the victim of support options available; and (c) assist the victim in seeking psychiatric or counselling support. Wherein situations when a health professional suspects an act domestic violence on the victims, then the health professional must (1) examine the suspected victim to the highest possible degree; (2) prepare a written report based on the examination of the victim; (3) submit the report prepared to the Police and Health Protection Authority. Furthermore, the Health Ministry also provides information, awareness and sensitization session on assisting victims of DV.

The institution responsible for health sector response to DV is HPA, along with the Director General of Health Services and Secretary Health Services, overseeing the activities. In addition, while there are more than 185 health facilities across the country, each health care facility is graded and depending on its classification, medical assistance is being provided[29].

More specifically, the report instructs that DV services be integrated into all healthcare points of entry including emergency departments, Out-patients Departments, Reproductive and Child Health/Family Planning (RCH/FP), HIV, Antenatal (ANC) and Post Natal Care (PNC). Also, DV survivors will need to selectively screened at critical point of entry. Furthermore, the document provides a comprehensive description of the medical supplies, medications, minimum medico legal services to be provided. The guiding principles for providing these services are confidentiality, privacy, safety, Non-discrimination and Respect. The ethical considerations in managing DV includes the freedom of choice and describes the governing principles for counselling survivors as the 'Principle of autonomy'; 'Principle of non-maleficence'; 'Principle of beneficence'; 'Principle of veracity and fidelity'; and 'Principle of justice'. The report further describes ways of obtaining informed consent, and ways of medical management of DV and referral mechanisms and referral pathways [29].

The ways of addressing DV has been included in the Health Policies such as the Health Master Plan (2006-2015), and draft National Reproductive Health Strategy (2008-2010). The health sector response to DV is regarded as significant amongst the countries in the Asia Pacific Region, following an assessment conducted by UNFPA in 2010. In 2013, a Plan of Action for the Health Sector was developed by the Ministry of Gender in June 2013 in order to fulfil the obligations of the Domestic Violence Act (2012) and is anticipated to encourage, "to assist the health care providers to deliver holistic, effective, and comprehensive medical care, including emotional support to survivors of DV, respecting their rights, needs and sensitivities." (pp. 12) [29].

The objectives as outlined in the Health Sector Response to DV are (1) to describe the roles and responsibilities delegated to Health care providers under the Domestic Violence Act Number 3/2012; (2) to guide the HCPs to respond and assist the survivors in a uniform and effective manner within the health sector; (3) to strengthen the medico legal services by updating the knowledge of the HCPs; (4) to describe the referral pathways for providing services within the health sector, and the instruments for documentation and identify relevant non health service providers who could assist the survivors; (5) to provide guidance on screening for DV

among care seekers in the health sector; (6) to provide guidance on medical management of the survivors while adhering to ethical principles; (7) to provide guidance on documentation, data management and research on DV related issues; (8) to understand the importance of guiding principles for helping survivors of sexual violence; (9) to provide a basic understanding of international human rights provisions relating to domestic violence; and (1) identify national legal and justice mechanisms and services for protection to survivors.

The Ministry of Health conducts trainings to health services providers and has shared the guidelines with government stakeholders, Atoll and Island hospitals and the guidelines are easily accessible on the website of the Ministry of Health. Others steps in the implementation includes the establishment of focal points for assisting victims of DV in each health facility, even in islands and Training of Trainers (ToTs) are conducted regularly. These trainers are tasked with conducting the training to new staff.

Migrants who are victims of DV receive the same services, and the only distinction is that a charge is placed on migrants for the services received and there are no specific procedures for migrants.

Regardless of these undertaking the challenges faced by the health sector in addressing victims and survivors of Domestic Violence includes:

- not all health facilities can provide the same quality of services, and accessibility to the required services can be problematic, especially from some islands;
- services to be provided to the victim or the survivor beyond health sector;
- less emphasis is placed on monitoring the service delivery on DV cases;
- sometimes, the Medico legal Record (MLR) included in the Annex of the Health Sector Response to DV (2014) is not completed properly;
- a number of employees change such as foreign doctors, locals – roll over of staff and the challenge is to continue training and sensitisation of new staff; and
- The cycle of re-victimisation impacts perception of DV victims to lose confidence in health sector
- Hence, the following recommendations are suggested.
- Supportive mechanisms provided by health facilities to be strengthened;
- prioritise training of staff for addressing DV;
- collaboration of stakeholders, provision of support services beyond health;
- new guidelines are updated in MLR;
- seek ways, collaboration with stakeholders to prevent revictimization; and
- strengthen, documentation, monitoring and accountability mechanisms.

## 2.2 Law Enforcement and Justice

### 2.2.1 Maldives Police Services

Under the Domestic Violence Act (Law Number 3/2012, Part 5, the Maldives Police Service is responsible to initiate the process required to investigate the incidence of Domestic Violence and to take action. Further, the duties of the Maldives Police Service include; informing the Authority concerning Domestic Violence; request the Authority to send a social worker to the scene of the incident; enter residence or such scene of incident; take victim to the closest health facility; gather information including taking statement of the victim and witnesses and advise the victim of their rights and remedies under the Act. These includes the right to make an application to the court for protection order, custodial order, residence order and compensation order. Furthermore, the Maldives Police service is required to ensure that a full investigation is carried out on the reported case. A portal to report cases and emergency call number 119 is activated 24/7

During the stakeholder meeting with Maldives Police Service to develop minimum standards of Domestic Violence Act (Law Number 3/2012), the following challenges were faced by the police.

- As most cases for domestic violence comes from families and therefore, it is difficult to proceed further when the victim withdraws the case after lodging the complaint;
- limited staff capacity in dealing with victims' domestic violence - Due frequent staff rotation, there were no specific staff assigned for help line at that moment;
- difficulties for obtaining documents from domestic violence victims;
- difficulties in implementing the Court Order, as the perpetrator is not aware of the Court Order against him/her;
- at present there are no mechanisms to inform the perpetrator about the Order; and
- the duration for obtaining an "Urgent Court Order" may even last for 3 months [UNFPA,n.d]
- Hence it is recommended to:

- train more staff to handle the helpline;
- provide rehabilitation, awareness and training for MPS staff;
- role of the Police should be more defined. Police does not give counselling and psychosocial assistance for Domestic Violence Victims; and
- MPS recommended to amend the existing Domestic Violence Act on issuing 'Protection Order' as issuing 2 orders, one for victim and the other for perpetrator.

### 2.2.2 Family Legal Clinic (FLC)

FLC is a pro bono legal service founded in August 2014 and registered as an NGO on September 2017 that provides legal aid and creates awareness on family law and prevention of domestic violence. FLC provides legal consultations, form filling assistance and legal representation of cases in courts. However, there are challenges associated in providing legal support for the victims as they are not adequately supported in other areas such as emotional support, mental health services and the lack of awareness amongst the victims in terms of services afforded to them. When providing support services such as crisis intervention, legal support, mechanisms for victim support and justice through the court system, FLC works on a legal basis. In this regard, FLC assists in mediation if a victim's right is infringed or if there is a delay in the process. Furthermore, FLC represents them in the court and also supports them with the appeal process. In addition, FLC also assists the victims to file complaints to relevant institutions. Legal aid is also provided without any discrimination to migrants as well.

FLC has a legal aid SOP which they follow that starts from a call log of the client or a referral through another institution. An easy-to-read version of the legal framework related to DV is available on the website in plain English and Dhivehi. The acts covered available are: Family Act (4/2000); Special Provisions Act to Deal with Child Abuse Offenders (12/2009); Prevention of Domestic Violence Act (3/2012); Sexual Offences Act (17/2014); Prevention of Sexual Harassment Act (16/2014); Gender Equality Act (18/2016); and Protection of the Rights of Children Act (19/2019)

The challenges faced by FLC includes:

- As the State is not providing legal aid for DV, it falls on to the civil societies that are often under resourced and underfunded;
- while FLC prioritize on providing legal aid and law reform, through increased requests to mediate between the government stakeholders to bridge communication gaps FLC's spends more time in these added responsibilities;
- receiving documents from stakeholders by victims is problematic. For example, some of the DV victims/survivors falling under the elderly age group may not have the means or the capability to email and get the documents;
- collaboration with the stakeholders is at times are a bit challenging as there are communication gaps;
- there is a prevalent perception amongst the DV victims that the perpetrators are linked with the judges and magistrates;
- some victims report that they have difficulty in obtaining the case reference slips -a critical document when a victim is trying to seek a protection order from the court;
- delays in receiving the court mandated social assessment report that is required to seek child support;
- there is a lack of awareness on the part of judges on what constitutes domestic violence - in a lot of cases the judges regard domestic violence as only physical abuse. Unless a physical abuse takes place, they do not deem that domestic violence has occurred;
- psychosocial support is not adequately given;
- there is a gap in interpretation of the laws by some judges. For instance, a DV victim should be able to get a fast protection order even in the absence of the perpetrator. But the process is very slow due to lack of sensitization and lack of adequate training.
- insensitivity is observed in the attitudes of the Court personnel. Some of the judges talk in an insensitive manner; and
- the courts are currently working not in a survivor centric approach.
- FLC suggests the following recommendations be considered when developing minimum standards
- Legal aid provision is something that the State should provide for DV victims. However, here in the Maldives the state does not provide legal aid for the domestic violence victims. If the state is unable to provide legal services, there should be mechanism within the state to provide funding for legal aid services for domestic violence victims;
- the helpline staff need to be able to provide thorough information and guide the DV victims on the right pathway;

- legal aid - institutions will need to work in a timely manner provide other support services;
- first response from the police and the Gender Ministry needs to be strengthened;
- sensitization and trainings for court staff;
- regular follow ups with the victims and collect victims' feedback on service provision;
- civil societies are not be subjected to a minimum standard on domestic violence as they under resourced and underfunded. If a minimum standard is enforced on the civil societies, it will be an added burden; and
- helpline services could be improved by having professionally trained staff members who are able to provide information and guide the domestic victims to the right pathway.

## 2.3 Social Services

### 2.3.1 Ministry of Gender, Family and Social Services

As per the Prevention of Domestic Violence Act (3/2012), the Ministry of Gender, Family and Social Services is mandated with the provision of services of for assisting victims of DV and provide information, awareness and sensitisation on domestic violence and prevention. The principles included in the National Gender Policy 2022-2027 are: 'Strengthened systems for effective prevention of violence against women, men and children, and to protect victims and prosecute perpetrators'; 'Ensuring redress for victims of gender-based discrimination, violence and suffering (pp.7) and its main policy goals are based on the elimination of DV and access to justice[44]. The main services provided by the Ministry in assisting DV victims/survivors includes giving protection for the victim; preparing a safety plan, assist families to get protection order from the Court, provide medical assistance to the victim, assist the victim to lodge the case to the Court, provide psycho social assistance, provide Counselling/therapy, keep victims in safe shelters for a period of 3 to 6 months and spread public awareness for on the prevention of domestic violence. In most instances, DV cases are reported through a family member or a friend to the Social Service Hotline 1412 and or email. The main steps to be followed by the Social Worker as outlined in Article 13 of the Domestic Violence Act (2012), when notified by the Police or the Authority that an act of domestic violence may have been committed or suspects are:

The social worker must advise the victim of support options available, assist the victim to obtain psychiatric or counselling support and guide the victim on all Law Number 3/2012 Page 10 of 35 matters in connection with the foregoing. In situations where the incidence was not informed by the Police, the social worker shall report the matter to the Police. Provide a social worker at the scene of domestic violence upon request by the Police. In situations where a social worker is not available, a request to provide a person shall be made to the Authority, and the Police must be notified of any such requests.

(b) The social worker shall advise the victim of domestic violence of their rights and remedies under this Act.

(c) The social worker shall assist victims by taking them to a shelter, or a house of a relative or friend trusted by the victim, and shall further liaise with the Police in ensuring that protection orders are implemented (p.9)[60].

Some of the challenges for providing social services in the Maldives are:

- limited number of staff to deal with victims – understaffed;
- inadequate number of counsellors for DV victims, as social workers are not fully trained counsellors;
- more clinical supervision is required for the victims;
- due to increased number of cases reported, the socials workers also suffer from secondary trauma, and there are no mechanisms in place to assist/aid the social workers (In Male area, at an average of 30 cases are reported monthly, and there are only 3 case workers for Male);
- due to the increasing case load, case workers are forced to attend high propriety cases first;
- in some cases, victim request to get assistance only through the Helpline;
- insufficient support from Islamic Ministry on cases referred to the Ministry on Islamic perspective; and
- provision of legal assistance for victims is a challenge- even the forms to lodge complain to Court are a bit complex.

Given this the following recommendations are suggested:

- Seeking an avenue for providing financial, and or other supportive mechanisms for victims in shelters, such as cash assistance that would encourage the survivors to live in dignity and respect, especially in cases where the victim is dependent on the perpetrator financially;
- training of staff/ more counsellors to be prioritised;
- provide awareness for more women and to get financially independent is an important factor, to avoid re-victimisation into cycle of violence;

- greater collaboration of stakeholders
- seek an avenue to get an urgent order from Court-as delay in some cases makes the victim hapless and frustrated.

### 2.3.2 Family and Children's Service Centres (FCSC)

The Family and Children's Service Centres are established in 13 Atolls in Maldives. The purpose of the Centre is to provide special protection needed for women, children, elderly and people with disabilities. The Role of the centre is; (1) To monitor social protection arrangements in islands and established in Atolls.

To maintain a data base in in Atolls on cases involving child rights and to share the information to Ministry of Gender, Family and Social Services; (2)to provide psychosocial assistance needed for women, children, elderly and people with disabilities; (3) to monitor whether social protection is provided to people with disabilities, women children and elderly in atolls in accordance with the guidelines established by the Ministry of Gender, Family and Social Services and to send the reports of such matters to Ministry of Gender Family and Social Services; (4)to establish/implement a legal framework in Atolls to protect violence against women; (5)to share information and implement laws/regulations and to provide awareness to concerned authorities on matters relating to social protection; and (6)to provide assistance under the decentralized system to the Atolls.

The challenges faced by the FCSC are:

- Lack of shelters for victims in Atolls;
- delay in getting Protection Court Order from Court for the Victim;
- keeping victim in the shelter longer than required period;
- financial support for victim;
- issues faced in medical examination of the victim;
- delay in reporting cases, sometimes due to few numbers of social workers; and
- no mechanism in place to provide assistance/protection to a special needs (hearing impaired) person, though it is written in the procedures.

Given these challenges, it has been recommended to:

- Speed up the procedure to get Protection order from Court;
- provide legal assistance for DV victims to fill court forms;
- provide rehabilitation, awareness and training for perpetrators;
- role of the Women Development Committees (WDCs) needs to be strengthened as the FCC is only based in the capital island only;
- more case workers and counsellors are required for Atolls; and
- provide regular face to face counselling for DV victims (Now DV victims get counselling from a clinic in Male over the phone.

### 2.3.3 International Organisation for Migration Maldives

The role of the IOM extends to provide assistance and technical expertise to any issue related to migrants. In this regard, currently IOM is at the initial stages of establishing a Migration Resource Center, which when established, will provide many services under one roof, which will include providing necessary information to the migrant workers and assistance through referral. Upon establishing the centre, domestic violence issues related to migrant workers will be looked at through a referral system. In this regard, assistance will be given to victims to file protection orders and also they will be connected to the relevant state authorities and departments. Furthermore, plans are underway to begin psychosocial support for victimised individuals through an MOU signed between IOM and the NGO, Society for Health Education (SHE). At present, there is no exact response mechanism and service provision SOP established for migrant workers that are victims of domestic violence. As the national referral system is not very inclusive of migrant workers, a number of people reaches to IOM directly. In this regard, IOM as UN agency work through the available referral mechanism in the state institutions to provide the service for migrant workers. For instance, if a DV cases surfaces IOM will work in the aforementioned manner. In addition, IOM has the technical expertise to strengthen the existing systems and mechanisms to be more inclusive of migrants. Moreover, IOM can provide assistance to build the capacity and technical expertise for domestic violence case workers. The training provided by IOM would focus on the nuanced challenges faced by migrant domestic violence victims and help to establish an equitable level of service for everyone.

Some of the challenges identified includes:

- Providing service for irregular migrants and undocumented documents;



- as a UN agency there are limitations in directly providing solutions. IOM works with the relevant government authorities and through the established referral systems;
- language barrier involved in the providing assistance and support to migrant workers such as difficulty in translation and interpretation;
- when providing support services, the employment status, legality of the migrant and the process to repatriate a migrant worker also poses several obstacles.
- There is limited awareness amongst the migrants on the protection afforded to them under the DV act.
- In light of these challenges, it is recommended to:
  - Inclusive DV policy making with a migration lens.
  - Widening access to reporting mechanisms and information on the migrant workers' rights, the kinds of protection and assistance they should be afforded.
- Hence, incorporation of a more targeted strategy to reach to out to the unreached, especially female migration who are victims of domestic violence

## 2.4 Monitoring Compliance and Advocacy

### 2.4.1 Family Protection Authority (FPA)

FPA works on increasing general public awareness of the Domestic Violence act as well as Domestic Violence prevention through different modes of training sessions. In this regard information is given to the general public on the available for Domestic Violence Victims. Furthermore, FPA also conducts capacity building training for service providers. When it comes to providing support services such as crisis intervention, legal support, mechanisms for victim support and justice through the court system, FPA works through the referral system whereby the victim is connected to the relevant state department or authority. Afterwards, FPA mainly plays a monitoring role through checklists through quarterly and annual reports for selected atolls and the findings are shared with the relevant government authorities. The atoll monitoring report is shared with the FCSC's and a follow up is done a year later. PA works with the police through the "Geveshi Portal". Through the portal work is coordinated in an interactive manner. For instance, through the portal case updates can be requested. Also, the portal has the case investigation officer's (IO) contact details. So FPA can call the IO and check for updates or discuss the cases. However, FPA also plays mediation roles when a case requires a case conference between multiple stakeholders. FPA maintains that there is no special procedure to follow when dealing with migrant workers DV cases and the same the same procedure applied for local DV victims is applicable for them as well.

More specific challenges in assisting victims of DV across the different sectors are:

- The latest version of the procedure manual was formulated by the Gender Ministry in 2015 and it is still not endorsed;
- during sector monitoring FPA observed that FCSC's case workers are not familiar with the procedure manual;
- issues related to documentation and record keeping;
- in addition to provision of service for DV victims, FCS case workers also have to provide safe house services for victimized children as well, adding to the burden of responsibility;
- case Workers lack the required training;
- case workers do not know how to assess risk of DV cases; and
- Helpline staff lacks proper training
- there is a difference in the level of service provision between Male' and other atolls;
- there is a lack of stakeholder collaboration and coordination issues between the health ministry, Police, Gender Ministry;
- assisting DV victims in crisis is challenging because of the unfamiliarity with the domestic violence concepts and difference in values across individual people;
- there is a need for stronger collaboration with the Health Ministry, Currently, FPA gets very few cases referrals from the health ministry. In this regard FPA has also identified that at times the referrals are done by the Atoll health centers either to the police or the ministry through phone calls only; and
- some DV victims report lack of support in seeking protection order (especially from the police) and also lack of legal assistance and support in filling the documentation.
- Given this it is recommended that:
  - A uniform standardized and easy to read minimum standard that is to be followed by all service providers needs to be developed;
  - for the helpline services to be effective, helpline attendants need to have a relevant education background in field such social services;

- solid training mechanism for helpline attendants, social workers, health service providers, police and courts officials dealing with DV victims/ survivors;
- a uniform standard of response mechanism for Helpline staff members;
- special procedure to deal with vulnerable groups such as children DV victims and migrant workers;
- access and quality of services provided should be same in the Male' and in atolls;
- when issuing protection orders, Family courts and Magistrate courts should adopt a victim centric approach;
- having specific information and procedures on how the court should provide services in DV cases are important;
- there should be a standardized approach for Victim support by all service providers (Police, Gender Ministry, PG and the like); and
- important to have a case conference procedure for adult DV victims.

#### **2.4.2 The Children's Ombudspersons Office**

The Children's Ombudspersons Office (OCO) was established in 2020 under Article 113 of the Child Rights Act (Law Number 19/2019) as an independent body in order to oversee all matters related to children's rights and welfare and monitor the compliance of the government authorities in the provision of Child Rights Protection Act. Although, the work of the OCO is not directly related to DV, the office oversees all issues related to children exposed to domestic violence, monitors compliance of institutions with Child Rights Act, related laws and United Nations Convention on the Rights of the Child (UNCRC); and investigates government authorities and its staff for non-compliance.

In order to assess the compliance of government authorities, the Compliance and Enforcement Department of OCO gathers information through field visits, building observations and document analysis at least once in every two years and institutions are expected to share a 'self-audit' with the OC. The self-audit toolkit has been developed by the OCO and includes the principles of UNCRC and international best practices, so that a report can be generated on the basis of information gathered and the suggested recommendations are to be shared with the related intuitions. OCO monitors the extent to which these recommendations are implemented. Furthermore, the Monitoring and Evaluation Department of OCO assess the findings of the reports and further evaluates the challenges and issues surrounding the protection of the Children's rights and identifies the root causes for these issues. Pursuant to Article 50 of Child Rights Act (Law Number 19/2019), the Advocacy and Awareness Department conducts awareness on children rights, responsibilities of children, the responsibilities of parents and others to related authorities and the general public through forums and workshops targeted for children, spciated training sessions for staff of related institutions.

The Baseline study on the extent to which the provisions of the UN Child Rights Act was implemented in the Maldives (2022), collected data across the nation; from Shaviyani Maafaru, Baa Eydafushi, Male' City, AlifuAlifu, Himandhoo, Fuamulaku City and Gaaf Dhaal Thinadhoo, from government authorities such as (Island Council; Atoll Council, Family and Children's Service Centers, Health Centers, Schools, and included perspectives from children and parents. The Baseline study identifies a number of challenges and includes: (1) Lack of awareness of CRC and UNCRC of institutions; (2) lack of community sensitivity towards domestic violence; (3) issues with inter- agency coordination even when the required services are mandated by law; (4) internal SOPs for difference centres are not developed and staff are not aware on the procedures that are to be followed; (5) lack of sensitivity of communities towards domestic violence; (6) limited staff capacity in providing support services; (7) lack of staff for providing mental health services for children; (8) case worker burn out and lack of mental health support services for staff; (9) limited number of case workers and increased case load limiting the capacity of staff in dealing with cases; (10) training of case workers, and refresher training for case workers are not conducted ;(11) issues related to receiving legal aid; and (12) no established procedure for seeking assistance from Police Services [53].

Given this, while developing the minimum standards for domestic the following recommendations by the OCO has been proposed.

- Set a system for easy reporting of DV cases;
- provide protection for victims of DV and special protection for children exposed to DV;
- identify accessibility for services of DV by Persons with Disability;
- ensure availability of legal aid by the state without any cost;
- confidentiality of information of Victims of DV;
- investigate actions of perpetrators and ensure such cases are sent for court;
- ensure collaboration of all stakeholders to address Domestic Violence;

- set up a system for the provision of mental health services for children and such service must be accessible to all children, even from the islands;
- ensure as system for providing mental health services for staff are established;
- monitoring and evaluation tools should also be developed

## 2.5 Discussion

The stakeholder discussion reveals the challenges and gaps in service delivery relating to technical capacity, limited staff, coordination, limited understanding of guidelines developed by institutions and issues of case management, effective and efficient monitoring of services, issues related to coordination, management and governance. It also raises the need to develop a shared understanding and collaborative efforts to develop both preventing, protective and long-term guidelines to address gender-based violence in the Maldives. It also calls for a victim-centred, community centred and rights-based approaches to deliver timely, effective and efficient services to victims including vulnerable groups children exposed to domestic violence, Persons with Disability and migrant workers.

### a. Conceptual Framework for Developing Minimum Standards for Maldives

The Maldives Domestic Violence National Strategy Plan 2017-2021 by FPA identifies the four key dimensions of for addressing domestic violence is based on: (1) Prevention; (2) Victim based interventions; (3) Perpetrator based interventions and (4) Collaboration. While there are many approaches, which provides useful points for reference when developing the minimum standards, it is worthwhile to consider some of the common approaches such as: the Law-and-order approach which comprises of zero-tolerance, pro-arrest and pro-prosecution strategies; the Risk management/mitigation approach in which the central focus is on early intervention and harm reduction; the Empowerment Approach, especially when it comes to long term goals. The Human Rights Based Approach (HRBA) which considers domestic violence first and foremost a violation of basic human right and offers solutions accordingly. Furthermore, adopting a 'Gendered Approach' which tends to place primary attention on domestic violence as a crime in which women are survivors and men are perpetrators is important. Public health approach which uses proactive preventative strategies focusing on primary, secondary and tertiary prevention and the Crisis-intervention approach which reacts to the crisis of domestic violence. While all of these approaches can be an important basis for developing minimum standards, the approach adopted must be multi-sectoral, high impact and contextually applied to Maldives, sustainable and should be focussed on addressing the underlying causes of domestic violence in the Maldives [22].

The UN Women (2015) developed a framework to underpin action to prevent violence against women and is based on an 'Ecological Approach' initially developed by Bronfenbrenner in 1975 to strengthen understanding of child development and at present the ecological approach has been adopted internationally to understand a wide range of issues, surrounding the prevention of Violence against Women. The approach details out the factors contributing to the problem at different levels such as the individual, relationship, community or organizational and societal levels. It also provides evidence from best practices on actions and interventions related to legislative, policy, organizational and institutional reforms, mobilizing and engaging communities and organizations, engaging the media to support efforts to prevent violence against women, economic, social and political empowerment, skills development, mitigating the consequences of prior exposure to violence, and addressing other types of violence that can also contribute to preventing violence against women [79]. At present, UNFPA, in partnership with UN Women, WHO, UNODC and UNDP, has been supporting the global roll out of this RESPECT framework and implementation plan aimed at preventing DV through a set of interventions including strengthening the capacity of policy makers and implementers to design, deliver, and monitor DV initiatives [71].

The existing DV programs involves a range of programs aimed at positively impacting the social and emotional well-being of both survivors and their children[60]. In particular, they focus on "(1) increase survivors' and their children's sense of self-efficacy as well as their hope for the future, and (2) directly increase their access to community resources, opportunities, and supports (including social support)" [p.126, 60]. Importantly, although the programs implemented across the different institutions such as shelter, counselling, advocacy, transitional housing, supervised visitation, children's programs, support groups, the services for both survivors and their children share 8 common characteristic features such that "in partnership with the survivors and children, DV program staff engage in the following activities: (1) providing information about adult and child survivors' rights, options and experiences; (2) safety planning; (3) building skills; (4) offering encouragement, empathy, and respect; (5) supportive counselling; (6) increasing access to community resources and opportunities; (7) increasing social support and community connections; and (8) community change and systems change work" (p. 126). Thus, considering that DV programs must not only focus on protecting survivors and their children from harm, they must also be focussed on promoting long-term social and emotional well-being. The Social & Emotional Well-

being Framework provides a useful model for developing the minimum standard for promoting the well-being of survivors and their children over time [60].

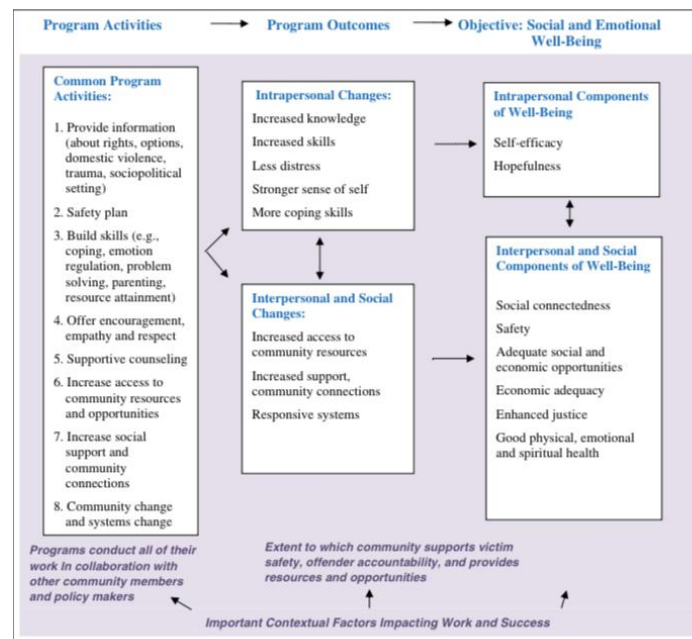


Figure 1: Framework for Developing Minimum Standards[60]

Given this, the Social & Emotional Well-being Framework, the guidelines and minimum standards adopted in different countries, the Minimum Standards for Service Delivery in Victim Empowerment' (2018) and the 'Essential Services Package for Women and Girls Subject to Violence' (2015) and the procedures followed by the stakeholders, the issues, gaps identified and recommendations proposed during the stakeholder discussion will form the cornerstones of the minimum standards developed for the Maldives.

## Conclusion

In conclusion, the minimum standards and guidelines must be regarded as the minimum essential services to be provided for victims/survivors of domestic violence. Once when it is implemented, the next planning cycle can add in more specialized and ideal services for the country. One of the limitations of the research was the limited time frame and the sensitivities involved, it was not practical to include the beneficiaries (victims/survivors of DV) in the consultative process. Another limitation included the challenges involved in identifying the specific indicators for monitoring and evaluation toolkit as a separate stakeholder discussion needed to be undertaken to develop the monitoring toolkit. It is also important to include a greater number of stakeholders in the implementation stages, than has been identified in this mapping exercise, for example to include the Ministry of Youth, Sports and Community Empowerment, Ministry of Education including higher education institutes and the Media in advocacy Activities, the Ministry of Environment in financial support and victim empowerment, Lastly, a far greater role on the Involvement of Prosecutor General's Office and Attorney General's Office, the Judicial Academy, Judges and Magistrates has been identified for addressing DV in all its forms in the Maldives. It is anticipated that with the effective monitoring and evaluation of action plans would help identify gaps and challenges to be addressed for the next planning cycle.

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