Review

Intimate partner violence in Sri Lanka

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Summary **To describe the current situation of intimate partner violence (IPV) in Sri Lanka, and to propose possible interventions to prevent IPV, we performed a literature survey for articles and reports on IPV in Sri Lanka. Our results suggested that prevalence of IPV is high (40%) in Sri Lanka. Most of the IPV studies were conducted in health care institutions and missed IPV victims who had not attended a health care institution. A common belief in Sri Lanka, even among medical students and police officers is that IPV is a personal matter that outsiders should not intervene. The laws against IPV identify the physical and psychological IPV, but not the sexual IPV. To improve this situation of IPV in Sri Lanka, we recommend IPV education programs for medical students and police officers, community awareness programs on IPV, and amending the laws to identify sexual IPV. We also recommend well designed community based research on IPV.**

Keywords: Human rights, intimate partner violence, patterns, prevalence, Sri Lanka, women

1. Introduction

Intimate partner violence (IPV) is considered a global public health problem (*1*), however the burden of IPV falls most heavily on developing countries (*2*). To address such violence, several initiatives were taken at the international level. In 1979, the United Nations adopted "The Convention on the Elimination of All Forms of Discrimination against Women" (CEDAW). In the 1995 United Nations' Beijing World Conference on Women, 189 governments signed on to a platform for action to prevent violence against women including IPV (*3-5*). At the regional level, "The Jakarta Declaration for the Advancement of Women in Asia and the Pacific" was adopted in 1994. This declaration presented some specific goals, objectives, and actions to be taken by governments to address violence against women (*4*).

With these initiatives, IPV became a topic of discussion in many Asian countries. This discussion has been strengthened by some evidence on IPV. In Asia, there are data on IPV from India, Bangladesh, Thailand, and Cambodia because they have been included in multi-country studies on IPV conducted by international organizations (*1,2*). Those studies indicated that the prevalence of IPV varies between 18% in Cambodia and 40% in Bangladesh. In India, the prevalence of IPV is 19%, and in Thailand, 34%. However, Sri Lanka and other low-income Asian countries have not been included in such studies.

Sri Lanka was one of the first countries in South Asia to ratify the CEDAW in 1981. In 1995, Sri Lanka also subscribed to the Beijing platform for action to prevent violence against women (*3,4*), although little is known about the prevalence of IPV in the country (*4*). To date, no literature review has been undertaken about IPV in Sri Lanka. Therefore, we performed a review of the published literature on IPV in Sri Lanka over the past 28 years to describe the prevalence, patterns, contributing factors, the attitudes towards IPV, and IPV prevention activities in Sri Lanka. Using these literatures, we aimed to propose possible interventions to improve the current situation of IPV in Sri Lanka.

2. Data Sources

In April 2009, we performed this literature survey in the databases of MEDLINE®, PsycINFO®, and

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POPLINE® for articles on IPV in Sri Lanka. We used Medical Subject Headings (MeSH) key words, such as 'intimate partner violence', 'domestic violence', 'violence against women', 'abuse', and 'Sri Lanka'. We surveyed for articles written in English and published since January 1980. We also searched for documents on IPV in Sri Lanka published by international organizations, such as the United Nations and other non-governmental organizations (NGOs). We surveyed for publications written in English and published from 1990 onwards.

The search of the databases produced 91 articles. However, only eight articles contained information on IPV in Sri Lanka (*6-13*). The remaining 83 articles were excluded as they were related to child abuse, female domestic workers, female suicide, and the victimization of women in the armed conflicts of the northern and eastern provinces of Sri Lanka.

The survey for the publications by international organizations produced other eight articles. Of them, one was a research report (*14*), two were country reports by the United Nations (*5,15*), and five were articles by the NGOs working on violence against women in Sri Lanka (*3,4,16-19*).

From these 16 articles, we extracted the specific information on IPV, but not the other forms of gender-based violence against women such as violence by the in-laws, the community, and the work place violence. We described the probable prevalence, the patterns, the contributing factors, and the attitudes towards IPV in the country based on the combined data from these articles.

3. Prevalence and patterns of IPV in Sri Lanka

As shown in Table 1, the first research on IPV in Sri Lanka was published in 1982 (*6*). It involved the analysis of married or cohabiting women who had been repeatedly assaulted by their husbands or partners (n = 60). Participants were recruited between August 1978 and August 1981 in their medico-legal examinations at the medico-legal department of a leading General Hospital. Sixty-two percent of the participants were assaulted by their husbands/partners with weapons such as sticks, firewood, and kitchen knives. Among the remaining 38%, 18% were punched, 5% were kicked, and 15% were subjected to other forms of violence, such as burning, strangulation, and so forth.

In 2001, a cross-sectional study on wife beating was published (*7*). This study was conducted as a household survey in a rural primary health care area of Sri Lanka. The participants were married or cohabiting women between 18-49 years of age whom were randomly selected using eligible couple registers (n = 417). The results indicated that 30% of the women had been physically abused by their spouse at some point in their lives, and 22% had experienced physical abuse within the past year. Contusions were the most commonly reported injuries (65%). However, in contrast to the previous reference, this study reported that 88% of the women were assaulted manually, without using weapons.

In 2001, another study was conducted in an antenatal clinic setting with pregnant women between 15-49 years old (n = 1,200). The participants were selected by multi stage cluster randomized sampling method using the pregnant mothers' registers maintained by the public health midwives in a single district (*8*). In addition to investigating IPV, this study examined other forms of domestic violence experienced by pregnant women. Of the 1,200 participants, 4.7% reported physical abuse during their current pregnancy. Of these, 20% were physically abused at least once a week, and in more than 70% of the cases, the husband or the male partner perpetrated the violence.

A 2003 study was conducted with ever married women attending the outpatient department of a General Hospital (n = 242) (*9*). Of all the participants, 41% have indicated that they experienced one of physical, verbal, emotional, or sexual abuse from their husbands. Of them 27% had contracted injuries due to the violence. However, only two had disclosed the actual reason for their injuries.

In 2005, a study was conducted in the tsunami affected areas in Sri Lanka (*14*). In that study, the author had conducted in-depth, semi-structured interviews with the NGO officers involved in gender based violence prevention activities in that area. The interviews have revealed that IPV was common during the post tsunami period. For example, one woman has been constantly abused by her husband who blamed her for the loss of their children because she was with them when they were lost in the tsunami. Another woman has suffered major burns after being set on fire by her drunken husband.

4. Contributing factors for IPV in Sri Lanka

4.1. *Socio-demographic factors*

As indicated in Table 1, in 1982, the first study on IPV was published in Sri Lanka. This study reported that in 70% of the cases, wives had experienced IPV when their husbands were intoxicated (*6*). In 2001, the study on wife beating reported that wife beating was associated with an early age at marriage, low income, and large families (*7*). The study conducted in the post tsunami period reported that IPV was common during the post tsunami period due to the frustration and stress associated with communal living in refugee camps, feeling of loss and trauma, and men's increased alcohol consumption.

4.2. *Patriarchal attitudes*

In patriarchal Sri Lanka, the family expects wives

Table 1. Details of articles on intimate partner violence in Sri Lanka

Reference	Setting	Participants	Data collection	Main findings
Saravanapavanathan (1982)	Medico-legal Department, Teaching Hospital, Jaffna	Repeatedly (three or more times) assaulted, married/ cohabiting women (*n* = 60)	Interviewer administered questionnaire	Assaulted with weapons like sticks, fire wood (62%), punched (18%), kicked (5%), burning and strangulation (15%). Contracted bruises (60%), lacerations (22%), incised wounds (8%). Injuries in head (42%), upper limbs (37%), lower limbs (10%), other (16%).
Subramanium (2001)	Primary health care area, Kantale	Married or cohabiting women between 18-49 years (*n* = 417)	Focus group discussions and interviewer administered questionnaire	Lifetime prevalence of wife beating (30%), wife beating during past year (22%). Determinants of wife beating are early age of marriage for women (less than 18 years), low standard of living index (less than 3), alcohol consumption by husband. Commonest type of injury are contusions (65%). Commonest sites of injuries are head, face and neck (60%). Commonest type of assault is manual assaults (87.5%).
Moonasinghe (2004)	Antenatal clinic, Badulla district	Married or cohabiting pregnant women between 15-49 years (*n* = 1,200)	Interviewer administered Questionnaire	Prevalence of ever abuse (18.3%), current abuse (10.6%), abuse during pregnancy (4.7%), current sexual abuse (2.7%). Perpetrators of current physical abuse are husband (72.4%), mother-in-law (8.8%), others (18.8%). Perpetrators of current sexual abuse are husband/male partner (81.8%), father (9.1%), other (9.1%).
Kuruppuarachchi and Wijeratne (2005)	Out Patient Department, North Colombo Teaching Hospital, Ragama	Women attending Out Patient Department	Interviewer administered questionnaire	Prevalence of physical abuse (19%), psychological abuse (23%), sexual abuse (7%), at least one of physical, psychological and/or sexual abuse (41%).
Fisher (2005)	Tsunami affected areas in Sri Lanka	Key staff of NGOs known to be working on gender based violence initiatives	In-depth, semi-structured interviews	Intimate partner violence is widespread in Tsunami welfare camps. Contributing factors for IPV are increased alcohol consumption by husbands, stress, psychological trauma and lack of privacy.
Haj-Yahia (2007)	Faculty of Medicine, University of Colombo	1st, 2nd, 3rd and 4th year medical students (*n* = 476) First year-64%, Second year-4%, Third year-14%, Fourth year-18%	Self administered questionnaire	Medical students justify beating of a sexually unfaithful wife (33.4%), beating of a constantly disobeying wife (25.1%). Medical students believe women benefit from wife beating (24%), women can avoid being battered (63.1%), social services should help battered women (86.1%), husbands who beat their wives should be arrested by police (8.7%).
Mason (2008)	Toronto, Canada	Sri Lankan immigrant Tamil Women 18-24 years (*n* = 17) 25-64 years (*n* = 16) > 65 years (*n* = 18) Had counseling for IPV (*n* = 12)	Focus group interviews	Participants define IPV broadly as physical, sexual, emotional/psychological, and financial abuse. Forms of intolerable abuse are excessive suspicion, jealousy and anxiety about wives' fidelity. Marriages are commonly arranged by parents. In them, men commonly lie about their job and request higher dowries.

to uphold cultural values, and act in a manner that does not bring shame on the family (*4,12*). Marriage and motherhood are still social norms for Sri Lankan women. Social disapproval for separation or divorce makes it difficult for women to escape abusive marriages. This enduring nature of IPV is suggested by the low divorce rate in Sri Lanka despite the high prevalence of IPV (*4,18*).

A research letter published in 2008 present three case reports of Sri Lankan wives who experienced physical, psychological, and sexual IPV from their husbands (*13*). In all those cases, wives were well educated and had good socio-economic backgrounds. However, before sorting help to prevent IPV, they had been tolerating the violence for years due to the lack of the external support, social stigma, and their hesitancy to challenge the patriarchal norms.

In 2004, a study was conducted in Toronto, Canada with a group of immigrant Sri Lankan Tamil women above 18 years old (n = 63) (*11*). This study examined the Tamil women's perceptions of IPV. The participants were recruited using snowballing techniques, flyers, community organizations, and an article in a local Tamil newspaper.

The focus group interviews have revealed that immigrant Sri Lankan Tamil women define IPV broadly as physical, psychological/emotional, sexual and financial abuse. Excessive suspicion, jealousy, and anxiety about wives' fidelity were mentioned as forms of intolerable abuse. Even in Canada, Tamil women have acknowledged that divorce or separation tend to lower their status in the society. Further, dowry related abuse such as complains of insufficient dowries and unfulfilled dowry promises still exist in this community (*11*).

In 2006, a study was conducted with undergraduate medical students (50.6% male and 49.4% female) in a leading university in Sri Lanka (n = 476), who responded to an open announcement and participated voluntarily in the study (*10*). This study explored the medical students' attitudes towards wife beating. The results indicated that 33.4% of the students justified wife beating, and 63.1% stated that they believed women bear a proportionately larger responsibility for the violence perpetrated against them. A further 23.2% of the students reported that they believed that occasional violence by a husband towards his wife could help to maintain their marriage. In addition, the majority opposed divorce as a solution for wife abuse and disagreed with punishing violent husbands.

4.3. *Inadequate professional response for IPV*

The country reports by the World Organization Against Torture and PANOS Sri Lanka suggest that most police officers in Sri Lanka fail to respond to the complaints of IPV in a gender sensitive and effective manner (*4,16*). Although an average of 4,000 cases of domestic violence including IPV were reported to the police every month, nearly 80% were settled when the wife was persuaded by the police to drop the charges (*4,15,16*).

Health workers provide medical assistance to the victims of IPV. However, they do not inquire into the cause of injury. Furthermore, medical officers in Sri Lanka are not trained to address IPV (*4*). In Sri Lanka, an average of over 100 cases of domestic violence is reported in the media every month, although many more go unreported and unrecorded (*4,16*). The laws against domestic violence provide a 12 months protection order against the acts of physical and psychological violence by husbands (*20,21*). However, the poor monitoring after issuing of the protection order leads wives to be battered despite the availability of the law (*19*).

5. IPV prevention activities in Sri Lanka

5.1. *Legal interventions*

In 1995, the Sri Lankan government amended the penal code to recognize physical abuse over spouse and marital rape. However, the marital rape was recognized as an offence only when the spouse is judicially separated or when the wife is under 16 years old (*4*). In 2005, a specific legislation against domestic violence was introduced in Sri Lanka. This new legislation provides protection orders against acts of physical violence, and severe psychological violence such as extortion and intimidation by a spouse. It prevents an aggressor from inflicting harm to victims within the home environment, place of employment or at shelters. However, the law on marital rape did not change (*20,21*).

In 1996, in 36 main police stations in Sri Lanka, women's desks were established to receive the complaints of domestic violence and IPV. These desks are headed by female police officers to address the complaints of IPV in gender sensitive manners (*3,4*).

5.2. *Shelters and supportive servicers for IPV victims*

The Ministry of Child Development and Women's Empowerment has established a shelter for the victims of domestic violence in southern Sri Lanka, and plans to establish 14 more centers throughout the country. These shelters temporarily accommodate the victims of IPV till they find a safe place to live, away from the abusive husbands (*19*).

In Sri Lanka, 50 NGOs working on gender issues have got together and formed a forum (The Sri Lanka Women's NGO forum) to function as a lobbying and advocacy body on women's issues and rights in Sri Lanka. Their main focus is to popularize the Beijing platform for action to prevent violence against women

including IPV (*21-24*).

Of these 50 NGOs, two NGOs (Women in Need and Center for Women's Research) are actively involved in IPV prevention activities in Sri Lanka (*21,23*). They have wide networks with regional centers, and support centers across the country. These NGOs provide legal counseling and assistance to the victims of IPV, and maintain 24-hour help lines to assist those victims. Other than conducting community awareness programs on IPV, they have conducted awareness programs for the police officers as well, with the support of the Department of Police in Sri Lanka.

6. Discussion

This study suggested that the prevalence of IPV is high in Sri Lanka. However, most prevalence studies were carried out in health care settings, and they possibly missed the IPV victims who did not come to these health care institutions. Therefore, the actual prevalence of IPV in the country might be higher than that has been reported. So far, only one community based survey has been conducted to assess the prevalence of IPV in Sri Lanka (*7*). That study also has examined only the physical IPV and has not included the psychological or sexual IPV. Therefore, the prevalence of psychological and sexual IPV needs to be evaluated by community-based research in Sri Lanka. Further, a large scale community based study should assess the national prevalence, and the prevalence of IPV among the different ethnic groups in Sri Lanka.

Health care providers and police officers bear a major responsibility in combating IPV in any country (*4*). However, a considerable proportion of medical students and police officers in Sri Lanka believe that IPV is a personal matter in which outsiders should not intervene (*4,10*). This situation can lead the victims of IPV to experience institutional abuse (*19*) and make them lose confidence in the legal and medical systems for their safety.

The recent initiatives such as IPV education programs for police officers and establishing women desks at police stations might improve this situation. However, those initiatives should be evaluated for their effectiveness. Similar IPV education programs should be introduced for the medical professionals and medical students in Sri Lanka. The attitudes of medical students should be improved to acknowledge the cases of IPV in gender sensitive manners, because once graduated from the medical schools they will have to actively manage the cases of IPV.

The amendment of laws to identify physical and psychological IPV is a positive development to prevent IPV in Sri Lanka. Because sexual IPV carry similar adverse effects to physical or psychological IPV (*1,2*), the laws against IPV should be further amended to provide specific provisions against sexual IPV as well. Once protection orders are issued for the cases of IPV, police officers should monitor the abusers and prevent them from further abusing the victims.

The activities by the NGOs to improve the community awareness of IPV will be important to prevent IPV in Sri Lanka. To maintain the sustainability of these initiatives, the government of Sri Lanka also needs to support these NGO activities. Such an effort might help to change the patriarchal attitudes of the Sri Lankan community towards IPV.

In most literature in Sri Lanka, they discuss IPV under the broad topics of violence against women or domestic violence. This tends to underestimate the importance of IPV. Hence, literature should discuss IPV as a separate and specific issue highlighting its importance.

In conclusion, our literature review suggests a high prevalence of IPV in Sri Lanka. Yet the actual prevalence might be even higher than reported. Moreover, a common belief in Sri Lanka is that IPV is a personal matter which outsiders should not intervene. To improve this situation of IPV in Sri Lanka, we recommend well-designed community-based research on IPV in Sri Lanka. The attitudes toward IPV should be improved among the police officers, medical students and the community in Sri Lanka. The laws against IPV should be amended to include provisions on sexual IPV.

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(Received March 22, 2010; Revised May 20, 2010; Accepted May 30, 2010)

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