

Research Paper: Sociodemographic Profile: Nature of Abuse and Help Seeking Behavior of Victims of Intimate Partner Violence Presenting to Two Tertiary Care Units in the Central Province of Sri Lanka

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Citation: Vadysinghe AN, Edussuriya D, Lakma MRY, Kaluarachchi CI, Nanayakkara DN. Sociodemographic Profile: Nature of Abuse and Help Seeking Behavior of Victims of Intimate Partner Violence Presenting to Two Tertiary Care Units in the Central Province of Sri Lanka. International Journal of Medical Toxicology & Forensic Medicine. 2018; 8(1):21-28. [http://dx.doi.org/10.22037/ijmtfm.v8i1\(Winter\).19272](http://dx.doi.org/10.22037/ijmtfm.v8i1(Winter).19272)

doi: [http://dx.doi.org/10.22037/ijmtfm.v8i1\(Winter\).19272](http://dx.doi.org/10.22037/ijmtfm.v8i1(Winter).19272)

Article info:

Received: 11 Aug. 2017

Accepted: 30 Nov. 2017

Keywords:

Intimate Partner Violence (IPV), Socio-demographic profile, Type of abuse, Help seeking behavior

ABSTRACT

Background: The prevalence of intimate partner violence is high in Sri Lanka. To identify the socio-demographic profile, nature of abuse and help seeking behavior of victims of IPV in the central province, Sri Lanka.

Methods: All victims of IPV presenting to the two medical units from 2005 to 2014 were included.

Results: All were female; 33.1% were between the ages of 31 to 40 years; 90.5% were married; and 64.5% were financially dependent on the other partner. Thirty two percent were educated to a level above the ordinary level examination. Sixty four percent did not report a history of abuse among parents while 25% of accused partners and 7% of victims reported abuse among parents. Majority of victims (45%) experienced both physical and verbal abuse with a significant majority experiencing physical abuse alone. The victim's confidence in legal authorities' decreased with increasing number of lodged police complaints. Considering the current episode, 43.8% stated the reason for admission to hospital as for security. Inquiry on the future course of action regarding the relationship revealed that 59.5% would accept the partner in spite of abuse while only 7.85% wanted legal separation or divorce.

Conclusion: Majority of victims were between 31-40 years, and financially dependent on their partner. Majority of victims were experienced both physical and verbal abuse. Even though help was sought from the police as means of protection only a few wanted legal separation.

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1. Introduction

Intimate Partner Violence (IPV) is usually expressed as physical, sexual, and or emotional abuse committed by a current or former marital or non-marital partner by coercive control [1]. IPV is a common legal and health-care issue as well as serious global health problem [2]. In addition, the reported cases of IPV is just the tip of the iceberg as most cases go unreported. Based on the World Health Organization (WHO) report of 2016 one out of every three women has been assaulted by an intimate partner, globally [3]. According to 2012 WHO report, some of the most consistent factors associated with IPV worldwide are young age, low education level, and harmful use of alcohol/drugs by perpetrators [4]. Physical or sexual violence is experienced by majority of women in their lifetime committed by their intimate partner [3]. According to a survey conducted in Canada, the most common reported responses of victims to IPV included seeking help from informal sources such as family, friends, or neighbors as well as formal sources such as health professionals and the police; women usually seek help from informal sources [5].

Sri Lanka suffers a high prevalence of IPV, with a majority of the abused being women [6]. A study, conducted in 2015, revealed that woman's young age, low socioeconomic status, and low educational attainment are the major risk factors for IPV in Sri Lanka though dowry related violence is less common in Sri Lanka compared with other South Asian countries [6]. Another study conducted in the Western Province revealed the types of violence experienced varies from controlling behavior, emotional abuse, physical violence and sexual violence [7]. Additionally a study by Jayathillake et al. revealed that women's dependence on partner, lack of educational, occupational and financial resources and their responsibility for their children hinder them to end violent relationships [2]. Several studies done in Sri Lanka indicate that many women are reluctant to seek help due to their cultural, religious, and social attitudes towards the gender roles, social embarrassment, concerns of family reputation or fear of more violence [7-9]. However, extended family and neighbors are the most common source of help for the abused in the Sri Lankan context [7].

A study by Guruge et al. reveals that the highest prevalence of IPV is seen in the Central Province [6]. However no studies has been conducted regarding help seeking behavior of IPV victims in the Central Province of Sri Lanka. This study has compared similar situations

in other countries, too. Furthermore, it is envisaged that exploring the sociodemographic aspects and nature of abuse would help not only manage such victims but would also help prevent its occurrence.

2. Materials and Methods

Objective

To identify the socio-demographic profile, nature of abuse and help seeking behavior of victims of IPV presenting to two tertiary care units of the Central Province, Sri Lanka.

Methodology

All victims of IPV, confirmed by the Judicial Medical Officer and referred to Peradeniya and Kandy teaching hospitals from 2005 to 2014 were included in the study. After obtaining informed consent from the participants and ethical approval granted by the Ethics Committee of Peradeniya University, the relevant data regarding sociodemographic characteristics, nature of abuse and help seeking behaviors were collected using an interviewer administered questionnaire.

3. Results

Sociodemographic profile

Of 242 victims of IPV, all were female. About 90% were married, 6% were living with their partners and 4% were separated. The majority of the participants aged between 21 and 40 years with the occurrence being less in the extremes of age (Table 1). Most victims married when they were 22 to 25 years old. The majority of victims have been married for 4 to 11 years, with the occurrence being less in the early period of marriage and later in the marriage (Table 2). Most were Sinhalese (84%), and then Muslim (10%) and Tamil (6%). More than half the victims were educated only up to O/L while approximately one fourth had passed the A/L and a few had a university degree (Table 3). A significant majority of victims were not financially independent (Table 4). While 160 (66%) victims had not witnessed IPV in their childhood, some of accused, i.e. 62 (26%) and a few, i.e. 20(8%) had witnessed IPV in their families in childhood. The majority of the victims were assaulted in their homes (Table 5).

Nature of abuse

Majority of victims experienced both physical and verbal abuse (Figure 1). Contusions and abrasions were the common type of injury sustained (Figure 2). Majority of victims had non grievous injuries (Figure 3). Most of the

Table 1. Age distribution of the victim

Age (y)	No. (%)
<18	9(4)
18 to 20	32(13)
21 to 30	62(26)
31 to 40	80(33)
41 to 50	38(16)
51 to 60	8(3)
>60	13(5)

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Table 2. Duration of marriage of the victim

Duration of Marriage in Years	No. (%)
<3	27(11)
4 to 7	67(28)
8 to 11	58(24)
12 to 15	21(9)
16 to 19	44(18)
20 to 23	15(6)
>24	10(4)

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Table 3. Level of education of the victims

Grade	No. (%)
<1	14(6)
1-5	15(6)
6-9	49(20)
10. Ordinary level	65(27)
Ordinary level (Pass)	22(9)
O/L – Advanced level	10(4)
Advanced level (Pass)	63(26)
University education	4(2)

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Table 4. Monthly income of the victims

Monthly Income (Sri Lankan Rupees)	No. (%)
No income	156(65)
<5000	25(10)
5000-10000	29(12)
10000-20000	22(9)
>20000	10(4)

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victims were subjected to IPV following a minor argument. A significant proportion reported that the cause of IPV was a combination of factors (Figure 4).

Help seeking behavior

Seventy-nine percent of victims had experienced previous assaults and 69% of them had complained to the police on previous occasions. Forty-six percent had lodged less than five complaints. Eleven percent had made more than ten complaints. Of the victims who had previously experienced IPV, only 29% had undergone interventions following complaints to the police. Higher the number of complaints lesser the confidence in police (Figure 5). Higher the income lesser the percentage of seeking intervention (Figure 6). Approximately half of the victims reported the reason for their admissions to hospital as seeking security (Figure 7). More than half of the victims were willing to accept the partner while only few opted for divorce (Figure 8).

4. Discussion

IPV has serious physical, mental, sexual and reproductive health problems for victims and their children, and leads to high social and economic losses [3]. This study highlights the sociodemographic aspects, nature of abuse, and help seeking behavior of victims of IPV which is known to vary with respect to socioeconomic status, culture, etc. Therefore it would vary from region to region and country to country.

Sociodemographic aspects

The present study revealed that females are more vulnerable to IPV. Notably, some studies done in Sri Lanka have revealed similar findings [9]. A study by Guruge et al. revealed that both women and men believed in the men's right to control their wives [8]. Likewise, Jayasuriya et al. reported that a majority of females believe their subordinate state as the norm [7]. A survey conducted by Care International Sri Lanka in 2013 highlighted that a majority of Sri Lankan men believe that women should obey their husbands and men should be the decision makers in the family [10]. It may be reasonable to speculate that this subordinate role of women may result in their more vulnerability to IPV. However, a study conducted in Hyderabad, India, reported that both women and men are vulnerable to IPV in the South Asian context [11]. Davidov et al. reported similar findings in the global context [12]. However, the fact that same sex marriages are still not legalized in Sri Lanka may explain this discrepancy in results.

The fact that a majority of IPV cases were married reflect the sociocultural norms of Sri Lanka where living with partner is not culturally accepted. Furthermore the sanctity of marriage may be the reason why many victims tolerate repeated abuse within an abusive relationship.

The vulnerable age group identified by this study, 31–40 years old with the occurrence being less in the

Table 5. Place of assault

Place of Assault	No. (%)
Outside the home	56(23)
At home	186(77)

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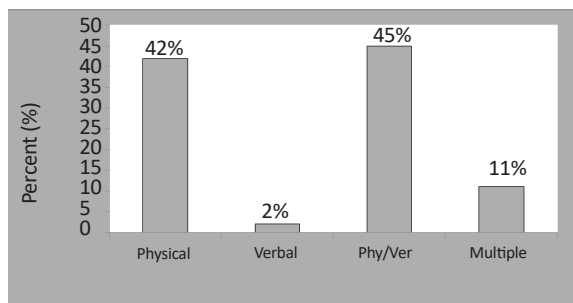


Figure 1. Type of assault

extreme of age, is comparable with the findings of Vidanapathirana study [13]. Studies conducted in India and Hong Kong reported the similar findings [14, 15].

A study conducted in the Trincomali district indicated that IPV is associated with early age of marriage [16]. In spite of experiencing IPV, the age of marriage of a majority of victims of this study conducted in the Central Province of Sri Lanka was 22-25 years. However, the current study showed that more than half of the victims were married for 4-11 years with the low occurrence of IPV in the early period of marriage and late in the marriage. The reason for this may be that during early stages of marriage, women expect that their partners will reform and therefore do not report violence, and interestingly with longer duration of marriage they become more tolerant and accept violent behavior of their partners.

It is important to note that the results of this study are comparable with a study conducted in Saudi Arabia [17] where majority of victims had received secondary education. Lack of further education may lead to financial dependence of the partners who are unable to be employed. This was also reflected by income of the victims where a significant majority of victims were not financially independent. This compares well with studies conducted by Jayasuriya et al. who showed that low income of the woman was a risk factor of IPV [7]. A 2016 WHO re-

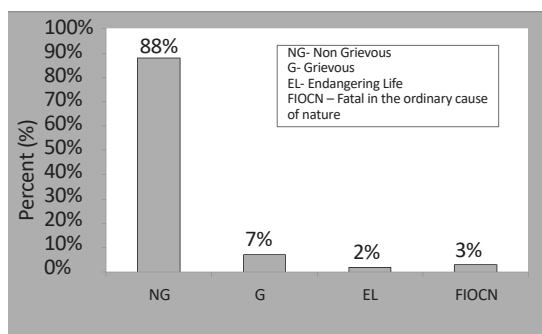


Figure 3. Category of hurt (Penal Code of Sri Lanka)

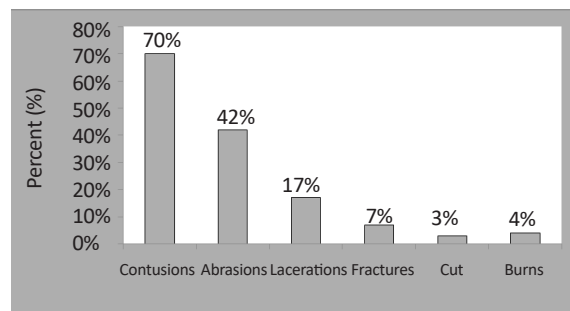


Figure 2. Type of Injury

port highlighted that in low income settings, strategies to increase women's economic status and social empowerment had some effects in reducing IPV [3]. Furthermore, Jayatillaka et al. also highlighted that women's lack of occupational and financial resources limit their ability to end violent relationships [2]. Although the husband's education level and occupation were not explored in this study, studies which have been conducted in Saudi Arabia revealed an association between these factors and IPV [17, 18].

In this study, a majority had not witnessed IPV in childhood while some of accused and a few had witnessed IPV in their families in childhood. This finding disagrees with the findings of Al Foris et al. who observed that women who were exposed to violence within the family as children are more prone to IPV [19]. The findings of previous studies confirmed the hypothesis that abuse is also often transmitted across-generations [20, 21] and people who were exposed to violence during childhood are more likely to abuse their wives [22]. However we did not explore this aspect in this study.

Nature of abuse

A study conducted in the Western Province of Sri Lanka, revealed that the victims had experienced physical, sexual, emotional, and verbal abuse, as well as various

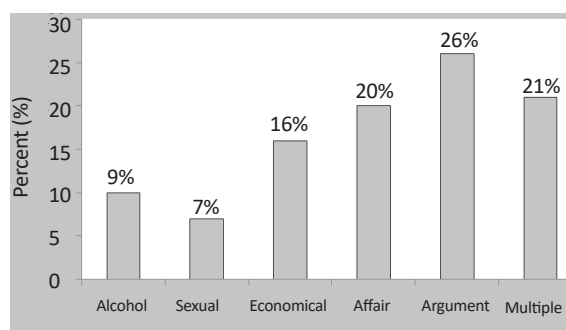


Figure 4. Reason for assault

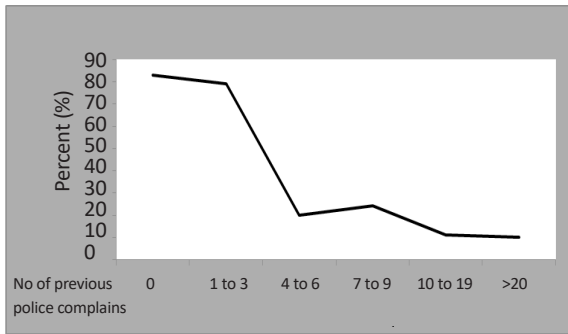


Figure 5. Confidence in Police Vs. No. of complaints

controlling behaviors [6]. This study revealed that a majority of victims experienced physical abuse and verbal abuse. This may be explained by the fact that physical violence is more likely to be reported to the hospital authorities than emotional, sexual and other types of violence [6]. Furthermore, overlooking the psychological status of the individuals was a drawback of this study.

This study revealed contusions as the most common type of injury sustained by the victims which was comparable to previous studies conducted in the Western Province of Sri Lanka [13, 22]. Additionally, significant abrasions and lacerations were also noted. A study conducted in India reported slapping as the most common type of physical violence which would have resulted in contusions [14]. This highlights the fact that a majority of injuries sustained were of non-grievous in nature. However a few were of grievous, endangering life and fatal in ordinary cause of nature [23]. This was comparable with similar studies conducted in the Western Province of Sri Lanka [13]. Furthermore it is noteworthy that all forms of verbal abuse were categorized as non-grievous.

The study revealed that the reasons for assault, was an argument based on trivial reasons, while extramarital affairs and financial matters contributed significantly. A significant proportion reported that the reason for IPV was a combination of factors. The relationship

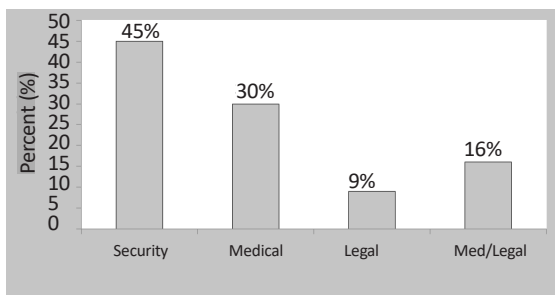


Figure 7. Reason for admission

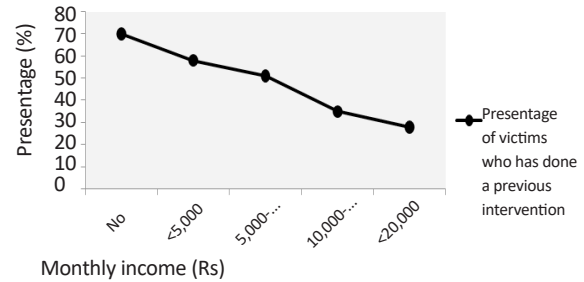


Figure 6. Chart of Previous Interventions Vs. Victims' Income

between husband's consumption of alcohol and marital conflict has been studied and confirmed in many countries such as India, Uganda, and the United Kingdom [24-26] as well as studies done in Sri Lanka [7]. However alcohol consumption was not a major reason for abuse in this study.

Help seeking behavior

A study conducted in Bangladesh revealed that the help seeking behavior depends on the nature and the severity of the abuse [27]. Even though this aspect was not investigated in this study the reason for seeking help has been identified in this study as for security.

According to Jaffe, Wolfe, Telford and Austin study in western countries that enforce mandatory arrest policies (in spouse abuse), the arrest rates and victim satisfaction with the system is noticeable [28]. Assessment of victims' systemic responses by Edna Erez's study identified that police encouragement was a major factor motivating victims to request a restraining order [29]. However this study identified that majority of victims had experienced previous assaults and that more than half of them had complained to the police. However the number of previous interventions was low even though the number of police complaints was high. This may well result in the response seen in the victims where the victims' con-

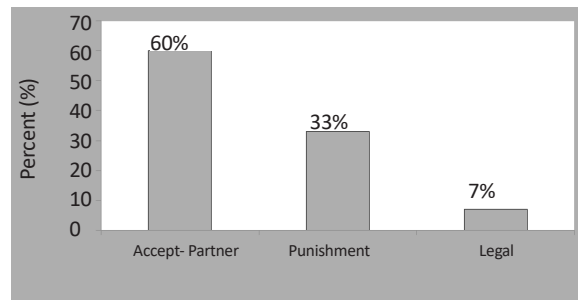


Figure 8. Future plans of victims

confidence in police decreased with increasing number of complaints. This is also seen by Vidanapathirana study where he identified that most victims do not like to report IPV to the police [13].

The United States Bureau of Justice Statistics revealed that the most frequent reason for not reporting IPV to the police is related to the private and personal nature of the matter [30]. According to Jayatilleke et al., many police officers in Sri Lanka believe that IPV is a personal matter and outsiders should not intervene 2. Also, when police attitudes towards victims were perceived to be negative, victims were more likely to report feelings of self-blame with decreasing confidence in the police [29]. Furthermore it is interesting to note that the reason for admission to hospital of these patients in this study was seeking security and only few wanted legal interventions against their husbands. This is clearly seen where more than half of the victims were willing to accept the abusive partner. This may be due to financial dependency and societal disapproval [12].

Though this study was conducted in only two teaching hospitals in the Central Province, the results may represent the entire Central Province as the majority of IPV are referred to these two units for specialized medicolegal management.

5. Conclusion

All presented IPV were female. Majority of victims were between 21 and 40 years old, and were married for 4–11 years. Also, majority were not educated more than secondary education level and financially dependent on their partner. Most of the victims experienced either physical abuse or both physical and verbal abuse. Contusions and non-grievous injuries were the type of injury and category of hurt that majority were had. The reason for abuse was commonly a trivial argument.

The victims' confidence in police decreased with increasing number of their complaints. Even though help was sought from the hospital as for security only a few wanted to take legal actions. The majority were willing to accept their partners while only a few wanted divorce. In the end we recommend that: 1. Amending the laws of domestic violence and to ensure that mechanisms are in effect to ensure the safety of victims; 2. Empowering women economically so that they will be able to terminate or avoid abusive relationships; 3. Educating women on more formal sources from which they can seek help.

Acknowledgments

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of Interest

The authors' contributions is as follows: 1. Amal Nishantha Vadysinghe: Data collecting, data entering, data analyzing, editing the article; 2. Deepthi Edussuriya: Data analyzing and editing the article; 3. Mukalanyaya Ranasinghege Yahani Lakma: Data analyzing and editing the article; 4. Chandishni Ishara Kaluarachchi: Data entering and analyzing; and 5. Dineshi Nadeera Nanayakkara: Data entering and analyzing.

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