

Sexual and Gender-based Violence in Sri Lanka:

**An analysis of the available literature
& annotated bibliography**



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Layout & Design
Abdul Basith

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CONTENTS

01

PURPOSE

page 08

02

METHODOLOGY

page 08

03

**DOES IT
HAPPEN IN SRI LANKA?**

page 08

04

**MULTIPLE DIMENSIONS
OF SGBV**

page 08

05

FINDINGS

page 08

06

**ANNOTATED
BIBLIOGRAPHY**

page 08



01 PURPOSE

The purpose of this literature review is to make available the prevalence and accessible research evidence on SGBV in Sri Lanka. The literature would serve as a foundation towards supporting the National Survey on Women's Wellbeing conducted by DCS to gain the prevalence data on SGBV.

This is a scoping study on research on SGBV in Sri Lanka, targeted to comprehensively collect and make available research data on the multifaceted and wide ranging aspects of SGBV at the individual, family, community and national levels.

The accompanying bibliography attempts to document and list the accessible literature in order to assist and encourage further reading on the subject.

The subject of SGBV in Sri Lanka has interested researchers for a long time.¹ Most research has been done at sub national or local level, focusing on specific aspects of the issue or targeting selected sub populations or community groups, and often hospital based. However, there is a dearth of national level data.

The first national level report on violence in Sri Lanka, published by WHO in 2008, acknowledged the fact by pointing out that "it is difficult to obtain information related to violence from any single organization in Sri Lanka".² The report drew attention to the impact of violence on health and the urgent need for a multi-sectoral and coordinated response iterating that there is no formal surveillance system related to violence in general, or specifically for any particular type of violence such as SGBV.

The Demographic and Health Survey 2016 is possibly the only exception and looked into some aspects of SGBV at national level. However, it was only a small module on a larger survey with limited training for enumerators considering the sensitive nature of the topic.

The following bibliography documents, both published research as well as those accepted by an academic institution (Grey Literature) as satisfactory research. It collates the information and presents a brief account of the sources giving an opportunity to provide a holistic picture of the Sri Lankan situation related to prevalence of SGBV.

It is expected that this document will serve a purpose beyond the planning of the National Survey on Women's Well-being and will be a collection of information for future researchers to use.

1 Perera A. Battered wife syndrome, perspectives from general practice. Paper presented to the Academic Sessions of the Sri Lanka Medical Association, Colombo, 1990

2 National Report on Violence and Health: Sri Lanka. World Health Organisation (2008)

02

METHODOLOGY

The scoping study is based on a desk review of the available literature, comprising of: Primary research in journal articles; Web Search in selected search engines for systematic reviews, research reports, policy documents, national reports as well as grey literature³ such as post graduate dissertations and presentations at national academic sessions.

The topic selected for the search was Sexual and Gender-based Violence in Sri Lanka and the key words used were Sri Lanka along with Gender based violence, Violence Against Women Domestic violence, Intimate partner violence, Sexual Abuse, Sexual Violence at Work Place, Incest, Rape, Trafficking and FGM.

Violence sexual or otherwise on children was not included in the present scoping study as child abuse is considered as specialized subject distinct from SGBV in adults.

The study period was identified as 1981 to 2017, considering the fact that the Convention on the Elimination of All Forms of Discrimination Against Women came into effect on 3rd March 1981, with Sri Lanka signing it on 17th July 1981 and ratifying it on 5th October 1981.⁴

2.1. SOURCES SEARCHED

2.1.1.

Databases of online journals

- Sri Lanka Medical Journal
- Sri Lanka Journal of Obstetrics and Gynecology
- Sri Lanka Journal of Forensic Medicine
- Sri Lanka Journal of Social Sciences

2.1.2.

Web based search engines

- PubMed
- Pop line
- First Search

2.1.3.

Websites of Major Organizations working on GBV

- United Nations Population Fund (UNFPA)
- World Health Organization (WHO) Sri Lanka
- United Nations Children's Fund (UNICEF)
- World Bank Sri Lanka
- USAID
- Australian Aid

³ Grey literature are materials and research produced by organizations outside of the traditional commercial or academic publishing and distribution channels Wikipedia: <https://www.google.lk/search?q=grey+literature+definition&oq=Grey+literature&aqs=chrome.3016.3405j0j8&sourceid=chrome&ie=UTF-8>

⁴ UN Treaty Collection: Human Rights Chapter 8 https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-8&chapter=4&clang=_en

- Centre for Women's Research (CENWOR)
- Family Planning Association of Sri Lanka
- Ministry of Women and Child Affairs
- National Committee on Women
- Department of Foreign Employment
- Ministry of Disaster Management
- Ministry of Higher Education
- Post Graduate Institute of Medicine University of Colombo PGIM: Postgraduate Library Colombo Post graduate thesis

Brief analysis of the available information was done with respect to SGBV: its' prevalence, impact, consequences and related areas, and is presented in the first section of the document.

In order to encourage the readers and facilitate further reading, annotated bibliography is included which covers literature beyond what is referred to in the main document. Entries in the bibliography are color coded to identify their research category.

Limitations:

- Child abuse including sexual abuse is not dealt with in this document
- Policy and legal matters were not perused in this literature search.

03

DOES IT HAPPEN IN SRI LANKA

3.1. PREVALENCE

Information on prevalence, though limited, has been available since early 90s with interested professionals presenting their work at scientific forums or published in journals. However, there were inconsistencies making results difficult to compare, as researchers used different populations, definitions, methodologies and nomenclature. Therefore, it is challenging to synthesize the information in order to arrive at prevalence rates or trends in SGBV.

The earliest study on prevalence was in 1991, in which a total of 515 households were interviewed in four locations: using quota sampling technique which estimated a prevalence rates of 54% in Colombo, 71% in Halmillawa, 60% in Nochchiya and 72% in Pitakanda. The author herself commented on the high prevalence rate and emphasized the need for further research.⁵

Another study of 200 women done in 1992, in the urban slum area, in the city of Colombo found that 60% of the total number divulged having experienced violence in their married life and 51% reported the use of “weapons” such as bits of wood, broken furniture, knives and daggers.⁶ Although it was a small study the organizations sponsoring the study, Women in Need (WIN) found it very useful in advocacy activities.

In 1992 a study in the coastal district by a General Practitioner among his clients (n = 800 women) presented a history of domestic violence. He found a prevalence of 27% of physical violence with 9% of them experiencing severe battering.⁷

A descriptive cross sectional study (1999) of all married and cohabiting females in the Kantale MOH area, found that 30% of women have been physically abused within

the period of their marriage, while 22% reported having been assaulted during the preceding year. The researchers looked at the attitudes of women and when questioned on their response to the assault, 50% of women stated that they had remained in the relationship while 10% had temporarily left the husband.⁸

A small but in-depth qualitative study (2000) involving 62 rural victims of Domestic Violence (DV) in Nuwara Eliya, Anuradhapura and Matara districts identified verbal and emotional abuse among 27 out of 62 (35%) women interviewed and 14 cases of “marital rape”.⁹

For the first time, a state response to GBV in the health sector was initiated (2002) as a part of a multi-country project by UNFPA, MoH, and Sarvodaya in Anuradhapura and Thambuttegama Hospitals by way of piloting the UNFPA guide

5 Samarasinghe, G. 1991 Report on some observations on the incidence of domestic violence in four locations in Sri Lanka and the attitudes of women towards violence. Colombo Women In Need

6 Deraniyagala Sonali. An investigation into the incidence and causes of domestic violence in Colombo. Women in Need, Colombo, Sri Lanka, 1992

7 Ananda Perera. Presentation made at a seminar on gender-based violence at SLMA (2001) (and as quoted in Sri Lanka Report on Domestic Violence.

8 Padmini Subramaniam and Sivagurunathan Sivayogan; The prevalence and pattern of wife beating in the trincomalee district in eastern sri lanka. Southeast Asian J Trop Med Public Health, Vol 32 No. 1 March 2001 http://www.tm.mahidol.ac.th/seameo/2001/32_1/31-2667.pdf

9 Ameena Hussein. Sometimes there is no blood: Domestic violence and rape in rural Sri Lanka. International Centre for Ethnic Studies, Sri Lanka, 2000

on addressing GBV in the health sector.¹⁰ During the year of implementation, nearly 1000 pregnant women were screened through trained data collectors and Information collected showed that 41% had experienced some form of GBV at some time in their life. Of those who experienced domestic violence 36% had been beaten up though they had no external injuries while 11% had visible injuries.¹¹

A study (2002) on physical abuse specifically among 1200 pregnant women in Badulla district found that 18.3% of women had been abused sometime during their entire period of cohabitation, 10.6% of women had been abused during the last 12 months.¹²

A pilot study (2003) on gender based violence in the plantation sector conducted in Hatton Region covering 7 estates among 350 women, of whom 99% were employed mostly by the estate, revealed an exceptionally high levels of prevalence. 83% of the interviewed had suffered some form of GBV, during their lifetime with women claiming that it happened at home (67%), at workplace (17%) and at school (12%). With regard to domestic violence it was found that in 64% of the instances the perpetrator was the husband. Predominant types of violence experienced were Physical (42%), Verbal (38%), Sexual (19%) as mentioned by the respondents. The absence of emotional violence (1%) is notable and possibly because of the acceptance of domestic violence as a norm with such high prevalence or focus on this area was lacking by the researchers. Researcher concluded that: GBV is an issue intimate to the lives of women workers in the plantation sector, it cuts across domestic, work and public spheres and Inter and intra familial relationships play a significant role in the perpetration of GBV.¹³ An institution based survey at the out-patient department of the Colombo North Teaching Hospital found that 40.7% of women had been abused by their partners. The abuse was physical as well as verbal,

emotional and sexual and most women reacted in a submissive manner: 79% of those abused have stayed in their marriages for more than 10 years. This submissive behaviour could be because Sri Lankan women usually lack the means to leave their husbands and live independently and the fact that society looks down upon such women.¹⁴

A Detailed study (2006), conducted amongst 250 medical students in a leading university, showed that 55.6% (25.2% males and 72.2% females) had faced gender-based violence during the time spent in the university with 7.6% students had experienced some form of GBV during lectures, 11.6% at dissections, 4% during laboratory practical sessions, 14.4% during small group discussions and a striking 40% at clinical appointments. Furthermore 19.2% faced harassment during social activities and 22.4% during routine day-to-day activities in the canteen, library, common room etc.

10 Lyn Stevens A practical approach to address GBV A programme guide for health care providers and managers UNFPA (2001) https://www.who.int/hac/techguidance/pht/gbv_a_programme_guide_health_care.pdf?ua=1

11 Addressing Violence against Women. Piloting the programme guide in Sri Lanka. UNFPA, Sarvodaya and Ministry of Health Project. UNFPA. 2002 Multicountry Project and findings presented at a joint meeting Rome Italy September 2003 UNFPA & AIDOS https://www.unfpa.org/sites/default/files/resource-pdf/gbv_report_italy.pdf

12 Moonesinghe LN, Rajapaksa LC, Samarasinghe G. 'Development of a screening instrument to detect physical abuse and its use in a cohort of pregnant women in Sri Lanka. Asia-Pacific Journal of Public Health. Vol.16, No.2, pp. 138-144. 2004

13 Wijethilake K Harsh realities A pilot study on Gender based Violence in the plantation sector Plantation Human Development Trust

14 K. A. L. A. Kuruppuarachchi, Wijeratne LT. Domestic violence and female Domestic violence and female mental health in developing countries British Journal of Psychiatry 2005 187, 587-591.

20.7% had experienced physical, 5% sexual, 92.9% verbal and 6.4% psychological/emotional violence. and in 5.8% the perpetrator had been the current partner and in 5.8% a previous partner.¹⁵

A community based cross sectional survey (2007) using WHO methodology conducted in the Western province found a lifetime prevalence of physical violence to be 34.4% and prevalence that of current physical violence to be 8.8%. Lifetime prevalence of severe physical violence was at 14.7%. Life time prevalence of sexual violence was 5% with a current sexual violence of 4.2%.¹⁶

The National Report on Violence (2008) by Ministry of Health Sri Lanka and WHO dedicated two chapters: Chapter 5 “Domestic Violence” and Chapter 6 “Gender-based violence” reviewing the literature available at the time and made constructive recommendations towards addressing the issue particularly in the health sector.¹⁷

A scoping study (2010) looking at the available literature at the time, suggested that prevalence of IPV is high (40%) in Sri Lanka and noted that sexual violence is not recognized adequately within the topic of IPV and recommended that awareness programs on IPV be conducted for medical students, police officers, and targeting the community.¹⁸

A study (2011) using a representative sample of 624 wives between 15 and 49 years of age in Central Province examined the prevalence of physical, psychological, and sexual abuse and found that, 36% had experienced at least one incident of physical, psychological, or sexual abuse by their husbands during their life time (ever abuse), and 19% had experienced such abuse during the past 12 months (current abuse).¹⁹

A study (2011) among 282 female undergraduates of the faculties of Arts, Science and Law in a leading university in Sri Lanka using a combined qualitative and quantitative methodology covering approximately 10% of the female student population found that physical coercion/ violence and verbal and emotional abuse of female partners occur within romantic relationships. Of the respondents 36.2% and 57.2% reported that they knew of instances of physical violence and verbal abuse respectively against the female partners within a romantic relationship. 64% reported that they knew females who unwillingly agreed to sexual relationships due to fear of losing the relationship. 21% of the respondents reported that they knew of instances where abusive behavior was used by male partner to compel their partners into sexual activities. 57.3% and 23.7% of these respondents knew of instances of using

15 Jeniffer Perera, SD Abeynayake and DP Galabada :Gender based harassment among medical students Presented at the Proceedings of the 10th National Convention on Women's Studies, 2nd - 6th April Quoted in Preventing Sexual and Gender-based Violence (SGBV) - Strategies for Universities

16 Jayasuriya, M.V.F The prevalence and factors associated with intimate partner violence against women in the Western Province PGIM, MD Community medicine 2007 (D1768)

17 Lakshman Senanayake, Navarathasingam Janakan, L. Moonesinghe, N Mapiitigama Chapter 5 and 6, National Report on Violence and Health in Sri Lanka 2006 WHO and Ministry of Health Sri Lanka

18 Jayatilleke AC, Poudel KC, Yasuoka J, Jayatilleke AU, Jimba M Intimate partner violence in Sri Lanka Bioscience Trends. : <https://www.ncbi.nlm.nih.gov/pubmed/20592458> (23-06-2018)

19 Jayatilleke A, Poudel KC, Sakisaka K, Yasuoka J, Jayatilleke AU, Jimba M ; Wives' attitudes toward gender roles and their experience of intimate partner violence by husbands in Central Province, Sri Lanka. Journal of Interpersonal Violence. 2011 Feb;26(3):414-32. <https://www.ncbi.nlm.nih.gov/pubmed/20448234>

verbal abuse and physical violence respectively to force female partners into submission to sexual relationships.²⁰

A working paper for discussion (2012) while looking at the familial ideologies of women in relation to the use of the Prevention of Domestic violence Act (2005) commented on 12 studies that were available at the time (most were mentioned earlier). “Although there is a wide gap between the lowest and the highest prevalence rates five of the studies report prevalence rates between 30% and 36%. Two of these five studies used the questionnaire developed for the World Health Organization (WHO) multi-country study on ‘Women’s Health and Domestic Violence’. Based on an evaluation of these studies it is safe to assume that at least 30% to 36% of women in Sri Lanka face violence within their homes”.²¹

A paper presenting (2013) data from Sammanthurai police station and other sources in the area using qualitative and quantitative methods highlighted the fact that physical violence was recorded as 45%, while rape or sexual abuse were reported as 21% respectively. The economic violence and emotional violence reported as 15%, and 14% respectively in the study area.²²

A UN multi country study, (2013) was conducted in nine countries in the Asia Pacific Region²³ including Sri Lanka on Men and Violence using standardized household surveys collecting information both from men and women (in Sri Lanka). The Districts selected were Colombo, Nuwara Eliya, Hambanthota and Batticaloa. A multi-stage cluster sampling method was used and ages selected were 18 to 49 years. Most sensitive questions were self-answered using Audio assisted Personal Digital Assistants. For the study clarification on the term rape was given as “All sexual violence questions focused on coerced sexual intercourse which was defined as rape which follow international standards. Thus, as far as possible, the term rape is used in this report,

usually to the specific mention to the type of rape: partner rape, non-partner rape, gang rape or rape of a man.”

- Response rate was relatively low in Sri Lanka (58%) compared to other countries such as Bangladesh (82.5%).
- IPV prevalence rate for Sri Lanka (39.7%) was the lowest among the nine countries / sites studied; the highest (87.3%) was in Papua New Guinea.
- Of the 1040 ever partnered men who were sampled 60.3% (57.1%-63.8%) recorded “No experience in perpetrating violence”.
- While 16.3% (14.15-18.1%) recorded physical violence only, 9.5% (7.7-11.8%) recorded sexual violence only, 6.7% (5.0-9.5%) recorded Sexual and physical violence and 6.8% (5.4%-8.6%) recorded multiple emotional and economic violence.

20 Nalika Gunawardena, Manuj Weerasinghe, Lalini Rajapaksa, Pabasi Wijesekera, P.W.P. Chathurangana; Romance, sex and coercion: insights into undergraduate relationships Sri Lanka Journal of Psychiatry 2011; 2 (2):54-59

21 Chulani Kodikara Battered Wives or Dependent Mothers? Negotiating Familial Ideology in Law; International Centre for Ethnic Studies December 2014

22 Riswan M and. Sufyan M.B.M The Response of Police in Preventing Domestic Violence in the Sammanthurai Police Area, Sri Lanka Proceedings of the Third International Symposium SEUSL: 6-7 July 2013, Oluvil, Sri Lanka. <http://www.seu.ac.lk/researchandpublications/symposium/3rd/Social%20Sci/The%20Response%20of%20Police%20in.pdf>

23 Emma Fulu, Rachel Jewkes, Tim Roselli, Claudia Garcia-Moreno, Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific; Lancet Glob Health 2013; 1: e187-207 file:///C:/Users/USER/Downloads/UN_Multi-Country_Cross_Sectional_Study_on_Men_and_.pdf

Table 3.1 Results of the UN multi country study²⁴

Lifetime prevalence of men's perpetration of different types of violence against an intimate female partner, among ever-partnered men, by site

	Total number of ever partnered men sampled	No violence*	Physical violence only*	Sexual violence only*	Both physical and sexual violence*	Multiple emotional/economic violence*
Bangladesh: rural site	824	39.4% (36.3-42.7)	41.7% (38.0-45.6)	5.2%† (3.9-6.9)	9.8% (7.5-12.7)	3.8% (2.5-5.7)
Bangladesh: urban site	737	37.2% (31.9-42.8)	44.6% (39.4-50.0)	2.8%† (1.9-4.2)	7.6% (5.6-10.2)	7.7% (5.7-10.5)
Cambodia	1390	42.6% (39.6-45.7)	12.1% (10.2-14.2)	16.5% (14.6-18.7)	4.5% (3.6-5.7)	24.2% (22.0-26.7)
China: urban/rural site	930	44.2% (40.7-47.8)	32.2% (28.9-35.6)	6.8% (5.5-8.4)	12.6% (10.7-14.8)	4.3% (3.3-5.6)
Indonesia: urban site	785	51.2% (47.6-54.8)	6.1% (4.4-8.5)	17.7% (14.4-21.6)	6.5% (4.7-8.9)	18.5% (15.1-22.4)
Indonesia: rural site	746	58.7% (54.4-62.9)	7.4% (5.7-9.4)	14.1% (11.8-16.7)	3.9% (3.0-5.0)	16.0% (12.9-19.5)
Indonesia: Jayapura	840	29.3% (24.7-34.3)	16.1% (12.3-20.8)	22.3% (20.3-24.4)	21.4% (16.7-27.0)	11.0% (8.4-14.2)
Papua New Guinea: Bougainville	714	12.7% (9.7-16.5)	20.6% (17.4-24.2)	18.2% (15.5-21.3)	41.2% (36.8-45.7)	7.3% (5.4-9.7)
Sri Lanka	1040	60.6% (57.1-63.9)	16.3% (14.1-18.9)	9.5% (7.7-11.8)	6.7% (5.0-9.1)	6.8% (5.4-8.6)
Total for combined sample	8006	42.6% (41.2-44.0)	21.2% (19.9-22.4)	12.7% (11.9-13.5)	11.8% (10.8-12.7)	11.8% (11.0-12.7)

Data are n or % (95% CI). *Violence categories are mutually exclusive. No violence=never perpetrated physical violence, sexual violence, both, or multiple emotional or economic violence. Physical violence only=perpetrated physical partner violence but never sexual violence (includes overlap with multiple emotional/economic violence). Sexual violence only=perpetrated sexual partner violence but never physical partner violence (includes overlap with multiple emotional/economic violence). Both physical and sexual violence=perpetrated both physical and sexual partner violence (overlap with multiple emotional/economic violence). Multiple emotional or economic violence only=perpetrated emotional/economic violence but never perpetrated physical or sexual partner violence. †Bangladesh was the first country to undertake the study and after that experience, the questions on sexual partner violence were expanded to include a question on coerced sex. Therefore, some disparity exists between the sexual violence questions used in Bangladesh versus those used in other sites.

The Sri Lankan partners of the study, CARE Sri Lanka published a detailed analysis of the findings which indicated that:²⁵

- 24.2% of ever-partnered men aged 18–49 years **admitted to perpetration of any physical partner violence (ever)** while 21% of ever-partnered **female respondents reported experiencing** physical violence by a male intimate partner (ever), corroborating the prevalence reported by men.
- 19.7% of ever-partnered men aged 18–49 years **admitted to perpetration of any sexual partner violence(ever)** while 17.9% of ever-partnered **female respondents reported experiencing** sexual violence by a male intimate partner (ever).

24 Emma Fulu, Rachel Jewkes, Tim Roselli, Claudia Garcia-Moreno, Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific; Lancet Glob Health 2013; 1: e187-207 file:///C:/Users/USER/Downloads/UN_Multi-Country_Cross_Sectional_Study_on_Men_and_.pdf

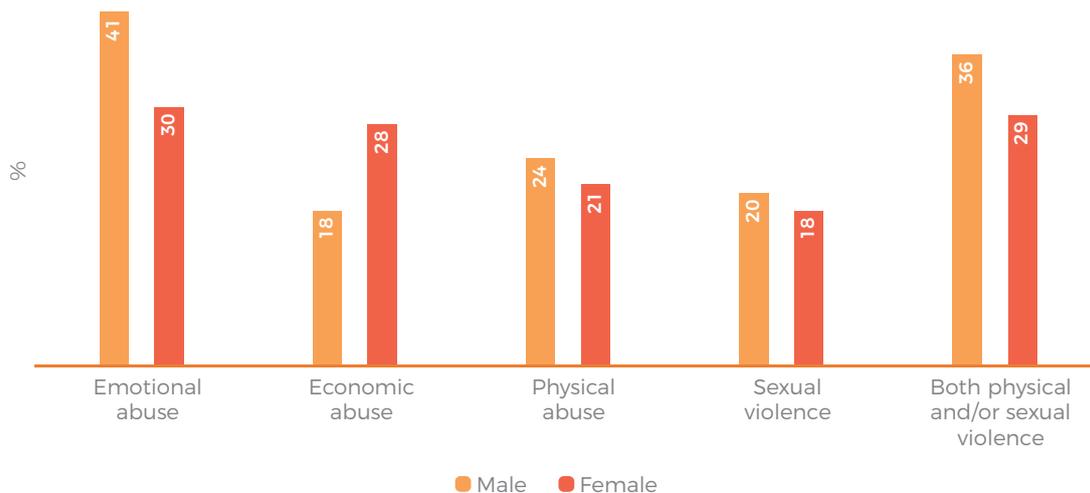
25 Neloufer de Mel, Pradeep Peiris, Shymala Gomez Broadening gender: Why masculinities matter Published by CARE and Partners for prevention

- Overall 36% of ever-partnered men aged 18–49 years **admitted to perpetration of both physical and sexual partner violence (ever)** while 17.9% of ever-partnered **female respondents reported** experiencing sexual violence by a male intimate partner (ever).
- The most common form of sexual violence was **physically forcing a partner to have sexual relations** against her will which was perpetrated by 13% of ever-partnered men
- 40.7% of ever-partnered men aged 18–49 years **admitted to perpetration of any emotional violence (ever)** with 31% admitting to the use of intimidation and threats against their partners .
- 18% of ever-partnered men aged 18–49 years **admitted to perpetration of any economic violence (ever)** of their partners, consisting of preventing their partners from going out for employment, taking the partner’s earnings and spending money on alcohol or tobacco on themselves even when there were insufficient funds to run the household.

A scoping review (2016) of published and gray literature reported a prevalence of IPV in Sri Lanka ranging from 20-72%, with recent reports ranging from 25-35%. Authors pointed out that most research about IPV has been conducted in a few provinces mostly based on the experience of legally married women. They concluded that more research is needed on how to challenge gendered perceptions about IPV and to capture the experience of women in dating/ cohabiting relationships and women in vulnerable sectors.²⁷

Figure 3.1 **Prevalence of different types of violence (CARE Study)²⁶**

Prevalence of lifetime male perpetration and female experience of IPV, amongst ever-partnered men and women



26 Neloufer de Mel, Pradeep Peiris, Shymala Gomez Broadening gender: Why masculinities matter Published by CARE and Partners for prevention
 27 Guruge, Sepali, Jayasuriya-Illesinghe Vathsala, Gunawardena Nalika and Perera, Jennifer. (2016). Intimate partner violence in Sri Lanka: a scoping review. Ceylon Medical Journal. 133. 10.4038/cmj.v60i4.8100

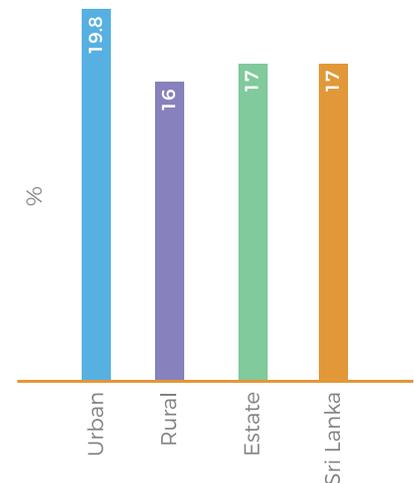
A study (2016) on attitudes of General Medical Practitioners in three provinces where majority (60%) of respondents were males, declared that 7.3% of the GPs themselves were survivors, 2.1% were perpetrators, and 15.6% had been both survivors and perpetrators of GBV at some time during their life.²⁸

The recent Demographic and Health Survey (2016)²⁹, which covered all 25 districts collected data for the first time in Sri Lanka to study the level and characteristics of domestic violence. Although the module on GBV was limited in scope to four areas on women's experience of domestic violence, in ever married women it was a key national level initiative. The questions were in accordance with the VAW DHS Module for the ethical collection of information on domestic violence, and the module was not implemented when privacy could not be ensured.

A total of 16,629 women were interviewed and only 2% of them refused to answer the questions on intimate partner violence, contradicting the myth that women's reluctance to answer is considered a constraint in conducting research on IPV/DV.

Among the eligible ever-married women of 15-49 age group, 17% indicated that they have suffered from violence from their intimate partner during the 12 months preceding the survey. Only marginal differences were observed when the urban rural divide was considered with urban community indicating 19.8% and rural community 16%.

Figure 3.2 Prevalence of IPV among women aged 15 to 49 in the last 12 months



There are very few studies using the indicator, as partner violence in the last 12 months for comparison. However, the Study in Central province with 624 women recorded 18% as "current" which possibly is comparable and supports the DHS findings.

Prevalence of Intimate Partner Violence in the DHS 2016 showed a marked variation according to the districts of residence³⁰:the districts with the highest prevalence was Batticaloa (49.6%) and Kilinochichi (49.6%) with nearly half of the women affected by violence from their intimate partners.

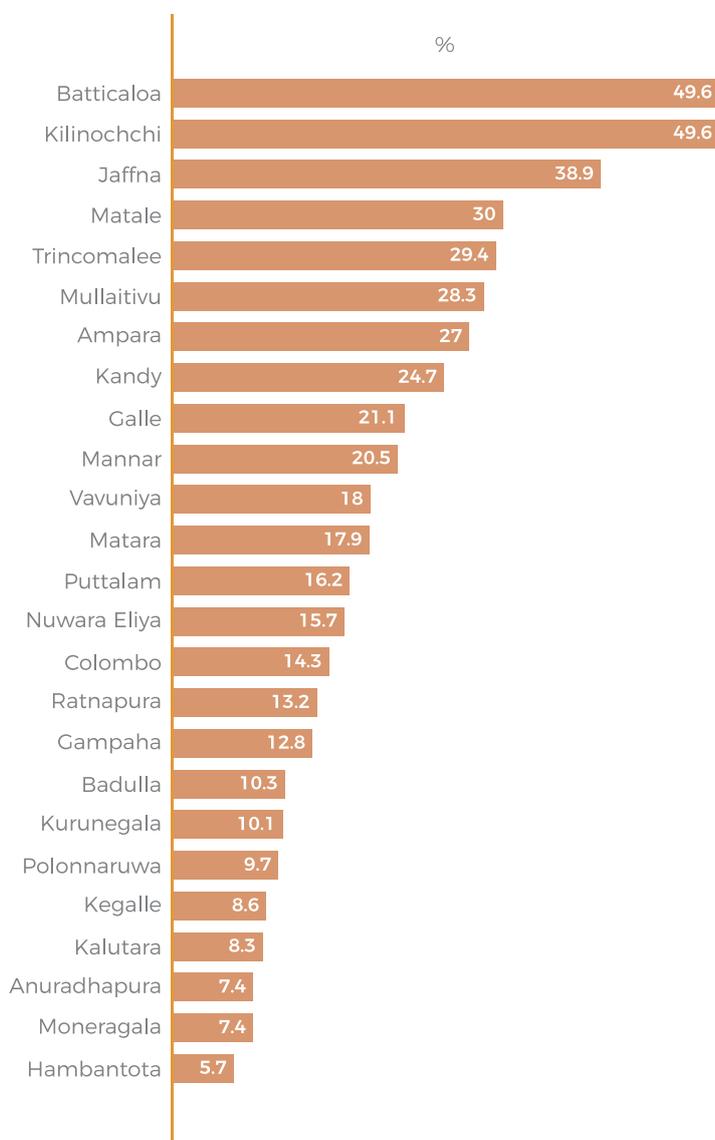
28 Jayatilleke AC, Senanayake L, Tissera S, Gamage D, Weerakkodi T. General practitioners' knowledge and attitudes on gender-based violence: a cross sectional study. In Proceedings of the Safety 2016 World Conference, Tampere, Finland, 17-21 September 2016. https://injuryprevention.bmj.com/content/22/Suppl_2/A157.2

29 Demographic and Health Survey Sri Lanka (2016) Department of Census and Statistics, Ministry of Policy implementation and Planning and Ministry of Health, Nutrition and Indigenous Medicine. ISBN 978-955-702-053-2

30 Demographic and Health Survey Sri Lanka (2016) Department of Census and Statistics, Ministry of Policy implementation and Planning and Ministry of Health, Nutrition and Indigenous Medicine. ISBN 978-955-702-053-2

In contrast, Hambantota (5.7%), Anuradhapura (7.4%) and Monaragala (7.4%) districts had a low prevalence, with less than 8% affected by violence by an intimate partner. This marked disparity cannot be totally explained by the marginal differences in the socio-cultural milieu between the districts but possibly due to complex influences including the effects of the exposure to armed conflicts and the sensitivities of the women to divulge about violence.

Figure 3.3 Current prevalence (%) of Intimate Partner Violence by districts³¹



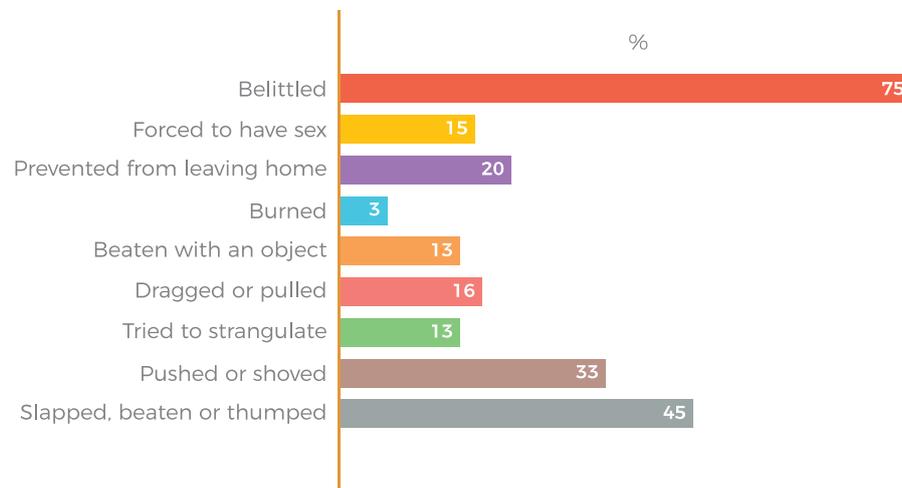
The domestic violence module used in the 2016 DHS collected detailed information on the types or forms of violence and the frequency with which they occurred during the 12 months before the survey. The most predominant type of violence identified was “belittled or seriously offended you” (75.3%) happened to three quarters of women who suffered from domestic violence, followed by “slapped, beaten, or thumped you” (45.2%), and “pushed or shoved you” (32.5%).

Though small in number, the significance of the prevalence of severe and life threatening forms of violence: “Tried to strangulate” (13.3%), “beaten with an object” (13%) and “burnt” (03%)³² needs to be emphasized.

31 Chandani Galwaduge . Country Profile on Gender-Based Violence Sri Lanka (2018) WHO Publication

32 Demographic and Health Survey Sri Lanka (2016) Department of Census and Statistics, Ministry of Policy implementation and Planning and Ministry of Health, Nutrition and Indigenous Medicine. ISBN 978-955-702-053-2

Figure 3.4 DHS 2016 data on prevalence (%) of different types of intimate partner violence³³



The frequency of perpetration of violence was looked at as an indicator of the systematic and recurrent abuse usually seen as a domestic violence and as a quantification of the suffering the survivor goes through. The frequency varied from “daily occurrence” (12.7%), “weekly” (15.1%) “once a month” (47.6%) to “less often” (66.9%). Nearly a third of women are beaten at least once a week.

A recent scoping study in (2018) to describe the current situation of intimate partner violence (IPV) in Sri Lanka suggested that prevalence of IPV is high (40%) but most of the IPV studies coming under the review were conducted in health care institutions.³⁴

A study in 2018 among pregnant women attempted to assess the regional differences in domestic violence situation comparing the capital city and the tea plantation sector. Among the total sample of pregnant women (n=2088), the prevalence of 'ever abused' women was 38.6%, and the prevalence of 'currently abused' was 15.9%.

The prevalence of women were significantly higher (P<0.001) among the women living in the tea plantation sector: “ever abused' Capital (31.5%) compared to Plantations (50.8%) and 'currently abused' Capital(10%) compared to Plantations (25.8%) respectively.³⁵

³³ Chandani Galwaduge . Country Profile on Gender-Based Violence Sri Lanka (2018) WHO Publication

³⁴ Jayatilleke AC, Poudel KC, Yasuoka J, Jayatilleke AU, Jimba M Intimate partner violence in Sri Lanka, Bioscience Trends <https://www.ncbi.nlm.nih.gov/pubmed/20592458>

³⁵ Muzrif MM, Perera D, Wijewardena K, Schei B, Swahnberg K Domestic violence: a cross-sectional study among pregnant women in different regions of Sri Lanka. : BMJ Open. 2018 Feb 20;8(2):e017745. doi: 10.1136/bmjopen-2017-017745 <https://www.ncbi.nlm.nih.gov/pubmed/29463585>

Table 3.2 Summary of Published Literature

Year	Selected population	Focus	Number in the study (n.)	Prevalence Lifetime	Prevalence Within last 12 months	Reference: Foot note No. Author
1991	"Women" Study done in Colombo, Halmillawa, Nochchiyagama and Pitakanda	DV	515 households	54% reported violence in Colombo, 71% in Halmillawa, 60% in Nochchiyagama and 72% in Pitakanda		5 G. Samarasinghe (1991)
1992	Colombo "Women"	DV	200	60% of women 51% reported the use of weapons		6 S.Daraniyagala
1992	Suburb of Colombo Victims of abuse	DV	800	27% of women reported physical violence		Ananda Perera
1999	Kantale "Married and cohabiting women"	DV	417 married or cohabiting women between the ages of 18-49	30% physically abused	22% Physically abused	8 Subramanian and Sivayogan (2001)
2000	Nuwara Eliya, Matara "Rural victims"	DV	68	35% Verbal and emotional abuse		9
2002	Anuradhapura & Thambutegama "Pregnant women"	GBV	987	41% some form of GBV some time in life		11
2002	Badulla "Pregnant women" 'between the age 15-49 years	DV	1200	18.7% Some time during cohabitation	10.6% 4.7% Current Pregnancy	12 L.N. Moonesingh, LC Rajapakse and G. Samarasinghe
2003	Hatton "Plantation Sector"	GBV	350	83% Some time in life		13 Kamalini Wijayatilake
2004	School girls, girls and working women	Sexual harassment in transport	200	94% of females		Amarasinghe et al
2005	Women attending the outpatient department of the North Colombo Teaching Hospital, Ragama	DV	800	40.7% reported either physical, psychological and / or sexual abuse. Physical abuse reported was 19%, psychological abuse 23% and sexual abuse 7%		14 Kuruppuarachchi and Wijeratna
2006	University "Medical students"	GBV	417 married or cohabiting women between the ages of 18-49	56.5% Males; 25.2% Females: 72.2% the time spent in the university	22% Physically abused	Jennifer Perera et al.15

Year	Selected population	Focus	Number in the study (n.)	Prevalence Lifetime	Prevalence Within last 12 months	Reference: Foot note No. Author
2007	Western Province Community based "Women"	DV Used WHO tool	750 women ever married women	34% Physical Violence. 5% Sexual Violence "Lifetime"	8.8% Physical 4% Sexual Violence "current"	16 Jayasuriya Vathsala and Wijewardhana
2011	Central Province Gampola, Matale, and Nuwara Eliya "wives between 15-49 years"	DV Used WHO Tool	624	36% "ever"	18% current	19 Achini Jayathilake et al.
2011	University Female students from Arts, science and Law faculties	Violence in a romantic relationship	280	36.2% Physical 57.2 Verbal 64% Sexual "Knew of someone" "the time spent in the university"	10.6% 4.7% Current Pregnancy	20 Gunawardhana N et al
2013	UN multi-country study Colombo, NuwaraEliya, Hambanthota and Batticaloa	Study on Men and Violence Men and women participated	1560 1040 Men 520 Women	39.3% Physical 24.2% Sexual 19.7%		23 & 24 Emma Flu et al
2013	CARE	Same as above	Same as above	Physical 24.2% Sexual 19.7%	10.6% 4.7% Current Pregnancy	25 & 26 Neloufer de Mel et al
2016		Scoping Review		25%-30% 1 in 3 women in Sri Lanka		27 S. Guruge et al.
2016	Demographic and Health Survey		16,629		17%	29 Dept. of Census and Statistics
2018	Pregnant women Colombo and Tea Plantations	IPV	2088	38.6% ever	15.9%	35 Muzrif M.M.et al

3.2.

RISK AND PROTECTIVE FACTORS FOR VIOLENCE

One of the earliest studies (2002) to look at risk factors of domestic violence was among pregnant mothers in Badulla which found that certain groups of women were at a higher risk of abuse: women who marry at an early age, women with a higher number of children, women living with their extended families, especially with in-laws, women with a low level of social skills and women with certain personality types (anxious and impulsive).³⁶

Another community based study (2011) in the Western Province among young women looked into risk factors and found that women were at increased risk of violence if they had partners who abused alcohol / drugs or had extra-marital affairs. The researchers commented on low prevalence of child marriages and lack of dowry-related violence in spite of Sri Lanka being patriarchal Asian society.³⁷

Poverty is commonly considered as a risk factor for GBV but findings of the Care Study show only little variation in the rates of IPV perpetration by the income group. Rates of perpetration by men were only marginally higher among the men in the lowest income group (38%) compared to that of highest income group (33%). This data contradicts the common belief that IPV occurs mostly amongst low-income groups.³⁸

The CARE study conducted multivariate logistic regression analysis to explore factors that either increased or decreased the risk of a man perpetrating partner violence.

The study found no statistically significant variation in the rates of IPV by perpetrator's education level.

However, rates of violence were marginally lower in the lower education groups, contradicting the notion that lower educated men are more violent.

It is significant, however, that 35% of men who reported perpetration of IPV, and 9% of men who reported perpetration of non-partner sexual violence had completed tertiary education. This finding is understandable as another study among medical students showed gender attitudes that perpetrate violence are common among the so called "educated group".³⁹

However, the DHS (2016) shows that education status of the woman (survivor) is a protective factor. The percentage of women not experiencing IPV within a relationship increases with her level of education: 71.4% with no education to 88.4% with a university education.

36 Moonesinghe LN. The prevalence and correlates of physical abuse within marriage in a cohort of pregnant women in the Badulla District. Thesis submitted for the Degree of Doctor of Medicine in Community Medicine to the Post Graduate Institute of Medicine, University of Colombo, Sri Lanka. 2002

37 Jayasuriya V, Wijewardena K, Axemo P. Intimate partner violence against women in the capital province of Sri Lanka: prevalence, risk factors, and help seeking. *Violence Against Women*. 2011 Aug;17(8):1086-102 <https://www.ncbi.nlm.nih.gov/pubmed/21890530>

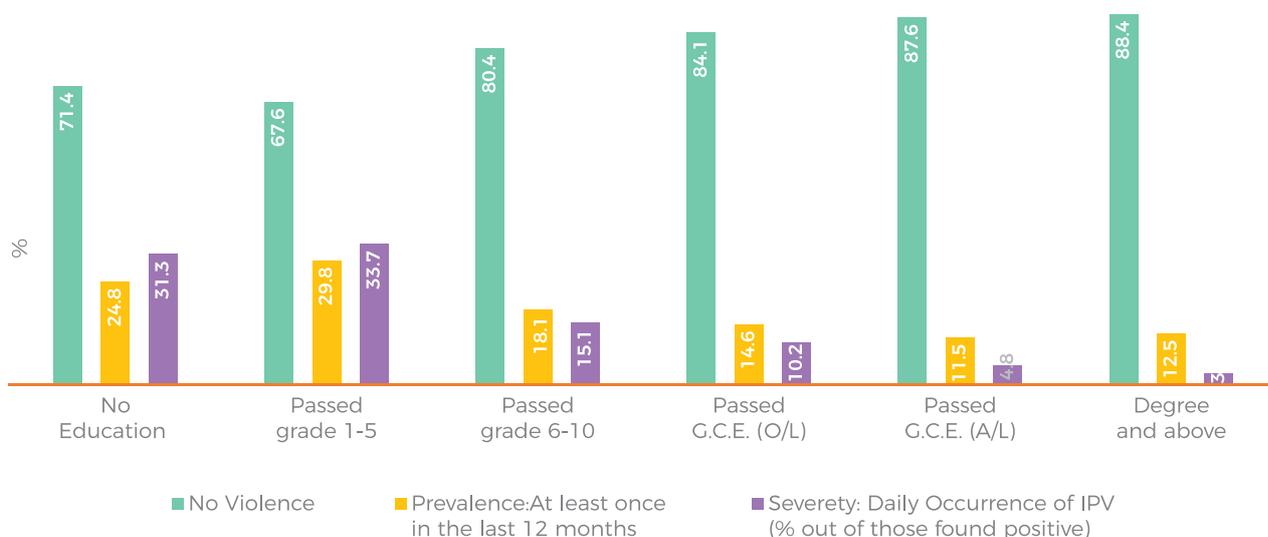
38 Neloufer de Mel, Pradeep Peiris, Shymala Gomez Broadening gender: Why masculinities matter Published by CARE and Partners for prevention

39 Jeniffer Perera, SD Abeynayake and DP Galabada :Gender based harassment among medical students Presented at the Proceedings of the 10th National Convention on Women's Studies, 2nd - 6th April Quoted in Preventing Sexual and Gender-based Violence (SGBV) - Strategies for Universities

Moreover, the prevalence i.e. at least one act of violence over the last 12 months goes down with the level of education. 24.8% with no education to 12.5% with university education. When we consider women who are violated daily the protective effect of education of the woman is more significant: 27.1% with no education to 6.0% with university education.⁴⁰ The analysis did

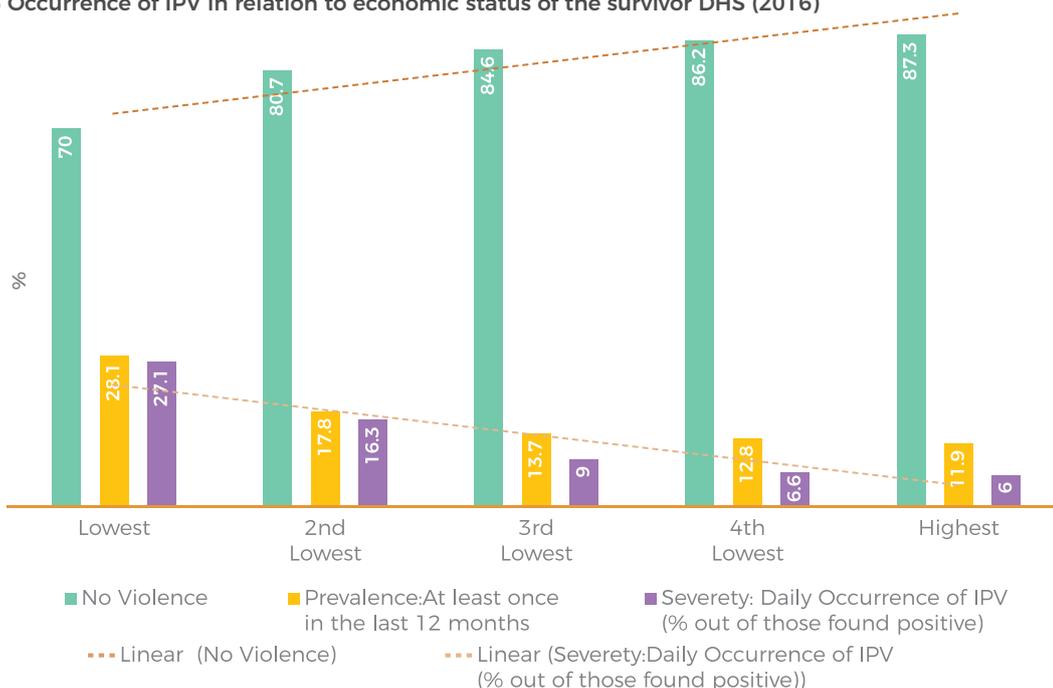
not identify the specific job they were doing and their contribution to the household income level which may be more conclusive on the co-relation between education / income earning and VAW.

Figure 3.5 Occurrence of IPV in relation to educational status DHS (2016)



Similar effect seems to be seen with the economic status of women.

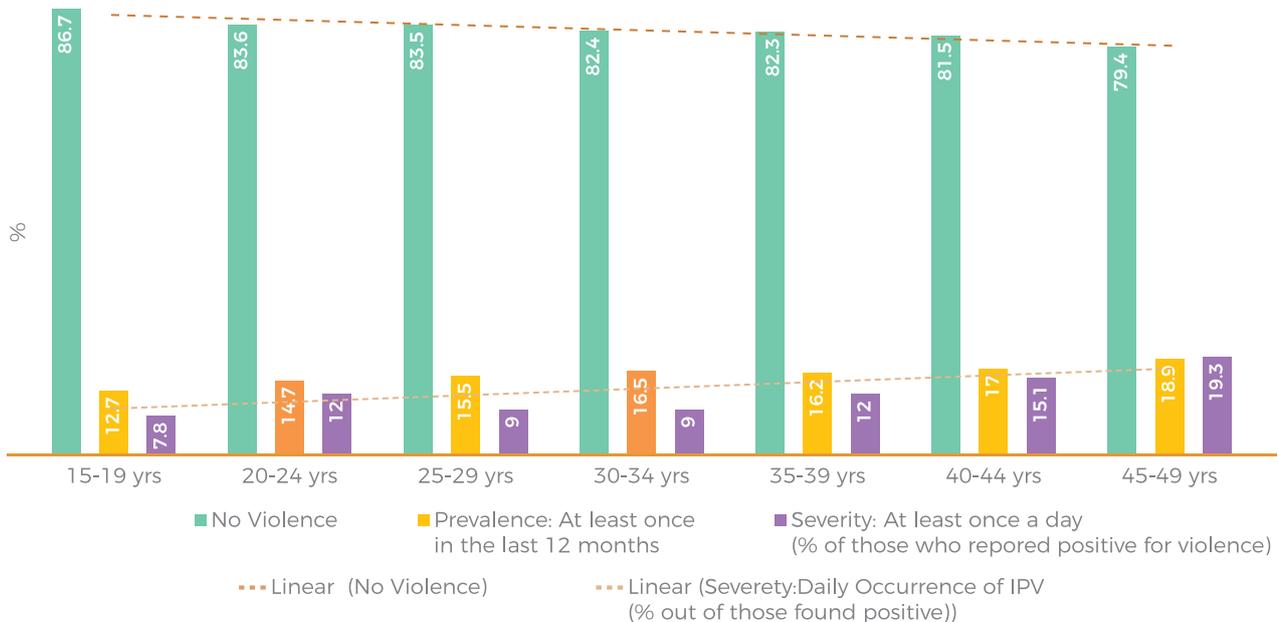
Figure 3.6 Occurrence of IPV in relation to economic status of the survivor DHS (2016)



40 Demographic and Health Survey Sri Lanka (2016) Department of Census and Statistics, Ministry of Policy Implementation and Planning and Ministry of Health, Nutrition and Indigenous Medicine. ISBN 978-955-702-053-2

Empowerment of women both in education and economic status seems to provide a protective factor in Sri Lankan women

Figure 3.7 Prevalence and severity of violence in relation to the age of the survivor SLDHS (2016)



Domestic violence is seen cutting across all ages of married women with only a marginal increase with age but peaking among 45-50 years old women. The significance is more visible when considering the “violated daily” group, with a sharp increase from 40 years onwards.⁴¹

The significance of domestic violence in the “later life” (older women) needs to be emphasized as the accentuating factors may be different from other age groups, and needs to be studied in depth and interventions tailored to these women to prevent domestic abuse which hurts factors at any age, and specially so in later life.

3.3. CHILDHOOD EXPERIENCE OF VIOLENCE OF THE PERPETRATOR AS A RISK FACTOR

The UN Study on Intimate Partner Violence looked at childhood experiences of men as a risk factor in perpetrating violence in countries including Sri Lanka.

- Of the men who **had experienced emotional violence in childhood**, 66.5% of them admitted to perpetrating physical,

⁴¹ Demographic and Health Survey Sri Lanka (2016) Department of Census and Statistics, Ministry of Policy Implementation and Planning and Ministry of Health, Nutrition and Indigenous Medicine. ISBN 978-955-702-053-2

64.7% to sexual, 70.1%, to emotional violence respectively, in later life whereas only 42% said that they had not perpetrated any violence.⁴²

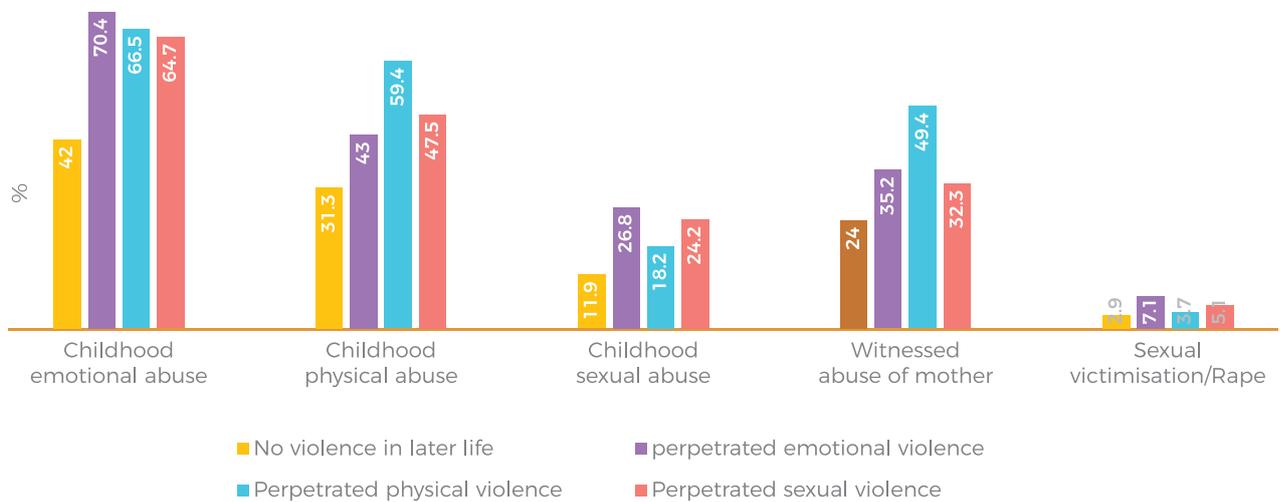
- Of the men who **had experienced physical violence in childhood**, 59.4% of them admitted to perpetrating physical, 47.5% to sexual, 43.5%, to emotional violence respectively, in later life whereas only 31.3% said that they had not perpetrated any violence.
- Of the men who **had witnessed abuse of the mother in childhood**, 24% of them admitted to perpetrating physical, 49.4% to sexual, 32.3% to emotional violence respectively, in later life whereas only 24% said that they had not perpetrated any violence.

This shows Adverse Childhood Experiences (ACEs) such as experiencing emotional, physical abuse and witnessing abuse of the mother are significant promoting factors for GBV including intimate partner violence in later life.

3.4. ENGAGING MEN IN PREVENTION PROGRAMMES

Programmes involving men as equal partners in reducing IPV use a combination of cognitive-behavioral, psycho-therapeutic, and gender-based or feminist approaches. Almost all programmes are embedded in a gender based approach which questions the power dynamics between men and women.⁴⁴ The programmes

Figure 3.8 Relationship between experiencing childhood violence and perpetrating violence in later life⁴³



42 Emma Fulu, Rachel Jewkes, Tim Roselli, Claudia Garcia-Moreno, Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific; Lancet Glob Health 2013; 1: e187-207 file:///C:/Users/USER/Downloads/UN_Multi-Country_Cross_Sequential_Study_on_Men_and_.pdf

43 Emma Fulu, Rachel Jewkes, Tim Roselli, Claudia Garcia-Moreno, Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific; Lancet Glob Health 2013; 1: e187-207 file:///C:/Users/USER/Downloads/UN_Multi-Country_Cross_Sequential_Study_on_Men_and_.pdf

44 Taylor, A., & Barker, G. (2013) 'Programs for men who have used violence against women: Recommendations for action and caution'. <https://promundoglobal.org/wp-content/uploads/2014/12/Programs-for-Men-who-Have-Used-Violence-Against-Women.pdf>

that seek to raise awareness through advocacy efforts in isolation, may not be very effective in changing social norms, but certainly can generate a dialogue. One exception is Oxfam's "We Can Campaign" covering 21 sites over 6 countries (Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka) has shown that pairing communication strategies with local change agents may be responsible for reducing acceptance of violence in the communities thereby reducing IPV. We Can Campaign's evaluations have found that more than 3.9million "change makers" have been recruited across all 6 countries and some of them in Sri Lanka.⁴⁵

3.5. MEDIA AS FACTOR INFLUENCING SGBV

The role of media as a protective or aggravating factor had been iterated in many documents.⁴⁶ Research on this area of impact of media is scarce.

Recent report analysed the coverage of unnatural deaths including murder, rape and other causes. Reportage (media coverage) of 133 unnatural deaths of women and girls including homicides and suicides (one third of unnatural deaths of women were due to IPV) in Sri Lankan newspapers was looked at in detail (2018) and found that "While newspaper coverage in all three languages are problematic, very often reportage of unnatural deaths in the Sinhala newspapers do not conform to ethical guidelines or accepted ethical standards of reportage. Almost all news items in both Sinhala and Tamil newspapers identify victims by their names and addresses, exposing them and their families to visibility and speculation not only within their own neighbourhoods, but throughout the nation, notwithstanding the trauma that they would have undergone".

The study also found that "A majority of articles in Sinhala newspapers referred to women according to their gender roles (as mothers, wives, daughters, grandmothers, 'illegal wives' etc.). At times, the victims were sexualized through both language and graphics".⁴⁷

3.6. SOCIETAL ATTITUDES THAT LEAD TO SGBV

Societal attitudes often show contradiction. The society while sympathizing with the survivors for the suffering women undergo on the other hand justifies and condones the violence virtually propagating the harmful practice. Gender attitudes and gender socialization that each and every one is exposed to in any society provide a very favourable ground to, perpetrate GBV. "Family Violence causes are deeply embedded in community attitudes about gender, and about what is and what is not legitimate and appropriate between intimate partners and within families".⁴⁸

45 Taveeshi Gupta and Fiona Samuels Literature review of male perpetrators of intimate partner violence in South Asia (Including Sri Lanka) Published by Overseas Development Institute, 203 Blackfriars Road London SE1 8NJ : <https://www.odi.org/sites/odi.org.uk/files/resource-documents/11491.pdf>

46 Report Of The Leader Of The Opposition's Commission On The Prevention Of Violence Against Women and The Girl Child Sri Lanka (2014) page 45 http://www.gbvforum.lk/r-library/sites/default/files/REPORT%20OF%20THE%20OPPOSITION%20LEADER%20ON%20VAW_G.pdf

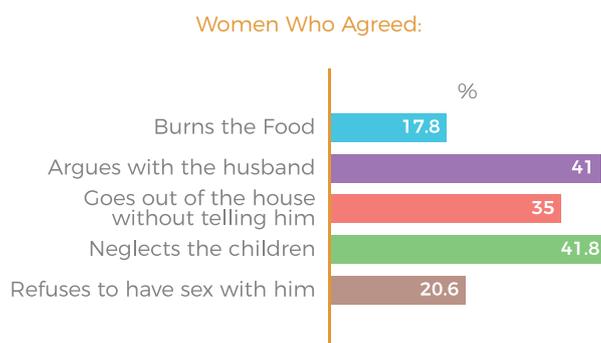
47 Anuruddhi Edirisinghe, Maithree Wicramasinghe, Indira Kitulwatte, Anusha Edirisinghe, Udara Senarathne, Handun Wijewardena, A Patheswaran, P. Parantharan, Annista Wijenayake, Nirmala Perera, Asvini Fernando, Dilini Chamali Walisundara. Reportage of Unnatural deaths of women and girls in Sri Lankan newspapers. Population Matters Policy issue 07, United Nations Population Fund, Sri Lanka February 2018 <https://srilanka.unfpa.org/en/publications/policy-brief-7-reportage-unnatural-deaths-women-and-girls-sri-lanka>

48 Marcia Neave r opening statement at the public hearings of Victoria's Royal Commission into Family Violence.

One of the early studies (2011) addressing this issue, using representative sample of 624 wives between 15 and 49 years of age using multivariate logistic regression analysis, examined the association between wives' attitudes toward gender roles and IPV. The results of the study suggested that wives were less likely to experience current abuse by husbands if they believed that “outsiders should not intervene to protect abused wives”. They were more likely to experience current isolated psychological abuse by husbands if they did not believe that “a good wife always obeys her husband”. , which suggests that in the Sri Lankan context, the wives who respect cultural norms tend to experience less IPV by husbands.⁴⁹

The SLDHS (2006-07) for the first time introduced a module focused on women's attitudes towards “wife beating” as a pioneering initiative towards addressing the subject of violence against women. The women were asked whether they thought that a husband is justified in beating his wife in each of five scenarios: “if she burns the food”, “argues with him”, “goes out of the house without telling him”, “neglects the children”, and “refuses sexual relations with him”.⁵⁰

Figure 3.9 Reasons for which women believe that “wife beating” is justified (DHS 2006-07)



Surprisingly, 53.2% agreed with one of the five reasons as justifiable to “beat his wife”. There was marked variation between the districts: the lowest (10.9%) being Trincomalee and the highest (88.7%) being Matale. It is noteworthy that

the three districts scored more than 75% of women as agreed were: Kandy (75.5%), Batticaloa (75.5%), Ampara (76.1%).

There were some differences between women belonging to different social strata: Wealth quintiles (lowest (57.3%) to highest (42.9%), Education (lowest (57.8%) to Highest (42.7%), Employment (Not employed (53.4%) to Employed (53.4%), Age group 15-19 years (54.4%) to 45-49 years (51.4%) and Residence Rural (54.5% to Urban 46.8%).⁵¹

A postal survey (2016) was conducted of 526 full-time registered General Practitioners in Sri Lanka using an anonymous self-administered structured questionnaire. Majority of the GPs in the selected districts was male (70.5%) and had qualified at least 10 years earlier (84.4%).

87% of the GPs believed that women’s behaviour provoked GBV, while 74.8% believed that provocative dress is a reason for rape. However, 76.2% of them agreed that if asked in a gender sensitive manner, survivors will disclose GBV to GPs.⁵²

49 Jayatilleke A, Poudel KC, Sakisaka K, Yasuoka J, Jayatilleke AU, Jimba M Wives' attitudes toward gender roles and their experience of intimate partner violence by husbands in Central Province, Sri Lanka : Journal of Interpersonal Violence. 2011 Feb;26(3):414-32 <https://www.ncbi.nlm.nih.gov/pubmed/20448234>

50 Demographic and Health survey 2006-07 Sri Lanka (2009) Department of Census and Statistics. <http://www.statistics.gov.lk/social/DHS%20200607%20FinalReport.pdf>

51 Demographic and Health survey 2006-07 Sri Lanka (2009) Department of Census and Statistics. <http://www.statistics.gov.lk/social/DHS%20200607%20FinalReport.pdf>

52 Jayatilleke AC, Senanayake L, Tissera S, Gamage D, Weerakkodi T. General practitioners' knowledge and attitudes on gender-based violence: a cross sectional study. In Proceedings of the Safety 2016 World Conference, Tampere, Finland, 17-21 September 2016. https://injuryprevention.bmj.com/content/22/Suppl_2/A157.2

Gender attitudes were looked at in detail in the study on masculinities done by CARE where 26% of men and 38% of women agreed that “there are times or apt circumstances under which it is all right to beat a woman,” while 41% of men and 58% of women stated that ‘a woman should tolerate violence to keep the family together.’ Further, 78% of men and 87% of women declared that ‘women should obey their husbands,’ while 40% of men and 43% of women noted that ‘males should have the final say in family matters.’⁵³ These findings broadly reinforce the findings of the SLDHS (2016).

The same study looked at the levels of empathy, tested as: concern for others less fortunate, protectiveness toward others, sensitivity to life around them and soft-heartedness and revealed that men who have higher levels of empathy are less likely to perpetrate violence against an intimate partner. 40% of those who had the lowest empathy were found to have perpetrated sexual violence while only 27% of those who were at the highest level of the empathy were perpetrators pointing to the fact that high empathy is a protective factor against intimate partner violence in Sri Lanka.

Men’s experiences of trauma as children play a strong role in the inter-generational transmission of violence. Research demonstrates a strong link between the violence young people are exposed to at home, either as witnesses or survivors, and their resulting negative behaviour later in life, such as dating violence during adolescence or intimate partner violence as adults.⁵⁴ The CARE study found that men who have experienced physical, sexual or emotional violence as children are 1.7 to 2 times more likely to perpetrate violence against intimate partners than men who have not experienced such abuse as children. For example, 41% of the men who had been beaten as a child perpetrated IPV themselves in adulthood compared to only 19% of men who had perpetrated IPV but had not been beaten as a child.

3.7. HELP SEEKING BEHAVIOUR

Knowledge on help seeking or reporting (formal or informal) behaviour of survivors of GBV is an area which is crucial towards planning effective strategies to address GBV. A global study pooling data from Demographic and Health Surveys of 24 countries covering 284,251 women found that while nearly 40% of women disclosed violence to “someone” only 7% (2%-14%) did seek help /reported to a formal source. Formerly married and never married status, urban residence, and increasing age were characteristics associated with increased likelihood of formal reporting.⁵⁵

Sri Lankan study conducted among General Practitioners in three Districts (Anuradhapura, Puttlem and Kurunagala) found that majority (95.9%), GPs felt that GBV survivors rarely complain about GBV while 62.6% believed that GPs should not involve in assisting survivors unless they are requested to do so

53 Neloufer de Mel, Pradeep Peiris, Shymala Gomez Broadening gender: Why masculinities matter Published by CARE and Partners for prevention

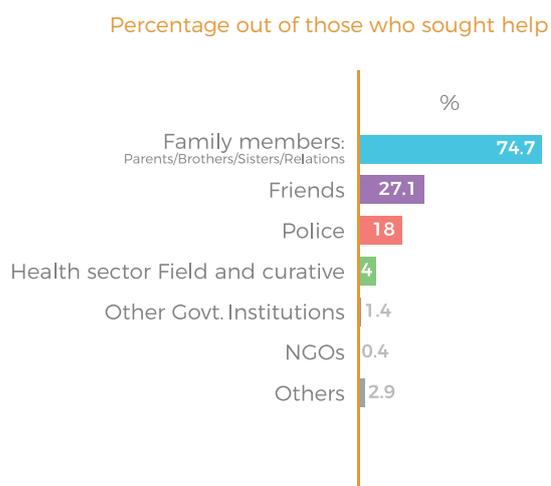
54 Perison,Stephanie GMargret E Addressing the intergenerational transmission of gender-based violence: Focus on educational settings UNESCO 2014 <https://hivhealthclearinghouse.unesco.org/library/documents/addressing-intergenerational-transmission-gender-based-violence-focus-educational>

55 Tia Palermo Jennifer Bleck Amber Peterman :Tip of the Iceberg: Reporting and Gender based Violence in developing countries American Journal of Epidemiology. Volume 179, Issue 5, 1 March 2014, Pages 602-612, <https://doi.org/10.1093/aje/kwt295>

because it is a private matter. The gender attitudes of the GPs regarding assisting survivors reflect the gender attitudes of the general population, (which include survivors) and appears to negatively affect help seeking behaviour of Sri Lankan women.⁵⁶

Demographic and Health Survey (2016) explored this area and found that the ever-married women who divulged violence from their intimate partner, less than one third (28%) of them asked for help and 72% did not. Those who sought help appear to have accessed multiple sources. Of those who decided to seek help, majority (75%) did so from family members (“Parents/brothers/sisters/relatives”), less than one third (27%) went to “friends/neighbours” and less than one fifth (18%) went to “Police”.⁵⁷

Figure 3.10 Sources accessed by survivors SLDHS (2016)



The help seeking behaviour was looked at from the age of the survivor and is given in the Chart of the younger group (19-25yrs.) most (90%) sought help from parents and family members with the percentage gradually declining to a lesser number (71%) in the older age group (45-49 years).

Many factors are responsible for this trend and one possibility is that, with maturity and longer relationship, survivors realize the helplessness of parents to solve this problem.

Opposing trends were seen when looking at the survivors seeking help from the Police.

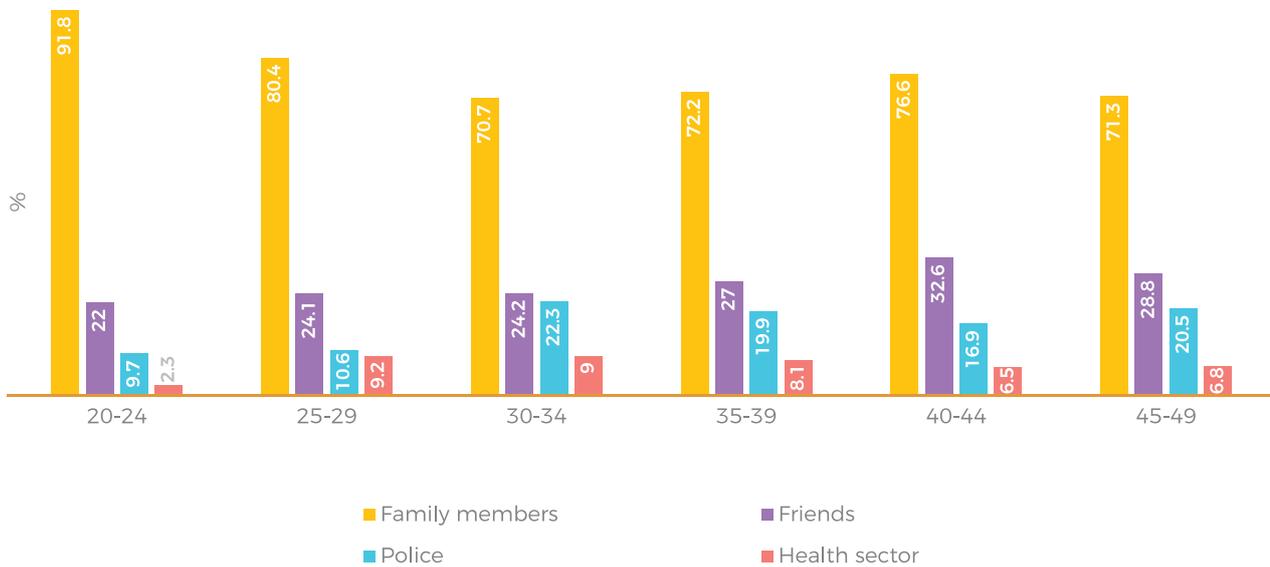
Of the younger group (19-25yrs.) only 9.7% sought help from Police with the percentage gradually increasing to a higher number (20.5%) in the older age group (45-49 years).⁵⁸ Possible explanation of this trend could be the increasing severity of the violence and the realization of safety issues for herself or the children as the women grow older.

56 Jayatilleke AC, Senanayake L, Tissera S, Gamage D, Weerakkodi T. General practitioners' knowledge and attitudes on gender-based violence: a cross sectional study. In Proceedings of the Safety 2016 World Conference, Tampere, Finland, 17-21 September 2016. https://injuryprevention.bmj.com/content/22/Suppl_2/A157.2

57 Demographic and Health Survey Sri Lanka (2016) Department of Census and Statistics, Ministry of Policy implementation and Planning and Ministry of Health, Nutrition and Indigenous Medicine. ISBN 978-955-702-053-2

58 Demographic and Health Survey Sri Lanka (2016) Department of Census and Statistics, Ministry of Policy implementation and Planning and Ministry of Health, Nutrition and Indigenous Medicine. ISBN 978-955-702-053-2

Figure 3.11 Sources accessed according to the age of survivors SL DHS (2016)



When the help seeking behaviour is looked at from a demographic point of view the help seeking pattern of the estate sector stands distinct with less women relying on the family (52.8%) but seeking help from police (24.6%) and health sector (18.9%). Compared to the urban sector with women relying on Family (80.5%), Police (12.1%) and health sector (5.1%). This difference may be due to the severity of the violence or on the other hand due to easy access and receptiveness to health or police personnel.

When the percentage of women who accessed Police is considered, it is seen as inversely proportional to their education level and the wealth status as seen in the Figure 3.13. This coincides with the previous finding of less percentage of severely abused (Daily violated) in these groups and possibly related to other complex reasons such as their reluctance to access Police in order to preserve their social status, avoid stigma attached to such actions as well as the inability to ensure confidentiality within the existing redress mechanism.

Figure 3.12 Sources to which survivors of IPV divulged violence DHS (2016)

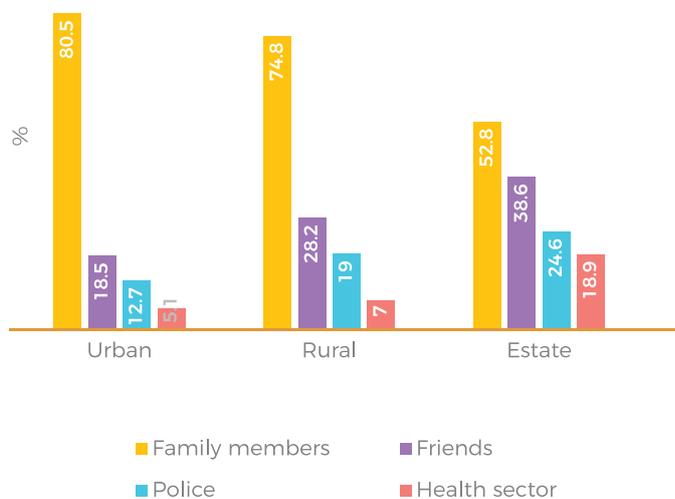


Figure 3.13 % of survivors who accessed Police according to education level SLDHS (2016)

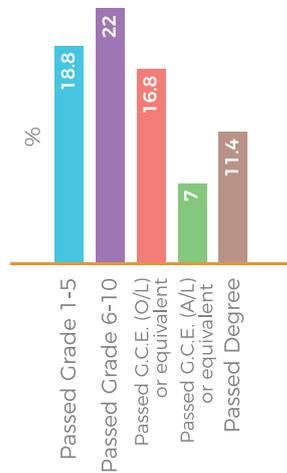
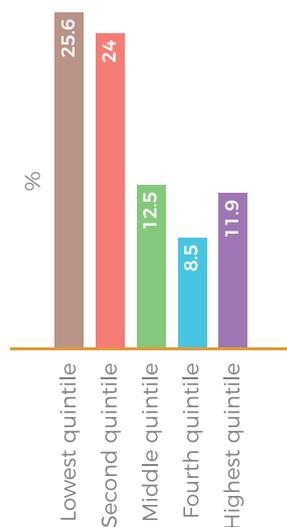


Figure 3.14 % of survivors who accessed Police according to their wealth (2016)



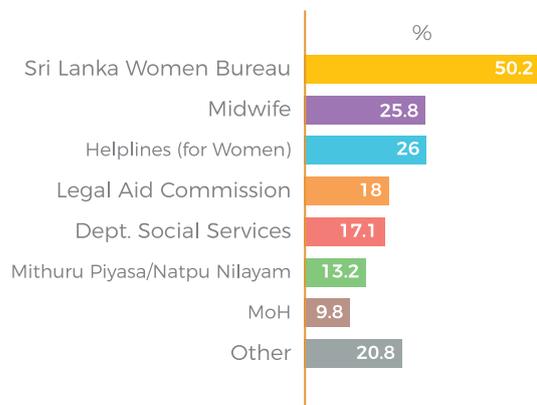
The participants of the Demographic and Health Survey 2016 i.e. all ever-married women (Both who did and did not experience violence) were inquired whether they knew about the organizations which provide services to survivors of SGBV.

Nearly half of survivors (50.2%) knew about the Sri Lanka Women's Bureau, one fourth of them were aware of PHM (25.2%) and Hotlines (26%). Legal Aid Commission (18%), Dept. of Social services (17.5%), Mithuru Piyasa/Natpu Nilayam (13.2%) the GBV service point of hospitals were mentioned by women.

There were regional differences in the visibility of individual service agencies such as : "Sri Lanka Women's Bureau" in Matara (72%), "help lines" in Anuradhapura (61%), "Midwife" in Kegalle (50%), "Legal Aid Commission" in Anuradhapura (53%), "Department of Social Services" in Vavuniya (48%), "Mithuru Piyasa/ Natpu Nilayam" in Galle (25%). This difference is possibly related to the local activity level of the agency and the ensuing visibility levels within the respective districts.

There seems to be a contradiction between the percentage of survivors who accessed some service point (28%) and the awareness of some of the service agencies. The important suggestion that stems from this finding is that accessing services by survivors is determined by factors beyond the simple lack of awareness of the sources of assistance. Therefore, in order to improve access to services identifying such factors and addressing them is important.

Figure 3.15 % of women who were aware of formal service points for survivors of partner violence SLDHS (2016)



A recent study on pregnant women in Colombo and estate areas found that risk factors for 'Ever abused' women were: living in the tea plantation sector, being employed, living far from gender-based violence care centre and of Muslim ethnicity, education and family income.⁵⁹ Only 38.8% of all participants had been asked by healthcare workers about abuse. Among those who reported 'ever abused', only a small proportion had disclosed the abusive experience to a healthcare professional. Compared with the capital district (13.3%), disclosure was significantly lower among survivors in the tea plantation sector (3.7%). This could also have resulted from the socioeconomic disparities in the two settings: lack of empowerment of the women and the language barriers.

59 Muzrif MM, Perera D, Wijewardena K, Schei B, Swahnberg K Domestic violence: a cross-sectional study among pregnant women in different regions of Sri Lanka. : BMJ Open. 2018 Feb 20;8(2):e017745. doi: 10.1136/bmjopen-2017-017745 <https://www.ncbi.nlm.nih.gov/pubmed/29463585>

04

MULTIPLE DIMENSIONS

OF SGBV

GBV is known to be a major health problem and globally a body of evidence documents the often severe and long lasting impact of GBV on human health including, but not limited to: (i) fatal outcomes; (ii) acute and chronic physical injuries and disabilities, (iii) serious mental health problems and behavioural deviations increasing the risk of subsequent victimization and (iii) gynaecological disorders, unwanted pregnancies, obstetric complications and HIV/AIDS.⁶⁰

Although some of the research on GBV had been conducted in health settings most had focused on prevalence and health impacts had been only marginally addressed.

4.1. PHYSICAL INJURIES

A community based study of 750 ever-married women (2007) in the 18-49 years age in the western province found that only 15% of the abused recorded as physically injured 74% of those injured had visited health care institutions. In addition, a large percentage (41%) of severely abused women reported poor general health and showed more symptoms of emotional distress. The abused were more likely to have suicidal thoughts and attempts at suicides.⁶¹

A study (2007) on the effects of exposure to Family Violence, War and Tsunami among school children (n. 286) found that almost all children (95.6%) reported at least one family violence event with 64.2% of the cases violence in the family was ongoing. 18% of children had suffered at least one injury because of the violent treatment at home, and 10% of them needed medical treatment on at least one of those occasions.⁶²

4.2. HOMICIDES AND SUICIDES

Subsequent study of 729 unnatural deaths of women in five provinces in Sri Lanka including those due to homicides, suicides or accidents found that 234, 253 and 248 deaths were due to homicides (32.1%), suicides (34.7%) and accidents (34%) respectively.⁶³

Analysis of the 243 homicides and 252 suicides from five provinces revealed that 56% of the victims were either married or living together with a partner and 39% of homicides and 35% of suicides were due to IPV. 14% of Homicides and 29% of suicides were due to family disputes and the authors commented that for 3 out of every 5 of these deaths the underlying reason was the inability to solve relationship issues/ disputes. Further to this, in 36% of homicides alleged perpetrator was the legal husband/lover/ex-lover while in 21% a blood relative.

60 Gender-Based Violence, Health and the role of the Health Sector at a glance. World Bank Publication <http://siteresources.worldbank.org/INTPHAAG/Resources/AACGBVHealth.pdf>

61 Jayasuriya, M.V.F The prevalence and factors associated with intimate partner violence against women in the Western Province PCIM, MD Community medicine 2007 (D1768)

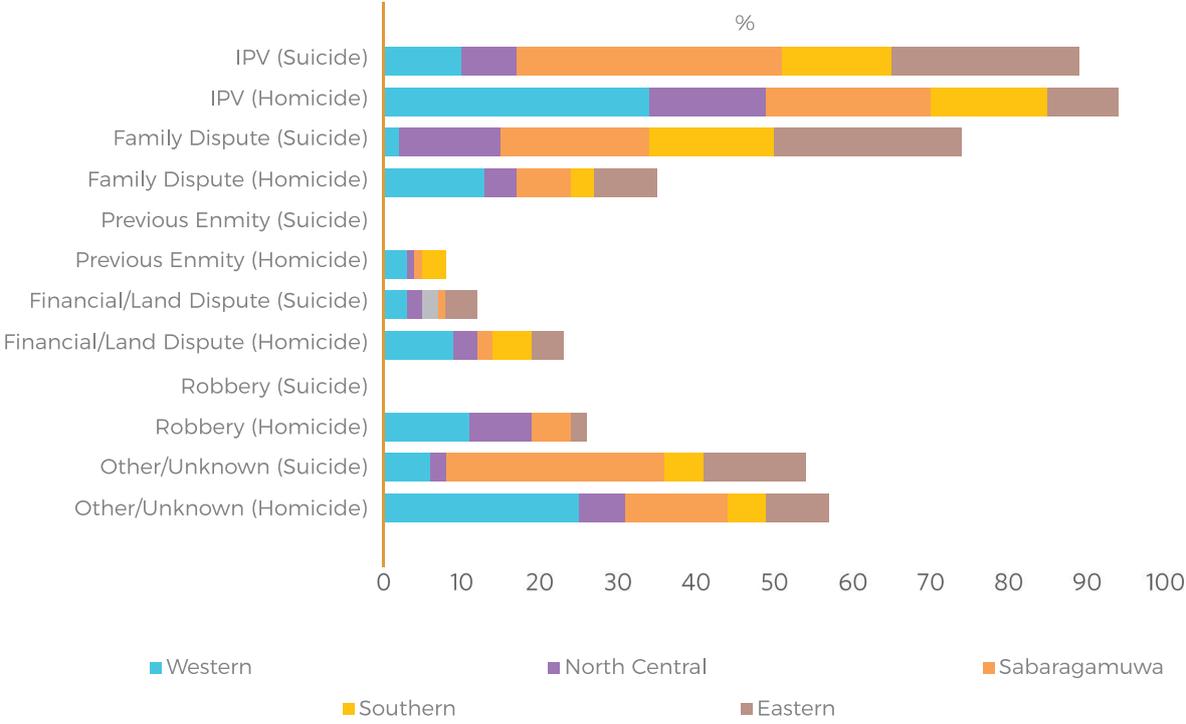
62 Catani, C., N. Jacob, E. Schauer, M. Kohila, and F. Neuner. 2007. "Family Violence, War, and Natural Disasters: A Study of the Effect of Extreme Stress on Children's Mental Health in Sri Lanka". *BMC Psychiatry* 8: 33. <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-8-33>

63 Padmini Subramaniam and Sivagurunathan Sivayogan: The prevalence and pattern of wife beating in the trincomalee district in eastern sri lanka. *Southeast Asian J Trop Med Public Health*, Vol 32 No. 1 March 2001 http://www.tm.mahidol.ac.th/seameo/2001/32_1/31-2667.pdf

8% (n. 20) of the deceased women had reported IPV to law enforcement agencies at least once while (3%) (n. 6) had reported more than 3 times.

One out of every three homicidal deaths due to family disputes involved killing of the mother-in-law while matricide accounted to another 1/3. Infanticides accounted to 10% of homicides. 37 victims were raped and murdered including 04 children in the sample of 243 homicides.⁶⁴

Figure 3.16 Underlying reasons identified for deaths due to suicides and homicides⁶⁵



64 Anuruddhi Edirisinghe, Maithree Wicramasinghe, Indira Kitulwatte, Anusha Edirisinghe, Udara Senarathne, Handun Wijewardena, A Patheswaran, P. Paranitharan, Annista Wijenayake, Nirmala Perera, Asvini Fernando, Dilini Chamali Walisundara. Unnatural deaths of women and girls in Sri Lanka (Prevention and Justice) Population Matters Policy issue 06. UNFPA, Sri Lanka, 2018 <https://srilanka.unfpa.org/en/publications/policy-brief-6-unnatural-deaths-women-and-girls-sri-lanka-prevention-and-justice>

65 Anuruddhi Edirisinghe, Maithree Wicramasinghe, Indira Kitulwatte, Anusha Edirisinghe, Udara Senarathne, Handun Wijewardena, A Patheswaran, P. Paranitharan, Annista Wijenayake, Nirmala Perera, Asvini Fernando, Dilini Chamali Walisundara. Unnatural deaths of women and girls in Sri Lanka (Prevention and Justice) Population Matters Policy issue 06. UNFPA, Sri Lanka, 2018 <https://srilanka.unfpa.org/en/publications/policy-brief-6-unnatural-deaths-women-and-girls-sri-lanka-prevention-and-justice>

4.3.

PSYCHOLOGICAL IMPACT

According to a study (2007) on the effects of exposure to Family Violence, War and Tsunami among school children 55.4% of the Sri Lankan sample reported having witnessed other family members being hit, while 4.3% of children reported having experienced or witnessed at least one incident of sexual abuse or sexual violence at home. The analysis of all children (violence, war and tsunami) found that 19.6% met the criteria for a diagnosis of Major Depressive Disorder based on DSM-IV criteria and 22.6% of the children reported past periods of suicidality and 17.2% of the sample was diagnosed with current suicidal ideation.⁶⁶

4.4.

GBV AND PREGNANCY

A study of a cohort of pregnant women in the district of Badulla with the objective of developing and validating a screening instrument for use in the antenatal clinics to describe the extent, severity and psychosocial impacts of abuse within marriage. This study apart from validating the screening instrument concluded that physical abuse is a profound public health as well as a social problem and recommended that women be sensitized and screened for physical abuse in the antenatal clinics by trained public health midwives.⁶⁷

Recently the subject of IPV in pregnancy was discussed in a review of selected literature with the intention of raising awareness among the specialist's obstetricians. The article highlighted the need of further research and recommended screening of antenatal mother for IPV.⁶⁸

A study referred to earlier among pregnant mothers in the Capital district and the Plantation sector looked at 2088 mothers and found a distinct difference in prevalence ("ever abused" 31.5% to 50.8% respectively, and "currently abused" 10% to 25.8% respectively). Thus pregnant women in the Plantation sector are more vulnerable to IPV and the care providers need to be vigilant.⁶⁹

Assessment of Health sector response to GBV in the Asia Pacific Region (2005) looked at the health sector response made in Sri Lanka in detail and found that Sri Lanka had made a considerably good response at the time which identified GBV care centres: Mithuru Piyasa/Natpu Nilayam as a good practice though there were only 08 centres at the time. Currently there are 64 functioning centres spread throughout the country.⁷⁰

Although health sector in Sri Lanka has been addressing SGBV in a formal manner for more than 15 years there is not much

66 Catani, C., N. Jacob, E. Schauer, M. Kohila, and F. Neuner. 2007. "Family Violence, War, and Natural Disasters: A Study of the Effect of Extreme Stress on Children's Mental Health in Sri Lanka". *BMC Psychiatry* 8: 33. <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-8-33>

67 Moonasinghe LN The prevalence and correlates of physical abuse within marriage in a cohort of pregnant women in the Badulla district MD Thesis in Community Medicine PGIM Libreray

68 Lakshmen Senanayake Domestic violence: an emerging concern in maternity care Sri Lanka Journal of Obstetrics and Gynaecology 2011; 33: 142-149 [file:///C:/Users/USER/Downloads/4801-17017-1-PB%20\(1\).pdf](file:///C:/Users/USER/Downloads/4801-17017-1-PB%20(1).pdf)

69 Muzrif MM, Perera D, Wijewardena K, Schei B, Swahnberg K Domestic violence: a cross-sectional study among pregnant women in different regions of Sri Lanka. : *BMJ Open*. 2018 Feb 20;8(2):e017745. doi: 10.1136/bmjopen-2017-017745 <https://www.ncbi.nlm.nih.gov/pubmed/29463585> .

70 Health Sector Response to Gender-based Violence An assessment of the Asia Pacific Region published by UNFPA Asia and the Pacific Regional Office. United Nations Building Rajdamnern Nok Avenue Bangkok 10200, Thailand. 2010 <http://www.asiapacific.unfpa.org/sites/default/files/pub-pdf/Assessment.pdf>

written on this topic in published or grey literature. However in 2015 a review of literature and key informant interviews commented that the health-sector response to IPV in Sri Lanka is evolving, and consists of two models of service provision: (i) gender based violence desks, which integrate selective services at the provider/facility level; and (ii) Mithuru Piyasa (Friendly Abode) service points, which integrate comprehensive services at the provider/facility level and some at the system level. This paper presents each model's strengths and limitations in providing comprehensive and integrated health services for women who experience IPV in the Sri Lankan context.⁷¹

A study in 2015 among the grass root care providers: PHMs in 31 estates in Badulla districts who provided services to pregnant women suffering with domestic violence proposed a modified livelihoods model to conceptualize the physical, social and symbolic assets, and strategies and constraints that simultaneously enable and limit the effectiveness of community-based health care responses to domestic violence.⁷²

The critical role played by the forensic pathologists and Judicial Medical officers had been elaborated in many documents. This is a well-established and a well-respected profession.⁷³

4.5. MIGRATION AND GBV

Violence against migrant women can occur in the origin country, in transit, in the destination country, or even when returning home, and can include emotional, psychological, physical, and sexual violence and economic abuse.⁷⁴ Although there is much anecdotal and media coverage on such incidents of GBV there is a dearth of published literature on the subject particularly in the area of migration for employment.

A qualitative descriptive study in 2004 and 2005, among Sri Lankan Tamil immigrants living in Canada conducted individual interviews with community leaders (n = 16), four focus group discussions with women and four with men from the general community (n = 41), and individual interviews with women who had experienced intimate male partner violence (n = 6). Participants' conceptualization of the perpetration of intimate male partner violence in the post migration context involved (a) experiences of violence in the pre migration context and during border crossing; (b) gender inequity in the marital institution; (c) changes in social networks and supports; and (d) changes in socioeconomic status and privilege. Authors concluded that Increasing immigration requires that nurses pay attention to and respond appropriately to women's unique needs, based on complex and interrelated factors that produce intimate male partner violence in the post migration context.⁷⁵

71 Curuge S, Jayasuriya-Illesinghe V, Gunawardena N A review of the Sri Lankan health-sector response to intimate partner violence: looking back, moving forward. WHO South East Asia J Public Health. 2015 Jan-Jun;4(1):6-11 : <https://www.ncbi.nlm.nih.gov/pubmed/28607269>

72 Infanti JJ1, Lund R2, Muzrif MM3, Schei B4, Wijewardena K5: Soc Sci Med. 2015 Nov;145:35-43. doi: 10.1016/j.socscimed.2015.09.037. Epub 2015 Oct 5. <https://www.ncbi.nlm.nih.gov/pubmed/26448163>

73 Vidanapathirana M Gender Based Violence and the Forensic Medical Practitioner Medico-Legal Journal of Sri Lanka Vol. 3, No2, December 2015 <https://mlj.sljol.info/articles/10.4038/mlj.v3i2.7323/gallery/5665/download/>

74 UN General Assembly (United Nations General Assembly). 2013. Violence against Women Migrant Workers. Report of the Secretary-General UN General Assembly

75 Curuge S, Khanlou N, Gastaldo D : Intimate male partner violence in the migration process: intersections of gender, race and class. Journal of Advanced Nursing. 2010 Jan; 66(1):103-13. <https://www.ncbi.nlm.nih.gov/pubmed/20423438>

Another publication among women who came to Canada from Iran and Sri Lanka found that Sri Lankan Tamil groups reported psychological abuse most often, followed by physical and sexual abuse, during the past 12 months. The most commonly reported types of abuse were insulting, criticizing, and intimidation by partner (psychological abuse), slapping, hitting, and shoving (physical abuse), and forced sexual intercourse and being forced to partake in sexually degrading acts (sexual abuse). It was noted that despite the role of stigma and other barriers, considerable rates of IPV was found, particularly during the most recent phases of their migration history.⁷⁶

4.6. SGBV AND HUMANITARIAN SETTINGS

Sexual and Gender Based Violence commonly occurs in the wake of a humanitarian emergency. The victims are usually women and adolescents, whose vulnerability is increased in a crisis situation. When undertaking certain roles in order to adjust to the crisis situation they are put at great risk of exploitation and abuse. Breakdown in law and order, being separated from families and communities, lack of access to services creates an atmosphere for perpetrators to often abuse with impunity.

Link between GBV and conflict have been discussed in the literature as to whether interpersonal GBV (e.g. household violence, rape) leads to, or is an indicator of, outbreaks of conflict; or whether outbreaks of conflict lead to increased GBV. There is a small body of literature that generally suggests a correlation, rather than causation.⁷⁷

The long-drawn conflict in the North and East has accentuated the vulnerability of women to violence,

especially to domestic violence. Domestic violence among families living in camps is believed to be particularly high. Physical circumstances, such as cramped living spaces, limited toilets, the presence of strangers, and no or little security also render women vulnerable to violence.⁷⁸

In 2004, the Centre for Women's Research carried out a study on Sexual and Gender-based Violence in the country, surveying 12 locations, all areas either directly affected by the armed conflict or immediately surrounding them, analysing data from hospital records, police stations and welfare centres. This study pointed out the disparity in the documentation and recording process, often making data comparison very difficult commenting: "a relevant authorities either do not have the capacity or the awareness/expertise and resources to collect and maintain the relevant data systematically".⁷⁹

76 Guruge S, Jayasuriya-Illesinghe V, Gunawardena N A review of the Sri Lankan health-sector response to intimate partner violence: looking back, moving forward. WHO South East Asia J Public Health. 2015 Jan-Jun;4(1): 6-11: <https://www.ncbi.nlm.nih.gov/pubmed/28607269>

77 Siân Herbert : Links between gender-based violence and outbreaks of violent conflict GSDRC Help Desk Research Report. <http://gsdrc.org/docs/open/hdq1169.pdf>

78 Anupama Sivenasen Gender Violence as Insecurity: Research Trends in South Asia New Voices Series February 2011 Global Consortium on Security Transformation <http://retro.prajnya.in/anugcst.pdf>

79 Wijayatilaka, K. (2004). Study on Sexual and Gender based Violence in Selected Locations in Sri Lanka. Colombo: Centre for Women's Research (CENWOR). (as given in Gender Violence as Insecurity: Research Trends in South Asia <http://retro.prajnya.in/anugcst.pdf>)

However, the study found that attitudes of both men and women as measured on the Gender Equitable Men (GEM) Scale were of significance. Majority of both men and women in the districts under study believe that masculinity is linked to toughness and violence. In addition female attitudes prevailed at a higher rate, pointing “not only to women’s acceptance of men as the dominant gender but also the suitable sex to mete out force”

A literature search conducted by Refugee Council UK: The Vulnerable Women’s Project set up in 2006⁸⁰ with the support of Comic Relief to offer pragmatic holistic therapy, a mixture of practical support and therapeutic counselling, to refugee and asylum seeking women who have been subjected to sexual violence. Looked at the prevalence of sexual violence and issues of impunity/ access to justice in clients’ home countries (particularly Congo and Sri Lanka), regions of origin as well as in the UK. Of the 158 women supported by the project nearly 50% were from Sri Lanka. The report based on the Human Rights Watch (HRW, 2008) mentions that the inadequacy of proper latrine and washing facilities also increases the danger of sexual and gender-based violence against displaced women in the Vanni, because they are forced to use open-air facilities, often in isolated jungle areas. The report goes on to mention that Women in Sri Lanka have experienced rape, detainment, harassment at checkpoints and other violations of their personal security in the two decades of civil war.

A study in 2008, among 296 Tamil school children in Sri Lanka’s North-Eastern provinces, selected through diagnostic interviews, carried out by trained local Master level counsellors found that 82.4% of the children had experienced at least one war-related event. 95.6% reported at least one aversive experience out of the family violence spectrum. The consequences are reflected in a 30.4% PTSD and a 19.6% Major Depression prevalence. A clear dose-effect relationship between exposure to various stressful experiences and PTSD was found in the examined children.⁸¹

Another study in the Eastern Province conducted an in-depth, qualitative interviews with 15 women who had experienced IPV and 15 service providers who were knowledgeable about IPV. Participants described IPV as a widespread but hidden problem. Women had experienced various forms of abusive and controlling behaviours, some of which reflect the reality of living in the post-war context. The psychological effects of IPV were common but were often attributed to war-related trauma. Some men used violence to control women and to reinstate power when their gender roles were reversed or challenged due to war and post-war changes in livelihoods. While some service providers perceived an increase in awareness about IPV and more services to address it, this was discordant with women’s fears, feelings of oppression, and perception of a lack of redress from IPV within a highly militarized and ethnically polarized society. Most women did not consider leaving an abusive relationship to be an option, due to realistic fears about their vulnerability to community violence,

80 The Vulnerable Women’s Project Refugee and Asylum Seeking Women Affected by Rape or Sexual Violence Refugee Council UK https://www.refugeecouncil.org.uk/assets/0001/7039/RC_VWP-report-web.pdf

81 Catani, C., N. Jacob, E. Schauer, M. Kohila, and F. Neuner Family Violence, War, and Natural Disasters: A Study of the Effect of Extreme Stress on Children’s Mental Health in Sri Lanka *BMC Psychiatry*2008:33 <https://doi.org/10.1186/1471-244X-8-33>

the widespread social norms that would cast them as outsiders, and the limited availability of related services and supports.⁸²

A report on the aftermath of the 2004 Tsunami found that children were disproportionately affected because they are small and are often dependent on adults, and many women died trying to care for their children and other family members. The report goes to mention “In Sri Lanka, the second wave of brutality affecting women is not from a natural source; it is caused from an increase in incidents of rape and domestic violence. It was reported a culture of denial among some camp committees, medical staff, police and religious leaders. The prominent finding of male dominance and its negative implications is one that underscores the importance of the longer-term vision for structural change to address gender inequality in Sri Lanka. In responding to disaster, interventions need to be developed around the existing skills and knowledge of women, who are the time-honoured custodians of community knowledge, social networks and community development. The capacity of women to mobilize people and manage change should not be underestimated. Rather than feeling that their voices cannot be safely heard, opportunities for women to engage in management and decision making related to all levels of crisis response and reconstruction should be offered”.⁸³

A case study on the response to the Tsunami in Philippines and Sri Lanka was done by JICA and the report says that “Disasters are regarded as opportunities for women and other marginalized groups of people to transform their position subordinate to men and the powerful to more equal one. This can be realized only when the government or external organizations intervene in a way by which resources, roles, and power are redistributed equitably among all stakeholders in a community.

It identifies some lapses”. On the other hand, affected women in the tsunami-affected site in Sri Lanka were excluded from camp management in both a tent village and temporary houses, and only male members of the religious committee were involved in camp management. A local NGO, supporting for the temporary houses, did not encourage women to involve in camp management, but dealt only with the male members of the committee”. “In a case of Sri Lanka, on the other hand, no specific intervention was undertaken by the Government or external organizations within their post-disaster recovery and DRR projects while the Ministry of Women and Child Affairs worked on GBV issues in normal times”.⁸⁴ A detailed discourse looking at the impact of notions of gender roles on people’s survival when the tsunami occurred in Sri Lanka was published. It looks at gender in two principal dimensions: firstly, the way gender figured significantly during the actual disaster and in

82 Guruge S; Ford-Gilboe M; Varcoe C; Jayasuriya-Illesinghe V; Ganesan M; Sivayogan S; Kanthasamy P; Shanmugalingam P; Vithanarachchi H : Intimate partner violence in the post-war context: Women’s experiences and community leaders’ perceptions in the Eastern Province of Sri Lanka Public Library of Science; PLoS One 2017; 12(3):e0174801. <https://www.plopline.org/node/668823>

83 Susan Rees, Eileene Pittaway, Linda Bartalomei Waves of Violence - Women in Post-Tsunami Sri Lanka The Australasian Journal of Disaster and Trauma Studies, ISSN: 1174-4707 Volume : 2005-2

84 Yumiko Tanaka, Atsuko Nonoguchi Case Study On The Philippines And Sri Lanka: Transforming Gender Relations In Disaster Risk Reduction (2016) Japan International Cooperation Agency and Georgetown Institute for Women, Peace and Security https://www.jica.go.jp/jica-ri/publication/booksandreports/175nbg00000697z9-att/JICA_Philippines_Sri_Lanka.pdf

the immediate aftermath of rescue and relief activity, and secondly, the incorporation of gender in the policy and programme responses.

The tsunami brought into sharp focus the gendered nature of the disaster's impact. More women than men lost their lives. The tsunami has also brought about a new phenomenon of households where thousands of widowers now have to look after their children without their mothers. In parts of the east, there are reports that this has often resulted in remarriages and the prospective ill treatment of these children by their father's new wives. Among the hundreds of orphans, often female, young and unmarried, many still face social norms which constrain young women's mobility and suppress their voices and human rights.

The report concludes that issues raised in this paper point to the overall international and national frameworks of State obligations to support non-discriminatory gender policies. The framework forms an important context for continued advocacy for gender responsive programmes in post-disaster situations and the elimination of gender-based discrimination⁸⁵.

An extensive study of the impacts of Tsunami on the reproductive health of women in the countries of the region including Sri Lanka. The article discusses the increased vulnerability of women when a Tsunami strikes "For various reasons, women were at much greater risk of death in the Tsunami than other people. The ratio of female to male deaths was 3:1 and in some communities only women are reported to have been killed. Surviving women may also have become more vulnerable than other survivors to a range of social and economic threats, and most of those who survived have been thrust into unemployment and poverty. Unlike men in these countries, many were unaccustomed to swimming or to being in the water other than to bathe. Also, the clothes they wore, and their culturally prescribed long hair became entangled in tree branches and other debris. In some coastal communities,

moreover, there are stories of women running back to the beach to search for missing children when the first wave receded, only to be caught by the second wave when it struck. The vulnerability of women who survived is also an issue of concern in relation to sexual violence and rape". The report discusses that In Sri Lanka after the Tsunami, a reported increase in rape led several local and international groups to request a refocusing of relief to provide more protection for women.⁸⁶

85 Sepali Kottegoda In the Aftermath of the Tsunami Disaster: Gender Identities in Sri Lanka Isis International https://www.isiswomen.org/index.php?option=com_content&view=featured&Itemid=261

86 M Carballo, M Hernandez, K Schneider, and E Welle Impact of the Tsunami on reproductive health Journal of Royal Society of Medicine 2005 Sep; 98(9): 400-403 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1199634/#ref20>

4.7.

SEXUAL ABUSE INCLUDING RAPE

Most of the research conducted under the topic of GBV has included instances of rape. Studies specifically on rape is scarce.

In depth study of 243 women (2014) who were submitted for forensic examination to the Judicial Medical Officer (JMO) with alleged rape or sexual abuse found that in nearly all instances (96.3%) of sexual assault the perpetrator was a person known to the survivor. In majority (59.9%) the perpetrator was the “boyfriend”. In some cases (4.7%) it was the survivor’s father.⁸⁷

This publication identifies “different categories of offences related to sexual activities against females” and describes “Elope and sexual intercourse before the age of 16 years”(n.108) “Consenting sexual intercourse (statutory rape or refusal of marriage)” and “Sexual intercourse by force or attempt for it (SIBFA) (n.30)” Incongruence with universally accepted nomenclature undermines the value of such a rare and important research. Also the issue of coercion is not taken in to consideration when using such terms as it implies that a person who “goes with / elopes” gives consent to sexual intercourse even a child younger than 16 years.

Another study specifically among survivors of rape attempted to identify the nature of the rape, the relationship among time, space, the crime, and the relationship between offender’s alcohol use. 100 women who had been subjected to sexual violence in Rathnapura and Kelaniya Police Divisions were randomly selected as the sample of the research. Open interview was used as the method of primary data collection. Secondary data were collected from books, magazines, research reports,

police records, websites etc. Most of the respondents (69%) were raped by one individual but nearly a quarter (22%) suffered gang rapes.

Authors concluded that “space and time highly effect on such crimes. and there was a clear relationship with sexual violence and use of alcohol with majority (52%) of the offenders having had used alcohol.⁸⁸ While recognizing that time and space had been a significant association with committing the crime It needs to be emphasized that time and space are not the primary causative or motivational factors in cases of rape or sexual abuse.

A report on the Sexual Assault Forensic Examination (SAFE) Program (2011–2013) comprising of over 30 activities that can be grouped into three categories: (1) training and education for medico-legal experts and other stakeholders; (2) distribution of “SAFE kits” (sexual assault forensic evidence collection kits),

⁸⁷ Senanayake SMHMK Perpetrators of different offences against females related to sexual activities, examined in Teaching Hospital Anuradhapura in 2014 Medico-Legal Journal of Sri Lanka. 2016;4(2) file:///C:/Users/USER/Downloads/Perpetrators_of_different_offences_against_females.pdf86 M Carballo, M Hernandez, K Schneider, and E Welle Impact of the Tsunami on reproductive health Journal of Royal Society of Medicine 2005 Sep; 98(9): 400-403 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1199634/#ref20>

⁸⁸ M. A. N. Rasanjalee Perera¹ E. A. D. Anusha Edirisinghe Sexual violence against women in Sri Lanka: Cases in Rathnapura and Kelaniya Police Divisions International Conference on Social Sciences - RCSS 2008, At University of Kelaniya. Volume: 1 https://www.researchgate.net/publication/311887736_Sexual_violence_against_women_in_Sri_Lanka_Cases_in_Rathnapura_and_Kelaniya_Police_Divisions

specialized equipment for forensic examinations, and legal reference materials; and (3) small grants at the community level to carry out anti-GBV campaigns. The programme was focused on improving the forensic system response to sexual violence, and notes that “During Sri Lanka’s 30-year civil war, VAW and sexual violence were widespread. When the Program was initiated, few GBV cases were being addressed in the justice system (official data are lacking, but it was estimated that only 3% to 4% of sexual violence cases were successfully prosecuted) due to inadequate resources to collect forensic evidence, improper handling of evidence, insufficiently trained medico-legal officers, inappropriate treatment of victims, and mishandling of cases once they reached the court”.⁸⁹

When men were asked about motivational factors, 66.5% considered that sexual entitlement as a factor and 19.5% mentioned “fun or bored” as another.

Data (2013) from men who perpetrate rape show that rape can start very early in life. 38.9% of men who reported perpetrating rape in Sri Lanka had done so the first time before they turned age 19 and, about half of all those who acknowledged having perpetrated rape said they had done so more than once.⁹⁰

4.8. SGBV IN PUBLIC PLACES

Sexual harassment on public transport is faced by women globally and may occur in varying degrees of physical and verbal abuse, even leading to incidents of rape. It limits the mobility of women and reflects the deeper issues of gender imbalances within societal structures.

A survey conducted by the Legal Aid Commission (LAC) (2011) revealed that 70% of women between the ages of 15 and 45 years have experienced sexual

harassment while using public transport. According to the Chairperson of Legal Aid Commission, women using public transport were reluctant to make a complaint to the bus conductor, bus driver or the police. It was also found that bus drivers and conductors were reluctant to give evidence against the perpetrators in Courts as long drawn out court proceedings would affect their daily income.

Harassment faced on the street when traveling to and from school or work also generates fear among women, according to studies from Sri Lanka and Bangladesh and may affect their ability to concentrate at school or work.⁹¹

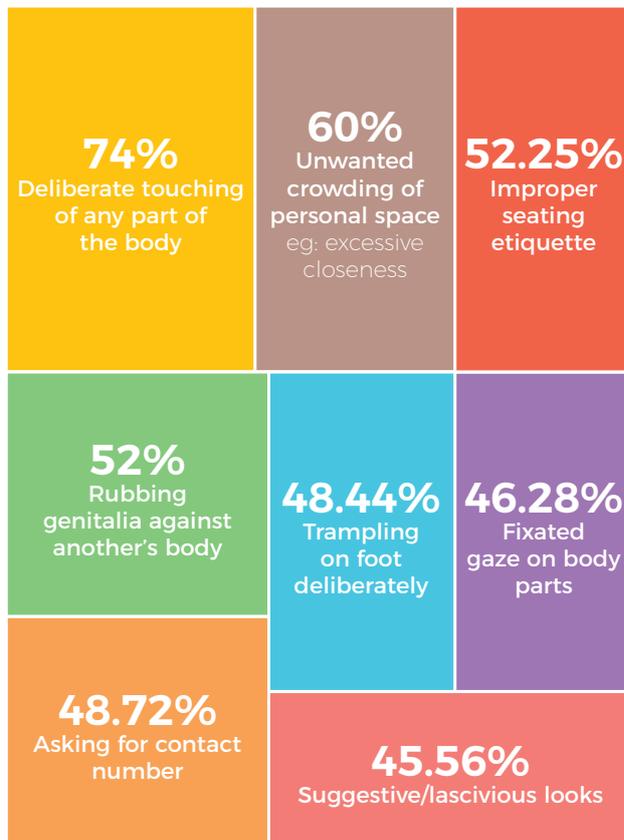
A National Study (2015) on sexual harassment against women on public buses and trains in Sri Lanka was conducted with the objective of comprehensively understanding the prevalence, incidence, frequency, nature and extent of sexual harassment on public transport in Sri Lanka. The study covered all 9 provinces of the country and the sample consisted

89 EQUAL RIGHTS, EQUAL JUSTICE TOOLKIT FOR ADDRESSING GENDER-BASED VIOLENCE THROUGH RULE OF LAW PROJECTS USAID Publication https://www.usaid.gov/sites/default/files/documents/1865/Toolkit_GBV%20and%20RoL_final_Web_14SEP10.pdf

90 Jewkes, R., E. Fulu, T. Roselli, and C. Garcia-Moreno. 2013. “Prevalence of and Factors Associated with Non-Partner Rape Perpetration: Findings from the UN Multi-Country Cross-Sectional Study on Men and Violence in Asia and the Pacific”. *Lancet Global Health* 1 (4): e208-18.

91 Jewkes, R., E. Fulu, T. Roselli, and C. Garcia-Moreno. 2013. “Prevalence of and Factors Associated with Non-Partner Rape Perpetration: Findings from the UN Multi-Country Cross-Sectional Study on Men and Violence in Asia and the Pacific”. *Lancet Global Health* 1 (4): e208-18.

Figure 3.17 Different abusive experiences mentioned by respondents



of 2,500 individuals between 15-35 years of age and data was collected via stakeholder consultations, key informant interviews, and questionnaire surveys.⁹²

The study found that 9 out of 10 respondents have experienced sexual harassment in buses and trains. In nearly all instances (97%) the harasser was a male and 6 out of 10 were unaware that it was a crime punishable by law.

Respondents recorded their immediate emotional responses as: "Scared" (48%), "Degraded and Demeaned" (45%), "Humiliated and embarrassed" (68%) and "Angry" (74%).

Impact of the harassment was perceived by the respondents "affecting their personal life" (44%) "negatively affecting their performance at work" (37%), and negatively affected their studies (29%).

Only 4% ever sought help from the Police and only 26% were aware of the hotline to report instances of sexual harassment.⁹³

4.9. SEXUAL HARASSMENT AT WORKPLACE

Sexual harassment is recognized as a form of discrimination on the grounds of sex and, thus, are contrary to the principle of equal treatment between men and women. It is defined "unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature" that interferes with one's employment or work performance or creates a "hostile or offensive work environment".⁹⁴ Since earliest research appeared

⁹² Jennifer L. Solotaroff and Rohini Prabha Pande Violence against Women and Girls: Lessons from South Asia South Asia Development Forum World Bank Group 2014

⁹³ Population Matters Policy Issue 04 March 2017 UNFPA

⁹⁴ The US Equal Employment Opportunity Commission (EEOC). (2011a). Harassment. Washington, D.C. Equal Employment Opportunity Commission. <http://www.eeoc.gov/laws/types/harassment.cfm>

in global literature in 1960s much has been written on the subject, being a sensitive subject in Sri Lanka, high quality research is scarce. Review of global research on sexual harassment found only 19 documents out of 683 articles that fulfilled selection criteria.⁹⁵

A qualitative study was designed to provide new understandings of the ways in which women's empowerment is conceptualized. The study was conducted among young Sri Lankan women who work in the Export Processing Zones (EPZs) in 2004-2005. More specifically, the research looked for alternative ways to measure gender empowerment as opposed to existing global measures, such as the UNDP's Gender Empowerment Measure (GEM) which dominate discourse vis-à-vis women's empowerment in developing nations. In the course of the research, women were asked to discuss new ways to conceptualize and in turn measure women's empowerment, based upon their lived experiences as factory workers. The issue of violence against women emerged as a dominant theme in their narratives.⁹⁶

An interesting study among three categories of health staff :medical officers, Nursing officers and public health midwives done in the district of Galle⁹⁸ revealed that "In all 3 categories victimization to psychological forms was the commonest and sexual violence was the least common. The perpetrators of physical workplace violence among the three staff categories were mostly unknown persons or a patient while psychological workplace violence had been mostly committed by supervising officers." Sexual workplace violence among medical officers were most commonly perpetrated by co-medical officers and strangers had perpetrated sexual workplace violence on NOs and PHMs.

Common correlations for being a victim of physical violence in all three categories were working experience less than ten years and being a victim of

domestic violence during past one year. Victimized by any other violence, ever changed the workplace due to difficulty in working with co-workers and having evidence of job stress were also correlates for being a victim of psychological violence among three categories of workers. Measures adopted by the curative healthcare institutions in Galle district to prevent violence at workplace were found to be poor.⁹⁷

A survey conducted by the International Federation of Journalists (IFJ), reported that 29% of Sri Lankan female journalists have experienced sexual harassment in the work place. The authors commented that "The absence of complaints and redress mechanisms contributes to the reluctance on the part of women to complain against incidents of sexual harassment."⁹⁹

95 EQUAL RIGHTS, EQUAL JUSTICE TOOLKIT FOR ADDRESSING GENDER-BASED VIOLENCE THROUGH RULE OF LAW PROJECTS USAID Publication https://www.usaid.gov/sites/default/files/documents/1865/Toolkit_GBV%20and%20RoL_final_Web_14SEP10.pdf

96 Hancock P. Violence, women, work and empowerment: narratives from factory women in Sri Lanka's export processing zones. *Gender, Technology and Development*. 2006; 10(2):211-228. <https://www.ponline.org/node/175205>

97 Hancock P. Violence, women, work and empowerment: narratives from factory women in Sri Lanka's export processing zones. *Gender, Technology and Development*. 2006; 10(2):211-228. <https://www.ponline.org/node/175205>

98 Niranjala A.M.S. Victimization to work place violence and its correlates among healthcare workers and measures adopted by the healthcare institutions to prevent work place violence in the district of Galle Thesis for MD PGIM, MD Community medicine 2015. (D3690)

99 Dilrukshi Handunnetti 29% of Sri Lanka female journalists sexually harassed at work place: report by International

4.10. CYBER VIOLENCE

A cross sectional analytical study on cyber bullying among grade 12 students in Colombo education zone¹⁰⁰ looked at prevalence, patterns, associated factors, perceived effects & coping strategies and found that Cyber bullying is another dimension of bullying that is becoming more prevalent and can be more perverse than traditional bullying. The prevalence of lifetime cyber bully victimization in the study population was found to be 17.6% with 30 day victimization at 4.4%. Prevalence of lifetime cyber bullying offending was found to be 12.4% with 30 day offending at 5.6%. A majority (72.9%) of the study population said that they have witnessed others being bullied. Victims of cyber bullying were 4 times more likely to be victims of traditional bullying. Boys were nearly 3 times more likely to be victims of cyber bullying. Cyber bullying victimization was associated with high internet usage and engaging in risky online behaviours. High parental knowledge and supervision of internet use reduces the likelihood of children being cyber bullied.

A recent study mandated by the National Committee of Women was based on a review of complaints made to the National Committee on Women (NCW) via its Hotline, and information on a few cases provided by the Cyber Crime Unit of the Criminal Investigation Department (CID), stakeholder interviews, focus group discussions, online surveys that included the members of the Gender based Violence Forum, and Internet users, a scan of media reports, search of the Internet including gossip sites and blogs, and a review of comments on relevant news items online. The study showed that those who had been subjected to online violence were mainly unmarried adolescent girls and young adults although older, married and widowed women were also victims of such acts of violence. In a large number of cases the perpetrator was known to the victim, but a significant number of women and adolescents had been harassed and abused by unknown persons. Both the victim and perpetrator were not confined to a socio-economic,

ethnic or religious group. Except for a few, the victims were educated, employed in the public and private sectors, undergraduates and students, self-employed women and housewives. Three categories of cyber sexual violence were identified, namely i) sexual harassment and abuse by distributing or threatening to distribute the female's naked images through web sites, social media platforms, peer to peer networks, SMS and MMS, nuisance calls and obscene SMS and MMS, and hate speech; ii) blackmail, extortion and sextortion' and trade in naked images; and iii) pornography.

100Nazeer, I PGIM (D3991) Available at Post Graduate Medical Association Library

4.11.

FEMALE GENITAL MUTILATION /CUTTING

Although there are hardly any research studies pertaining to the practice of female genital mutilation in Sri Lanka, a number of agency reports and investigative journalist accounts have revealed the practice in Sri Lanka while many official documents have either declared as non-existent or ignored it.^{101 102}

Media reports of the practice have been documented since 1996¹⁰³. A teacher disclosed the practice on all her five daughters¹⁰⁴. A medical professional quoted in the report confirmed the practice to be “prevalent” A report in June 2017 exploring the experience of three women indicated the amount of genital cutting differs from child to child and have socio-economic determinants¹⁰⁵ [6]. Interviewed women stated that “poorer families often seek a woman called an ‘Ostha-maami’ from their communities who usually nick the clitoris for a little blood to come and leave it at that”, while “educated families get it done by lady doctors who cut off part of the foreskin of the clitoris”. Reuters News Agency reported on the issue many times “Female circumcision in Sri Lanka is just a nick not mutilation: supporters”¹⁰⁶ “Butter knife or sharp blade FGM survivors in Sri Lanka want it stopped” “Sri Lanka Islamic Centre condemns the ban on female circumcision as an “affront”.¹⁰⁷ In addition testimonies submitted by a number of survivors to the authorities were published.¹⁰⁸

Summary of the current situation was discussed and the need for an evidence-informed, multi-sectoral and community participatory action framework to address

the practice of female genital mutilation in Sri Lanka was presented in the Sri Lanka Medical Journal.

101WHO Sri Lanka country policies and strategies for combating GBV, 2008. WHO SEARO Publications. Delhi, India

102Department of census and statistics, Ministry of National policies and Economic affairs Sri Lanka. Status of sustainable goals indicators in Sri Lanka, 2017. Dept. of census and statistics, Ministry of National policies and Economic affairs Sri Lanka. <http://www.statistics.gov.lk/sdg/application/publications/book.pdf>

103K Wickramage . L Senanayake , N Mapitigama , J Karunasinghe , E Teagal The need for an evidence-informed, multi-sectoral and community participatory action framework to address the practice of female genital mutilation in Sri Lanka Ceylon Medical Journal 2018; 63: 53-57 <https://cmj.sljol.info/articles/abstract/10.4038/cmj.v63i2.8669/>

104Renuka Senanayake. Sri Lanka Culture: Mothers Watch as Daughters are Circumcised. Asia-Pacific Inter Press news Agency, 1996. <http://www.ipsnews.net/1996/08/sri-lankaculture-mothers-watch-as-daughters-are-circumcised/> (accessed on March 30, 2018)

105Hamza Zafar. Female Genital Mutilation in Sri Lanka. Lanka-Web Publications. June, 2017. <http://www.lankaweb.com/news/items/2017/06/16/fgm-female-genitalmutilation-in-sri-lanka/> (accessed on March 30, 2018).

106Reuters Asla 27th November 2017

107Reuters Asla 12th July 2018

108Sri Lanka Brief

109K Wickramage . L Senanayake , N Mapitigama , J Karunasinghe , E Teagal The need for an evidence-informed, multi-sectoral and community participatory action framework to address the practice of female genital mutilation in Sri Lanka Ceylon Medical Journal 2018; 63: 53-57 <https://cmj.sljol.info/articles/abstract/10.4038/cmj.v63i2.8669/>

05

FINDINGS

Lack of comparable data at national level

1. There is a major lack of national level data on GBV and IPV. The only national level information comes from the DHS 2016.
2. There is no congruence of the parameters or indicators used in research. For example, prevalence rates have been collected as “life time”, “Sometime during life”, “current”, “within last 12 months”. Classifications on type of violence too vary widely making it impossible to assimilate data from different studies.
3. Most research indicators are not synchronized with the indicators to be reported on SDGs.
4. Most research done are quantitative and often health related which tends to downplay the human face of the issue.
5. National level research on specific areas which assists in planning strategies to address GBV are not available. Such research has been done in most of other countries. Such areas include Help seeking behaviour of the survivors, GBV in adolescents and youth, GBV in the older woman, effectiveness of the Prevention of the Domestic Violence Act No.34 of 2005 (PDVA).
6. While most existing research provide an evidence base to highlight the issue of GBV, there is not much intervention based research which helps to identify good practices and effective methodologies.
7. Information collected by the different ministries such as health, police and social services becomes a very rich data source for researchers to use. At present such information is lost, not available or limited to reporting purposes of the individual ministries.
8. Such information needs to be collected on an agreed format across all ministries and a mechanism set up to assimilate the information and make it available. Ministry of Women and Child Affairs as the leading agency to deal with GBV should take the leadership on data management on Sexual and Gender based Violence.
9. Issues such as FGM have not been addressed in the research so far and such issues need more qualitative research.

Recommendations

1. National level survey to cover issues related to GBV needs to be conducted. This should be a combined quantitative and qualitative study. The quantitative study is likely to miss out on rare issues or issues limited to one group or a sub population. Therefore, the quantitative should precede the qualitative but using the findings of the quantitative the qualitative should be followed.
2. General guidance should be available on common terms and definitions used in the area of GBV similar to those used in the international literature and parallel to those used as national indicators to assess SDGs other development indicators.
3. Research should target hidden and sensitive issues such as FGM, Virginity testing, dating violence not only to study its prevalence but identify their impact on women and strategies to prevent them.
4. There are good research being done by post graduate students and other professional as academic or work projects but are not published. A forum to publish and share these must be arranged as an annual event.

06

ANNOTATED
BIBLIOGRAPHY

ANNOTATED BIBLIOGRAPHY ON LITERATURE AVAILABLE ON GBV IN SRI LANKA

PREVALENCE

Author's name:

Demographic and health survey Sri Lanka 2016

Title:

Domestic Violence from Intimate Partner - Chapter 13

Names and locations of the companies, published:

Setting:

National

Type of Study:

Quantitative study

Availability/Accessibility:

http://www.statistics.gov.lk/social/DHS_2016a/Chapter13.pdf

Summary:

In Sri Lanka, 17% of ever-married women age 15-49 have suffered from domestic violence from their intimate partner. Prevalence of domestic violence by an intimate partner increases with the age of the women. Urban residents also reported the highest percentage of domestic violence (20%). Kilinochchi and Batticaloa districts have the highest level of domestic violence (50%). Ever-married women who belong to the lowest wealth quintile and those with primary education reported the highest percentages in domestic violence (28 and, 30% respectively). Among women who suffered from domestic violence, only just over one fourth of women (28%) have sought help, with three fourth of them (75%) seeking help from their family members, 27% from friends or neighbors and only 18% seeking help from the police. Half of the ever-married women age 15-49 (50%) indicated to know about the Sri Lanka Women Bureau to combat violence, while 26% mentioned the midwife and Women Help Line.

Author's name:

Fulu E1, Jewkes R2, Roselli T3, Garcia-Moreno C4; UN Multi-country Cross-sectional Study on Men and Violence research team.

Title:

Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. (Including Sri Lanka)

Names and locations of the companies, published:

Lancet Glob Health. 2013 Oct;1(4):e187-207. doi: 10.1016/S2214-109X(13)70074-3. Epub 2013 Sep 10.

Setting:

International

Type of Study:

Multicountry cross-sectional study

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/25104345>

Summary:

This article standardized population-based household surveys with a multistage representative sample of men aged 18-49 years in nine sites in Bangladesh, China, Cambodia, Indonesia, Sri Lanka, and Papua New Guinea between January, 2011, and December, 2012. The study used multinomial regression models of factors associated with lifetime violence perpetration: physical IPV, sexual IPV, both physical and sexual IPV, multiple emotional or economic IPV versus none, and calculated population-attributable fractions. 10,178 men completed interviews in our study (between 815 and 1812 per site). The response rate was higher than 82.5% in all sites except for urban Bangladesh (73.2%) and Sri Lanka (58.7%). The prevalence of physical or sexual IPV perpetration, or both, varied by site, between 25.4% and 80.0%. When multiple emotional or economic abuse was included, the prevalence of IPV perpetration ranged from 39.3% (409/1040; Sri Lanka) to 87.3% (623/714; Bougainville, Papua New Guinea). Factors associated with IPV perpetration varied by country and type of violence. On the basis of population-attributable fractions, we show factors related to gender and relationship practices to be most important, followed by experiences of childhood trauma, alcohol misuse and depression, low education, poverty, and involvement in gangs and fights with weapons.

Publication:
Book or Report by national or international agency

Journal Article or a publication in an abstract book of an international conference

International or Interagency Report

Unpublished Postgraduate Research

Key to the type of document

Author's name:

Jayatileke AC, Poudel KC, Yasuoka J, Jayatileke AU, Jimba M.

Title:

Intimate partner violence in Sri Lanka.

Names and locations of the companies, published:

Bioscience Trends

Setting:

Sri Lanka

Type of Study:

Scoping Study

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/20592458> (23-06-2018)

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.

Author's name:

Jayasuriya, M.V.F

Title:

The prevalence and factors associated with intimate partner violence against women in the Western Province.

Names and locations of the companies, published:

PGIM, MD Community medicine 2007 (D1768)

Setting:

Local

Type of Study:

Cross sectional survey

Availability/Accessibility:

Library

Summary:

A cross sectional survey was conducted among a community based sample of 750 ever-married women in the 18-49 years age group using standard methodologies and instruments recommend by the WHO. The households included in the survey were chosen from each household. Response rate was 97% and sample was representative of the population of ever-marriage females in the western province. Lifetime prevalence of physical violence was 34.4% and prevalence of current physical violence was 8.8%. Lifetime prevalence of severe physical violence was higher, physical violence 14.7%. Lifetime prevalence of sexual violence was 5% and current sexual violence was 4.2%. Only 15% of the abuse report being physically injured and 74% of the injured had visited health care institutions. A large percentage of severely abused women (41%) reported poor general health and showed more symptoms of emotional distress. The abused were also more likely to have suicidal thoughts and attempts at suicides compared to non-obey husband even if she disagrees' affirming the subordinate position of women in the family. More than 68% of the abused and non-abused also believed that family problems should only be discussed with the family.

Author's name:
Jennifer Perera, Nalika Gunawardane Convenor, Vathsala Jayasuriya

Title:
Review of Research Evidence on Gender Based Violence (GBV) in Sri Lanka

Names and locations of the companies, published:
Sri Lanka Medical Association ISBN 978-955-9386-23-0

Setting:
Sri Lanka

Type of Study:
Review of Research Evidence

Availability/Accessibility:
Web: SLMA

Summery:
This document summarizes the literature published between 1982 and 2011 on violence (GBV) in Sri Lanka. In our attempt to collate the scientific information on GBV in Sri Lanka, the selection of research was based on pre-determined criteria, viz. to include research and exclude case studies that describe individual experiences. A great majority of the research was on GBV on women. The evidence were classified based on its focus and was included under different themes i.e., Research on GBV at different stages of life of a woman, GBV in different environment settings, clinical manifestation of affected groups and response of organizations towards GBV. The literature review showed that there was a paucity of research evidence on locally relevant interventions to minimize GBV.

Author's name:
Jennifer L. Solotaro, Rohini Prabha Pande

Title:
Violence against Women and Girls: Lessons from South Asia

Names and locations of the companies, published:
South Asia Development Forum, World Bank

Setting:
South Asia

Type of Study:
Descriptive

Availability/Accessibility:
<http://documents.worldbank.org/curated/en/578241468113934520/pdf/906000v10PUB0E00Box385314B00PUBLIC0.pdf> DOI: 10.1596/978-1-4648-0171-6

Summery:
Using existing literature and available data from the region, this report examines the prevalence and factors associated with various types of violence against women and girls in Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. Excess female child mortality has declined in Nepal and Sri Lanka and dramatically in Bangladesh.

Publication:
Book or Report by national or international agency

Journal Article or a publication in an abstract book of an international conference

International or Interagency Report

Unpublished Postgraduate Research

Key to the type of document

Author's name:

Jewkes R1, Fulu E2, Tabassam Naved R3, Chirwa E1, Dunkle K1, Haardörfer R4, Garcia-Moreno C5; UN Multi-country Study on Men and Violence Study Team.

Title:

Women's and men's reports of past-year prevalence of intimate partner violence and rape and women's risk factors for intimate partner violence: A multicountry cross-sectional study in Asia and the Pacific.

Names and locations of the companies, published:

PLoS Med. 2017 Sep 5;14(9):e1002381. doi: 10.1371/journal.pmed.1002381. eCollection 2017 Sep.

Setting:

International

Type of Study:

Multi-country cross sectional study

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/28873087>

Summary:

This paper presents findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific. In the course of this study, in population-based cross-sectional surveys, 5,206 men and 3,106 women aged 18-49 years were interviewed from 4 countries: Cambodia, China, Papua New Guinea (PNG), and Sri Lanka. Men reported more lifetime perpetration of IPV (physical or sexual IPV range 32.5%-80%) than women did experience (physical or sexual IPV range 27.5%-67.4%), but women's reports of past-year experience (physical or sexual IPV range 8.2%-32.1%) were not very clearly different from men's (physical or sexual IPV range 10.1%-34%). Women reported much more emotional/economic abuse (past-year ranges 1.4%-5.7% for men and 4.1%-27.7% for women). Reports of non-partner rape were similar for men (range 0.8%-1.9% in the past year) and women (range 0.4%-2.3% in past year), except in Bougainville, where they were higher for men (11.7% versus 5.7%). The study concludes that past-year IPV indicators based on women's reported experience that were developed to track SDG 5 are probably reasonably reliable but will not always give the same prevalence as may be reported by men. The findings suggest a range of factors are associated with past-year physical and/or sexual IPV exposure; of particular interest is the resilience pathway suggested by the structural model, which is highly amenable to intervention and explains why combining economic empowerment of women and gender empowerment/ relationship skills training has been successful.

Author's name:

Jewkes R1, Fulu E2, Roselli T2, Garcia-Moreno C3; UN Multi-country Cross-sectional Study on Men and Violence research team.

Title:

Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. (Including Sri Lanka)

Names and locations of the companies, published:

Lancet Glob Health. 2013 Oct;1(4):e208-18. doi: 10.1016/S2214-109X(13)70069-X. Epub 2013 Sep 10.

Setting:

International

Type of Study:

Cross-sectional study, multistage representative sample of households, self-completed questions

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/25104346>

Summary:

We interviewed 10,178 men in our study (815-1812 per site). The prevalence of non-partner single perpetrator rape varied between 2.5% (28/1131; rural Bangladesh) and 26.6%, multiple perpetrator rape between 1.4% and 14.1%, and male rape between 1.5% and 7.7%. 57.5% (587/1022) of men who raped a non-partner committed their first rape as teenagers. Frequent reasons for rape were sexual entitlement (666/909; 73.3%, 95% CI 70.3-76.0), seeking of entertainment (541/921; 58.7%, 55.0-62.4), and as a punishment (343/905; 37.9%, 34.5-41.4). Alcohol was a factor in 249 of 921 cases (27.0%, 95% CI 24.2-30.1). Associated factors included poverty, personal history of victimization (especially in childhood), low empathy, alcohol misuse, masculinities emphasizing heterosexual performance, dominance over women, and participation in gangs and related activities. Only 443 of 1933 men (22.9%, 95% CI 20.7-25.3) who had committed rape had ever been sent to prison for any period.

Author's name:

Jayatilleke AT, Poudel KC, Sakisaka K, Yasuoka J, Jayatilleke AU, Jimba M

Title:

Wives' attitudes toward gender roles and their experience of intimate partner violence by husbands in Central Province, Sri Lanka.

Names and locations of the companies, published:

Journal of Interpersonal Violence. 2011 Feb;26(3):414-32. doi: 10.1177/0886260510363420. Epub 2010 May 6.

Setting:

Sri Lanka North Central Province

Type of Study:

Community based, cross-sectional study

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/20448234>

Summary:

This article included a representative sample of 624 wives between 15 and 49 years of age and examined the prevalence of physical, psychological, and sexual abuse. Then, using multivariate logistic regression analysis, the authors examined the association between wives' attitudes toward gender roles and IPV. Of the 624 wives, 36% had experienced at least one episode of physical, psychological, or sexual abuse by their husbands during their life time (ever abuse), and 19% had experienced such abuse during the past 12 months (current abuse). The wives were less likely to experience current abuse by husbands if they believed that "outsiders should not intervene to protect abused wives". They were more likely to experience ever and current isolated psychological abuse by husbands if they did not believe that "a good wife always obeys her husband". This study suggests that the prevalence of IPV is high in Sri Lanka. Although several published studies on IPV suggest that traditional gender role attitudes tend to increase women's vulnerability to IPV, this study suggests that in Sri Lanka, the wives who respect cultural norms tend to experience less IPV by husbands.

Author's name:

Nazeer, I.

Title:

Cyber bullying among grade 12 students in Colombo education zone: Prevalence, patterns, associated factors, perceived effects & coping strategies.)

Names and locations of the companies, published:

PGIM (D3991)

Setting:

Local

Type of Study:

A cross sectional analytical study

Availability/Accessibility:

Library

Summary:

Bulling among school children has been identified as a significant problem affecting the wellbeing of children. Cyberbullying is another dimension of bullying that is becoming more prevalent and can be more perverse than traditional bullying. Any kind of aggression perpetrated through technology- through e-mail, a chat room, instant messaging, a website (including blogs), text messaging, or videos or pictures posted on websites or sent through cell phones can be called cyberbullying. Objective of this study was to determine the prevalence and patterns of cyberbullying among grade 12 students in the Colombo education zone. The prevalence of lifetime cyberbully victimization in the study population was found to be 17.6% with 30 day victimization at 4.4%. Prevalence of lifetime cyberbullying offending was found to be 12.4% with 30 day offending at 5.6%. A majority (72.9%) of the study population said they have witnessed others being bullied. Victims of cyberbullying were 4 times more likely to be victims of traditional bullying. Boys were nearly 3 times more likely to be victims of cyberbullying. Cyberbullying victimization was associated with high internet usage and engaging in risky online behaviors. High parental knowledge and supervision of internet use reduces the likelihood of children being cyberbullied.

Publication:
Book or Report by national or
international agency

Journal Article or a publication
in an abstract book of an
international conference

International or
Interagency Report

Unpublished
Postgraduate Research

Key to the type
of document

Author's name:

Refugee Council UK

Title:

The Vulnerable Women's Project Refugee and Asylum Seeking Women Affected by Rape or Sexual Violence

Names and locations of the companies, published:

Refugee Council UK

Setting:

International

Type of Study:

Literature Review (2009)

Availability/Accessibility:

https://www.refugeecouncil.org.uk/assets/0001/7039/RC_VWP-report-web.pdf

Summary:

That is the global context for the Refugee Council's Vulnerable Women's Project (VWP), set up in 2006 with the support of Comic Relief to offer pragmatic holistic therapy, a mixture of practical support and therapeutic counselling, to refugee and asylum seeking women who have been subjected to sexual violence. Estimating the actual prevalence of rape in refugee producing countries is particularly problematic because of the effects of war, civil war and the disintegration of civil society. The learning from that casework is available in the form of a Good Practice Guide (Keefe, 2009). This paper seeks to situate that learning in the context of the international research literature on the subject and other information available to the Refugee Council. It will look at the prevalence of sexual violence and issues of impunity/access to justice in clients' home countries.

Author's name:

Riswan M and. Sufyan M.B.M

Title:

The Response of Police in Preventing Domestic Violence in the Sammanthurai Police Area, Sri Lanka

Names and locations of the companies, published:

Proceedings of the Third International Symposium,
SEUSL: 6-7 July 2013, Oluvil, Sri Lanka

Setting:

Sri Lanka

Type of Study:

Descriptive

Availability/Accessibility:

<http://www.seu.ac.lk/researchandpublications/symposium/3rd/Social%20Sci/The%20Response%20of%20Police%20in.pdf>

Summary:

The main objective of this study is to identify the types of domestic violence experiencing by the people in the Sammanthurai Police area and to emphasis the response and the role played by the polices in controlling domestic violence in the study area. This paper deals with multiple data from primary as well as secondary data collection using qualitative and quantitative methods including data from Sammanthurai police station. This study highlights the fact that the physical violence was reported as 45%, while rape or sexual abuse were reported as 21% respectively. And the economical or financial related violence experiencing in the ratio of 15%, and emotional violence recorded as 14% in the study area, while the other types of violence recorded in 5%.

Author's name:

Taveeshi Gupta and Fiona Samuels

Title:

Literature review of male perpetrators of intimate partner violence in South Asia (Including Sri Lanka)

Names and locations of the companies, published:

Overseas Development Institute, 203 Blackfriars Road London SE1 8NJ

Setting:

South Asia Region

Type of Study:

Literature Search

Availability/Accessibility:

<https://www.odi.org/sites/odi.org.uk/files/resource-documents/11491.pdf>

Summary:

A literature review on male perpetrators of IPV, based on systematic principles conducted between 2015 -2016. In this literature review, attempt made to review and summarize the available evidence for Intimate Partner Violence by male perpetrators, with a specific focus on the South Asia region. The document delves into the findings and begin by describing the nature of IPV beginning with how IPV has been conceptualized in the literature using the human rights approach, the public health discourse, and the gender perspective.

Author's name:

Wijesekara K.L

Title:

Selected factors associated with physical violence and immediate consequences of violent incidents among advance level students in Kalutara educational division.

Names and locations of the companies, published:

PGIM, MSc. (Community Medicine) – 2003. (D1088)

Setting:

Local

Type of Study:

A cross sectional analytical study

Availability/Accessibility:

Library

Summary:

The study revealed that more than 50 of students of the study population have been either 'victimized' by physical violence or have 'committed' physical violence or both, male sex being the dominant sex in all types of violent incidents, most vulnerable age for engaging in physical violence was 16y, when parental assistant was minimal or nil there was a sharp increase in students getting involved in physical violence. Parents, teachers and health care personals were found to be the main confidants of the students in preventing physical violence among them. It is recommended that educational programmes directed at preventing physical violence, in the dormitories, smoking and alcohol consumption should be undertaken among advance level students.

HEALTH AND SGBV

Author's name:

Catani, C., N. Jacob, E. Schauer, M. Kohila, and F. Neuner

Title:

Family Violence, War, and Natural Disasters: A Study of the Effect of Extreme Stress on Children's Mental Health in Sri Lanka

Names and locations of the companies, published:

BMC Psychiatry

Setting:

Sri Lanka

Type of Study:

Qualitative study

Availability/Accessibility:

BMC Psychiatry20088:33 <https://doi.org/10.1186/1471-244X-8-33>

Summary:

296 Tamil school children in Sri Lanka's North-Eastern provinces were randomly selected for the survey. Diagnostic interviews were carried out by extensively trained local Master level counsellors. 82.4% of the children had experienced at least one war-related event. 95.6% reported at least one aversive experience out of the family violence spectrum. The consequences are reflected in a 30.4% PTSD and a 19.6% Major Depression prevalence. A clear dose-effect relationship between exposure to various stressful experiences and PTSD was found in the examined children.

Author's name:

Guruge S1, Jayasuriya-Illesinghe V1, Gunawardena N2.

Title:

A review of the Sri Lankan health-sector response to intimate partner violence: looking back, moving forward.

Names and locations of the companies, published:

WHO South East Asia J Public Health. 2015 Jan-Jun;4(1):6-11. doi: 10.4103/2224-3151.206622.

Setting:

Sri Lanka

Type of Study:

Review of Literature and key informant interviews

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/28607269>

Summary:

A comprehensive search was conducted to identify relevant published and grey literature over the last 35 years that focused on IPV, partner/ spousal violence, wife beating/abuse/battering, domestic violence, and Sri Lanka. Much of the information about current health-sector response to IPV in Sri Lanka was not reported in published and grey literature. Therefore, key personnel from the Ministry of Health, hospitals, universities and nongovernmental organizations were also interviewed to gain additional, accurate and timely information. It was found that the health-sector response to IPV in Sri Lanka is evolving, and consists of two models of service provision: (i) gender based violence desks, which integrate selective services at the provider/facility level; and (ii) Mithuru Piyasa (Friendly Abode) service points, which integrate comprehensive services at the provider/facility level and some at the system level. This paper presents each model's strengths and limitations in providing comprehensive and integrated health services for women who experience IPV in the Sri Lankan context.

Author's name:

Infanti JJ1, Lund R2, Muzrif MM3, Schei B4, Wijewardena K5; ADVANCE study team.

Title:

Addressing domestic violence through antenatal care in Sri Lanka's plantation estates: Contributions of public health midwives.

Names and locations of the companies, published:

Soc Sci Med. 2015 Nov;145:35-43. doi: 10.1016/j.socscimed.2015.09.037. Epub 2015 Oct 5.

Setting:

Sri Lanka

Type of Study:

Qualitative study

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/26448163>

Summary:

The article address this gap by consulting PHMs about their experiences identifying and responding to pregnant women affected by domestic violence in an underserved area: the tea estate sector of Badulla district. Over two months in late 2014, our interdisciplinary team of social scientists and medical doctors met with 31 estate PHMs for group interviews and a participatory workshop at health clinics across Badulla district. In the paper, we propose a modified livelihoods model to conceptualize the physical, social and symbolic assets, strategies and constraints that simultaneously enable and limit the effectiveness of community-based health care responses to domestic violence. Our findings also highlight conceptual and practical strategies identified by PHMs to ensure improvements in this complex landscape of care.

Author's name:

Moonasinghe LN

Title:

The prevalence and correlates of physical abuse within marriage in a cohort of pregnant women in the Badulla district.

Names and locations of the companies, published:

PGIM, MD (Community Medicine) – 2002. (D981)

Setting:

Local

Type of Study:

Availability/Accessibility:

Library

Summary:

The objective of this study was to develop and validate a screening instrument (abuse assessment questionnaire) for use in antenatal clinics for the identification of physical abuse and to describe the extent, severity and psychosocial correlates of abuse within marriage, in a cohort of pregnant women in the Badulla district, Sri Lanka. This study concludes that physical abuse is profound public health and a social problem for women be sensitized and screened for physical abuse in the antenatal clinic by trained public health midwives. It also recommended intervention of key issues that bring about abuse, primarily alcohol consumption by men and the initiation of support services for victims of abuse.

Publication:
Book or Report by national or
international agency

Journal Article or a publication
in an abstract book of an
international conference

International or
Interagency Report

Unpublished
Postgraduate Research

Key to the type
of document

Author's name:

Muzrif MM¹, Perera D¹, Wijewardena K¹, Schei B^{2,3}, Swahnberg K⁴.

Title:

Domestic violence: a cross-sectional study among pregnant women in different regions of Sri Lanka.

Names and locations of the companies, published:

BMJ Open. 2018 Feb 20;8(2):e017745. doi: 10.1136/bmjopen-2017-017745.

Setting:

Sri Lanka

Type of Study:

A cross-sectional descriptive study

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/29463585> (Last Accessed 25-06-2018)

Summary:

The aims of this study were to assess the regional differences in domestic violence among pregnant women in the capital district and in the tea plantation sector of Sri Lanka, to explore potential contributory factors and to assess whether healthcare workers addressed domestic violence and disclosure among survivors. Among the total sample of pregnant women (n=2088), the prevalence of 'ever abused' was 38.6%, and the prevalence of 'currently abused' was 15.9%. 'Ever abused' (31.5% vs 50.8%) and 'currently abused' (10% vs 25.8%) were significantly higher (P<0.001) among the women living in the tea plantation sector. 'Ever abused' was associated with living in the tea plantation sector, being employed, living far from gender-based violence care center and of Muslim ethnicity, after adjusting for age, education and family income. Only 38.8% of all participants had been asked by healthcare workers about abuse. Domestic violence was prevalent and highest among women in the tea plantation sector compared with the capital district.

Author's name:

Samuels F, Jones N, Abu Hamad B.

Title:

Psychosocial support for adolescent girls in post-conflict settings: beyond a health systems approach. (Gaza, Liberia, and Sri Lanka)

Names and locations of the companies, published:

Health Policy Plan. 2017 Dec 1;32(suppl_5):v40-v51. doi: 10.1093/heapol/czx127.

Setting:

International

Type of Study:

Case Study

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/29244106>

Summary:

Drawing on qualitative fieldwork (consisting of in-depth and key informant interviews as well as group discussions in Gaza, Liberia and Sri Lanka involving a total of 386 respondents across the three countries), The authors argue that going beyond biomedical approaches and considering the social determinants of health, including approaches to tackle discriminatory gendered norms and barriers to service access, are critical for achieving broader health and wellbeing. The study concludes by reflecting on actions to address psychosocial vulnerabilities facing adolescent girls. These include: tailoring services to ensure gender and age-sensitivity; investing in capacity building of service providers to promote service uptake; and enhancing strategies to regulate and coordinate actors providing mental health and psychosocial support services.

Author's name:

UNFPA Asia and the Pacific Regional Office

Title:

Health Sector Response to Gender-based Violence An assessment of the Asia Pacific Region

Names and locations of the companies, published:

UNFPA Asia and the Pacific Regional Office, United Nations Building Rajdamnern Nok Avenue Bangkok 10200, Thailand. 2010

Setting:

Regional

Type of Study:

Assessment

Availability/Accessibility:

<http://www.asiapacific.unfpa.org/sites/default/files/pub-pdf/Assessment.pdf>

Summary:

This is a report on the Health Sector Response in the Asia Pacific countries including Sri Lanka described under Overarching legislative and policy frameworks, Approaches and models of service, Capacity building, Protocols and guidelines, Collaboration and referral, Screening, Documentation and data management and GBV and humanitarian response. The assessment identifies challenges based by different countries and makes key recommendations to overcome them.

Author's name:

USAID

Title:

Equal Rights, Equal Justice Toolkit for Addressing Gender-Based Violence Through Rule of Law Projects

Names and locations of the companies, published:

USAID

Setting:

Regional

Type of Study:

Descriptive

Availability/Accessibility:

https://www.usaid.gov/sites/default/files/documents/1865/Toolkit_GBV%20and%20RoL_final_Web_14SEP10.pdf

Summary:

Sexual Assault Forensic Examination (SAFE) Program (2011–2013) was focused on improving the forensic system response to sexual violence. Activism and campaigns within the program raised the issue of GBV more broadly, particularly the issue of domestic violence. During Sri Lanka's 30-year civil war, VAW and sexual violence were widespread. When the Program was initiated, few GBV cases were being addressed in the justice system (official data are lacking, but it was estimated that only 3% to 4% of sexual violence cases were successfully prosecuted) due to inadequate resources to collect forensic evidence, improper handling of evidence, insufficiently trained medico-legal officers, inappropriate treatment of victims, and mishandling of cases once they reached the court. The SAFE Program comprised over 30 activities that can be grouped into three categories: (1) training and education for medico-legal experts and other stakeholders; (2) distribution of "SAFE kits" (sexual assault forensic evidence collection kits), specialized equipment for forensic examinations, and legal reference materials; and (3) small grants at the community level to carry out anti-GBV campaigns. The Program has had a nation-wide impact. In addition to distributing 4,500 SAFE kits, trainings for medico-legal officers were conducted in all eight districts, and all public universities and medical faculties in the country were provided with resources and equipment.²³⁶ The Ministry of Health has adopted the SAFE kit, included funding for its use in its annual budget, and made the SAFE training mandatory—all indicators of the program's sustainability.

<p>Publication: Book or Report by national or international agency</p>	<p>Author's name: Vidanapathirana M</p> <p>Title: Gender Based Violence and the Forensic Medical Practitioner</p> <p>Names and locations of the companies, published: Medico-Legal Journal of Sri Lanka Vol. 3, No2, December 2015</p> <p>Setting: Sri Lanka</p> <p>Type of Study: Journal article</p> <p>Availability/Accessibility: https://mlj.sljol.info/articles/10.4038/mlj.v3i2.7323/galley/5665/download/</p> <p>Summary: The article gives an over view of the basic concepts related to GBV, explores the legal and policy frame work related to GBV, describes consequences related to GBV and discusses the role of a forensic medical practitioner in addressing GBV.</p>
<p>Journal Article or a publication in an abstract book of an international conference</p>	
<p>International or Interagency Report</p>	
<p>Unpublished Postgraduate Research</p>	
<p>Key to the type of document</p>	

MIGRATION AND SGBV

Publication:
Book or Report by national or
international agency

Journal Article or a publication
in an abstract book of an
international conference

International or
Interagency Report

Unpublished
Postgraduate Research

Key to the type
of document

Author's name:

Guruge S, Khanlou N, Gastaldo D.

Title:

Intimate male partner violence in the migration process: intersections of gender, race and class.

Names and locations of the companies, published:

Journal of Advanced Nursing. 2010 Jan; 66(1):103-13. doi: 10.1111/j.1365-2648.2009.05184.x.

Setting:

Sri Lankan Tamil Canadian immigrants

Type of Study:

Qualitative descriptive study

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/20423438>

Summary:

Data were collected for this qualitative descriptive study in 2004 and 2005, through individual interviews with community leaders (n = 16), four focus groups with women and four with men from the general community (n = 41), and individual interviews with women who had experienced intimate male partner violence (n = 6). The research was informed by a postcolonial feminist perspective and an eco-systemic framework. Participants' conceptualization of the production of intimate male partner violence in the post migration context involved (a) experiences of violence in the pre migration context and during border crossing; (b) gender inequity in the marital institution; (c) changes in social networks and supports; and (d) changes in socioeconomic status and privilege. Increasing immigration requires that nurses pay attention to and respond appropriately to women's unique needs, based on complex and interrelated factors that produce intimate male partner violence in the post migration context.

Author's name:

Sepali Guruge, Brenda Roche, and Cristina Catalo

Title:

Violence against Women: An Exploration of the Physical and Mental Health Trends among Immigrant and Refugee Women in Canada
Violence against Women: An Exploration of the Physical and Mental Health Trends among Immigrant and Refugee Women in Canada

Names and locations of the companies, published:

Nursing Research and Practice Volume 2012, Article ID 434592, 15 pages. <http://dx.doi.org/10.1155/2012/434592>

Setting:

International

Type of Study:

Descriptive Study

Availability/Accessibility:

<http://dx.doi.org/10.1155/2012/434592>

Summary:

The goal of the study was to describe the trends in violence throughout the lifespans of women who came to Canada as immigrants or refugees and the resulting physical and mental health symptom patterns. They examined the topic in the Iranian and Sri Lankan Tamil communities in Toronto. The study found that Sri Lankan Tamil groups reported psychological abuse most often, followed by physical and sexual abuse, during the past 12 months. The most commonly reported types of abuse were insulting, criticizing, and intimidation by partner (psychological abuse), slapping, hitting, and shoving (physical abuse), and forced sexual intercourse and being forced to partake in sexually-degrading acts (sexual abuse). It was noted that despite the role of stigma and other barriers, considerable rates of IPV was found, particularly during the most recent phases of their migration history.

HUMANITARIAN SETTING AND SGBV

Author's name:

Guruge S; Ford-Gilboe M; Varcoe C; Jayasuriya-Illesinghe V; Ganesan M; Sivayogan S; Kanthasamy P; Shanmugalingam P; Vithanarachchi H

Title:

Intimate partner violence in the post-war context: Women's experiences and community leaders' perceptions in the Eastern Province of Sri Lanka.

Names and locations of the companies, published:

Public Library of Science; PloS One 2017; 12(3):e0174801.

Setting:

Sri Lanka Eastern Province

Type of Study:

in-depth, qualitative interviews with 15 women who had experienced IPV and 15 service providers who were knowledgeable about IPV in the

Availability/Accessibility:

<https://www.ponline.org/node/668823>

Summary:

Data were collected for this qualitative descriptive study in 2004 and 2005, through individual interviews with community leaders (n = 16), four focus groups with women and four with men from the general community (n = 41), and individual interviews with women who had experienced intimate male partner violence (n = 6). The research was informed by a postcolonial feminist perspective and an eco-systemic framework. Participants' conceptualization of the production of intimate male partner violence in the post migration context involved (a) experiences of violence in the pre migration context and during border crossing; (b) gender inequity in the marital institution; (c) changes in social networks and supports; and (d) changes in socioeconomic status and privilege. Increasing immigration requires that nurses pay attention to and respond appropriately to women's unique needs, based on complex and interrelated factors that produce intimate male partner violence in the post migration context.

SGBV AT WORKPLACES

Publication:
Book or Report by national or international agency

Journal Article or a publication in an abstract book of an international conference

International or Interagency Report

Unpublished Postgraduate Research

Key to the type of document

Author's name:

Hancock P

Title:

Violence, women, work and empowerment: narratives from factory women in Sri Lanka's export processing zones.

Names and locations of the companies, published:

Gender, Technology and Development. 2006; 10(2):211-228.

Setting:

Type of Study:

Qualitative Study

Availability/Accessibility:

<https://www.popline.org/node/175205>

Summary:

Research was conducted among young Sri Lankan women who work in the Export Processing Zones (EPZs) in 2004--2005. It was designed to provide new understandings of the ways in which women's empowerment is conceptualized. More specifically, the research looked for alternative ways to measure gender empowerment as opposed to existing global measures, such as the UNDP's Gender Empowerment Measure (GEM) which dominate discourse vis-à-vis women's empowerment in developing nations. In the course of the research, women were asked to discuss new ways in which to conceptualize and in turn measure women's empowerment, based upon their lived experiences as factory workers. The issue of violence against women emerged as a dominant theme in their narratives. This was surprising because the issue of gender-based violence was never introduced to any of the participants in focus groups or interviews. However, as a related theme it was explored further; and violence against women in Sri Lankan society does indeed appear to be a major problem. The fact that a majority of the factory women who participated in this research rated violence against women (or lack of it) as a major way in which to measure women's empowerment (over time) is a reflection of the problem itself (at the societal level) and provides new and constructive ways in which to conceptualize and measure women's empowerment. (Author's)

Author's name:

Niranjala A.M.S

Title:

Victimization to work place violence and its correlates among healthcare workers and measures adopted by the healthcare institutions to prevent work place violence in the district of Gall.

Names and locations of the companies, published:

PGIM, MD Community medicine 2015. (D3690)

Setting:

Local

Type of Study:

Availability/Accessibility:

Library

Summary:

This study is mainly focus on the workplace violence of MO, NO and PHM in Gall district for a period of one year. In all 3 categories victimization to psychological forms was the commonest and sexual violence was the least common. Experience of bullying, which is a form of psychological violence was not uncommon among NOs and PHMs. The perpetrators of physical workplace violence among the three staff categories were mostly unknown persons or a patient while psychological workplace violence had been mostly committed by supervising officers superior. Sexual workplace violence among medical offices were most commonly perpetrated by co-medical offices and a strangers had perpetrated sexual workplace violence on NO and PHM. Most MOs and NOs have experienced the physical violence within the health institution while for PHM the commonest location was clinical premises. Physical injury needing treatment following physical violence was uncommon. Common correlates for being a victim of physical violence in all three categories were working experience less than ten years and being a victim of domestic violence during past one year. Victimized any other violence, ever changed the workplace due to difficulty in working with co-works and having evidence of job stress were also correlates for being a victim of psychological violence among three categories of workers. Measures adopted by the curative healthcare institutions in Gall district to prevent violence at workplace were found to be poor.

Publication:
Book or Report by national or
international agency

Journal Article or a publication
in an abstract book of an
international conference

International or
Interagency Report

Unpublished
Postgraduate Research

Key to the type
of document

LAWS RELATED TO SGBV

Author's name:

Compiled by Dhara Wijayatilake

Title:

Commentary on the Provisions of the Prevention of Domestic Violence Act, No. 34 of 2005, Sri Lanka

Names and locations of the companies, published:

Ministry of Child Development & Women's Affairs, Sri Lanka

Setting:

National

Type of Study:

Descriptive

Availability/Accessibility:

<http://www.childwomenmin.gov.lk/institutes/national-committee-women/research> ISBN 978-955-0249-05-3

Summary:

This study analyses the impact of prevention of domestic violence act through the outcomes of cases presented to courts for assistance.

POLICIES, REGULATIONS AND DIRECTIVES RELATED TO SGBV

Publication:
Book or Report by national or international agency

Journal Article or a publication in an abstract book of an international conference

International or Interagency Report

Unpublished Postgraduate Research

Key to the type of document

Author's name:

Colombini M¹, Mayhew SH², Lund R³, Singh N⁴, Swahnberg K⁵, Infanti J⁶, Schei B⁶, Wijewardene K⁷

Title:

Factors shaping political priorities for violence against women-mitigation policies in Sri Lanka.

Names and locations of the companies, published:

BioMed Central International Health Human Rights. 2018 May 25;18(1):22. doi: 10.1186/s12914-018-0161-7.

Setting:

Sri Lanka

Type of Study:

in-depth, qualitative interviews with 15 women who had experienced IPV and 15 service providers who were knowledgeable about IPV in the

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/29801498> (Last Accessed 25-06-2018)

Summary:

This article is based on health policy analysis and conducted to examine current policy responses to VAW in Sri Lanka using the Shiffman and Smith (2007) policy analysis framework. The findings suggest that the networks and influences of various actors in Sri Lanka, and their ideas used to frame the issue of VAW, have been particularly important in shaping the nature of the policy response to date. A current change in the attitude of the government has led to a new national plan on VAW, giving a clear role to the health sector in the fight against VAW. High-level political will, criminalization of violence, coalesced women's groups advocating for legislative change, prevalence data, and financial support from influential institutions are all critical elements helping frame violence as a national public health issue.

Author's name:

Committee report

Title:

Report of the Leader of the Opposition's Commission on the Prevention of Violence Against Women and the Girl Child

Names and locations of the companies, published:

Setting:

National

Type of Study:

Report of a committee

Availability/Accessibility:

<http://www.webs.lithium.lk/childwomenmin/resources/30/REPORT.pdf>

Summary:

Compiling this report, the Commission relied extensively on various research reports on the subject of violence against women in Sri Lanka. This report also relies on a number of independent oral and written submissions made to the Commission by both NGOs and individuals working on the issues of violence against women as well as LGBT.

Publication:
Book or Report by national or international agency

Journal Article or a publication in an abstract book of an international conference

International or Interagency Report

Unpublished Postgraduate Research

Key to the type of document

Author's name:

Greig A, Basnyat A, Lang

Title:

Men and the Prevention of Gender-based Violence a Conceptual Framework for Policy Change (For countries in Asia Pacific Region including Sri Lanka)

Names and locations of the companies, published:

Programme "Partners for Prevention: Working with Boys and Men to Prevent Gender-based Violence" an interagency initiative of UNDP, UNFPA, UNFIFEM and UNV, Partners for Prevention

Setting:

Discussion Paper

Type of Study:

Availability/Accessibility:

<https://europa.eu/capacity4dev/file/11657/download?token=oSEcxKyR> (Last Accessed 23-06-2018)

Summary:

This discussion paper was produced for "Partners for Prevention: Working with Boys and Men to Prevent Gender-based Violence" a UN interagency initiative UNDP, UNFPA, UNIFEM and UNV. This regional programme is a coordinated approach to support primary prevention of gender-based violence in Asia and the Pacific with the deeper involvement of boys and men. The purpose of this discussion paper is to propose a comprehensive framework for developing policies that respond to gender-based violence, identify the importance of engaging and targeting men and boys as partners in developing and implementing policies on the prevention of gender-based violence and to recommend a set of policy interventions on engaging men for policy change on gender-based violence. This document covers number of countries in the Asia Pacific region including Sri Lanka.

OTHER RESEARCH

Author's name:

Asia Pacific Women, Faith and Development Alliance (AP-WFDA) and the United Nations Population Fund (UNFPA).

Title:

A Mapping of Faith-based Responses to Violence against Women and Girls in the Asia-Pacific Region

Names and locations of the companies, published:

Asia Pacific Women, Faith and Development Alliance (AP-WFDA) and the United Nations Population Fund (UNFPA). 2012

Setting:

Regional

Type of Study:

Mapping

Availability/Accessibility:

<https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA-WVA-FBO-VAWG-AP-2012.pdf>

Summary:

A mapping of the work being undertaken by selected FBOs to address violence against women and girls was conducted. Faith-based organizations that were already known to be working within the broad framework of the Convention on the Elimination of all forms of Violence against Women (CEDAW) were invited to participate in the mapping exercise. The mapping shows that there is sub-regional diversity between the number of faith-based organizations addressing violence against women and girls, the ways in which they are responding, and the kinds of issues they are addressing, as well as the different contexts in which they are operating. Some of the responses made by FBOs in Sri Lanka such as Sarvodaya and Kithu Sewana are described here.

Author's name:

Darj E^{1,2,3}, Wijewardena K⁴, Lindmark G¹, Axemo P¹

Title:

'Even though a man takes the major role, he has no right to abuse': future male leaders' views on gender-based violence in Sri Lanka.

Names and locations of the companies, published:

Glob Health Action. 2017;10(1):1348692. doi: 10.1080/16549716.2017.1348692.

Setting:

Sri Lanka

Type of Study:

Qualitative

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/28753081>

Summary:

The aim of this study was to explore young educated Sri Lankan men's perceptions of violence against women. Seven focus-group discussions were held. Men at the end of their university studies were purposefully selected. A topic guide was used, covering various scenarios of violence against women. Qualitative content analysis was carried out. Four categories were developed through the analytic process: fixed gender roles - patriarchal values are accepted in society, female mobility control, and slowly changing attitudes; violence not accepted but still exists - sexual harassment exists everywhere, different laws for different people, female tolerance of violence, and men's right to punish; multiple factors cause violence - alcohol, violent behaviour is inherited, violence culturally accepted, low education, and lack of communication; and prevention of violence against women - both parents must engage and socialize girls and boys equally, life skills education, premarital counselling, working places value clarification, and more women in politics and boards are suggested. Medical and management students, possible future male leaders of the country, have suggestions of prevention strategies in life skills to reduce gender-based violence and to increase knowledge of health consequences with the aim of changing attitudes.

Publication:
Book or Report by national or international agency

Journal Article or a publication in an abstract book of an international conference

International or Interagency Report

Unpublished Postgraduate Research

Key to the type of document

Author's name:

Fulu E¹, Miedema S², Roselli T³, McCook S⁴, Chan KL⁵, Haardörfer R⁶, Jewkes R⁷; UN Multi-country Study on Men and Violence study team.

Title:

Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific (Including Sri Lanka).

Names and locations of the companies, published:

Lancet Glob Health. 2017 May;5(5):e512-e522. doi: 10.1016/S2214-109X(17)30103-1.

Setting:

International

Type of Study:

Multi-country descriptive

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/28395846>

Summary:

The article presents data from the UN Multi-country Study on Men and Violence in Asia and the Pacific, exploring the pathways between different forms of childhood trauma and violence against women. Respondents were asked questions about their perpetration or experience of intimate partner violence or non-partner sexual violence, childhood trauma, and harsh parenting (smacking their children as a form of discipline). We used maximum likelihood multivariate logit models to explore associations between childhood trauma and violence against women, and fitted path models to explore associations between experience and perpetration of child maltreatment. The proportion of men who experienced any childhood trauma varied between 59% and 92% in the study. For women in Sri Lanka, the incidence was 44% (n=272, 37.7-50.8; Sri Lanka). For men, all forms of childhood trauma were associated with all forms of intimate partner violence perpetration. For women, all forms of childhood trauma were associated with physical intimate partner violence, and both physical and sexual intimate partner violence. There were significant, often gendered, pathways between men's and women's perpetration and experiences of childhood trauma, physical intimate partner violence, harsh parenting, and other factors.

Author's name:

Guruge S; Ford-Gilboe M; Varcoe C; Jayasuriya-Illesinghe V; Ganesan M; Sivayogan S; Kanthasamy P; Shanmugalingam P; Vithanarachchi H

Title:

Intimate partner violence in the post-war context: Women's experiences and community leaders' perceptions in the Eastern Province of Sri Lanka.

Names and locations of the companies, published:

Public Library of Science PloS One 2017; 12(3):e0174801.

Setting:

Sri Lanka Eastern Province

Type of Study:

in-depth, qualitative interviews with 15 women who had experienced IPV and 15 service providers who were knowledgeable about IPV in the

Availability/Accessibility:

<https://www.poline.org/node/668823> (Last accessed 25.06.2018)

Summary:

Participants described IPV as a widespread but hidden problem. Women had experienced various forms of abusive and controlling behaviours, some of which reflect the reality of living in the post-war context. The psychological effects of IPV were common but were often attributed to war-related trauma. Some men used violence to control women and to reinstate power when their gender roles were reversed or challenged due to war and post-war changes in livelihoods. While some service providers perceived an increase in awareness about IPV and more services to address it, this was discordant with women's fears, feelings of oppression, and perception of a lack of redress from IPV within a highly militarized and ethnically-polarized society. Most women did not consider leaving an abusive relationship to be an option, due to realistic fears about their vulnerability to community violence, the widespread social norms that would cast them as outsiders, and the limited availability of related services and supports.

Author's name:
Jennifer L. Solotaroff and Rohini Prabha Pande

Title:
Violence against Women and Girls: Lessons from South Asia

Names and locations of the companies, published:
South Asia Development Forum International Bank for Reconstruction and Development / The World Bank 2014

Setting:
Regional

Type of Study:
Multi-country cross-sectional study

Availability/Accessibility:
<https://openknowledge.worldbank.org/bitstream/handle/10986/20153/9781464801716.pdf?sequence=1&isAllowed=y>

Summary:
This report examines the prevalence and the factors associated with various types of violence against women and girls in South Asia (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka). The report also highlights the gaps where intensive research or interventions might be undertaken. Its focus, themes, and organization, as well as its content and analyses, have benefited greatly from consultation, guidance, and direct inputs from experts in the public, nongovernmental organization (NGO), private, donor, and research sectors of South Asia.

Author's name:
Senanayake L

Title:
Gender-based Violence and Sexual and Reproductive Health and Rights: Looking at the Health Sector Response in the Asia-Pacific Region

Names and locations of the companies, published:
Published by the Asian-Pacific Resource & Research Centre for Women (ARROW), www.arrow.org.my Vol. 17 No. 2 2011

Setting:
Sri Lanka

Type of Study:
Review Article

Availability/Accessibility:
[www.knowviolenceinchildhood.org/.../Bhatla_et_al_2011_Gender%20based%20viole... 1](http://www.knowviolenceinchildhood.org/.../Bhatla_et_al_2011_Gender%20based%20viole...)

Summary:
The report explores the GBV situation in the Asia Pacific region in the contexts of sexual and reproductive health and rights and describes some of the key health sector responses in different countries including Sri Lanka.

Publication:
Book or Report by national or international agency

Journal Article or a publication in an abstract book of an international conference

International or Interagency Report

Unpublished Postgraduate Research

Key to the type of document

Publication:
Book or Report by national or
international agency

Journal Article or a publication
in an abstract book of an
international conference

International or
Interagency Report

Unpublished
Postgraduate Research

Key to the type
of document

Author's name:

Jayatilleke AC, Senanayake L, Tissera S, Gamage D, Weerakkodi T.

Title:

General practitioners' knowledge and attitudes on gender-based violence: a cross sectional study

Names and locations of the companies, published:

Presented at the In Proceedings of the Safety 2016 World Conference, Tampere, Finland, 17-21 September 2016

Setting:

Sri Lanka selected districts Puttlem and Anuradhapura

Type of Study:

a postal survey with all the registered full-time GPs using an anonymous self-administered structured questionnaire

Availability/Accessibility:

https://injuryprevention.bmj.com/content/22/Suppl_2/A157.2

Summary:

Majority of the GPs was male (70.5%) and 84.4% had obtained their MBBS degree at least 15 years before. Of all, 7.3% of the GPs were survivors, 2.1% were perpetrators, and 15.6% were both survivors and perpetrators of GBV. Majority agreed that GBV survivors rarely complain about GBV (95.9%), and 76.2% agreed that if asked in a gender sensitive manner, survivors will disclose GBV to GPs. However, 62.6% believed that because it is a private matter, GPs should not involve assisting survivors, unless they are requested to do so. Only 28.9% GPs knew that GBV can lead to suicides during pregnancy and only 29.4% knew that both spontaneous and induced abortions could be associated with GBV. Only 14.8% knew that domestic violence law covers emotional violence. Of all, 87% of the GPs believed that women's behaviour provoke GBV, and 74.8% believed that provocative dress is a reason for rape.

Author's name:

Anurudhi Edirisinghe, Maithree Wicramasinghe, Indira Kitulwatte, Anusha Edirisinghe, Udara Senarathne, Handun Wijewardena, A Patheswaran, P. Paranitharan, Annista Wijenayake, Nirmala Perera, Asvini Fernando, Dilini Chamali Walisundara.

Title:

Unnatural deaths of women and girls in Sri Lanka (Prevention and Justice)

Names and locations of the companies, published:

Population Matters Policy issue 06, United Nations Population Fund, Sri Lanka, February 2018

Setting:

Sri Lanka covering five selected provinces

Type of Study:

Retrospective study of data from case files of the Police, the Inquirer into Sudden Deaths and Judicial Medical Officers.

Availability/Accessibility:

file:///C:/Users/USER/Desktop/UNFPA%202018/Report%20on%20available%20literature/PolicyBrief06andAnnex_English_1.pdf

Summary:

729 unnatural female deaths were included in the study. Homicide, Suicide and accidents rates were found to be 23.6, 142.6 and 118.2 per million population per year respectively. 39% of homicides and 35% of suicides were due to IPV. 14% of Homicides and 29% of suicides were due to family disputes. 3 out of every 5 deaths the underlying reason was the inability to solve relationship issues/disputes

Author's name:

Anurudhi Edirisinghe, Maithree Wicramasinghe, Indira Kitulwatte, Anusha Edirisinghe, Udara Senarathne, Handun Wijewardena, A Patheswaran, P. Paranitharan, Annista Wijenayake, Nirmala Perera, Asvini Fernando, Dilini Chamali Walisundara.

Title:

Reportage of Unnatural deaths of women and girls in Sri Lankan newspapers

Names and locations of the companies, published:

Population Matters Policy issue 07, United Nations Population Fund, Sri Lanka, February 2018

Setting:

A national study on selected newspapers.

Type of Study:

Descriptive

Availability/Accessibility:

<https://srilanka.unfpa.org/en/publications/policy-brief-7-reportage-unnatural-deaths-women-and-girls-sri-lanka>

Summary:

The total of 152 articles from 3 newspapers were then analyzed thematically for their qualitative content. English reportage were short and entitled 'Police Logs'. In general, the total word count of the articles in the English papers was around 50 -100 words. However, in the Sinhala and Tamil papers, it ranged from 100 words to half a page. Sinhala articles were lengthy based on details gathered from inquests. The investigating officers were identified by name along with their badge numbers. The English articles provided information from which readers could draw their own conclusions. In contrast, both Sinhala and Tamil articles included statements and opinions from concerned parties. Often, there were misleading disjuncts between the sensationalist headlines and the content of an article, particularly in Sinhala newspapers. The lack of information and social analysis were camouflaged by sensationalist wording, graphics in Technicolor and lurid photographs.

Author's name:

Jayasuriya V1, Wijewardena K, Axemo P.

Title:

Intimate partner violence against women in the capital province of Sri Lanka: prevalence, risk factors, and help seeking.

Names and locations of the companies, published:

Violence Against Women. 2011 Aug;17(8):1086-102

Setting:

Sri Lanka

Type of Study:

A cross-sectional community survey in western province

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pubmed/21890530>

Summary:

This article presents findings from a cross-sectional community survey exploring intimate partner violence (IPV) against women in the Western province of Sri Lanka. Findings show that lifetime prevalence of physical violence (34%), controlling behavior (30%), and emotional abuse (19%) was high and the prevalence of sexual violence was low (5%). Young women and those with partners who abused alcohol/drugs and had extra-marital affairs are at increased risk of violence. Although living in a patriarchal society, low prevalence of child marriages and lack of dowry-related violence could be to Sri Lankan women's advantage relative to their Asian counterparts in preventing IPV

Publication:
Book or Report by national or
international agency

Journal Article or a publication
in an abstract book of an
international conference

International or
Interagency Report

Unpublished
Postgraduate Research

Key to the type
of document

Author's name:

Anupama Sirinivasen

Title:

Gender Violence as Insecurity: Research Trends in South Asia

Names and locations of the companies, published:

New Voices Series No.9 February 2011 Global Consortium on Security Transformation

Setting:

Regional

Type of Study:

Review of available literature

Availability/Accessibility:

<http://retro.prajnya.in/anugcst.pdf>

Summary:

The objective of this paper is to identify and analyze the state of research on gender violence in South Asia. In order to provide direction and suggest approaches, advocacy and activism to avoid the risk of becoming ad hoc. The nature, quality and accessibility of research make a tremendous difference to the service, advocacy and policy-making sectors that work on this issue.

Author's name:

Claudia Catani Email, Nadja Jacob, Elisabeth Schauer, Mahendran Kohila and Frank Neune

Title:

Family violence, war, and natural disasters: A study of the effect of extreme stress on children's mental health in Sri Lanka

Names and locations of the companies, published:

BMC Springer

Setting:

North-Eastern provinces

Type of Study:

Availability/Accessibility:

<http://retro.prajnya.in/anugcst.pdf>

Summary:

Aim of the present investigation was to establish the prevalence and predictors of traumatic stress related to war, family violence and the recent Tsunami experience in children living in a region affected by a long-lasting violent conflict and whether higher levels of war violence would be related to higher levels of violence within the family and whether this would result in higher rates of psychological problems in the affected children 82.4% of the children had experienced at least one war-related event. 95.6% reported at least one aversive experience out of the family violence spectrum. The consequences are reflected in a 30.4% PTSD and a 19.6% Major Depression prevalence. Data argue for a relationship between war violence and violent behaviour inflicted on children in their families. Both of these factors, together with the experience of the recent Tsunami, resulted as significant predictors of PTSD in children, thus highlighting the detrimental effect that the experience of cumulative stress can have on children's mental health.

Publication:
Book or Report by national or international agency

Journal Article or a publication in an abstract book of an international conference

International or Interagency Report

Unpublished Postgraduate Research

Key to the type of document

Author's name:

The College of Forensic Pathologists of Sri Lanka

Title:

National Guidelines on Examination, Reporting And Management Of Sexually Abused Survivors For Medico-Legal Purposes

Names and locations of the companies, published:

The College of Forensic Pathologists of Sri Lanka

Setting:

National

Type of Study:

Availability/Accessibility:

<http://medical.sjp.ac.lk/downloads/forensic-medicine/Medico%20Legal%20Purposes.pdf>

Summary:

National Guidelines on examination, reporting and management of sexually abused survivors for medico-legal purposes was developed through a process of adapting World Health Organization Guidelines for medico-legal care of victims of sexual violence and clinical management of rape survivors. The Guidelines were developed using a consultative process and it was piloted by the College in several hospitals and is now ready for national implementation through the Ministry of Health. The use of the guideline not only improves the quality of the medico-legal service to the examinee but also ensures the uniformity of the service provision at the national level.

Author's name:

Wijethilake K

Title:

Harsh Realities A pilot study of Gender-based Violence in the Plantation Sector

Names and locations of the companies, published:

Plantation Human Development trust

Setting:

Plantation Sector

Type of Study:

Descriptive

Availability/Accessibility:

Plantation Human Development Trust

Summary:

This study covered 7 estates in the Hatton District and 99% of the 356 women included were employed in the estates. Findings suggested that 83% of the women in the study had experienced GBV sometime during life with 67%,17%,12%,2%, 2% and 1% experiencing GBV at home, work, school, Kovil, bus and theater respectively .Predominant types of violence experienced were Physical (42%),Verbal (38%),Sexual(19%)

Publication:
Book or Report by national or international agency

Journal Article or a publication in an abstract book of an international conference

International or Interagency Report

Unpublished Postgraduate Research

Key to the type of document

Author's name:

K Wickramage, L Senanayake , N Mapitigama , J Karunasinghe , E Teagal

Title:

The need for an evidence-informed, multi-sectoral and community participatory action framework to address the practice of female genital mutilation in Sri Lanka

Names and locations of the companies, published:

Ceylon Medical Journal 2018; 63: 53-57

Setting:

National

Type of Study:

Review

Availability/Accessibility:

<https://cmj.sjoi.info/articles/abstract/10.4038/cmj.v63i2.8669/>

Summary:

The article looks in to the available evidence, both formal and Grey literature and briefly analyses the impacts of FGM and proposes a national framework to address the issue

Author's name:

Chulani Kodikara

Title:

Only until the rice is Cooked the Domestic Violence Act, Familial Ideology and cultural narratives in Sri Lanka

Names and locations of the companies, published:

Working paper No1.2012 International Center for Ethnic Studies (ICES)

Setting:

National

Type of Study:

Working Paper

Availability/Accessibility:

<http://www.wluml.org/sites/wluml.org/files/ICES%20Working%20Paper%20Series.pdf>

Summary:

The article looks in it the available evidence, both formal and Grey literature and briefly analyses the impacts of FGM and proposes a national framework to address the issue

Author's name:

Rasanjalee Perera M A N. Anusha Edirisinghe EAD.

Title:

Sexual violence against women in Sri Lanka: Cases in Rathnapura and Kelaniya Police Divisions

Names and locations of the companies, published:

Working paper No1.2012 International Center for Ethnic Studies (ICES)

Setting:

local

Type of Study:

Conference paper

Availability/Accessibility:

https://www.researchgate.net/publication/311887736_Sexual_violence_against_women_in_Sri_Lanka_Cases_in_Rathnapura_and_Kelaniya_Police_Divisions

Summary:

According to the annual Police Reports in Sri Lanka, severe sexual abuses, incest, trafficking, and abnormal sexual behaviour etc. have been increasing in the civil society recently. Taking into consideration of the situation, this study tried to identify the nature of the above crime, the relationship among time, space and crime, and the relationship between offender's alcohol use and sexual violence against women. 100 women who had been victimized to sexual violence in Rathnapura and Kelaniya Police Divisions who were randomly selected as the sample of the research. The open interview was used as the method of primary data collection. Secondary data were collected from books, magazines, research reports, police records, websites etc. This research found that space and time highly effect on such crimes. 69% of respondents who underwent rape while 22% of the others had been subjected to gang rape. And further there was a clear relationship with sexual violence activities and use of alcohol. When such crimes occurred 52% of the offenders had used alcohol.

Author's name:

Senanayake L

Title:

Domestic violence: an emerging concern in maternity care

Names and locations of the companies, published:

Sri Lanka Journal of Obstetrics and Gynaecology 2011; 33: 142-149

Setting:

Type of Study:

Review

Availability/Accessibility:

file:///C:/Users/USER/Downloads/4801-17017-1-PB%20(1).pdf

Summary:

The article describes in detail the impact of GBV particularly domestic violence in pregnancy on the mother and the baby. It also discusses the importance of screening women for IPV as a part of maternity care and the importance of going beyond medical care in addressing the issue

Author's name:

Senanayake SMHMK

Title:

Perpetrators of different offences against females related to sexual activities, examined in Teaching Hospital Anuradhapura in 2014

Names and locations of the companies, published:

Medico-Legal Journal of Sri Lanka, 2016;4(2)

Setting:

local Anuradhapura Hospital

Type of Study:

Journal Article

Availability/Accessibility:

file:///C:/Users/USER/Downloads/Perpetrators_of_different_offences_against_females.pdf

Summary:

During the year 2014, 243 female victims of offences related to sexual activities had been examined medico-legally at Teaching Hospital Anuradhapura. A retrospective study was done based on the medico legal examination forms belong to females examined for complaints related to sexual activities at the medico legal unit of T.H. Anuradhapura during the year 2014. Details about age, complaint and type of perpetrator were collected and analysed. According to the presenting complaint, eleven different offences related to sexual activities which had been perpetrated against the females were found. Among the perpetrators there were fathers, step fathers, grandfathers, other relatives, neighbours, and persons living in same village, boyfriends, friends, known persons and unknown persons. Perpetrators differ in different type of complaints. Known people were involved in 96.3% of sexual assaults. Father had been the perpetrator in 10/243 (4.1%) of cases which exceeding sex assaults by strangers (9/243 or 3.7%). Health education for prevention of sex assaults needs more attention on protecting females from known persons.

Author's name:

Sarah Fisher

Title:

Violence Against Women and Natural Disasters: Findings from Post-Tsunami Sri Lanka

Names and locations of the companies, published:

Volume: 16 issue: 8, page(s): 902-918 Article first published online: August 2, 2010; Issue published: August 1, 2010

Setting:

local Anuradhapura Hospital

Type of Study:

Journal Article

Availability/Accessibility:

<https://journals.sagepub.com/doi/abs/10.1177/1077801210377649>

Summary:

This article presents a qualitative study of violence against women in post-tsunami Sri Lanka. It examines the types of violence occurring throughout the disaster's emergency and later phases, and whether overall levels of violence increased. Explanatory factors and responses by different humanitarian actors are analyzed and recommendations made for future disaster management. It is argued that violence against women during natural disasters must be understood within the context of the violence against women that prevails in societies at "normal" times, which is exacerbated by disaster. Response therefore necessitates addressing both the social inequalities underlying women's vulnerability to violence and specific factors that "trigger" violence during disaster

Author's name:

Chulani Kodikara, Thiagi Piyadasa

Title:

An Exploratory Mapping of Domestic Violence Intervention Services in Sri Lanka An Exploratory Mapping 2009-2011 Revised Edition July 2012

Names and locations of the companies, published:

International Centre for Ethnic Studies (ICES) In collaboration with Women Defining Peace (WDP)

Setting:

National

Type of Study:

Situation Analysis

Availability/Accessibility:

<http://ices.lk/wp-content/uploads/2018/07/Domestic-Violence-1.pdf>

Author's name:

K. A. L. A. Kurupparachchi .Wijeratne L.T.

Title:

Domestic violence and female mental health in developing mental health in developing countries

Names and locations of the companies, published:

British Journal of Psychiatry 2005 187, 587-591.

Setting:

Local, Hospital based Colombo north

Type of Study:

Descriptive study quoted in the correspondence

Availability/Accessibility:

https://www.cambridge.org/core/services/aop-cambridge-core/content/view/C1118B267D5D4E166EBB8CB61A1BF777/S0007125000168886a.pdf/domestic_violence_and_female_mental_health_in_developing_countries.pdf

Summary:

A survey at the out-patient department of the North Colombo Teaching Hospital in Ragama, found that 40.7% of women had been abused by their partners. The abuse was physical as well as verbal, emotional and sexual and most women reacted in a submissive manner: 79% of those abused have stayed in their marriages for more than 10 years. This submissive behaviour could be because Sri Lankan women usually lack the means to leave their husbands and live independently and the fact that society looks down upon such women

Author's name:

Susan Rees, Eileen Pittaway, Linda Bartolomei

Title:

Waves of Violence - Women in Post-Tsunami Sri Lanka

Names and locations of the companies, published:

The Australasian Journal of Disaster and Trauma Studies Volume: 2005-2 ISSN: 1174-4707

Setting:

Local North

Type of Study:

Descriptive Study

Availability/Accessibility:

<http://trauma.massey.ac.nz/issues/2005-2/rees.htm>

Summary:

Children were disproportionately affected because they are small and are often dependent on adults, and many women died trying to care for their children and other family members. In Sri Lanka, the second wave of brutality affecting women is not from a natural source; it is caused from an increase in incidents of rape and domestic violence. A number of women's groups in Sri Lanka undertook fact-finding missions within the days following the Tsunami. The groups reported a culture of denial among some camp committees, medical staff, police and religious leaders. The prominent finding of male dominance and its negative implications is one that underscores the importance of the longer-term vision for structural change to address gender inequality in Sri Lanka. In responding to disaster, interventions need to be developed around the existing skills and knowledge of women, who are the time-honoured custodians of community knowledge, social networks and community development. The capacity of women to mobilize people and manage change should not be underestimated. Rather than feeling that their voices cannot be safely heard, opportunities for women to engage in management and decision making related to all levels of crisis response and reconstruction should be offered.

Author's name:

Sepali Kottegoda

Title:

In the Aftermath of the Tsunami Disaster: Gender Identities in Sri Lanka

Names and locations of the companies, published:

Isis International

Setting:

National

Type of Study:

Policy Dimensions

Availability/Accessibility:

https://www.isiswomen.org/index.php?option=com_content&view=article&id=910&Itemid=346

Summary:

This paper examines the impact of notions of gender roles on people's survival when the tsunami occurred in Sri Lanka. It looks at gender in two principal dimensions: firstly, the way gender figured significantly during the actual disaster and in the immediate aftermath of rescue and relief activity, and secondly, the incorporation of gender in the policy and programme responses. The disaster which struck almost two thirds of the coast line of Sri Lanka on December 26, 2004, resulted not only in thousands of lives lost and trauma for the survivors, but also the destruction of homes and infrastructure worth hundreds of millions of dollars. The tsunami killed 35,322 people and displaced close to a million and affected almost two-thirds of the country's coastal areas. 3 The word "tsunami" which, until then, had been vaguely associated by Sri Lankans with sea phenomena occurring in distant countries, is now very much a part of Sri Lankan vocabulary whether it is Sinhala or Tamil.

Publication:
Book or Report by national or international agency

Journal Article or a publication in an abstract book of an international conference

International or Interagency Report

Unpublished Postgraduate Research

Key to the type of document

Author's name:

M Carballo, M Hernandez, K Schneider, and E Welle

Title:

Impact of the Tsunami on reproductive healtha

Names and locations of the companies, published:

Journal of the Royal Society of Medicine. 2005 Sep; 98(9): 400-403

Setting:

Global

Type of Study:

Descriptive Study

Availability/Accessibility:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1199634/#ref20>

Summary:

The Tsunami affected reproductive health in many ways. It caused sex-specific death on a scale that has devastated families and family life. In doing so it placed many people in a new type of vulnerability that will require highly creative policies and strategies to overcome. It also devastated many of the healthcare services that are essential to sound antenatal care and delivery, killing large numbers of midwives in Indonesia and medical personnel in other countries, and destroying vital physical infrastructures.

In disrupting so many families and communities and causing one of the greatest displacements of people ever seen, the Tsunami also created conditions that are likely to bring new threats and challenges to women and girls. Securing their health will have to include protection as well as good-quality healthcare.

Many relief organizations failed, as in previous disasters, to give adequate priority to reproductive health. The various complements are vital to individual, family and public health, and their neglect will only set back the health reconstruction effort, especially in populations where the reproductive health indicators were cause for concern even before the Tsunami.

Author's name:

Mandated by National Committee of Women

Title:

'Violence against Women in the Plantation Sector Lessons from a Study in Badulla District Sri Lanka

Names and locations of the companies, published:

National Committee of Women

Setting:

Badulla District

Type of Study:

Descriptive Study Qualitative and Quantitative Combined

Availability/Accessibility:

NCW

Summary:

A study in Badulla district covering ten plantations/estates representing rural and urban communities. Questionnaire survey among 500 women, Key informant Interviews and 16 case studies illustrating significant factors the respondents were asked to mention about their experience of facing such violence. More than 90% of the 515 women interviewed mentioned that they have faced at least one such incident in their life. The husband was the perpetrator in 90% of the women interviewed with 36.60 experiencing emotional violence, 21% physical violence, 89% economic violence in the form of taking the salary against her will. 11% of women declared that they have been violated during pregnancy The authors identified the following critical issues related to violence against women in the plantation sector: The existing socio-economic conditions of the plantation , the level of formal education is extremely low they are significantly less informed living in line rooms where lack of space for a family is very limited leading to serious social /psychological issues, mobility is confined from the line rooms to work on the estate.

Author's name:

CENWOR Mandated by National Committee of Women

Title:

Cyber Violence

Names and locations of the companies, published:

National Committee of Women

Setting:

Sri Lanka

Type of Study:

Descriptive Study Qualitative and Quantitative Combined

Availability/Accessibility:

NCW

Summary:

The study was based on a review of complaints made to the National Committee on Women (NCW) via its Hotline, and information on a few cases provided by the Cyber Crime Unit of the Criminal Investigation Department (CID), stakeholder interviews, focus group discussions, online surveys that included the members of the Gender based Violence Forum, and Internet users, a scan of media reports, an extensive search of the Internet including gossip sites and blogs, and a review of comments on relevant news items online. The review of incidents showed that those who had been subjected to online violence were mainly unmarried adolescent girls and young adults although older, married and widowed women were also victims of such acts of violence. In a large number of cases the perpetrator was known to the victim but a significant number of women and adolescents had been harassed and abused by unknown persons. Both the victim and perpetrator were not confined to a socio-economic, ethnic or religious group. Except for a few, the victims were educated, employed in the public and private sectors, undergraduates and students, self-employed women and housewives. Three categories of cyber sexual violence were identified, namely i) sexual harassment and abuse by distributing or threatening to distribute the female's naked images through web sites, social media platforms, peer to peer networks, SMS and MMS, nuisance calls and obscene SMS and MMS, and hate speech; ii) blackmail, extortion and sextortion and trade in naked images; and iii) pornography

Author's name:

Zainab Ibrahim and Ermiza Tegal

Title:

Towards Understanding Female Genital Cutting in Sri Lanka 2019

Names and locations of the companies, published:

Family Planning Association of Sri Lanka and International Planned Parenthood Federation

Setting:

National

Type of Study:

Qualitative study to study the landscape followed by with women who had undergone using a interpretative phenomenological analysis (IPA)

Availability/Accessibility:

Family Planning association of Sri Lanka

Summary:

This report details the practice of Female Genital Cutting as described by these women. Experiences broadly corresponded to Type 1 (partial or total removal of the clitoris or prepuce) and Type 4 I (including all other medically unnecessary procedures, piercing nicking etc) It provides an insight in to the nature of the practice, the wide diversity of reasons given for the practice and describes what women consider physical and psycho social impacts and their views on support and services



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