

Prevalence of Different Types of Intimate Partner Violence among Ever-Married Women: A Sri Lankan Study

H Parween Reyal¹, K Manuja N Perera² and G N Duminda Guruge³

¹Lecturer (Prof.), Department of Health Promotion, Faculty of Applied Sciences, Rajarata University of Sri Lanka, SRI LANKA

²Senior Lecturer, Department of Public Health, Faculty of Medicine, University of Kelaniya, SRI LANKA

³Senior Lecturer, Department of Health Promotion, Faculty of Applied Sciences, Rajarata University of Sri Lanka, SRI LANKA

¹Corresponding Author: parweenreyal@as.rjt.ac.lk

ABSTRACT

This study examined the prevalence of intimate partner violence (IPV) among a sample of 600 ever-married women from a representative health administrative area located in the Kandy district of Sri Lanka. IPV was assessed using the world health organization (WHO) instrument developed for use in the WHO multi-country study on women's health and domestic violence against women. Among all participants 59.5% (n=357) have experienced any type of abuse (any form of physical, psychological, sexual abuse and controlling behaviour) at least once during their lifetime. Out of the total 41.3% (n=248) have experienced abuse (any form of physical, psychological and sexual abuse) during the last 12 months. Considering the lifetime IPV experiences, 39.5% (n=237) reported physical abuse, 39% (n=234) reported psychological abuse, 12.3% (n=74) reported sexual abuse and 31.3% (n=188) reported generally controlling behaviour by the partner. During the last year 14.8% (n=89) have been physically, 26.3% (n=158) have been psychologically and 7.17% (n=43) have been sexually abused. The present study reveals high lifetime and past year prevalence of IPV compared to other recent studies conducted in Sri Lanka. Furthermore, different types of IPV acts were present with chronic and severe experiences. Hence, interventions should focus on different types of IPV and various abusive behaviours. Further studies are needed to assess the association of different types of IPV and the contributory factors.

Keywords-- Physical Abuse, Psychological Abuse, Sexual Abuse, Controlling Behaviour

I. INTRODUCTION

Intimate partner violence (IPV) is a major public health problem in many developing and developed countries. Among ever-partnered women, global lifetime prevalence of IPV is 30% (Devries et al., 2013; World Health Organization, 2013; WHO, 2016). Prevalence of physical and/or sexual IPV during lifetime was highest among the South-East Asian region, among the classified six WHO regions (37.7%). However, among the 21 global burden of disease (GBD) regions, the South East Asian region has reported a prevalence of 27.99% (WHO, 2013). East Asia has reported the lowest prevalence of

16.3% while the Central sub-Saharan Africa has reported the highest prevalence of 65.6% (WHO, 2013). Prevalence of IPV is estimated between 18.3% and 60% in Sri Lanka (Senanayake, Navaratnasingam, & Moonesinghe, 2008). A recent review reported a lifetime IPV prevalence between 25% and 35% among ever-married women in Sri Lanka (Guruge, Jayasuriya-Illesinghe, Gunawardena, & Perera, 2015).

IPV has wide spread consequences on both men and women with physical, psychological and reproductive health issues and socio-economic impact (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; WHO, 2012, 2013; WHO and LSHTM, 2010). Recently it was suggested to consider IPV as, 'physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (Breiding, Basile, Smith, Black, & Mahendra, 2015). Common classification of IPV is based on the type of act (physical, sexual, psychological abuse and controlling behaviours), the perpetrator (male and female) and the relationship (heterosexual and homosexual relationships as dating, engaged and cohabiting) (Ali, Dhingra, & McGarry, 2016; Johnson & Ferraro, 2000; Krug et al., 2002; WHO, 2005). Among the three classifications, the most common type of classification is based on the type of act. WHO multi-country study on women's health revealed that the prevalence of IPV significantly varied in terms of types of IPV (WHO, 2005). Lifetime physical violence is between 13% and 61%, sexual violence is between 6% and 59%, emotional abuse and controlling behaviours between 20% and 75% (WHO, 2005). Although there are many research findings on overall prevalence of IPV in Sri Lanka, the research on prevalence of different types of IPV acts are rare. Only a limited number of studies reveal varying frequencies of physical, sexual, emotional abuse and controlling behaviour where physical violence is mainly reported (Guruge et al., 2015). Furthermore studies have not documented how different abusive acts are prevalent in Sri Lanka. Hence, this study attempts a) to identify the prevalence of different types of IPV and b) to explore the different abusive acts using a standardized questionnaire in a representative study setting of Sri

Lanka.

II. METHOD

A cross-sectional survey was conducted in the Nawalapitiya MOH (Medical Officer of Health) area consisting of a population of 59,917. It was purposively selected to capture a representative population of women in urban, rural and estate sectors with a satisfactory representation of Sinhalese, Buddhist and other ethnic communities. Ever-married women in between the age group 15 to 49 years were selected as the study population excluding the women with diagnosed mental illnesses and women with cognitive impairments. The sample size of 630 was calculated using an equation for cluster sampling and further increased to 693 to compensate non-response or non-participation errors. (Naing, Winn, & Rusli, 2006). It was rounded up to 700 to consider a cluster size of 20 for 35 clusters. Accordingly 1st stage was a simple random sampling with consideration of ten Public Health Midwife (PHM) areas out of 27 PHM areas. The second stage was probability proportion to size with a selection of 35 villages/weighing centers as clusters. The final stage was a simple random sampling of selecting households/ participants of weighing centers.

The pretested interviewer-administered questionnaire included the prevalence related questions adhered to the WHO ethical guidelines for the conduct of Violence Against Women (VAW) research and uses the WHO VAW instrument developed for use in the WHO multi-country study on women's health and domestic

VAW. It incorporates sections 07, 08 and 09 from the WHO study questionnaire (Ellsberg & Heise, 2005). The questionnaire was translated to the local languages (i.e. Sinhala and Tamil) and pretested in a similar MOH area. Four research assistants were recruited and trained for data collection. The study participants were given an information sheet to explain the purpose and procedures of the study. The written informed consent was obtained from the respondent/s before conducting the interviews. In illiterate respondents, a literate person known by the respondent witnessed that the respondent is fully aware of the provided information. Potential risks and discomforts of discussing personal experiences were explained. To ensure the privacy and the confidentiality, the information was kept in an anonymous way ensuring the availability of the required information.

Data was initially entered to Microsoft Excel and Statistical Package for the Social Sciences (SPSS) was used to analyze data. Descriptive summaries were used to describe the types of different IPV prevalence. The research received ethical clearance from the Ethics Review Committee of the Faculty of Applied Sciences, Rajarata University of Sri Lanka (Ref No. ERC/007/16). The administrative clearance was obtained from Kandy regional director of health services, Sri Lanka.

III. RESULTS

Study participants

Socio-demographic characteristics of the study population is presented in the Table 1.

Table 1: Socio-demographic characteristics of the study population

Socio-demographic characteristic	Total (N = 600) No. (%)
Sector of residence	
Urban	240 (40)
Rural	180 (30)
Estate	180 (30)
Age category	
15 – 19	9 (1.5)
20 – 29	211 (35.2)
30 – 39	279 (46.5)
40 – 49	101 (16.8)
Marital status	
Married	580 (96.7)
Divorced/Separated	13 (2.2)
Cohabit	1 (0.2)
Widowed	6 (1.0)
Educational status	
No schooling	21 (3.5)
Grade 1 – 8	71 (11.8)
Grade 9 – G.C.E. O/L	214 (35.7)
Passed G.C.E. O/L	125 (20.8)
G.C.E. A/L	45 (7.5)
Passed G.C.E. A/L	105 (17.5)

Diploma, degree, higher degree	19 (3.2)
Employment status	
Housewives	449 (74.8)
Employed/Self employed	151 (25.2)
Household income category	
<Rs. 20,000	120 (20.0)
Rs.20,001 – 34,999	169 (28.2)
Rs.35,000 – 49,999	111 (18.5)
Rs.50,000 – 74,999	115 (19.2)
Rs.75,000 ≤	39 (6.5)
Don't know, Refused / No answer	46 (7.7)
Number of household members category	
< 3 members	13 (2.2)
3 – 6 members	491 (81.8)
3 < members	96 (16.0)

Abbreviations: G.C.E. O/L – General Certificate of Education - Ordinary level; G.C.E. A/L – General Certificate of Education - Advanced level; Rs. – Sri Lankan Rupees

Lifetime and past year prevalence of any abuse

Among all participants 59.5% (n=357) have experienced any type of abuse (any form of physical, psychological, sexual abuse and controlling behaviour) at least once during their lifetime. Out of all participants 41.3% (n=248) have experienced abuse (any form of

physical, psychological and sexual abuse) during the last 12 months. Distribution of participants according to reported physical, psychological and sexual violence is presented in the Table 2.

Table 2: Distribution of participants according to reported physical, psychological and sexual violence

Type of abuse/act of abuse	Prevalence of abuse (N=600)			Frequency of abuse			
	Lifetime physical violence	During the past 12 months	Before the past 12 months	Occurrence of act during the past 12 months		Occurrence of act before the past 12 months	
				Single act	Multiple acts	Single act	Multiple acts
n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Physical abuse							
Physical abuse (any)	237 (39.5)	89 (14.8)	148 (24.7)				
Slapping or thrown an object	230 (38.3)	82 (13.7)	148 (24.7)	26 (31.7)	56 (68.3)	54 (36.5)	94 (63.5)
Pushed or shoved or pulled hair	64 (10.7)	28 (4.7)	36 (6.0)	4 (14.2)	24 (85.8)	7 (19.4)	29 (80.5)
Hit with fist or with an object that could hurt	43 (7.2)	26 (4.3)	17 (2.8)	7 (26.9)	19 (73.1)	2 (11.8)	15 (88.2)
Kicked, dragged or beat	33 (5.5)	16 (2.7)	17 (2.8)	5 (31.2)	11 (68.8)	2 (11.8)	15 (88.2)
Choked or burnt	21 (3.5)	7 (1.2)	14 (2.3)	2 (28.6)	5 (71.4)	5 (35.7)	9 (64.3)
Threatened to use or actually used a weapon	22 (3.7)	9 (1.5)	13 (2.2)	3 (33.3)	6 (66.6)	3 (23.1)	10 (76.9)
Psychological abuse							
Psychological abuse (any)	234 (39)	158 (26.3)	76 (12.7)				

Being insulted or made feel bad	150 (25.0)	102 (17.0)	48 (8.00)	8 (7.8)	94 (92.2)	7 (14.6)	41 (85.5)
Belittled or humiliated	77 (12.8)	43 (7.17)	34 (5.67)	6 (14)	37 (86.1)	2 (5.9)	32 (94.1)
Scared or intimidated	161 (26.8)	112 (18.7)	49 (8.17)	15 (13.4)	97 (86.6)	4 (8.2)	45 (91.8)
Being threatened to hurt	30 (5.0)	21 (3.50)	9 (1.50)	3 (14.3)	18 (85.8)	1 (11.1)	8 (88.9)
Sexual abuse							
Sexual abuse (any)	74 (12.3)	43 (7.17)	31 (5.17)				
Forceful sexual intercourse	48 (8.0)	26 (4.33)	22 (3.67)	0 (0.0)	26 (100)	1 (4.5)	21 (95.5)
Having sexual intercourse due to afraid	57 (9.5)	33 (5.50)	24 (4.00)	0 (0.0)	33 (100)	1 (4.2)	23 (95.8)
Degrading or humiliating sexual behavior	20 (3.3)	14 (2.33)	6 (1.00)	1 (7.1)	13 (92.9)	0 (0.0)	6 (100)

Prevalence and frequency of physical violence

Among the participants, 39.5% (n=237) were physically abused by the partner at least once during their lifetime. The most common type of physical violence experienced by the participants was slapping or objects thrown at them (n=230, 38.3%). Severe types of physical violence such as choking or burning (3.5%, n=21) threatening to use or actually using a weapon (3.7%, n=22) were also reported. Past year prevalence of physical violence was 14.8% (n=89). Prevalence during the past 12 months was high for slapping or thrown objects (n=82, 13.7%). Among the physically abused, experiences of multiple acts were higher compared to single acts.

Prevalence and frequency of psychological violence

Out of the 600 women, 39% (n=234) stated they have been psychologically abused by the partner at least once during the lifetime. At least one of four women in the study population was scared or intimidated (n=161, 26.8%) and being insulted or made feel bad about own self (n=150, 25.0%). Among the psychologically abused, 5% (n=30) have experienced being threaten of being hurt of own selves or someone that they care. Among the women who were psychologically abused during the past 12 months 18.7% (n=112) was scared or intimidated on purpose where 17.0% (n=102) was being insulted or

made feel bad about own self. More than 85% of those who experienced psychological abuse experienced it multiple times.

Prevalence and frequency of sexual abuse

Among the respondents 12.3% (n=74) experienced sexual abuse and 9.5% (n=57) stated they engage in sexual intercourse because they are afraid to refuse. Prevalence of sexual violence during the past year was high compared to the occurrence of sexual abuse before the past year. All women those experienced sexual abuse, reported multiple times except only one (7.1%) reporting a single act of degrading or humiliating sexual behaviour.

Generally controlling behaviours

Distribution of participants according to reported generally controlling behaviours is presented in the Table 3. Out of the respondents, 31.3% (n=188) reported being generally controlled by the partner. As presented in the Table 3, restrictions were identified on relationships with their own families (n=63, 10.5%) and friends (n=69, 11.5%). Further, 16% (n=96) of the participants reported that their partners get angry if they talk to another man while 11.8% (n=71) reported their partners being suspicious. Only 8.5% (n=51) reported that their partners expected asking permission before seeking health care.

Table 3: Distribution of participants according to reported generally controlling behaviours

Controlling behaviour	Response (N=600)		
	Yes	No	No answer/ Don't know
	N	N	n
Tries to keep away from seeing friends	69 (11.5)	531 (88.5)	0 (0.0)
Tries to restrict contact with the family	63 (10.5)	537 (89.5)	0 (0.0)

Insists on knowing where the partner is	48 (8.0)	552 (92.0)	0 (0.0)
Ignores and treats indifferently	58 (9.7)	542 (90.3)	0 (0.0)
Gets angry if spoken with another man	96 (16.0)	502 (83.7)	2 (0.3)
Often suspicious about being unfaithful	71 (11.8)	528 (88.0)	1 (0.2)
Expects to ask permission before seeking health care	51 (8.5)	548 (91.3)	1 (0.2)

IV. DISCUSSION

The present study reveals that at least three in five women have experienced some kind of IPV during their lifetime while two in five women would have experienced it during the past year. This figure of the present study reveal higher IPV in terms of physical, psychological, sexual abuse and controlling behaviour compared to the prevalence identified in other studies conducted in Sri Lanka and the reported national IPV prevalence (Guruge et al., 2015; Jayasuriya, Wijewardena, & Axemo, 2011; Jayatilleke et al., 2011). This may be due to that the results been generated from a community based survey and including a study sample of multi-ethnic community representing women from all three sectors (urban, rural and estate) of Sri Lanka. However, the reported lifetime prevalence lies between the range of estimates presented by the WHO multi-country study on women's health and domestic VAW(WHO, 2005).

IPV prevalence vary based on the type of IPV. The present study report similar IPV prevalence in terms of physical and psychological abuse during lifetime. Some studies reported high physical abuse (34.4%) with low prevalence of emotional abuse (19.3%) with a major deviation (Jayasuriya et al., 2011). Yet, certain studies report similar prevalence of physical abuse (32.2%) and psychological abuse (34.2%) (Alangea et al., 2018). However, the association of different types of abuse is unclear. Sexual abuse is the least form of IPV reported from Sri Lanka with a range between 5% to 18% (Guruge et al., 2015). Consistently the present study revealed a sexual prevalence of 12.3% with a common behaviour of women engaging in sexual intercourse due to afraid of the partner. This also reflects a psychological abuse where a Sri Lankan study indicated sexual abuse does not occur isolately (Jayatilleke et al., 2011). Controlling behavior reported by this study (31.3%, n=188) is similar to a prevalence reported in a Sri Lankan study (30.1%, n=218) (Jayasuriya et al., 2011). Studies have identified controlling behaviours co-occurs in violent relationship with physical and sexual violence (WHO, 2012). However, the present study does not examine the association of different types of IPV.

Compared to prevalence before the past year, physical abuse (14.8%) was low and both psychological (26.3%) and sexual abuse (7.17%) during the past year

were high. Slapping or throwing objects was the most common type of physical violence experienced by the participants. Reporting choking or burning, threatening to use or actually using a weapon indicated the presence of severe types of physical violence. Presence of severe IPV acts requires a serious response to address IPV. The most common acts of psychological acts were making scared or intimidated and being insulted or made feel bad about own self. The most common sexual act behaviour was having sexual intercourse due to afraid. Among the physically, psychologically and sexually abused, experiences of multiple acts were higher compared to single acts. More than 50% of victims of psychological and sexual abuse, experienced it during the past year mainly as multiple acts. Compared to physical abuse, presence of psychological and sexual abuse continues in relationship. Among them, physical abuse and psychological abuse was much common followed by being controlled by the partner.

Comparison of IPV prevalence using a standardized questionnaire with same study procedures produce strong evidences on reported IPV prevalence of Sri Lanka. Though violence is often under-reported as a sensitive topic, the reported high prevalence indicates that millions of women are suffering from violence in intimate partnerships (Krug et al., 2002; Watts & Zimmerman, 2002). However, social desirability bias and recall bias would have underestimated the IPV occurrences. Yet, validity of past year prevalence of IPV increase compared to the lifetime prevalence of IPV (Gil-González, Vives-Cases, Ruiz, Carrasco-Portiño, & Álvarez-Dardet, 2008).

V. CONCLUSIONS

This study identifies high prevalence of IPV in the study population. Physical abuse, psychological abuse and controlling behaviour are more prevalent than sexual abuse. Presence of severe IPV acts requires an urgent intervention as a public health issue. Interventions should focus on different types of IPV. Both well perceived forms of abuse such as physical abuse and less perceived forms of abuse such as psychological abuse and controlling behaviour should be treated as important health concerns of women. Furthermore research is required to explore the patterns, associations of types of IPV and to examine the factors associated with different types of IPV.

ACKNOWLEDGMENTS

The authors acknowledge all the study participants, staff of the Nawalapitiya and Gampola MOH office and the four research assistants of the study.

REFERENCES

- [1] Alangea, D. O., Addo-lartey, A. A., Sikweyiya, Y., Chirwa, E. D., Coker-Appiah, D., Jewkes, R., & Adanu, R. M. K. (2018). Prevalence and risk factors of intimate partner violence among women in four districts of the central region of Ghana: Baseline findings from a cluster randomised controlled trial. *Plos One*, 13(7), 1–19.
- [2] Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31, 16–25. doi: <https://doi.org/10.1016/j.avb.2016.06.008>
- [3] Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. (2015). *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements*, (Version 2.0). Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
Available at: <https://stacks.cdc.gov/view/cdc/31292>
- [4] Devries, K. M., Mak, J. Y. T., Garcia-Moreno, C., Petzold, M., Child, J., Falder, G., Lim, S, Bacchus, L. J., Engell, R. E., Rosenfeld, L., Pallitto, C., Vos, T, Abrahams, N Watts, C. H. (2013). The global prevalence of intimate partner violence against women. *Scienceexpress*, 340(6140), 1527–1528.
doi: <https://doi.org/10.1126/science.1121400>
- [5] Ellsberg, M., & Heise, L. (2005). Researching violence against women. In: A Practical Guide for Researchers and Activists. Washington DC, UNITED STATES: World Health Organization, PATH.
Available At:
<https://www.paho.org/hq/dmdocuments/2017/Violence-Against-Women-2017-03ws-Researching-Vawg-Practical-Guidance-Researchers-WHO2005.Pdf>
- [6] Gil-González, D., Vives-Cases, C., Ruiz, M. T., Carrasco-Portiño, M., & Álvarez-Dardet, C. (2008). Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: A systematic review. *Journal of Public Health*, 30(1), 14–22.
doi: <https://doi.org/10.1093/pubmed/fdm071>
- [7] Guruge, S., Jayasuriya-Illesinghe, V., Gunawardena, N., & Perera, J. (2015). Intimate partner violence in Sri Lanka: a scoping review. *Ceylon Medical Journal*, 60(4), 133–138. doi: <https://doi.org/10.4038/cmj.v60i4.8100>
- [8] Jayasuriya, V., Wijewardena, K., & Axemo, P. (2011). Intimate partner violence against women in the capital province of Sri Lanka: prevalence, risk factors, and help seeking. *Violence Against Women*, 17(8), 1086–1102. doi: <https://doi.org/10.1177/1077801211417151>
- [9] Jayatilleke, A., Poudel, K. C., Sakisaka, K., Yasuoka, J., Jayatilleke, A. U., & Jimba, M. (2011). Wives'

attitudes toward gender roles and their experience of intimate partner violence by husbands in Central Province, Sri Lanka. *Journal of Interpersonal Violence*, 26(3), 414–432.

doi: <https://doi.org/10.1177/0886260510363420>

[10] Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and Family*, 62(4), 948–963.

doi: <https://doi.org/10.1111/j.1741-3737.2000.00948.x>

[11] Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). World report on violence and health. Geneva. World Health Organization.

Available at:

https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf?sequence=1

[12] Naing, L., Winn, T., & Rusli, B. (2006). Practical issues in calculating the sample size for prevalence studies. *Archives of Orofacial Sciences*, 114(3), 9–14.
doi:

<https://doi.org/10.1146/annurev.psych.60.110707.163629>

[13] Senanayake, L., Navaratnasingam, J., & Moonesinghe, L. (2008). Domestic violence. In National Report on Violence and Health in Sri Lanka. Colombo: World Health Organization. pp. 37–51.

[14] Watts, C., & Zimmerman, C. (2002). Violence against women: Global scope and magnitude. *The Lancet*, 359(9313), 1232–1237.

doi: [https://doi.org/10.1016/S0140-6736\(02\)08221-1](https://doi.org/10.1016/S0140-6736(02)08221-1)

[15] WHO. (2005). *WHO multi-country study on women's health and domestic violence against women. In: Initial results on prevalence, health outcomes and women's responses*. WHO. Available At:

<https://www.who.int/reproductivehealth/publications/violence/24159358X/en/>

[16] WHO. (2012). *Understanding and addressing violence against women. In: Intimate partner violence (Vol. WHO/RHR/12.36)*. WHO. Available At:

https://www.who.int/reproductivehealth/topics/violence/vaw_series/en/

[17] WHO. (2013). *Global and regional estimates of violence against women. In: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. WHO.

Available At:

<https://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>

[18] World Health Organization and London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women In: Taking action and generating evidence*. WHO. GENEVA. Available At:

<https://www.who.int/reproductivehealth/publications/violence/9789241564007/en/>

[19] World Health Organization. (2016). Violence against Women. WHO. Available At:

<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>