

Help seeking behaviour of women facing sexual violence by intimate partners in Sri Lanka

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Original Article

Abstract

Introduction: Intimate partner violence (IPV) is a social, economic and health concern affecting women world over. In 1993, the UN adopted the agreement to eliminate all forms of violence against women, leading many countries to adopt measures to curb IPV. Despite these measures, it persists and is more so in the case of sexual violence. According to the Women's Well-being Survey (WWS)-2019 conducted by the Department of Census and Statistics, Sri Lanka, 20.4% of women have experienced physical and/or sexual violence and 6.8% sexual violence by a partner in their lifetime.

Methods: This study provide a descriptive analysis as to: a) disclose the behaviour of women victims; b) identify who among the victims of sexual violence seek help and who does not; c) examine if help is sought, from which type of person/s or institutions/organizations it is sought; and d) analyse the association between selected characteristics of women and help seeking; and e) reasons for seeking or not seeking help. The study is based on secondary data using the WWS-2019. The WWS sample was 2100 ever partnered women aged 15 years and above.

Results: Among them, 148 reported sexual violence by an intimate partner. The analysis was based on these 148 women. Among them, 79.7% have stated that someone about their intimate partner's sexual violent behaviour, while 20.3% have not told anyone. Among those who disclosed, the majority have discussed with a parent (63.0%) and 53.4% with a sibling. In addition, 52.1% have discussed this with the police. Among those who disclosed, 49.6% have sought help while 50.4% did not.

Conclusion: The study concludes that help-seeking avoidance is a pervasive issue transcending demographic and socio-economic boundaries, with a significant proportion of women either not seeking help or relying solely on informal sources.

Key Words: Gender, intimate partner, sexual violence, help seeking, empowerment

Introduction

Intimate partner violence (IPV) is a social, economic and health concern affecting women around the world, irrespective of their different backgrounds. It is estimated that the global prevalence of physical and/or sexual intimate partner violence among all ever-partnered women was 30.0% [1], and according to a study reviewing data from 81 countries [2], South Asia where Sri Lanka is located, has the second highest prevalence of IPV. According to the United Nations – UN (2024) approximately 51,100 women and girls were killed by their intimate partners or other family members in 2023 [3]. The reported figure is alarming, but, it is likely to be higher given the scarcity of data in this area. In March 1993, the UN adopted the agreement to eliminate all forms of violence against women, leading many countries to adopt laws and strategies to curb the issue. Despite this, IPV persists, and is difficult to eliminate. This is more so in the case of intimate partner sexual violence (IPSV) which can occur within a current or former relationship. According to Barker *et al.* (2019) IPSV is “an important but often overlooked form of gender-based violence” (p.363) [4]. The World Health Organization (WHO) defines sexual violence as: ‘Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work’[5] and IPSV includes acts such as physically forced penetrative sex, birth control sabotage, pregnancy pressure, coerced abortion, unwanted humiliation during sexual acts and withholding money contingent on sex [6]. Research on IPV in the country was initiated in the 1980s [7]. Findings on prevalence differ as these

studies are done in different parts of the country and contexts. How violence is defined and measured also differs [8-11]. Thus, an accurate picture is not possible. What can be gathered is that IPV is prevalent and that the consequences are severe.

At national level, the Demographic and Health Survey-DHS 2016, Sri Lanka [12] reports that 17% of ever-married women have undergone domestic violence by an intimate partner. IPV is commonly termed as ‘domestic violence’ though domestic violence is broader [13]. The Women’s Well-being Survey (WWS) 2019 conducted by the DCS mainly focusing on gender-based violence indicates that 20.4% of the ever-partnered women have encountered IPV [14]. DHS further reports that domestic violence by an intimate partner is higher among older women, urban residents, those in the lowest wealth quintile and women with primary education. However, the WWS indicates that violence is more prevalent in the estate sector and that women aged 45-50 are more prone to experiencing physical IPV, indicating disparities at the national level. The WWS findings also indicate that violence faced by women physically or sexually from a partner is higher than violence encountered from other persons. This indicates the gravity of IPV within the broader context of violence against women in Sri Lanka.

In 1981, Sri Lanka was one of the first countries in the South Asian region to ratify the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The country later also subscribed to the Beijing Platform of Action to Prevent Violence Against Women. Yet, Sri Lanka continues to be a country with relatively high prevalence of IPV

[7,15,16]. Studies on IPV, and particularly IPSV remain very limited in Sri Lanka. However, a similar focus is also given in studies that look at domestic violence. Domestic violence is most often used for IPV and comprises a range of violent acts including sexual violence. Research on IPV in the country can be identified from the 1980s [7]. However, most of these are micro studies pertaining to specific areas or groups, and the definitions of violence are not consistent across them. Hence findings on prevalence differ and it is not possible to project an accurate picture [8-11,17]. For example, a study done by Upekshika (2023) in Lihiniyawa West Grama Niladhari Division Western Province notes a prevalence of 6% in sexual violence under domestic violence [18]. In another study done by Vidanapathirana (2014) in a tertiary care hospital in Colombo using 4838 medico-legal examination forms show 6 sexual abuse cases and 2 cases where sexual intercourse was denied [11]. A scoping review by Guruge *et al.* (2015) focusing on literature indicates that the prevalence of IPV in Sri Lanka varies across locations, and ranges from 20-72%. [7]. Additionally, according to Kohombage (2012), Sri Lankan women experience at least five incidences of IPV over their lifetime [19].

At national level, according to the last DHS 2016 (DCS, 2017), 17% of ever married women have suffered from domestic violence from an IP and out of them 15% have experienced sexual violence. Providing similar figures, according to the WWS-2019 conducted by the Department of Census and Statistics (DCS), Sri Lanka (DCSs, 2020), around one fifth of women have experienced physical and/or sexual violence and around 7% sexual violence by

a partner in their lifetime [12,14]. It is very likely that women facing physical intimate partner violence also face sexual intimate partner violence [4]. The WWS 2019 (DCS, 2020) further indicates that married women in Sri Lanka are at a higher risk of experiencing IPV, with one in five ever married women reporting IPV compared to all other women aged 15 years and over. Given that marriage is nearly universal in Sri Lanka and that sexual interactions are considered an inherent part of marriage, married women's risk of IPSV is particularly pronounced [14]. The matter is aggravated as many women do not know or believe that they can refuse sex with their husbands [5]. Although the United Nations High Commission for Human Rights in 1993 established marital rape as a human rights violation, a large number of countries including Sri Lanka (Udani, 2017) have not criminalized marital rape due to the sensitivity of the subject area [20].

Like all forms of violence, IPSV also carries mental, physical and sexual health consequences and even death. In addition, it is connected to other economic and social consequences such as loss of income and stigma. More so, IPV and IPSV not only impacts the victimized woman but also her children, the extended family and also the larger community [21-24]. However, since IPSV occurs in closed environments and is sensitive to be discussed in most cultural contexts such as Sri Lanka, many women suffer alone without seeking help. However, all victims are not passive to what happens and will turn to seek help [25-27]. Identifying why women seek help and more importantly why they do not, will facilitate policy to empower women to seek help. This is because it is well researched that support is helpful in minimizing the negative consequences of violence [28].

Based on the above, the main objective of this paper is to examine the help seeking behaviour of women experiencing sexual violence, using secondary data from the WWS 2019 conducted by the DCS. Additionally, the paper explores patterns of disclosure and the reasons why women choose to seek, or not seek help.

Literature review

Theoretical literature

Help seeking in the context of intimate partner violence means women disclosing partner violence to someone [29]. Theorizing help seeking through the 'survivor theory' Gondolf and Fisher (1988) notes that victimized women can be categorized into two groups – those who seek help and those who do not [25]. The concept of 'learned helplessness' was elaborated by Seligman and Maier (1967) using psychological experiments [30]. They note that when exposed to repeated shocks that are out of their control, the victims refrained from taking action. The 'learned helplessness' theory is used to theorize women in IPV circumstances and help seeking, noting that when women continuously face violence, they tend to believe it is beyond their control and that they do not have the possibility to escape the violent environment they have to live in. Thus, it results in not seeking help.

Many reasons have been identified for this situation, including sex role socialization in society, women's economic dependency on men, fear for self and children, stigma, denial of violence by those approached for help and the lack of alternative mechanisms. Some studies identify that women seeking help are doubly victimized, either because they are women or because they belong to certain racial backgrounds

and face discrimination. This may lead some women to take more extreme actions, such as suicide [29]. Reasons for seeking help also vary depending on the purpose: some women seek help to escape the violent relationship, whereas others seek help to end the violence.

The popular belief is that battered women do not seek help [31]. However, women are not always helpless and passive victims, and in some instances tend to seek help actively attempting different mechanisms to prevent or escape from violent partners [25-27].

Help seeking behaviour is not usually a response to a singular violent act. One view is that women seek help when the number of violent acts increase or when the severity of violence increases [25]. Another view is that help seeking is a process where women temporarily leave violent relationships several times before they take the step towards permanently leaving the relationship [32,33].

Types of help seeking are also diverse and can be informal or formal. Campbell *et al.* (1998) and Yoshioka *et al.* (2003) notes that large numbers of victims seek help from family and friends, while Hutchinson and Hirschel (1998) notes that relatively large numbers contact formal sources such as police, counselors or medical personnel [34-36].

All women do not face similar kinds of violence and therefore universal responses will not be effective as they need different types of support [25]. Further, women victims are not homogeneous. Research indicates that the background characteristics of victims are associated with help seeking behaviour [36,26].

Methodology

Data Source: This study is based on secondary data from the Women's Wellbeing Survey (WWS)-2019, conducted by the Department of Census and Statistics (DCS) in Sri Lanka. The DCS adopted WHO ethical and safety recommendations for research on violence against women for this survey (WHO, 2001 as cited in DCS, 2019) [14]. The WWS-2019 is a comprehensive, nationally representative household survey dedicated to capturing the prevalence and nature of violence against women, including intimate partner violence. It was designed to provide reliable data for policymakers and stakeholders to monitor progress on Sustainable Development Goal (SDG) Target 5.2 (Eliminate all forms of violence against women and girls). The survey used internationally recommended methodologies (such as the WHO Multi-country Study on Women's Health and Domestic Violence) to ensure the ethical and safe collection of sensitive data. Data was collected using a survey questionnaire administered by female enumerators [14].

Sample and Sampling: The WWS-2019 employed a multi-stage stratified random sampling technique to select a nationally representative sample of households.

Inclusion and Exclusion Criteria: The inclusion criteria for the main WWS-2019 survey were:

- Ever-partnered (married, cohabiting, or formerly partnered) women.
- Aged 15 years and above.
- Usual residents of the selected households.
- One eligible woman was randomly selected from each household to participate.

Exclusion criteria included:

- Women who were not ever-partnered.
- Individuals residing in non-private dwellings (e.g., hostels, barracks).
- Households in selected Primary Sampling Units that were non-residential or vacant.

Sample Characteristics: The total sample for the WWS-2019 comprised 2,100 ever-partnered women aged 15 years and above.

Among these women, 148 women reported experiencing sexual violence by an intimate partner during their lifetime. Identification of sexual violence was based on Question 706 of the survey which included the following three questions on sexual violence – i) Did your current husband/partner or any other husband/partner ever force you to have sexual intercourse when you did not want to, for example by threatening you or holding you down?; ii) Did you ever have sexual intercourse you did not want because you were afraid of what your partner or any other husband/partner might do if you refused?; and iii) Did your husband/partner or any other husband/partner ever force you to do anything else sexual that you did not want or that you found degrading or humiliating?

The study is an analysis of the 148 women who ever faced sexual violence. Data was analyzed using the software SPSS and univariate and bi-variate analysis is used for descriptive examination. Chi-square tests are used to check the relationships between selected characteristics of the women and their help seeking Behavior's Purpose of this test was to determine if there were statistically significant relationships between the help-seeking behavior and selected independent categorical variables.

The specific independent variables tested against help-seeking behavior were:

- Level of Education
- Main Daily Activity
- Age Group
- Employment Status

For each chi-square test, the null hypothesis (H_0) stated that there was no association between the independent variable and help-seeking behavior. The alternative hypothesis (H_1) stated that a significant association did exist. A p-value of less than 0.05 ($p < 0.05$) was set as the threshold for statistical significance. The results of these tests are presented, showing the chi-square statistic (χ^2), degrees of freedom (df), and the asymptotic significance (p-value) to identify which characteristics were significantly related to the patterns of disclosure and help-seeking among survivors of intimate partner sexual violence.

Though the WWS data was used, the paper is not a report of what was presented in the WWS, but analysed focusing only on women facing sexual violence, using criteria that the authors think are important to build a picture on violence disclosure and help seeking of women facing sexual violence.

Results

Sample characteristics

As noted above, 148 women from the total WWS sample had experienced IPSV during their lifetime; that is, they had faced sexual violence at some time in their conjugal lives. Table 1 presents selected characteristics of

this group. The majority represent the rural sector which is accepted as majority in the country also represents this sector. The current ages of these women ranged from 24 to 82 years. Among them, 31.1% were aged 45-54 followed by 27% in the 55-64 age group. The representation of younger women was low, likely due to the average age at marriage being around 24 and the low prevalence of unions outside marriage in the country. When education was considered, the majority had completed secondary education (GCE O/L and A/L). Representation at higher education levels were low. Education is recognized as an empowering factor and may act as a deterrent to IPV. Almost similar proportions were observed for women whose main daily activity was household work (47.3%) or currently engaged in economic activity (45.9%). Among those employed, 44.1% could be considered as engaged in home based economic activities classified as 'own account workers' or 'contributing family workers'. Though engaged in economic activities, their exposure and empowerment are not as high as that of women working outside the home.

In Sri Lanka, marriage provides the primary context for IPV, as marriage is almost universal and intimate relationships outside of marriage are relatively low. The current marital status of the sample indicates that 64.2% are currently married and living with their husbands, while 16.2% are currently married but not living with their husbands. Another 16.2% do not currently have a male partner – likely widows or divorcees. To provide an overview of conjugal relationships and associated violence, Table 2 has been formulated.

Table 1. Socio-Demographic Characteristics of the Study Sub-Sample

Characteristic	Category	N	%
Geographical Area	Urban	18	12.2
	Rural	121	81.8
	Estate	9	6.1
Age Group	15-24	2	1.4
	25-34	14	9.5
	35-44	27	18.2
	45-54	46	31.1
	55-64	40	27.0
	65+	19	12.8
Educational Level	No Schooling / Primary	33	23.7
	Secondary (O/L & A/L)	103	71.1
	Higher	3	2.2
Main Daily Activity	Engaged in economic activity	68	45.9
	Seeking for and available to work	1	0.7
	Household activities	70	47.3
	Retired	4	2.7
	Unable to work	5	3.4
Employment Type	Government Employee	8	11.8
	Private Sector Employee	29	42.6
	Employer	1	1.5
	Own Account Worker	24	35.3
	Contributing Family Worker	6	8.8

Source: Author calculations based on Department of Census & Statistics (2020) data

Note: Percentages for Geographical Area, Age Group, Educational Level, and Main Daily Activity are based on the total sub-sample (N=148). The percentages for educational level are based on 139 respondents, as 9 responses are missing. Percentages for Employment Type are based on the 68 respondents who reported "Employed" as their main daily activity.

Table 2. Status of conjugal relationships and who perpetrated violence

Marital status	Currently married/ living together	Currently married / not living together	Living with a man/ not married	Having a regular relationship (engaged/ dating) / not living together	Not currently having a male partner
Partner type					
Current/ most recent husband	84.2	78.8	33.3	100.0	83.3
Previous husband/ partner	12.6	29.2	66.7	0.0	16.7
Don't know	1.1	0.0	0.0	0.0	0.0
Refused to answer	2.1	0.0	0.0	0.0	0.0
	100.0 (95)	100.0 (24)	100.0 (3)	100.0 (2)	100.0 (24)

Source: Author calculations based on the Department of Census & Statistics (2020) data N=148

According to table 02, in the sample, 95 (64.2%) women were currently married and living with their husbands. Among them, 84.2% reported experiencing sexual violence from the same partner. This indicates that the overwhelmingly large majority of women tend to remain with their husbands, despite facing sexual violence.

The majority (78.8%) of the women who were currently married but not living with the husband had also faced violence from their current or most recent husband while women not currently having a husband/partner (very likely due to widowhood or divorce) had also faced violence from their most recent partner. Some women had faced violence from a previous husband/partner also, but the proportions/numbers were low. This result indicates that the majority of the women remain with their husbands despite the violence.

Disclosing sexual violence

Although sexual violence is often kept secret due to the sensitivity of the subject, and women may remain with the perpetrator, some do tend to disclose their circumstances to others. According to Sylaska & Edward (2014, p.4), disclosure of violence refers to “any conversation, where the victim provides information regarding the abuse occurring in a relationship to another individual” [27]. Disclosure of IPV is not always equivalent to seeking help, though it is sometimes identified as the same. However, disclosing violence to

someone usually precedes requesting support, either by the same party or enabling access to another source of help. Hence disclosure is an important factor in help-seeking behaviour [37].

The WWS asked women who had ever faced sexual violence, whether they had told anyone about it (Q908). Among these women, 79.7% (118) had disclosed the violence, while 20.3% (30) have not, representing the silent sufferers of sexual violence. Of those who did not disclose, 46.7% has experienced IPV at least once in the past 12 months, indicating the gravity of their situation. However, from the 20.3% who did not disclose, 50.0% reported that they had not faced violence in the past 12 months. 3.3% refused to answer this question.

Sources to whom violence is disclosed

Disclosure of violence can occur to both informal and formal sources, but the literature indicates that victims are more likely to disclose IPV to informal sources [34, 35]. The WWS identifies a list of sources to whom violence is disclosed. Friends, parents, siblings, aunts/uncles, the husband's /partner's family, children and neighbours are categorized as informal sources, while formal sources include the police, doctors/health workers, priests/religious leaders, counsellors, NGO/ women's organizations and local leaders. Table 3 presents women's disclosure of violence to formal and informal sources.

Table 3. To whom women talk about violence

Source	Percentage
Only informal	63.6
Only formal	4.2
Both formal and informal	32.2

Source: Author calculations based on Department of Census & Statistics (2020) data

In accordance with the literature, the majority of women (63.6%) disclose violence only to informal sources, with approaching formal sources being limited. When individual sources to whom violence is disclosed are taken into account, from the 118 women who disclosed violence, the vast majority (63%) has informed parents, followed by siblings (53.4%). This indicates the importance of the immediate consanguine family in crisis situations. Neighbours (25.4%), friends (24.6%), husband's family (22%) and children (17.8%) form the next layer of disclosure sources, emphasizing the role of close social networks.

A relatively large proportion (52.10%) from those who disclosed, also did so to the police, which is a formal source. Approaching the police is usually done for a more immediate solution to the problem. However, disclosing violence to other formal sources is very low. It is noted that women would first reach out to informal sources such as family and friends before approaching formal sources for help [14]. Although a relatively high proportion had

approached the police to disclose violence, the proportion is lower than informal sources such as parents and siblings.

Help seeking via formal sources

The WWS differentiates disclosure of violence (Q 908: who have you told about his violent behaviour) and seeking help from formal sources (Q 910: Did you go to the 'police, hospital or health centre, social services, legal advice centre, court, shelter, local leader, women's organization, priest/religious leader). Therefore, help seeking is only connected with formal sources in the WWS.

Figure 1 depicts the pathway to help seeking. Of the women who discussed violence (118), 61% sought help from a formal source, while 39% did not seek help. Among the 30 women who did not disclose violence to anyone, only one woman had sought help from a formal source, while 98% had not sought help (Figure 1). Overall, of the total 148 women, nearly 50% (49.3%) had sought help, while just over 50% (50.7%) had not.

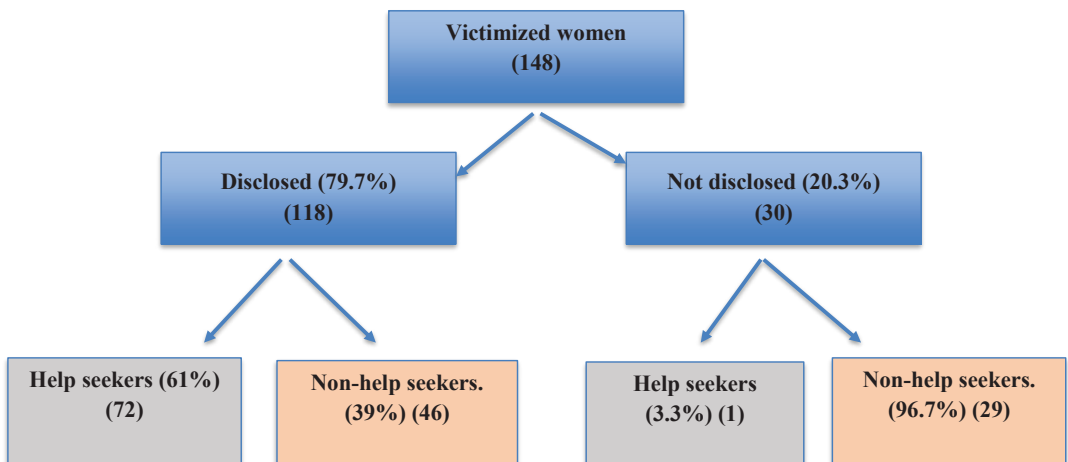


Figure 1. Pathways to help seeking.

Among the 73 who sought help from a formal source, the vast majority (76.7%) sought help from the police. The next most common source was a hospital or health centre, likely reflecting the need for medical assistance for the physical or psychological impacts of IPV. This is supported by the finding that 15% of the respondents who sought formal help reported that the reason for seeking help was a serious injury. Unfortunately, approaching social services or legal advice centres was very low among those seeking help, with 8.2% reaching out to social services and 1.37% to legal advice centres.

This is a concerning issue when analysing help-seeking, as women may not be reaching out due to a lack of awareness or knowledge about these services.

A Chi-square analysis was conducted to examine the relationship between women's help-seeking behavior and specific demographic characteristics. According to the Chi-square results, the core finding of this analysis is that help-seeking behavior among women who experienced sexual violence is largely independent of their educational background ($\chi^2=21.66$, $*p=.155$) main daily activity ($\chi^2=1.29$, $*p=.863$), and age ($\chi^2=49.28$, $*p=.306$). The most promising finding is related to employability ($\chi^2=9.14$, $*p=.058$). The marginally significant result suggests that economic agency and the social networks associated with being employed may open up or encourage different help-seeking avenues compared to those available to or chosen by unemployed women (who may rely more heavily on informal family networks). This indicates that

interventions and support services should be broadly accessible and not targeted based on a woman's age, education, or daily role. However, specific outreach may be beneficial for unemployed women, who might face greater barriers to accessing formal support systems.

Reasons for seeking help or not seeking help

Of the women experiencing sexual violence, only 73 sought help. When asked why they sought assistance, the largest proportion (53.4%) reported that they did so because they could no longer endure the violence. This was followed by women who reported being encouraged by friends or family (30.1%). This proves Yando *et al.*'s (2019) observation that people first disclose to informal sources and then approach a formal source encouraged by them. Another 24.7% sought help as they saw that the children were suffering due to violence. According to the UN (2024), many women are killed by intimate partners [3]. Though killings are not reported in the WWS data set, 9.6% reported that they sought help fearing that the partner would kill them and 13.7% reported that the partner threatened or tried to kill them. Among the women, 15.1% were badly injured which resulted in them seeking help. Being thrown out of the house or hitting children were the other reasons for help seeking.

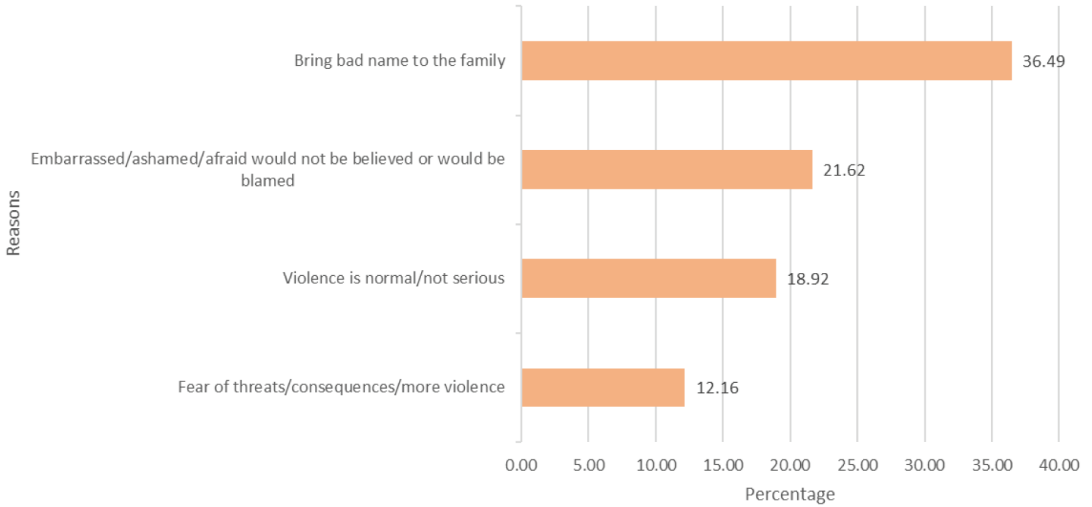
Reasons for not seeking help

It is crucial to understand and identify why women experiencing IPSV do not seek help. The most common reason cited is the fear of bringing a bad name to the family. This is followed by other

¹ $*p < .05$, $**p < .01$, $***p < .001$.

social reasons, such as embarrassment/shame/fear of not being believed, or being blamed (21.62%). 12.7% did not seek help due to fear of further violence or the consequences of seeking help. The most concerning is that nearly one fifth (18.9%) believe that violence is normal (Figure 2).

Table 4 indicates the marital status of the women who have not sought help. It shows that 73% among them are still currently married and living with the spouse. These figures show that most women facing IPSV continue to remain with their spouse despite the violence.



Source: Author calculations based on Department of Census & Statistics (2020) data N=74

Figure 2. Key Reasons for not seeking help among women experiencing Intimate Partner Violence.

Table 4. Marital status of women not seeking help

Marital status	Percentage of women
Currently married, Living together	73.0
Currently married, Not living together	13.5
Living with a man, Not married	1.4
Currently having regular partner (Engaged or dating), Not living together	1.4
Not currently having a regular partner	10.8

Source: Author calculations based on Department of Census & Statistics (2020) data N=74

Discussion

This paper analyzed the help seeking behaviour of women experiencing IPSV, focusing on disclosure of violence, whom women seek help from, and the reasons for seeking help. More importantly, it examined

why women do not seek help, based on the view that support can serve as a mitigating mechanism to reduce violence.

The findings show that the majority (64%) of the victims are currently married and among them 84.2% faced violence from

their current partner. This indicates that a majority of married women remain with their husbands, despite experiencing sexual violence, as shown in other studies [38]. Women may stay with a violent spouse for several reasons, such as dependency, not recognising ISPV as an act of violence, having no voice or support, concern for family honour and stigma, and considerations for their children etc. Therefore, in a context like Sri Lanka, where marriage continues to provide value and security to women, the ideal solution may not be simply supporting women to leave violent relationship. Instead, it may involve helping women negotiate gender and sexual relations through education for both men and women, as well as empowering women financially and emotionally. However, if the acceptance of violence is an attitudinal issue rooted in patriarchal culture, it is necessary to implement mechanisms aimed at changing attitudes among both men and women.

The study indicates that nearly 80% of victims disclose their experiences of violence to someone, with the majority of disclosures made to informal sources. This indicates that a considerable proportion of women share their experiences, which is a positive sign. Managing IPSV within informal settings has also been noted by other studies [39]. The challenge with informal support bases is that they may attempt to suppress the violence due to social and cultural reasons. However, an encouraging finding is that 30% of women were encouraged by informal sources to seek help. A relatively large number (52%) also disclosed violence to the police, making the police the most prevalent source of formal help. This suggests that disclosure to the police and seeking help from them often go hand in hand. Seeking help from medical or health centres (34%)

was also noted, though less prominent than seeking help from the police. Given the severe health risks associated with IPV, especially injuries (Sabri *et al.*, 2014), women may seek medical attention even if they do not wish to disclose the violence [40]. In this study, 15% of women reported seeking help due to serious injury.

Though help seeking is relatively low for women facing IPV [41], this study found that around half of the women sought help from a formal source, mainly the police, which is a positive sign. However, since a large number of women experiencing IPV are married and living with their spouse, seeking help from the police may provide only a temporary solution. Therefore, the role of the police should include guiding victims toward more permanent solutions.

Seeking help from social services or a legal entities is very low, indicating either a lack of awareness among women about these services or other barriers to access. In contrast, the police are readily accessible to women. Strengthening legal and social services is therefore imperative for supporting and empowering women.

Conclusion

IPSV is a sensitive and often hidden issue worldwide, and the sensitive nature of the issue often impedes disclosure and help-seeking. Further, women tend to remain in abusive relationships sometimes due to helplessness or the belief that such behaviour is normal. This study indicates that Sri Lanka exhibits similarly low levels of help-seeking behaviour. ISPV is a gender issue that must be addressed. However, in a country context like Sri Lanka, where marriage adds value and sometimes serves as a safety net for

women, strategies to eliminate violence should also consider maintaining marriages if women so desire. Empowering women financially and emotionally is a must in this process. Educating men and family members about the positives of a violence free life and to about the benefits of a violence free life using television or social media is important. Community programmes should be developed to link women with formal help providing agencies, as women are unlikely to directly approach formal sources. Since women across all characteristics are less likely to seek help, it is evident that vulnerability is more closely linked to gender than to other demographic and socio-economic factors, indicating that empowerment efforts should therefore target women as a whole.

Ethical Clearance and Data Permission Statement

This study is based on secondary data obtained from the Women's Wellbeing Survey (WWS) 2019 conducted by the Department of Census and Statistics (DCS), Sri Lanka. The original survey was carried out in accordance with the World Health Organization (WHO) ethical and safety recommendations for research on violence against women, ensuring informed consent, confidentiality, and the protection of participants.

Permission to use the WWS 2019 microdata for this study was formally obtained from the Department of Census and Statistics. The Department has granted approval for the use of the data and has no objection to the publication of this research. However, the Department of Census and Statistics bears no responsibility for the analysis, interpretations, or conclusions presented in this study.

As this research involves secondary analysis of anonymized data with no access to personally identifiable information, no additional ethical approval was required. All analyses were conducted in compliance with accepted ethical standards for research.

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Conflict of Interest

Authors declare that there are no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Author Contribution Statement

Both authors contributed equally to this work.

Statement on the Use of Artificial Intelligence

The authors did not use AI tools in the preparation of this manuscript.

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Disclaimer

The views and interpretations expressed in this publication are solely those of the authors. The Department of Census and Statistics, Sri Lanka, bears no responsibility for the study's findings, interpretations, or conclusions.

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