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ORIGINAL ARTICLE

WIFE BATTERING: VICTIMS REPORTED FOLLOWING PHYSICAL VIOLENCE AT THE TEACHING HOSPITAL JAFFNA, SRI LANKA

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ABSTRACT

Wife battering has been extensively researched in specific regions of Sri Lanka and other countries. The goal of this study is to examine the pattern of injuries as well as the impact of demographic and socioeconomic factors. A hospital-based descriptive cross-sectional study of 155 victims was conducted in 2021 and 2022. Results showed that 83% (n=129) of victims and 68% (n=106) of perpetrators were under the age of 25; 78% (n=121) of victims and 87% (n=135) of perpetrators had studied up to grade 11; and while 72% (n=111) victims were housewives, 79% (n=122) perpetrators were blue-collar workers. One hundred twenty-seven (82%) households were nuclear families, and 91 (59%) families earned less than Rs.30,000 (USD 100) per month. 79% (n=123) of the perpetrators were alcoholics, whereas 19% (n=29) consumed illegal narcotics. As the method of battering in 120 (77%) victims, bare hands were used, while more than half (57%, n=88) were assaulted with weapons. The most involved anatomical sites were the head (74%, n=114) and upper limbs (39%, n=60), and the most common injuries sustained were contusions (66%, n=102), followed by abrasions (31%, n=48) and lacerations (17%, n=27). Most victims (90%) sustained injuries that were not life-threatening. The sociodemographic and socioeconomic factors that influenced this crime, as well as the nature, distribution, and weapon used in the injuries, have remained unchanged since the previous study conducted in the same region four decades ago.

Keywords: *Perpetrators; socio-demographic factors; socio-economic factors; victims; wife battering*

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INTRODUCTION

Wife battering (WB) is the most common form of violence against women globally[1,2]. Throughout history, WB has been condoned and even mandated by some societies and religions. The first written laws dating back to 2500 B.C. enforced punishment for women who verbally abused their husbands, and physical punishment of wives was commonly practiced in Greek, Roman, Jewish, Christian, and Islamic cultures[3]. WB can be physical (punching, slapping, kicking), psychological (belittling, intimidation, humiliation), or sexual. Physical abuse is more visible, but psychological abuse is often not immediately apparent[4].

Adverse health is a significant outcome of WB, alongside issues in many other domains, such as legal, social, psychological, cultural, and

political. Health professionals for a long time have been reluctant to intervene in cases of violence against women, even when encountering battered women as patients[5].

Over the past three decades, there has been an increasing amount of evidence indicating high rates of violence against women by their spouses. This phenomenon is now recognized as a serious health problem by professionals around the world. Physicians are often seen as the first line of defence in identifying and intervening with battered women. They are often required to refer women to specialists or outside resources, report to local law enforcement agencies, provide emergency contact numbers and shelter information, formulate a follow-up plan that includes future visits to the healthcare institution, and coordinate with community resources[6].

WB is a significant problem in Sri Lanka, with an estimated lifetime prevalence ranging between 20% and 60% in 2011[7]. However, very few victims have reported these incidents to the authorities. In many cases, victims of WB may have gone unnoticed as they might have sought medical attention under false complaints. To address this issue, clinicians need to be aware of WB risk assessment tools to identify victims more effectively. An evidence-based intervention program is crucial to provide holistic management, decrease morbidity and mortality, and strengthen the criminal justice system to tackle this pressing concern[8]. A study conducted by Saravanapavananthan in Sri Lanka during the 1980s examined the socio-demographic factors, weapons used, and injuries sustained in cases of WB in Jaffna[9]. Our recent study, conducted in the same location after four decades, aimed to analyse the medico-legal aspects of WB and the impact of demographic and socio-economic factors.

METHODS

This descriptive cross-sectional study was conducted in a hospital setting. The study sample consisted of 155 married females who had experienced domestic violence from their husbands and were referred to the office of the Judicial Medical Officer at the Teaching Hospital Jaffna, Sri Lanka, between the period of April 2021 and March 2022. These individuals were either referred from other hospitals or brought directly by the police for clinical forensic examination. Subjects below the age of 18 were excluded from this survey because the legal age for marriage in Sri Lanka is 18 years[10].

Informed written consent was obtained from the study subjects. Data was collected using an interviewer-administered questionnaire during the medico-legal evaluation of the victims. Additionally, data from the medicolegal examination forms and bedhead tickets were used when needed. The respondents were given the choice of time and location of the interview as per their preference. The interviews were conducted strictly, maintaining privacy and confidentiality. Participants had complete autonomy to terminate the interview at any point, omit any questions they preferred not to answer, or discontinue the interview at their discretion. The statistical analysis was conducted using IBM SPSS Statistics version 21. Ethical clearance was obtained from the Ethics Review Committee, Teaching Hospital, Jaffna.

RESULTS

The study included interviews with a total of 155 victims of WB. Among them, 83% (n=129) of victims and 68% (n=106) of perpetrators were aged less than 26 years. Additionally, 78% (n=121) of victims and 87% (n=135) of perpetrators had not studied beyond grade 11. The ethnic group of almost all the participants (99%) was Tamil, while only two (1%) were Muslims. No Singhalese participants were in this study group. Most of the families, 83% (n=129), followed Hinduism, while 16% (n=24) and 1% (n=02) followed Christianity and Islam, respectively. The majority of victims (72%, n=111) were housewives, while most of the perpetrators (79%, n=122) were blue-collar workers. Despite facing financial constraints, most families managed to survive on a meagre income. Among the families, 91 (59%) had a monthly income of less than Rs. 30,000 (100 USD). The socio-demographic factors of the study population are summarized in Table 1.

Table 1: Socio-demographic factors of victims and perpetrators of wife battering

Factors	Husband	Percentage (%)	Wife	Percentage (%)
Age (years)				
<=25	106	68	129	83
>25	49	32	26	17
Ethnicity				
Tamil	153	99	154	99
Muslim	02	01	01	01
Religion				
Hindu	129	83	128	82
Islam	02	01	01	01
Roman Catholic	15	10	17	11
Non-Roman Catholic	09	06	09	06
Education qualification				
Up to O/L	135	87	121	78
>O/L	20	13	34	22
Job				
Housewife	-	-	111	72
Manual labourer	45	29	19	12
Farmer	05	03	-	-
Mason	31	20	-	-
Fisherman	14	09	-	-
Shopkeeper	04	03	-	-
Others	51	33	25	16
Job skill level				
Skilled	33	21	-	-
Non-skilled	122	79	-	-
Income (LKR)				
<30000	91	59	-	-
>=30000	64	41	-	-

In the study, it was observed that in most marriages (79 out of 155), the wives (51%) were either younger or of the same age as their husbands. The maximum age difference between spouses was three years. However, 35% (n=54) of the husbands were more than three years older than their wives. Among the victims, 22 women (14%) were older than their husbands. Most of the marriages (79%) were a result of a love affair, while the remaining (21%) were arranged marriages. Out of the 155 families, 127 (82%) were nuclear families, while the remaining 28 (18%) were extended families. Furthermore, among the perpetrators, 79% (n=123) were found to abuse alcohol, while 19% (n=29) used illicit drugs. The study found that almost half of the women, 48% (n=75), experienced domestic violence from their husbands within the first year of marriage, whereas, in 22% (n=34) of cases, WB occurred between two to five years after the marriage and in 11% (n=17) within six to ten years of marriage. Out of 155 women surveyed, 111 (72%) reported between 2 to 10 episodes of abuse, while 44 (28%) reported more than ten episodes. Most attacks took place during the daytime (38%, n=59) compared to the nighttime (25%, n=38). However, 58 (37%) of the victims experienced it both during the day and night. The factors that could contribute to WB are summarized in Table 2.

Table 2: Factors that could contribute to the WB

Common	Frequency	Percentage (%)
Age difference (years)		
<=3 Husband	79	51
>3 Husband	54	35
> Age of wife	22	14
Type of Marriage		
Arranged	32	21
Affair	123	79
Family type		
Nuclear	127	82
Extended	28	18
Interval for 1st assault		
<1 year	75	48
1-5 years	34	22
5-10 years	17	11
>10 years	29	19
Frequency of assault		
2-10 times	111	72
>10 times	44	28
Time of assault		
Day time	59	38
Night time	38	25
Both	58	37
Substance Abuse		
Alcohol	123	79
Illicit drugs (cannabis, heroin, amphetamine and pregabalin)	29	19
Method of physical abuse		
Punching	86	55
Kicking	50	32
Pushing	29	19

Bare hands were used to assault 120 (77%) of the victims, while more than half of them (57%, n=88) were assaulted with weapons. The most common weapon used was a broomstick, accounting for 40% (n=36) of the cases. Other weapons that were used included firewood (n=18, 20%), club and stick (n=14, 16%), helmet (n=9, 10%), and knife (n=7, 5%). In our study, injuries were observed in 114 individuals (74%) in the head, in 94 individuals (61%) in the neck, and in 60 individuals (39%) in the upper limb. Contusions were the most common type of injury and were observed in 102 individuals (66%), followed by abrasions (31%) and lacerations (17%). In the majority of cases (90%), the injuries were non-grievous. Table 3 tabulates the methods, nature, weapon, distribution, and severity of injuries.

Table 3: Methods of battering, nature of injuries, distribution of injuries, and weapons used in WB

	Frequency (n=155)	Percentage (%)
Methods of physical abuse		
Punching	86	55
Kicking	50	32
Pushing	29	19
Slapping	64	41
Strangling	11	07
Burning	2	1.3
Weapons used	88	57
Bare hand injuries	120	77
Nature of injury		
Laceration	27	17
Abrasion	48	31
Contusion	102	66
Cut	05	03
Strangulation	01	01
Fracture	11	07
Others	11	07
Anatomical distribution of injuries		
Head	114	74
Neck	94	61
Upper Limb	60	39
Chest	31	20
Abdomen	15	10
Pelvis	07	05
Lower limb	27	17
Type of Weapon used	**Frequency (n=88)**	
Clubs and sticks	14	16
Firewood	18	20
knife	07	05
Broomstick	36	40
Helmet	09	10
Axe	02	02
Bottle	02	02
Door bar	01	01
Chair	01	01
Injury severity	**Frequency (n=155)**	
Grievous[11]	139	90
Non-Grievous	16	10

DISCUSSION

Foetuses may be aborted, infants may be killed, girls may be neglected or abused, adolescents may be raped, married women may be beaten, raped, or killed by their husbands, and widows may be neglected just because they are female[4]. The son-preference mentality that causes female infanticide and sex-selective abortions has left millions of women "missing" in Asia and Africa. Approximately 5,000 dowry-related deaths occur annually in India[3]. Public service agencies, such as the police, medical institutions, and social services tasked with the duty of offering aid and assistance to the general population, have demonstrated only a restricted inclination and understanding of methods to support victims of domestic violence. This assertion suggests that wife beating continues to be a significant issue in contemporary civilizations worldwide[1].

We have conducted a comprehensive analysis of 155 women who have experienced battering. Our research findings indicate that getting married at a younger age increases the likelihood of experiencing spousal violence. A study conducted in Sri Lanka found that 80% of women who experienced WB were less than 40 years of age[8]. Another study done by Vadysinghe in 2019 at Teaching Hospital Peradeniya revealed that 69% of their victims of interpersonal violence were between the ages of 21 and 40[12]. Hofner in 2005 and Ibrahim in 2010 have also emphasized that getting married at a younger age is associated with a greater occurrence of domestic violence[13,14]. Roy et al. suggest that the lower age of husbands (75% of them falling between 26 and 50) also exerts a notable influence on the occurrence[15]. A similar finding (male median age was 36 years) was also reported by Vidanapathirana in 2014[8].

Lawoko et al. in 2007 found that the age difference between the victim and her husband is significant in determining the type of abuse. When the age difference between a couple is between three and ten years, there is a higher incidence of sexual violence reported. Additionally, when the age difference is equal to or less than three years, there is a higher incidence of physical violence reported compared to couples with an age difference of more than four years[16]. In the present study, 79 couples (51%) had an age difference of three years or less. It is noteworthy that all these couples experienced physical abuse. Even though 35% (n=54) of the husbands had an age difference of more than three years with their wives.

A study done by Premawardhena et al. in Sri Lanka in 2020 observed 71% of marriages to be love marriages[17]. Similarly, in our study, we found that 79% (n=123) of marriages have happened following a love affair. Interestingly, Saravanapavananthan (1982) conducted research in Jaffna, Sri Lanka, between 1978 and 1981, including 60 women who had been subjected to battery by their husbands. Among the victims, 80% of the marriages were arranged by parents[9]. This shift may be attributed to transforming from a family-centered society to one focused on urban living. According to the literature, the low level of education, income, and low-status employment of both the husband and wife likely contributes to domestic violence[4,8,9,18-21]. According to the findings of the present study, most victims and perpetrators had poor incomes and low levels of education. The majority of victims were housewives, while the majority of attackers were unskilled labourers. Table 4 shows a comparison between the present survey and Saravanapavananthan's study.

Table 4: Comparison between findings of Saravanapavananthan (1978-1981) and the present study (2021-2022).

	1978-1981 Percentage (%)[9]	2021-2022 Percentage (%)
Nature		
Laceration	22	17
Abrasion	05	31
Contusion	60	66
Cut	08	03
Strangulation	05	01
Fracture	07	07
Distribution		
Head	42	74
Neck	05	61
Upper Limb	37	39
Chest	05	20
Abdomen	03	10
Pelvis	03	05
Lower limb	10	17
Methods of abuse		
Punching	18	55
Kicking	05	32
Pushing	-	19
Slapping	-	41
Strangling	05	07
Burning	02	01
Weapons used	62	57
Bare Hand injuries	-	77
Weapon Used		
Clubs and sticks	25	16
Firewood	10	20
Knife	10	05
Broomstick	03	40
Helmet	-	10
Axe	02	02
Bottle	02	02
Door bar	03	01
Chair	02	01
Injury severity		
Non-Grievous	93	90
Grievous	07	10
Substance Abused		
Alcohol	80	79
Illicit drug	-	19
Type of Marriage		
Arranged	80	21
Affair	20	79

In the current study, 79% (n=123) of participants had spouses who abused alcohol, whereas 19% (n=29) consumed illegal substances. Saravanapavananthan (1982) observed that 80% of the husbands in the same geographic area were alcoholics[9]. Gayford et al. (1975), Vidanapathirana (2014), and Nandasiri et al. (2015) revealed that 52%, 69%, and 80% of the husbands were regular alcohol consumers, respectively[4,8,22].

Our research indicates that the first episode of physical assault occurred during the first five years of the marriage in 70% of cases (n=109). Conversely, Nandasiri in 2015 reported that 80% of women encountered violence after five years of their marriage[4]. Gayford in 1975 also noted that the average time when individuals first experienced violence was after 8.8 years of marriage[22]. According to Saravanapavananthan (1982), 60% of women filed police complaints after ten years of marriage due to the cultural expectations of South Asian women to submit to their husbands. These women endure assault because they fear public censure and the potential loss of social standing. They have numerous challenges when attempting to dissolve their marriage, primarily due to their lack of literacy and complete reliance on their husbands for their survival. Women tolerate violence due to their responsibilities towards their children, and only when the situation becomes unbearable do they seek protection from the police and other sources[9].

In our study, we found that most incidents of WB occurred during the daytime (38%), and 37% of violence took place during both day and night times. A study conducted in Colombo revealed that 56% of violence occurred in the daytime[8]. However, a study conducted in Jaffna between 1978 and 1981 showed that most beatings occurred at night. The common scenario is that of a man returning home after work, completely intoxicated, losing control at the slightest provocation, and repeatedly battering his wife[9].

The study conducted by Saravanapavananthan (1982) showed that among the victims, 18%

had been punched, 5% were kicked, and 62% were assaulted with a weapon. The main weapons used were mostly clubs and sticks[9]. The current research revealed that 55% (n=86) of the individuals were subjected to punching, 32% (n=50) experienced kicking, and 57% (n=88) of the victims were assaulted with a weapon. Commonly utilized weapons were clubs and sticks (16%, n=14), firewood (20%, n=18), and knives (5%, n=07). Our study, in contrast to the previous research conducted by Saravanapavananthan (1982), has observed that broomsticks (40%, n=36) and helmets (10%, n=09) also have a substantial role in inflicting injuries. Nandasiri (2015) from the Southern region of Sri Lanka and Vidanapathirana (2014) from the Western region of Sri Lanka have also reported similar findings in their studies on WB[4,8].

The most frequently seen injury in our study was contusions, accounting for 66% (n=102) of cases. The head, neck, and upper limbs were the regions most significantly injured, with percentages of 74%, 61%, and 39%, respectively. Saravanapavananthan (1982) also observed contusions to be the most common type of injury, accounting for 60% of cases. The regions most frequently afflicted were the head, neck, and upper limbs, with percentages of 42%, 5%, and 37% respectively[9]. The findings from the study conducted in Colombo, Sri Lanka, which reported a prevalence of 69% for contusions and 60% for head injury, as well as the study conducted in Galle, Sri Lanka, which reported a prevalence of 53% for contusions, further supported our observations[4,8]. Although there was a wide range of injuries and various weapons that caused them, the majority of the injuries were non-grievous. Four decades ago, 93% of the injuries were classified as non-grievous[9]. A study conducted in Western Sri Lanka revealed a significant occurrence of non-grievous injuries, accounting for 87% of the cases[8].

A key limitation of this study was the inability to represent the diverse multi-ethnic groups in Sri Lanka, as the sample did not include individuals from the Sinhala population. Future research with a more inclusive and representative sample is necessary to overcome this limitation and provide a more comprehensive understanding on the subject.

CONCLUSIONS

Factors such as early marriage, lack of education, alcoholism, and low income are the common contributors to WB. Over the past four decades, there has been no significant change in the nature, distribution, and severity of injuries caused by domestic violence. Even the weapons used and most of the socio-demographic patterns have not changed much over time.

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CONFLICTS OF INTEREST

The author declared no conflicts of interest.

ETHICAL ISSUES

Ethical clearance was obtained from the Ethics Review Committee, Teaching Hospital, Jaffna, Sri Lanka.

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None.

AUTHOR CONTRIBUTIONS

UM: Conception and design of the work; acquisition, analysis, and interpretation of data for the work; drafting the work and final approval of the version to be published. **MS:** Drafting the work and revising it critically for important intellectual content; final approval of the version to be published.

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