



WEEKLY EPIDEMIOLOGICAL REPORT

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Gender-Based Violence Theories, Prevalence and the Legal Framework in Sri Lanka

Part II

Theories on domestic violence and intimate partner violence

Psychological theories propose that some men batter their wives as the result of childhood experiences (e.g., being abused as a child); personality traits (e.g., extreme need for power and control); personality disturbances (e.g., borderline personality disorder); suffering head injuries; psychopathology (e.g., antisocial personality disorder); or other psychological issues such as posttraumatic stress disorder, poor impulse control, or poor self-esteem. Studies among wife batterers found that two-fifths of abusive men had narcissistic or antisocial personalities, while some perpetrators exhibited feelings of low personal control or a desire to maintain or regain control.

Sociological theories on DV/IPV include family systems, social learning, resource, and exchange theories. The family system model of DV/IPV proposes that all family members play a role in the “construction and maintenance of a system of violence and violent behaviour which is transmitted from generation to generation”, according to this model the battered partner remains in the abusive relationship because this system resists change to maintain balance and gradually violence becomes normal and accepted in the relationship. Resource theory proposes that the force of threat is inherent in all social systems and those with greater resources, income, property, and prestige have greater decision-making power, while the first violent encounter permanently changes the power dynamics in a relationship. Exchange theory is based on behavioural psychology and is based on costs and benefits. Each partner provides desired love, and affection, to the other, and over

time one partner uses force to get what he wants from the other, If the perpetrator is not stopped in time, the violence will continue and be further reinforced when the victim complies with his wishes, additionally, the battered victim complies to avoid further violence and thereby further reinforcing the violent behaviours.

Feminist theorists like Foucault, de Beauvoir', Butler, and Bartkey posit that social structures support social inequities to maintain and perpetuate male dominance by perpetuating the social construct of femininity, and masculinity. These theories attempt to explain DV/IPV based on traditional gender-role expectations and the historical power imbalance between women and men in a patriarchal society. Feminist theories as applied to DV/IPV emphasize the role of violence in maintaining control over the female partner to undermine a woman's autonomy and independence to suppress and limit her power in the relationship. The male perpetrator is to blame for the violence and women are unlikely to leave because of lack of economic and political power.

Several theories try to explain why a woman may choose to remain in an abusive relationship and theories such as the cycle of violence, learned helplessness, battered woman syndrome, Stockholm syndrome, and psychological entrapment have been proposed to explain this phenomenon, whereas factors such as self-blame, self-denial, loyalty to the sanctity of marriage, cultural taboos and expectations have been postulated as possible contributory factors. The cycle of violence theory explains how DV/IPV occurs in a cyclical pattern, where the cycle has three distinct phases with an initial tension-building phase followed by an acute active

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abuse phase, and a remorseful reconciliation phase by the perpetrator or the “honeymoon” phase. Learned helplessness theory proposes that the battered woman’s perception of her control over her situation affects her actions and even if she were able to escape, her belief in her inability to survive on her own, prevents her from leaving. Stockholm syndrome compares battered women to hostages and they are unable to see a way out of this situation in which their intimate partners are in complete control. Traumatic bonding explains how DV/IPV affects intimate emotional bonding and unhealthy attachments. Psychological entrapment theorizes how an abused woman is unable to give up on an abusive relationship as she has invested so much time and energy into an intimate relationship.

Alcohol and Intimate Partner Violence

Substance abuse especially alcohol abuse has been strongly linked with DV/IPV. While alcohol itself does not cause domestic violence, it is an escalating factor for violent incidents as alcohol impairs a person's judgment and removes inhibitions, leading to aggressiveness and decreased ability to control and self-regulate, thereby lowering the threshold for violence. Nevertheless, the responsibility and accountability for domestic violence lies with the abuser, regardless of whether alcohol is involved or not. Alcohol use can also be part of a larger pattern of abusive behaviour, where alcohol use is an excuse or means to rationalize violence by the perpetrator and even sometimes by the victim herself.

Effects of domestic violence on children

Research suggests that children who witnessed marital violence in their own families experience DV/IPV themselves, resulting in exposed male children becoming perpetrators and exposed female children becoming victims of partner aggression. DV/IPV has significant and long-lasting impacts on children including, emotional, behavioural and social consequences. Children are traumatized and may suffer post-traumatic stress disorder, be fearful, and anxious, have low self-esteem, be confused, become socially withdrawn, struggle academically and may even regress in their developmental milestones. They may also mimic aggressive behaviours and act violently.

Sri Lankan legal framework for prevention of DV/IPV

The legal frame of reference for the prevention and punishment of acts of DV/IPV is primarily embedded in the Penal Code Ordinance No. 2 of 1883 (“PC”), the Code of Criminal Procedure Act No.15 of 1979 (“CPC”), and the Prevention of Domestic Violence Act No.34 of 2005 (PDVA). The PDVA defines domestic violence to include “sexual abuse and exploitation, sexual harassment, physical abuse, assault, use of criminal force, incest, rape, causing miscarriage, wrongful and unlawful confinement, attempted murder, extortion, criminal intimidation and any attempt to commit any one or more of such offences” in addition to this emotional abuse is defined to “mean a pattern of cruel, inhuman, degrading, humiliating conduct of a serious nature” directed towards the aggrieved party. It is noteworthy that the legal structure recognizes DV in a gender-neutral manner while including physical, sexual, and emotional abuse directly, economic abuse and abuse by

using technology indirectly. Thus, the above legal framework enables the safety and protection of the “wronged” party and permits civil or criminal proceedings against the perpetrator. The Penal Code can “punish” the offender if found guilty with a fine, imprisonment (rigorous or non-rigorous), or both. As an interim measure, the PDVA allows the aggrieved party to obtain relief by obtaining a “protection order” for twelve months while the final determination is pending. The issuing court is at liberty to issue Supplementary Orders to ensure the immediate safety and welfare of the aggrieved persons such as; seizing weapons owned by the perpetrator, police protection for the victim, placing the victim in a shelter, requesting a probation officer to monitor the adherence to the Protection Order, compel the perpetrator to provide monetary assistance when it is owed to the aggrieved party as well as to provide accommodation facilities or payment as required. The PDVA together with the CPC enables a more efficient and quicker process to grant relief to victims of DV/IPV

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 16th- 22nd Dec 2023 (51st Week)

RDHS	Dengue Fever		Dysentery		Encephali		Enteric F.		Food Poi-		Leptospirosis		Typhus		V. Hep.		H. Rabi.		Chickenpox		Meningitis		Leishmania-		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	476	14747	2	18	1	19	0	4	0	12	1+Q	371	0	0	0	6	0	0	9	377	6	56	0	7	42	100
Gampaha	217	13312	0	22	0	21	0	13	4	30	7	624	0	13	0	20	0	0	5	319	4	133	0	48	12	100
Kalutara	693	28059	2	40	1	40	0	17	4	42	7	995	0	13	0	26	0	0	14	696	10	189	0	55	32	100
Kandy	418	8701	1	44	0	3	1	12	0	23	6	307	1	68	0	5	0	2	8	340	0	32	2	38	83	100
Matale	101	2025	0	5	0	3	0	1	0	39	5	155	0	14	1	9	0	0	0	78	0	11	7	353	25	100
NuwaraEliya	36	411	4	171	0	6	0	3	1	52	10	201	0	76	0	6	0	0	7	225	0	34	0	3	58	100
Galle	126	3505	1	57	0	15	0	6	4	49	36	990	4	85	0	2	0	1	11	396	1	37	0	3	36	100
Hambantota	72	1552	0	18	0	4	0	1	0	10	27	401	2	74	0	9	0	0	6	161	1	21	17	666	32	100
Matara	36	1977	0	30	0	10	0	1	2	71	11	552	0	34	0	7	0	2	4	327	1	25	1	200	54	100
Jaffna	706	4124	2	163	0	2	2	20	5	51	4	21	68	728	0	8	0	2	13	216	0	22	0	3	70	93
Kilinochchi	20	150	0	27	0	0	0	1	0	18	1	12	1	9	0	1	0	0	0	19	0	2	0	0	51	100
Mannar	17	147	2	11	0	0	0	1	0	0	0	41	0	8	0	1	0	0	0	3	0	11	0	1	57	100
Vavuniya	22	215	0	14	0	1	0	0	0	26	7	51	0	10	0	3	0	0	0	37	0	17	1	12	21	100
Mullaitivu	13	161	0	18	0	1	0	5	0	12	1	51	0	7	0	1	0	0	0	19	1	3	0	8	26	100
Batticaloa	88	2641	1	235	0	11	0	5	0	28	3	119	0	2	1	11	0	4	3	156	3	54	0	1	65	100
Ampara	14	291	0	21	0	1	0	1	0	70	6	181	0	2	0	2	0	0	1	104	4	72	1	13	16	100
Trincomalee	28	2152	0	31	0	2	0	2	0	69	7	103	0	15	0	5	0	0	1	89	1	35	1	8	30	99
Kurunegala	172	3712	0	71	0	18	0	2	0	9	23	556	0	21	0	16	0	3	12	546	10	247	17	607	29	100
Puttalam	96	3546	1	51	0	5	0	2	0	2	9	143	1	10	0	1	0	0	0	132	3	101	0	27	29	100
Anuradhapur	22	845	1	21	0	2	0	1	0	12	20	353	0	36	1	6	0	2	5	253	2	55	15	736	30	100
Polonnaruwa	33	1820	1	75	1	14	0	0	0	4	0	63	1	2	3	4	0	0	10	194	2	47	0	0	52	100
Badulla	16	656	1	29	0	6	1	7	0	11	18	256	2	11	0	16	0	0	3	102	1	19	3	438	38	99
Monaragala	172	1896	0	46	0	6	0	0	0	45	14	361	0	64	0	95	0	0	11	219	1	63	1	44	62	100
Ratnapura	44	842	1	27	0	6	0	0	0	8	38	633	1	42	1	36	0	1	2	81	3	95	6	186	31	100
Kegalle	90	2526	2	72	0	20	0	3	1	64	48	1391	1	34	1	21	0	2	9	282	2	154	3	223	35	100
Kalmune	101	3365	2	32	0	3	0	2	0	23	11	781	0	47	0	6	0	0	4	492	2	99	0	48	35	100
SRILANKA	3251	80106	23	1341	2	184	4	94	17	757	341	9630	82	1414	8	307	0	20	139	5745	53	1557	76	3678	42	99

Source: Weekly Returns of Communicable Diseases (esurveillance.avid.gov.lk). T=Timeliness refers to returns received on or before 22nd Dec, 2023 Total number of reporting units 358 Number of reporting units data provided for the current week. 354 C**=Completeness . A = Cases reported during the current week . B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

16th– 22nd Dec 2023 (51st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2023	Number of cases during same week in 2022	Total number of cases to date in 2023	Total number of cases to date in 2022	Difference between the number of cases to date in 2023 & 2022
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	01	00	00	00	00	00	00	01	02	95	84	13 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	01	00	00	00	00	01	00	00	02	01	226	99	128.2 %
Measles	08	01	05	02	00	00	01	00	03	20	00	837	37	2162.1 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	09	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	02	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	06	05	20 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	06	01	500 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	07	03	133.3 %
Tuberculosis	77	22	15	11	11	20	08	07	10	223	73	9142	6348	44.01%

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

NA = Not Available

Number of Malaria Cases Up to End of December 2023,

07

All are Imported!!!

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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