

**Comparison of selected aspects of  
Female Survivors of Intimate Partner Violence  
Reported to Judicial Medical Office and National Hospital  
Sri Lanka, Colombo**

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# Abbreviations

FSIPV	Female Survivors of Intimate Partner Violence
FSGV	Female Survivors of General Violence
GV	General Violence
GCE (O/L)	General Certificate of Education – Ordinary Level
GCE (A/L)	General Certificate of Education – Advanced Level
IPV	Intimate Partner Violence
JMO	Judicial Medical Office
MOH	Medical Officer of Health
NHSL	National Hospital of Sri Lanka
WHO	World Health Organization

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Dr. Ravi Nanayakkara.  
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I dedicate this book to the  
Female victims of violence in the  
past, present and future.



# Abstract

## Introduction

One of the most common forms of violence against women is that perpetrated by a husband or other intimate male partner. Intimate partner violence (IPV) is a global problem and Sri Lanka also identified the impacts of the issue. IPV has impacts in various segments in the society.

## Objectives

The main objective of the study is to describe and compare the injury pattern (nature of injuries and anatomical area), severity and selected aspects between female survivors of intimate partner violence (FSIPV) and female survivors of general violence (FSGV). To fulfill these specific objectives were formulated to describe and compare the injuries sustained by the FSIPV and FSGV, reported circumstances of violence, and to compare the associated factors and consequences of IPV.

## Methodology

The accident service unit of the National Hospital of Sri Lanka (NHSL) and the Judicial Medical Office, Colombo were selected as the places of study. The study population comprised two groups of women. The first group consists of FSIPV who were managed in the NHSL and referred for medico legal advice to the JMO, Colombo or those FSIPV who directly came to the JMO after receiving treatment as an out patient or were directly referred from a police station without any medical advice. The second group consists of FSGV assaulted by a male other than an intimate partner with same route followed by FSIPV. The FSIPV and FSGV who left against medical advice were excluded from the study. The sample size was calculated according to the retrospective data of the JMO Colombo. The sample included 300 FSIPV and 300 FSGV. The data was collected by the PI for a period more than one year commencing December 2005. An interviewer administered questionnaire (IAQ) with an examination recording format was used to gather data. The Principal Investigator (PI) was assisted by a trained female medical officer when selecting the sample. The IAQ consists four components: identification of study subject, details of previous abuse, details of current abuse and the examination findings. The study was a comparative cross sectional study. The IAQ was pretested and a pilot study was done at the same places before the proper data collection. Ethical clearance was obtained from relevant committees. Informed written consent was obtained from all the subjects. Data were analysed by the PI using windows excel, SPSS and minitab soft wares. Relevant statistical tests were used.

## Results

99% (297) of FSIPV sustained head, face and neck injuries. Upper limb injuries and chest and abdominal injuries were found respectively in 54% and 25%. 43% sustained contusions and 20% sustained lacerations. Among the FSGV 69% (208) sustained upper limb injuries and 48% (144) sustained head and neck injuries. Statistically significant higher proportion of FSIPV sustained head and face injuries ( $p < 0.001$ ), neck injuries ( $p < 0.01$ ) and lower limbs injuries ( $p < 0.001$ ) compared to FSGV. Statistically significant higher proportion of FSGV sustained anterior chest injuries ( $p < 0.001$ ), posterior abdominal/back injuries ( $p < 0.05$ ) and right upper limb injuries ( $p < 0.001$ ) than FSIPV. Statistically higher proportion of abrasions ( $p < 0.001$ ), contusions ( $p < 0.001$ ), lacerations ( $p < 0.001$ ) and burns ( $p < 0.001$ ) were found among FSIPV compared to FSGV. The severity of injuries were categorized according to the penal code of Sri Lanka. Significantly severe injuries were found among FSGV than among FSIPV ( $p < 0.01$ ). A significantly higher proportions of assailants of FSIPV beat with hands ( $p < 0.001$ ) while a significantly higher proportion of assailants of FSGV used criminal weapons ( $p < 0.001$ ).

A significantly higher proportions of FSIPV belonged to the age groups of 31-40 years ( $p < 0.05$ ) and the mean age was  $34.5 \pm 8.7$  years. There was a significantly higher proportion of women aged  $> 50$  years ( $p < 0.001$ ) in FSGV and the mean age was  $37.5 \pm 12.4$  years. The educational level was significantly different between two groups ( $p < 0.05$ ) but no differences were found with employment status ( $p > 0.05$ ) and total monthly income ( $p > 0.05$ ). A significantly higher proportions of perpetrators in FSIPV consumed alcohol ( $p < 0.001$ ) and drugs ( $p < 0.01$ ) and a significantly higher proportions of violence occurred between 2100-0000hrs than in FSGV.

## Conclusion

Out of all referrals to JMO Colombo 6% were FSIPV. Significantly higher proportion of head and face injuries ( $p < 0.001$ ) were sustained by FSIPV where as right upper limb ( $p < 0.001$ ) and chest injuries ( $p < 0.001$ ) were higher in FSGV. FSGV sustained severe injuries than FSIPV ( $p < 0.001$ ). Contusions and abrasions were the most predominant injuries in both groups. Highest proportion of FSIPV were assaulted due to an argument (32%) and significantly higher proportions of violence was associated with partners' alcohol consumption.