



A Comparative Descriptive Study on Patterns of Female Violent Deaths in Eastern and Southern Provinces

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Preferred citation of this article: Anuruddhi, S.E., Indira, D.K., Handun, W., Udara, D.S., Pabasara, W., Suraj, J. and Sandaru, J. (2018). A Comparative Descriptive Study on Patterns of Female Violent Deaths in Eastern and Southern Provinces. *In: Mathiventhan, T., Elango, P., Pagthinathan, M. and Arasaretnam, S. (eds.), Proceedings of the International Symposium on Gender Equity and Equality (ISGEE) 2017*, Eastern University Sri Lanka, 8-16.

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Abstract

Intentional use of physical force or power against another when it results in the death of a woman, is largely condemned by the society. Violence is categorized into self-directed, interpersonal and collective violence. Due to their geographical locations, Eastern province was directly affected by the ethnic war for the last 30 years while Southern province experienced only its indirect effects. The study objectives were to analyze the patterns of suicides and homicides in the Eastern and Southern province as well as to see whether there is any influence of the effects of war on this pattern. A retrospective descriptive study was conducted using police records, records of Inquirer into Sudden Deaths and postmortem reports for a period of four years (2013-2016) using convenient sampling method.

The perpetrator was a known person in majority (90-94%) of homicidal deaths in both provinces. However, 58% were intimate partners in Southern province while it was 32% in the Eastern Province ($p=0.047$). The analysis of suicidal deaths from the Southern province revealed that 52% (23) were from hanging, 34% (15) from poisoning and 9% (04) from drowning. The pattern of suicidal death of the Eastern province revealed 46% (24) hanging, 44% (23) poisoning and 1% (01) drowning. Further, analysis of homicidal deaths revealed that the commonest method was sharp force trauma in both provinces, accounting for 29% of deaths, followed by blunt force trauma (23% Southern, 26% Eastern) and strangulation (16%). The underlying reason for both suicidal and homicidal deaths was love affair in 12% (10) of cases from the Eastern Province while 15% (11) was from the Southern province. Extramarital affair was found in 4% (03) of the Eastern province sample while it was 16% (12) in the Southern province. Family disputes were stated as the reason in 31% (23) in the Southern province while it was 41% (34) in the Eastern province. In conclusion, although Eastern province was affected by the war for many years, there was no statistical difference between the patterns except for the fact that the perpetrator was mainly the intimate partner in the homicides of Southern Province. Thus, it is imperative that countrywide action is taken to prevent violence against women in order to avoid unfortunate deaths.

Key words: violent deaths, female, homicides, suicides, injury pattern



Introduction

World Health Organization (WHO) defined violence as intentional use of physical force or power, threatened or actual, against oneself or another person or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation [1]. When deaths occur due to violence, there is an immeasurable impact on the members of immediate and extended families and communities whose lives are often changed irrevocably by these tragedies [2][3]. Violence, when it results in the death of a woman or a girl child, is largely condemned by the society due to the gender role she plays in the society. According to the World Report on Violence and Health published in 2002, four modes of violence (physical, sexual, psychological attacks and deprivation) and three sub-types have been described. The sub types are based on victim-perpetrator relationships; i.e. self-directed violence (self-abuse and suicide), interpersonal violence (family and intimate partner violence and community violence) and collective violence, due to social, political and economic violence.

Sri Lanka is a multi-religious, multicultural country with a rich civilization that underwent a terrorist war for 30 years and is currently in a post conflict resolution phase. The 30-year terrorist war which was initiated to establish a separate state in its Northern and Eastern provinces was largely led by LTTE. LTTE is considered the prototype of modern terrorism that is known to have introduced suicide bombing to the world, and pioneered the use of women in suicide attacks in warfare [4][5]. The 30-year terrorist war caused notable hardships for the people, property, environment and the economy of the country. Initially, it was estimated that 80,000–100,000 people were killed during its course [6]. According to an estimation of a UN panel, 40,000 died in 2013. However, an independent report

estimated that the number of deaths of the civilians to exceed 100,000 [7].

The effect of the war on a country and its people is immeasurable. However, the Northern and Eastern provinces were directly affected by the terrorist war while other provinces, including Southern Province, experienced only its indirect effects. Though the LTTE was eventually defeated by the Sri Lankan Armed Forces in 2009, and post conflict resolution activities commenced, the effect of terrorism on persons' psyche is unknown. There is increasing evidence that the psychological responses to terrorism exert significant effects on mental and physical health and society. [8][9][10].

Thus, the objectives of the study were:

1. To analyze the patterns of suicides and homicides in the Eastern and Southern provinces with regard to demography, etiology and the causes of death.
2. To find whether there is any influence of the effects of war on this pattern.

Materials and Methods

A mixed method (quantitative and qualitative) was used to gather data after obtaining approvals from the Ethics Committee of the Faculty of Medicine, University of Kelaniya, Ministry of Justice and Sri Lanka Police. The study comprised of 3 components.

Component 1: Calculation of incident rates using data from Sri Lanka Police and Department of Census and Statistics

Component 2: A retrospective descriptive study on female homicides and suicides in the two provinces conducted using records from police and ISD from 2013 to 2016 through convenient sampling method.

Component 3: Qualitative study conducted using 8 in-depth interviews of families of female homicides and suicides from two provinces.



Results

The incidence rates of homicides and suicides in Eastern and Southern provinces were calculated using data from the Sri Lanka Police and department of Census and Statistics. The comparison of incidence rates for 2013-2015 of the Eastern and Southern provinces revealed that the rate in the Eastern Province was on a decline while the Southern province was on a rise (Figure 1).

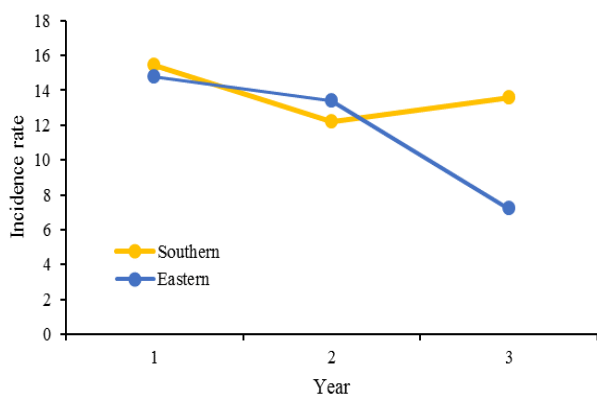


Figure 1, Female homicides in Southern and Eastern Provinces of Sri Lanka, 2013 –2015 (Incidence rate per million population). Year 1, 2 and 3 are 2013, 2014 and 2015 respectively.

The incident rates of suicides in Eastern and Southern provinces for 2013 – 2015 revealed that Incidence rate was four times that of homicides but that both provinces show a decline in the rates over the years. However, the rates for Eastern province have been higher than Southern province throughout the time period (Figure 2).

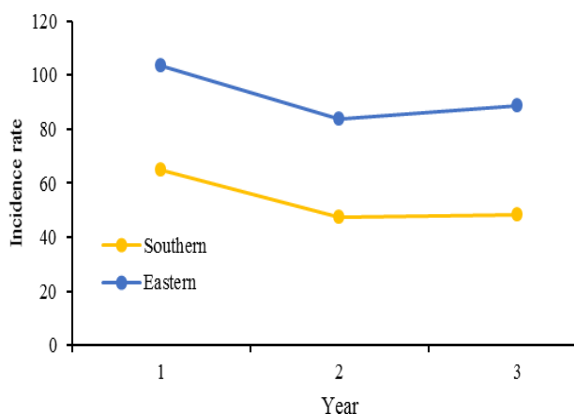


Figure 2, Female suicides in Southern and Eastern provinces in Sri Lanka, 2013– 2015. (Incidence rate per million population). Year 1, 2 and 3 are 2013, 2014 and 2015 respectively.

The retrospective study consisted of 158 Cases. It included 31 homicides from each province and 52 Suicides from Eastern Province and 44 Suicides from Southern Province.

Demographic features

The age analysis revealed that just above 2/3 (76%) of the females in the Eastern province were less than 40 years of age while it was 57% in the Southern province. Further, the percentage of elderly who died in the Southern province was two times that of the Eastern province (Table 1).

Table 1, Demographic features of the women who died due to violence in the Southern and Eastern Provinces.

Item	Southern Frequency (n)	Eastern Frequency (n)
Age		
• <20 Years	15 (20%)	25 (30%)
• 21-40 Years	28 (38%)	38 (46%)
• 41-60 Years	22 (29%)	15 (18%)
• >61 Years	10 (13%)	5 (06%)
Race		
• Sinhala	73 (98%)	03 (03%)
• Tamil	01(1%)	72 (86%)
• Muslim	01(1%)	09 (11%)
Civil status		
• Married/living together	36 (48%)	49 (59%)
• Not married/widowed	39 (52%)	34 (41%)
Children		
• No/NA	37 (49%)	38 (46%)
• Children	38 (51%)	45 (54%)

The Eastern province sample comprised of majority Tamil (86%) while the Southern province majority (98%) were Sinhalese. Either half or more than half of the females who died were married or living together in both provinces and there was no significant difference in the percentage of women with children in either of these provinces (Table 1).



Education and Occupation

The education level of victims of both provinces were almost similar where 83% of women from the Eastern province was educated up to primary/secondary or above while the rate in the Southern province was 80%. The analysis of the occupations of the victims who died in both provinces showed that majority were housewives while only 18% and 28% in Eastern and Southern provinces were gainfully employed respectively.

Presence of mental illness/ features of mental illness

The presence of mental illness or features of mental illness were obtained from the historical data from the police and doctors records. The features observed were mental sub normality, violent behavior, psychiatric illness, suicidal attempts and self-inflicted injuries. Although majority (>80%) did not have mental illness or features of illnesses, when both suicides and homicides were tabulated together (Figure 3), there was a statistical significance of presence of mental illness/ feature in the suicidal deaths in the Southern province compared to Eastern. $P=0.0131$

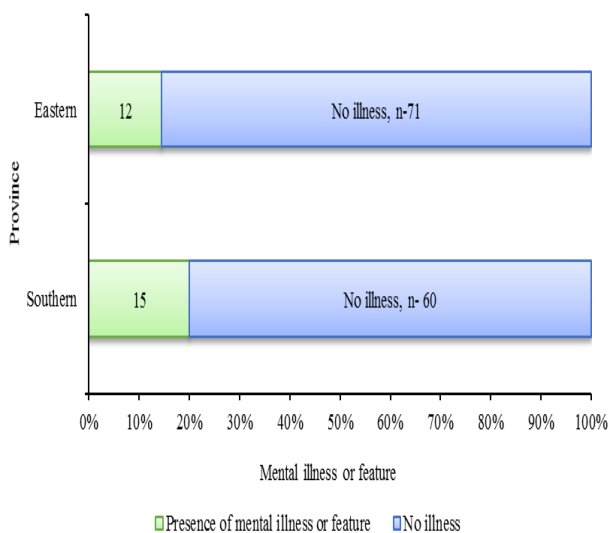


Figure 3, Mental illness or features in the two provinces

The type and the patterns of deaths encountered

The pattern of suicidal death in the Eastern province revealed 46% (24) hanging, 44% (23) poisoning and 1% (01) drowning whereas the suicidal deaths from the Southern province revealed that 52% (23) hanging, 34% (15) poisoning and 9% (04) drowning.

The pattern of homicidal death in the Eastern province revealed 29% sharp force trauma, 26% blunt force trauma and 23% neck compression while the Southern province too showed a similar trend. i.e. 32% sharp force trauma, 26% blunt force trauma and 16% neck compression.

The reasons for violent deaths

The analysis of reasons for violent deaths in the provinces revealed that 36% of the deaths were due to intimate partner violence (IPV) related issues in both suicides and homicides. The detailed analysis of the IPV related suicidal and homicidal deaths revealed that love affair was the reason in 12% (10) of cases from the Eastern Province while it was 15% (11) in the Southern province. Extramarital affair was found in 4% (03) of the Eastern province sample while it was 16% (12) in the Southern province. Homicides due to extramarital affairs in the Southern Province was statistically significant compared to Eastern province ($P=0.009$). Further, family issues have been underlying reasons for both suicides and homicides in considerable proportions. i.e. 26% and 21% of homicides and suicides in the Eastern province compared to 7% and 32% in the Southern Province. Financial issues were the causes for homicides in 16% and 13% of homicides in the Southern and Eastern provinces. (Figure 4).

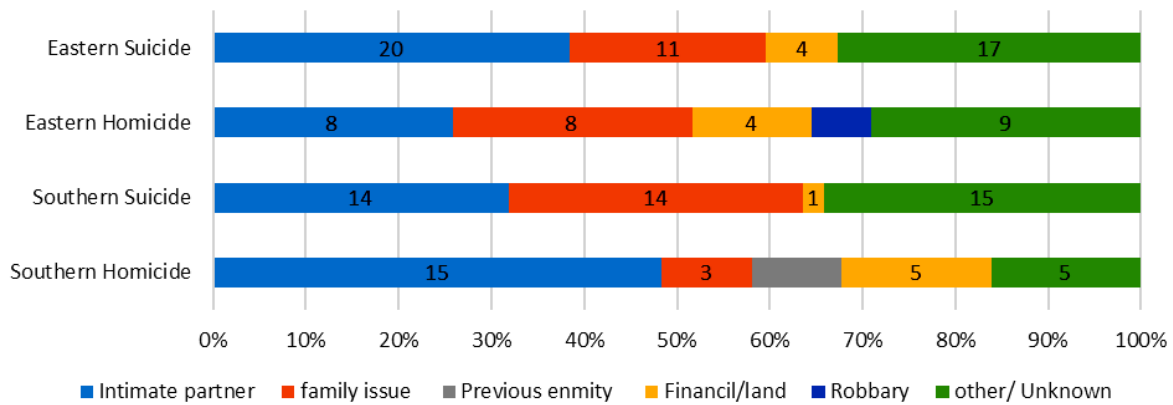


Figure 4, Underlying reasons for violent deaths in Eastern and Southern provinces

Reportage of the deaths in the News Papers

Reportage of violent deaths in newspapers is a common finding in any country. In this study sample, 20% and 23% of female suicides and homicidal deaths in the Eastern and Southern province were reported while majority were homicides.

Underlying reasons, Police investigation and Judicial process

The satisfaction of the police investigations and the judicial process was analyzed from the data obtained from the qualitative study conducted.

“Police OIC was very supportive and helped us a lot. Our son-in-law was arrested. Wooden rod and some other evidence were collected by the police dogs and he was remanded”

“The case is not yet concluded. Still court hearings are going on. I am not going to courts regularly. I am fed-up now. I do not have any specific expectation of the legal outcome. I have lost trust in people. His family has migrated from here. If God is there he will be punished in a proper way (crying)” ...Mother of a victim of homicide from Mandoor, Eastern Province where her son-in-law has killed

her daughter and 8 months old child.

“The police is supporting us a lot in this matter. Now our only hope is the police. They told us no need to be present for all the court hearings regularly. But as we are not satisfied with the case progression at the Magistrate Courts, we are going for every court hearing”

“When the suspect was submitted to Angoda Hospital he gave a clear account of what has happened. The doctor gave the report stating that he is not a psychiatric patient. Even with that report the judge still considers him as a psychiatric patient because he imitates his sister’s behavior in the courts who is a known psychiatric patient” ...Mother from Kaththankudi, where her 8-year-old daughter was raped and murdered

“Earlier my parents lived peacefully. I do not know why my father killed my mother. An astrologer said that someone had probably cast a curse on us” ...Daughter of a victim from Sooriyawawa, Hambanthota where her mother was killed by her father

“After her death I was all alone in my home and I sent my daughter to my parents’ house. I felt I could not live in this house anymore. I had prepared the transfer letter too. Her death was a major setback in my



life. This house would have been built better than this if she was here” ...Husband of a woman from Southern Province who had committed suicide 4 years ago.

The analysis of the reasons for homicides and suicides range from relationship issues to beliefs of curses. Although interviewees were satisfied about the police investigation of homicidal deaths, they were not satisfied about the progression of the case at the courts. Many had lost faith of the judicial process due to delays proving the quotation that “Justice delayed is justice denied”.

Discussion

Studies on homicides from Sri Lanka are sparingly reported in medical literature whereas suicides can be found occasionally [11-13]. Edirisinghe and Kitulwatte in 2009 reported, out of 265 homicides they studied, female homicides were only 06% [14]. National figures on homicides and suicides of Sri Lanka are only obtainable from the Police Statistics. The calculated incidence rates for homicides of females before the war was above 100 per million populations per year (2006) which reduced to below 50 per million populations per year after the defeat of LTTE in 2009 (Figure 5).

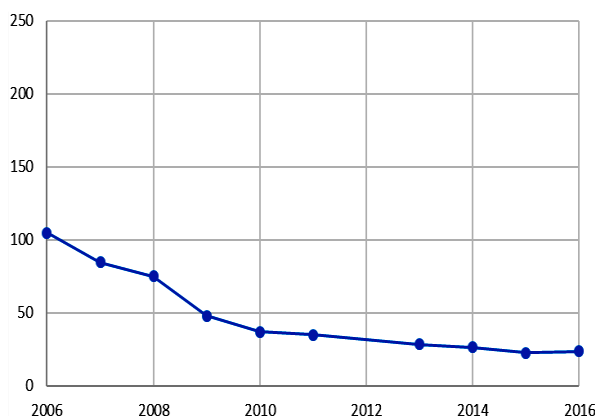


Figure 5, Female homicide incidence rate of Sri Lanka (per million population)

Five years after the war homicides per year is fluctuating to around 500-600 cases with

a downward trend. The female victims amounted to ¼ of the case load. Although female suicide incidence rate prior to war was above 200 per million populations per year, it has been on a downward trend for many years. After 2009 the suicide incidence showed a decline, though the rate of reduction was not as high as homicides. In 2016 female suicide incidence was for Sri Lanka was 147 per million populations per year (Figure 6)

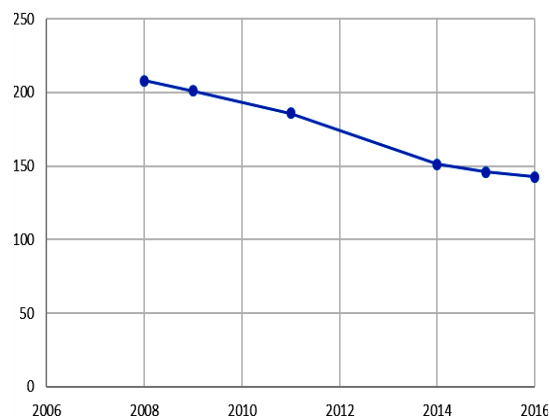


Figure 6, Female suicide incidence rate of Sri Lanka (per million population)

Sri Lanka’s suicide rate has been on the rise for many decades and peaked in 1995 becoming the 2nd highest nation for reported suicide incidents in the world. WHO in its world report on suicide published in 2014 stated that Sri Lanka has become the country with the fourth highest suicide rate in the world at 28.8 per 100,000 (male - 46.4 per 100,000; female - 12.8 per 100,000) [15]. Knipe, Metcalfe and Gunnell in 2015 argued that Sri Lankan suicide statistics calculated by WHO in 2014 should be considered cautiously [16]. However, Knipe et al in 2017 stated that the declines observed in suicide rates were driven by the reduction in access to lethal pesticides which was brought by policy changes over the years [17]. Most probably due to the same reason, in the present study, hanging is identified as the commonest method of suicide in both provinces.



The incidence rate of female suicides calculated by us based on statistics from the Sri Lanka Police and Department of Senses and Statistics for Eastern Province in 2013 was 103.3 per million populations while it was 64.7 per million populations for the Southern Province. Although psychological/mental effect of war could be an underlying reason for increased suicide incidence observed in the Eastern province, the absence of prevention programmes for suicides, due to deficiencies in the implementation of prevention policy due to breakdown of the civil administration with the war and post-conflict resolution cannot be overlooked.

The commonest method used to kill a female was sharp force trauma followed by blunt force trauma. A 10-year female homicidal study of 220 cases from Taiwan published in 2015 quotes the commonest cause of death as sharp force injury (51.4%) followed by neck compression 25% [18]. In this study majority of homicidal drowning was seen with baby girls thrown to water.

The underlying reasons/ etiology for committing suicide and homicides were numerous. They range from intimate partner violence, family issues, economic reasons to psychiatric illness and psychological issues. Many studies related to female suicides in India and China conclude that marriage is not a protective factor for suicides in developing countries in Asia. [19-21] Although Sri Lanka shares many similar socio-cultural practices with India, we have not come across any suicide or homicide in our sample that were burn deaths due to dowry issues with in-laws, which is a common encounter in India.

In the total of 62 female homicides studied, 37% were IPV related, while 96 of suicides studied, 35% were IPV related (love affair/extra marital affairs). However, studies from USA and UK quote that over 50% of all homicides were IPV-related [22] [23]. In comparison with female homicide

studies from India, we did not see any dowry related deaths [24]. Increase of violence in the community has been attributed to war [25] and linked to IPV seen in the post conflict communities [26]. Statistically significant IPV related homicides from the Southern Province were seen in our study. Although war had indirectly affected the Southern province, this finding cannot be explained by war alone. Therefore, absence of values, weaknesses in conflict resolution in relationships, availability of mental health services are more likely reasons for these deaths. Further, presence of mental illness/features of mental illness was seen in 1/5 (17%) of the deceased women where it was statistically significant in the Southern province.

Therefore, in conclusion, this comparison shows that the majority of female violent deaths from both provinces were due to IPV. There were many similarities in the patterns, and the underlying reasons. However, the differences encountered were the higher incidence rate of suicides in the in Eastern province and the rising trend of homicide incidence in the Southern. Further, IPV female homicides and presence of mental illness/ feature in suicidal deaths was statistically significant in the Southern province. Thus, relationship issues and lack of coping skills in extreme situations were the reasons, rather than direct and indirect effects of war.

We recommend that multi-disciplinary measures be taken to prevent IPV as well as already existing programmes be strengthened. Strengthening efforts should be increased on mental health education. Efforts should be taken to increase the quick and effective response to persons coming with suicidal attempts. Mass media can play a greater role in this aspect. Reporting these deaths should be used for prevention rather than creating a sensation. Further, suicide prevention programs should be initiated, especially targeting IPV related issues.



Community mental health services is another area that needs improvement immediately. Finally, we recommend epidemiological findings of this nature to be used for prioritizing prevention programmes.

Acknowledgement

UNFPA Sri Lanka for funding the research and all the doctors in the JMO officers, Police officers and ISDs of Southern and Eastern provinces for providing data.

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Recent: *Policy brief on unnatural deaths of women and girls in Sri Lanka (prevention and justice) by the UNFPA, Sri Lanka*