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Original Article

Gender-based violence help desk services at Teaching Hospital, Jaffna, SriLanka

[1]Guruparan K, [1]Kumar R, [1]Guruparan Y, [1]Muhunthan K

[1]Faculty of Medicine, University of Jaffna

Abstract

Gender-based violence (GBV) is a serious health and social problem in South Asian countries, including Sri Lanka. This study describes the socio-demographic characteristics of clients and their alleged perpetrators, types of violence and outcomes reported, and the services provided by the GBV Help Desk at Teaching Hospital - Jaffna.

Data were collected retrospectively from records of all 883 clients who sought help and who were referred to the GBV Help Desk of Teaching Hospital - Jaffna during a 2-year period (January 1, 2019 to December 31, 2020) using a data extraction sheet.

The clients of the GBV Help Desk were mostly female (91.3%; n=806). Physical, economic, emotional and sexual violence were experienced by 68.5%, 48.2%, 40% and 29.4% of clients, respectively. In 87.9% (n=776) of cases the husband, lover or partner was the alleged perpetrator. Around two thirds of alleged perpetrators (65%, n=518) had a history of alcohol use. Physical violence was more likely among legally married women (84.3%) compared to legally unmarried women (35.4%) ($p<0.001$) whereas sexual violence was more likely in legally unmarried women (70.5%) compared to legally married women (10.3%) ($p<0.001$). Suicidal inclinations were reported by 7.3% (n=64). All clients were befriended; further counselling was arranged for 27.8% (n=245).

In conclusion the GBV Help Desk mainly provides services to women following intimate partner violence.

Keywords

Gender-based violence, intimate partner violence, sexual violence, substance use

Introduction

Gender-based violence (GBV) is described as "any harmful act that is perpetrated against a person's will and is based on socially recognised difference between males and females" (1). It mainly impacts women and girls, has serious consequences for health and well-being, and incurs a high national cost for treatment and rehabilitation (2). GBV includes physical, sexual, emotional, and economic violence. Physical violence may include assault, battery, burns and other injuries; sexual violence refers to sexual activity involving violence or coercion; emotional violence could include abusive language or manipulative behaviour that controls and instils fear in another; and economic violence refers to deprivation of financial means and the bare necessities of life (2-3).

The World Health Organization indicates that 1 in 3 women worldwide are subjected to either physical and/or sexual violence in their lifetime (2). In South Asia, the prevalence of intimate partner violence against women ranges from 20 to 72%. (4). According to the Sri Lanka Demographic and Health Survey 2016, the prevalence of domestic violence among married women (15-49 years) was estimated to be 16.6%, with a higher proportion reported from urban areas (19.8%) (5).

The GBV Help Desk at Teaching Hospital - Jaffna functions as a one-stop centre for GBV survivors in Northern Sri Lanka. It provides services to both in-patient and out-patient help seekers or clients. Although the centre has been functioning for seven years, studies on its clientele and service provision have not been undertaken. This study describes the socio-demographic characteristics of clients and their alleged perpetrators, types of violence and outcomes reported, and the services provided by the GBV Help Desk at Teaching Hospital, Jaffna, during a two-year period (2019 & 2020).

Corresponding author : K Guruparan, Email: kandiah.guruparan@yahoo.com. https://orcid.org/0000-0003-1146-0427.

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Methods

Data were collected retrospectively from the records of all clients who received services at the GBV Help Desk at Teaching Hospital, Jaffna between January 1, 2019 and December 31, 2020. The data extraction sheet covered socio-demographic characteristics of clients and alleged perpetrators, types of violence, the relationship between client and alleged perpetrator, referral point and service provision. Data were analysed using the Statistical Package of Social Sciences (SPSS version 21). Frequencies and percentages were used to describe socio-demographic characteristics, referral modes, types of violence and outcomes reported, and service provision. Chi squared test was used to describe the association between selected categorical variables. Ethics approval was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Jaffna.

Results

A total of 883 clients received services from the GBV Help Desk from January 1, 2019 to December 31, 2020. Sociodemographic characteristics of the clients are described in Table 1. The mean age of clients was 30.5±10.7yrs.

Table 1. Sociodemographic characteristics of the clients (n=883)

	Frequency	Percentage (%)
Age		
<20 years	134	15.2
20-40 years	613	69.4
41-60 years	119	13.5
> 60 years	17	1.9
Gender		
Male	77	8.7
Female	806	91.3
Marital status		
Legally married	602	68.0
Not legally married	281	32.0
Educational status		
Primary education	150	17.0
Secondary education	717	81.2
Higher education	16	1.8
Employment status		
Employed	143	16.2
Unemployed	740	83.8
Total	**883**	**100.0**

Socio-demographic characteristics of alleged perpetrators is shown in the Table 2.

Table 2. Socio-demographic characteristics of alleged perpetrators (n=883)

	Frequency	Percentage (%)
Age		
<20 years	33	3.7
20-40 years	671	76.0
41-60 ears	165	18.7
> 60 years	14	1.6
Gender		
Male	797	90.3
Female	86	9.6
Educational status		
Primary education	378	42.8
Secondary education	490	55.5
Higher education	15	1.7
Employment status		
Employed	691	78.3
Unemployed	192	21.8
Total	**883**	**100.0**

The mean age of the alleged perpetrators was 33.2 (SD 10.1) years. When considering the alleged perpetrator's relationship to the client, in the majority (65.5 %, n=578) of cases, the husband was the alleged perpetrator; less than 5% were non-family members.

Physical, economic, emotional and sexual violence were experienced by 68.5%, 48.2%, 40% and 29.4% of clients, respectively. Around one third (33.6%, n=297) experienced more than one type of violence.

We assessed the association between marital status and the type of violence experienced. Physical violence was more likely among married legally married women (84.3%) compared to legally not married women (34.5%) ($p<0.001$; Table 3).

Table 3 Relationship between marital status and physical violence

	Physical violence				X^2	p	df
	Yes		No				
	n	%	n	%			
Legally married	508	84.3	94	16.3	220.8	<0.001	1
Legally not married	97	34.5	184	65.5			

Sexual violence was more likely in legally not married women (70.5%) compared to legally married women (10.3%) ($p<0.001$; Table 4).

Table 4 : Relationship between marital status and sexual violence

	Sexual violence				X^2	p	df
	Yes		No				
	n	%	n	%			
Legally married	62	10.3	540	89.7	333.7	<0.001	1
Legally not married	198	70.5	83	29.5			

Table 5: Types of violence referred from the wards

	Frequency	Percentage (%)
Physical violence	542	64.9
Sexual violence	192	23
Economic violence	61	7.3
Emotional violence	40	4.8
Total	**835**	**100.0**

Majority of the clients (94.6%) were referred from the wards to the GBV Help Desk. Among clients referred as inpatients, physical violence was most common (64.9%, n=542), followed by sexual (23%, n=192), economic (7.3%, n=61) and emotional violence (4.8%, n=40) (Table 5).

In terms of reported outcomes, physical injuries (45%, n=397) and financial constraints (44.8%, n=396) were common among clients. While feeling depressed was reported by 25.6% (n=226), separation of family and suicidal tendencies were reported by 11.5% (n=102) and 7.3% (n=64), respectively.

With respect to mode of referral, the vast majority of clients were referred from the wards (94.6%, n=835), including the psychiatry unit (17.1%, n=151). The rest were referred from the outpatient department (5.2%, n=46) and police (0.22%, n=2).

Table 6 shows the services provided by the GBV help desk. All the clients who attended the centre were befriended. In addition, counselling was arranged for 27.8% (n=245) of the clients. A total of 577 (65.3%) clients were referred for services outside the hospital. Table 6 shows the services provided by the help desk.

Table 6: Services provided by GBV help desk

	Frequency	Percentage (%)
Befriended	883	100.0
Counselling	245	27.8
Social support officer	227	25.7
Women development officer	192	21.9
Legal support services	158	17.9
Judicial medical officer	61	6.9

Discussion

GBV was mostly reported by female clients (91.3%). Three hospital-based studies on GBV carried out in Batticaloa, Colombo and Kandy districts report similar results (6-8). While GBV is experienced more commonly by women due to gendered power differentials (1-3), it should be noted that clients in the present study were mostly inpatients referred to the GBV help desk by healthcare providers, who may exercise more vigilance regarding GBV among women. Over two-thirds (69.4%) of the clients were married, suggesting that GBV may be more common among this demographic (9) or that help seeking may be less among others.

Notably, 90.3% of alleged perpetrators were men, and majority of them were intimate partners (87.9%). While consistent with studies carried out in Kandy and Colombo where 90% and 94.4% of clients reported violence by intimate partners (8,7), a substantial proportion in our study experienced violence by other family members (7.5%). Apart from reflecting cultural and community norms on gender, these patterns of violence may also reflect the socioeconomic dependence of women on their male partners as over 80% of clients were unemployed, despite the majority having secondary level education (8). Although three-fourths (78.3%,) of alleged perpetrators were employed, over 95% did not have a permanent job, likely representing the low-income category. Nearly two-thirds (65%) of alleged perpetrators had a history of alcohol usage.

Unemployment, low socioeconomic status, and alcohol use are known to be associated with GBV (9-10).

In the present study, two-thirds (68.5%) of the clients experienced physical violence. Economic, emotional and sexual violence were reported by 48.2%, 40% and 29.4% of clients, respectively. A similar pattern of violence has been reported in other parts of Sri Lanka (11, 7) and India (10). Physical violence was also more common (89.3%, n=542) in those referred from the wards; all male clients among ward referrals had physical injuries. The external appearance of physical injuries may enable health staff to suspect GBV, while this may not be the case for emotional, sexual and other forms of violence (12). Two studies carried out in Sri Lanka (8, 13) and another in Turkey (14) reported high rates of physical violence among referred clients. It is noteworthy that the second most reported type of violence is economic violence, perhaps reflecting the socioeconomic status of the community served by Teaching Hospital Jaffna. The pattern of violence would be surely influenced by the fact that this is a hospital sample and social norms discourage the reporting of GBV (7, 15).

GBV has wide-ranging implications for individuals, families and the society more broadly. In terms of outcomes, clients mostly reported physical injuries (45%) and financial constraints (44.8%) resulting from GBV. A substantial proportion reported depression (25%) and suicidal thoughts (7%), while 11% of the clients had separated from their spouses. In contrast to our study, a hospital-based study of clients accessing services at two GBV help desks in Colombo revealed that 93% of GBV survivors were depressed and 20% had suicidal ideas (7).

Almost 95% of those who receive services at the GBV Helpdesk at Teaching Hospital Jaffna are referred patients, either from the wards, psychiatry unit or police. In other words, few GBV survivors present on their own to the GBV Helpdesk, indicating that there may be barriers to accessing services. In other settings, community norms that treat GBV as a private matter, fear of reprisal, social stigma and dissatisfaction with services are known to impede access to care ().

Most clients received psychosocial support at the GBV Help Desk of Teaching Hospital - Jaffna. All were befriended and a fourth (27.8%) were provided counselling. Only a minority were referred for legal service (17.9%), suggesting that most GBV survivors do not seek legal redress. This means that most perpetrators of GBV are not held accountable by the criminal justice system, which, in turn, may perpetuate the cycle of violence and abuse and its social and economic consequences (1-4).

This study has a few limitations. As it focused on clients who received services from the GBV Help Desk, Teaching Hospital Jaffna, the results do not reflect patterns of GBV at the community level. The study was based on secondary data and we are uncertain as to whether a standard method was used to categorise the types of violence reported by clients. Furthermore, as the interviews on which the data are based were conducted in a hospital setting, the likelihood of under reporting is likely to be high.

Conclusion

The GBV Help Desk at the Teaching Hospital Jaffna provides services mostly to women, with a large proportion comprising referrals from within the hospital. A large majority of clients experienced violence in the family, including from intimate partners. Physical violence was most commonly reported, with a quarter experiencing sexual violence.

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