

Shattered Voices, Silent Struggles: A Case Study of Women Experiencing Intimate Partner Violence in Sri Lanka

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ABSTRACT

Intimate partner violence (IPV) remains a pervasive yet underreported issue in Sri Lanka, often obscured by socio-cultural norms that prioritize family unity, marital endurance, and female submissiveness. *Shattered Voices, Silent Struggles* delves into the lived realities of intimate partner violence (IPV) as experienced by three Sri Lankan women, using a qualitative, narrative-based case study approach. Through in-depth semi-structured interviews, the study uncovers the physical, sexual, psychological, and social consequences of prolonged abuse, alongside the coping strategies and support systems survivors engage. The women, aged 40 to 45, were purposively selected through snowball sampling and with support from a Women-in-Need Help Centre. Ethical guidelines were stringently followed to ensure participants' safety and emotional well-being. While initial coding followed thematic analysis, findings are presented through cross-case analysis to highlight patterns across narratives. The study reveals how entrenched cultural norms around marriage, gender roles, and endurance silence women's voices and prolong their suffering, often delaying help seeking and reinforcing dependency and control. Despite socio-economic differences, all three narratives expose shared threads of coercive control, emotional manipulation, and social isolation. These findings emphasize the critical need for survivor-centered, culturally sensitive interventions and the strengthening of both informal and formal support mechanisms. Though limited by its small sample size, this study offers rich insights into the psychosocial complexities of IPV in Sri Lanka and contributes to the broader conversation on gender-based violence in South Asia.

Keywords: *Intimate Partner Violence, Sri Lanka, Case Study, Thematic Analysis, Cross-Case Analysis, Psychological Impact, Coping Strategies, Patriarchy*

Intimate partner violence (IPV) is a pervasive and devastating social issue that affects women across the globe, with significant consequences not only for victims but also for their families and broader communities (Straus et al., 1980; Straus & Gelles, 1990). IPV encompasses various forms of abuse, including physical, sexual, emotional, economic, and psychological maltreatment, each contributing to severe physical and mental health outcomes for victims (Dutton et al., 2006; Devries et al., 2013; Johnson et al., 2008; Gracia et al., 2018). While much research has focused on identifying risk factors associated with IPV perpetration and victimization (Hutchins & Sinha, 2013), contradictions across studies

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complicate the establishment of a cohesive understanding of the issue (Bachman & Saltzman, 1995; Tjaden & Thoennes, 1998). Risk factors identified in the Sri Lankan context include young age, partner's substance abuse, and extramarital affairs (Jayasuriya, Wijewardena, and Axemo, 2011). These factors exacerbate the likelihood of IPV, creating environments where coercion and control can flourish.

Many studies indicate that IPV remains a pressing global issue, with the World Health Organization (WHO, 2013) reporting that nearly one-third of women worldwide experience physical and/or sexual IPV during their lifetimes. South Asia, in particular, has a high prevalence of IPV, with estimates ranging from 37.7% to 41.7% among ever-partnered women (WHO, 2012; Devries et al., 2013). In Sri Lanka, reported prevalence rates of IPV vary widely, ranging from 20% to 72%, with recent estimates between 25% and 35% (Guruge et al., 2015). Another study conducted in Sri Lanka, a demographic and health survey found that 17% of ever-married women had suffered IPV within the past year, with another survey reporting that 22% of women experienced IPV from a male partner (CARE International Sri Lanka, 2013). This variability highlights the pervasive nature of IPV and suggests potential underreporting, especially concerning sexual violence. Studies indicate that women often underreport sexual violence due to cultural stigmas and societal norms that discourage disclosure (Guruge et al., 2015).

The health consequences of Intimate Partner Violence (IPV) are profound and multifaceted, encompassing a wide range of physical, psychological, and reproductive health outcomes. Physical injuries resulting from IPV can range from minor bruises to severe bodily harm and long-term disabilities. However, the impact extends well beyond visible injuries. Psychological trauma—such as anxiety, post-traumatic stress disorder (PTSD), depression, and suicidal ideation—is commonly reported among survivors (Chandan et al., 2020; Devries et al., 2013; Sardinha et al., 2022; Taillieu et al., 2021).

In Sri Lanka, the burden of IPV on women's health has been well-documented. Pathiraja et al. (2020) found that 65% of women who experienced IPV reported physical consequences, while an alarming 94% suffered emotional impacts, including symptoms of depression and suicidal thoughts. These findings are consistent with earlier research by Jayasuriya, Wijewardena, and Axemo (2011), which demonstrated a strong association between IPV and poor mental health outcomes among Sri Lankan women, underscoring the enduring psychological toll of such violence. Evidence from the broader South Asian region reinforces the serious health implications of IPV. In a multi-country study conducted in India and Bangladesh, Koenig et al. (2006) found that women exposed to IPV were significantly more likely to experience adverse reproductive health outcomes, including miscarriages, unintended pregnancies, and complications during pregnancy. Similarly, in Nepal, Puri et al. (2010) reported that IPV was linked to poor utilization of maternal health services and increased risk of postpartum depression.

Despite growing awareness of diverse forms of IPV, research has predominantly concentrated on physical abuse due to its immediate and visible impact, often overlooking psychological IPV, which can be equally, if not more, distressing (Follingstad et al., 1990; Outlaw, 2009; Walker, 1984). The lack of adequate documentation and theoretical frameworks in IPV research, particularly in South Asia, further limits an in-depth understanding of the social, economic, and psychological dimensions of abuse (Ahmed-

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Gosh, 2004; Panchanadeswaran & Koverola, 2005; Sen, 1999; Bennett & Manderson, 2003).

Until recently, global research on partner violence (PV) largely overlooked the role of cultural factors. Johnson and Ferraro (2000) noted in their review of IPV research from the 1990s that only in recent years have researchers begun to examine IPV within diverse cultural contexts, considering its prevalence, cultural influences, and the broader economic and social structures that shape it. In South Asia, the complexity of IPV is further intensified by ongoing crises, including armed conflicts and natural disasters. Additionally, as noted by Pinnawala (2008), research on IPV in the region remains limited, partly due to methodological challenges such as underreporting, inconsistencies in defining types of violence, difficulty accessing diverse samples beyond shelters, and a lack of comprehensive documentation of IPV-related initiatives. Given these gaps, further research in Sri Lanka is essential to fully understand the specific cultural and structural factors influencing IPV and to develop more effective responses to address this pressing issue.

Pinnawala (2008) highlights that control and the entitlement to control are central to intimate partner violence (IPV) in South Asia, reinforced by overarching patriarchal norms. Each country's subculture normalizes male privilege, resulting in limited services for women and systemic barriers within law enforcement, legal, and healthcare sectors. In Sri Lanka, as in other South Asian nations, male privilege at the state level perpetuates stigma, disbelief of abuse, and a lack of legitimacy for IPV as a serious issue. Moreover, the societal acceptance of rigid gender roles and the stigmatization of victims hinder help-seeking behaviours. Women predominantly rely on informal networks for support, with few accessing formal services due to fear of judgment or further victimization (Guruge et al., 2015). For instance, as indicated by Pinnawala (2008) in her study as well, Sri Lankan women may be encouraged by police or magistrates to return to their abusers, with cases of IPV sometimes going unrecorded or uninvestigated despite their severity. Furthermore, women's distress is often dismissed across various sectors, restricting access to necessary services and placing the burden of abuse on the victims themselves. The normalization of sexual abuse within marriage reflects entrenched patriarchal attitudes that view women as subordinate to their husbands' desires. Such beliefs contribute to the justification and perpetuation of marital rape, a form of IPV that is both prevalent and underreported in Sri Lanka (Guruge et al., 2015). Despite these challenges, women continue to find ways to protect themselves and their children. Given these systemic issues, an in-depth exploration of IPV in Sri Lanka is necessary to address the complexities of patriarchal control and improve responses to IPV in the region.

While global research has explored various dimensions of IPV, including trauma, resilience, and support systems, there is limited in-depth, contextualized understanding of how Sri Lankan women experience and make sense of prolonged abuse within their everyday lives. Existing studies tend to generalize survivor responses, often overlooking the nuanced, culturally embedded narratives that shape coping and help-seeking behaviours. Qualitative analyses can help uncover the nuances of partner abuse, its long-term effects, and the structural barriers that prevent women from seeking help (Baldry, 2003; O'Leary, 1999). Understanding these complex dynamics is crucial for developing more effective interventions and policies that address all forms of IPV, ensuring comprehensive support for affected women. This study addresses the gap by examining the personal accounts of three women who experienced IPV, aiming to uncover the psychological and social impacts of

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abuse and the role of cultural expectations in shaping their responses. Through a narrative based case study approach, the research seeks to deepen understanding of how women navigate violence, isolation, and informal/formal support systems in a socio-cultural context that often silences their struggles.

METHODOLOGY

Research Design

This study employed an exploratory case study design (Yin, 2003) to examine intimate partner violence (IPV) to gain an in-depth understanding of the nature of IPV experienced by women, focusing on partner violence, its escalation, its impact on psychological well-being, coping mechanisms, risk and protective factors, and the role of support systems. Three case studies were conducted to explore these aspects comprehensively.

Sample

The three participants, Ira, Theja and Pavani, were selected through purposive sampling due to their ability to provide rich and detailed narratives that could shed light on the complexity IPV experiences. These women who were aged between 40 to 45 were identified as having experienced prolonged psychological and physical abuse, along with other forms of IPV, making them ideal candidates for an in-depth exploration of the subject. Two participants were selected through snowball sampling, while one was selected through a women help Centre. Their cases were chosen based on their willingness to share their experiences and their potential to highlight critical and underexplored dimensions of IPV.

Data Collection

Data were collected through in-depth, semi-structured interviews. Each participant was interviewed multiple times to capture the nuances of their experiences, ensuring that their narratives reflected both their personal perceptions and the broader social and cultural influences shaping their realities. The interviews were conducted in a private and safe setting to ensure the participants' comfort and confidentiality.

The interviews covered key areas, including: the nature and progression of the abuse, the psychological and emotional consequences, coping mechanisms employed by the participants, perceived and actual support from family, community, and institutions, sociocultural influences on their responses to IPV. Each interview was transcribed verbatim to preserve authenticity and accuracy.

Ethical Considerations

The study adhered to strict ethical guidelines to ensure participant safety and confidentiality. Informed consent was obtained from both participants, who were made aware of their right to withdraw at any stage. Pseudonyms (Ira, Theja and Pavani) were used to protect their identities. Emotional support resources were made available to the participants in case the interview process caused distress. Ethical clearance was obtained from the Faculty of Graduate Studies, University of Colombo.

Data Analysis

The data analysis followed a two-stage process that combined thematic and cross-case analysis to retain the uniqueness of each participant's story while identifying broader patterns across cases. This approach allowed the study to balance the depth of individual

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experiences with the breadth of comparative insights, enabling a comprehensive understanding of the psychosocial dynamics of intimate partner violence (IPV).

- 1. Transcription and Preparation:** Immediately following each tape-recorded telephone interview, the principal investigator transcribed the conversation verbatim. This ensured early immersion in the data and preserved the authenticity of each participant's narrative. Pseudonyms were assigned to protect participant confidentiality.
- 2. Thematic Analysis:** The initial stage of analysis involved thematic analysis to identify key concepts emerging from each interview. The researcher employed an open coding process, reading transcripts line-by-line to identify recurring ideas and experiences. This was followed by axial coding to categorize and explore relationships between themes. The coding was done independently by the principal investigator and a psychologist, and discrepancies in coding were discussed until a consensus was reached, enhancing the reliability and depth of analysis.
- 3. Respondent Validation:** To ensure the credibility of interpretation, respondent validation was conducted with two of the three participants. One participant was not included in this process due to significant safety concerns, as any further contact could have risked her well-being. Safer alternatives such as phone or email were also deemed inappropriate.
- 4. Transition to Cross-Case Analysis:** Once key themes were established through thematic analysis, a cross-case analysis was conducted to identify shared patterns and divergences across the three narratives. This method, as described by Yin (2003), enables empirical generalization and supports theoretical insights by comparing cases that explore a similar phenomenon. The analysis focused on how IPV manifested across psychological, physical, sexual, and economic dimensions and how cultural expectations, family dynamics, and social support systems shaped the women's experiences.
- 5. Comparative Synthesis:** Through cross-case comparison, the study was able to highlight both commonalities and contextual differences in participants' coping strategies, help-seeking behaviours, and barriers to safety. Although resilience was evident in subtle forms, the analysis centred on the broader socio-cultural forces that influenced their actions and shaped their suffering and responses.
- 6. Strategies for Trustworthiness:** To ensure the rigor of the analysis, the following strategies were employed:
 - **Triangulation:** Findings were compared with existing literature and expert feedback to validate interpretations.
 - **Reflexivity:** A reflexive journal was maintained by the researcher throughout the process to acknowledge and manage personal biases.
 - **Peer Debriefing:** Discussions with academic peers and co-researchers contributed to a more nuanced interpretation of the data.

This analytical approach—beginning with thematic analysis and evolving into a cross-case synthesis—allowed for a rich, layered understanding of IPV in the Sri Lankan context, illuminating both the shared and distinct realities of the women involved.

FINDINGS

This section presents the findings of the study using a two-tiered approach. First, detailed narrative case studies of the three participants are presented to capture the unique trajectories

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of their experiences with intimate partner violence (IPV). These personal stories offer rich, contextually grounded insights into how abuse unfolded and how each woman navigated her circumstances, shaped by individual, relational, and socio-cultural factors.

Following the narratives, a cross-case analysis is conducted to identify and compare key themes emerging across the cases. This comparative analysis not only synthesizes commonalities and divergences but also serves as the primary space where the findings are interpreted in light of existing literature and theoretical perspectives. In the absence of a separate discussion section, interpretative commentary and critical reflections are embedded within the cross-case analysis, allowing for a seamless integration of findings and discussion. This approach supports both the depth of individual understanding and the breadth of thematic exploration across cases, contributing to a nuanced understanding of IPV in the Sri Lankan context.

Individual Case Narratives

To foreground the lived experiences of intimate partner violence (IPV), this section presents detailed narrative accounts of the three women who participated in the study. Each case study is presented as a standalone story to preserve the integrity, voice, and personal context of the individual. These narratives highlight the nuanced ways in which IPV is experienced, interpreted, and navigated within different relational and cultural settings.

Ira

Ira was a 40 year old, Sinhala, Buddhist, upper middle-class, first-degree holder married for 14 years with no children. She was married to an upper middle-class businessman who was three years younger to her. The man has studied in a prestigious school in Sri Lanka, English speaking, and has completed secondary level of education. It was a relationship of her choice which she attempted to end prior to marriage but gave in to the marriage because of love for the abuser, social stigma resulting from breaking off from a long-time relationship, and fear of the abuser harming her. She had a seven-year relationship by the time she got married.

The first mee

Ting with Ira revealed symptoms of depression, learned helplessness, and guilt following a history of frequent exposure to psychological abuse, and infrequent physical abuse by the husband. She has not sought any help from formal support networks, but met through personal contacts. Minor forms of abuse, mistakenly understood as overprotection and love had been present from the start of the relationship. Constant checking of her whereabouts, sudden visits to the university to check on her, checking of the telephone, asking her to keep the phone on enabling him to hear what is going on around her were very common practices that time. Ira had been happy at first thinking that actions such as not letting her go out even to the market by herself to buy the groceries, or meeting family members or friends because of extreme care, love and possessiveness of the partner. Marriage increased the severity and frequency of violence. Her husband did not like her working, but with great difficulty she managed to find a place where not much interaction with males occur. But, as the husband monitored her time and made her account for her whereabouts, being jealous of other men who worked with her and accused her of having an affair with another man and humiliating her in front of her colleagues she resigned from the job and was imprisoned in her house again. And afterwards he never let her go to another job.

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Adding much to her distress, with time she realized that she had been virtually imprisoned at home, restricting her movements out of the house, limiting her contacts with her neighbours and friends, restricting contacts with the outside world by removing the telephone connection and isolating her from her social world. He neither didn't let her move out of the house even to buy household groceries, nor took her along with him when he went shopping. Very rarely he took her out, only for especial occasions such as funeral or weddings of relatives. He participated for his friends' especial occasions alone. He also went to nightclubs almost daily, leaving her home. Signs of infidelity also began to appear. By the time Ira discovered that she had been confined to the home with little access to the outside world including her own family, it was too late for her to escape from the relationship. She had no communication with outside world, thus could not ask for help. She had been virtually isolated without her family or friends knowing that she is being severely abused. she had no chance to reveal her problems to anyone, as her husband was always present when somebody visited her or when she telephoned her family using his phone.

His abuse increased in severity restricting her to engage in any self-improvement activities including higher studies, forbidding to step out of the house without him, and making her do all the house chores without doing a fair share of it. The husband treated her like his personal servant and demanded obedience to his personal whims. Ira obediently followed his demands and commands just to avoid unpleasant confrontations. But as the violent actions have increased in severity the victim has exceeded the level of tolerance. Screaming and yelling at her using filthy words such as "you bitch, whore, and slut " were very common. However, as the filth came using English Ira felt that she was saved having a deeper impact than having to listen to the same words in Sinhala. Even though he spent lavishly for her prior to their marriage, buying her expensive gifts, he became very negligent of her needs after marriage, and became very reluctant in spending for her needs. He took all her money, her dowry and spent all that for his matters and for the welfare of his family members, even without spending for her medical care needs. Always, her parents had to attend to her health care needs and pay her medical bills. She was very reluctant to ask for money from her parents, but they gave her pocket money and bought her new clothes. Both the parents being educated government servants suspected something not going well, but did not ponder deeply into the matter as Ira did not come out with the abusive episodes she was exposed to. Only psychological abuse was present in her life for more than five years of her marriage. She felt like dead inside with the hurtful words, harsh commands, degrading comments that caused severe emotional wounds. She started gardening as that was the only solace she could get from outside world. Also, she used disengagement as in trying not taking in all the bad words he says, and things he does to hurt her. She became very submissive in order to minimize the various forms of psychologically abusive acts occurring. However, that did not protect her from ongoing abuse, and he continued to humiliate and insult her in front of the others. He further went on to trying to convince her and others that she is suffering from a mental disorder where she cannot control herself when she sees a man and, justified his abusive behaviour saying that he is always watching and controlling her to protect her. Yelling and screaming at her using vulgar words and calling her names, and blaming her for his problems increased. Physical abuse also started to appear, he beating her a several times when he was drunk, accusing her of carrying an affair with another man. She kept all this to herself as far as she could as she was concerned of the bad name that could fall on her parents' social status if she leaves him, fear of social stigma and to save the marriage of her choice. This lack of disclosure is common in Sri Lanka, typical of the desire to protect family honour and, in Ira's case, also because of the lack of her own awareness of the abuse

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as a problem area. However, with the increased severity of abuse, she confided with her parents to a certain extent as she could no longer bear the pain and emotional turmoil. She was abused physically, psychologically and economically for twelve years and came to her parents four times leaving him following very severe violent episodes. But after a few weeks listening to him and believing his promises to stop all forms of abuse, she returned hoping that he will change, but to realize it lasted only for a few days. Husbands' parents also were not much of help in reducing the abuse. In fact, husband's mother frequently instigated abuse making her son fulfill all her needs, while neglecting the duties and responsibilities of a husband. She always asked Ira to be patient and tolerate all she had to experience as 'a wife has to endure everything'. The turning point occurred when the husband hit her, and threw her out of the house making her stay outside a whole night. Then she decided that she no longer could bare all this and went to her parents. But her mother-in-law, disapproving her decision scolded her saying that "if the husband throws the wife out through the front door, she should know to come in to the house from the back door". Mother in-law influenced her son throughout to control her and keep her submissive. She had controlled and dictated her husband throughout her married life as well. She never was sympathetic or understanding Ira's situation, but adamantly believed that 'women should be patient and its their responsibility to protect the family union.

When she came to her parents, she was in a state where she was unable to get in to bus and get down from her destination by herself. She could not go into a shop, buy what she wanted, and get the balance money. She refused to go out alone, requesting her parents to accompany her always. Being used to live with all the restrictions, which now have become ordinary happenings in life, difficulty in existing as an individual, being unable to making decisions without relying on the others has made her a psychologically handicapped person who cannot stand on ones feet and get things done. She was ashamed to tell her relatives that she came home as she no longer could live with an abusive partner. The situation grew worse as the husband spread the story around that he chased her as she could not control her desire to go after men. She exhibited severe symptoms of depression and suicidal thoughts when she came back to parents. The parents were very supportive and took her to a doctor who referred her to a psychiatrist followed by counselling. Her parents, still not willing to see the marriage of her daughter collapsing, asked the husband of Ira to get treatment. But he has never agreed even to go and meet a counsellor to solve the problems out saying that the 'problem lies not within me, but within her'. After a few months of psychological treatment, Ira recovered a lot and began to adjust to normal day to day life. Her parents and friends helped her throughout to step out of the abusive life. Now she is employed, but still tries to keep the fact that she is separated from her husband from her colleagues and villagers showing the fact that in Sri Lankan culture how important for a woman to stay married to gain respect and recognition from others. Separation is not welcomed under any terms and a separated woman is not treated with dignity when compared with a married woman. These issues of social stigma, and bad name fallen on the family still bothers her, making her guilty of her decision to leave the abuser. However, Overall, Ira made use psychological help, and the formal and informal support systems (the ecological aspects) and moved back and forth through the separation and post-separation stages to achieve her successful journey toward freedom from abuse for herself.

Pavani

Pavani is 44 years old, Sinhalese, Buddhist, English speaking, and of urban, upper middle-class background. She works as a doctor in a government hospital. Her husband also is from

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a similar background and at present works as a consultant paediatrician. Pavani met her partner at the university, and they were in the same batch. During the first year, they fell in love with each other and continued the affair towards marriage. During the courtship period Pavani experienced overprotecting behaviour, restrictions on making friends with other male batch mates, jealousy and over possessiveness of her coupled with extreme love. Had she gone to a party, on a trip, or on an outing with her friends without the partner accompanying her, that resulted in serious accusations and conflicts. Being a very sociable person, Pavani found it difficult to have close interactions with only the partner, but mistakenly took these behaviours as signs of extreme love for her. As many other women in Sri Lanka, she continued the relationship in the belief that these abusive behaviours would cease after marriage. However, in contrary to her beliefs, verbal and emotional abuse increased in severity and frequency soon after marriage. Her husband neglected her as a new bride, showing more affection and attention to his sister. He has spent almost all his earnings for his family, being very reluctant to spend for Pavan's needs. However, as Pavani also had a good income, she did not take this as much of an issue. A few years passed with verbal and emotional abuse, but no physical abuse. Degrading comments, sarcasm which Pvani found very difficult to tolerate, and criticisms were very common. Pavani thought that 'whatever it is..he didn't hit me..' and went on with life. Things changed with the birth of their only child. Pavani expected her husband to care for her during pregnancy, with more affection and support, which she did not receive. As her husband was studying for an exam, he made this an excuse to evade from all household responsibilities. Other than that, he even pressed Pavani to do the night shifts which he had to do, saying that he has to study. So, Pavani had to undergo a very difficult period, working from early morning to late mid night, and cooking for the family early in the morning. Her partner had very rigid gender stereotypical attitudes, believing that it is a woman's duty do all the house chores, and attend to the needs of the husband. He expected her to make breakfast early morning when he went for classes in Colombo. If bread was not there, Pavani was pressed to make *rotti* for his breakfast. Otherwise, she faced a very unpleasant situation with criticisms and degrading comments coupled with harsh scolding. he never tried to understand her needs and assist her in anything she did. He never drank alcohol or used any other substance even at a social gathering, hence alcohol instigated abuse was completely absent. Pavani never had clues of his infidelity, and to date also she thinks that he was never interested in other women. Even though he was free from these vices which most of the other abusers possessed, it did not lead to reduced violence against Pavani. His emotional and verbal abuse increased day by day in intensity. He contributed minimally to household expenditures, making Pavani spend for food, servants, child's necessities and bills. He did not bother at least to accompany her in buying the groceries or paying the bills. But everything had to be ready when he wanted it, and otherwise blamed Pavani as 'a good for nothing woman' and screamed and yelled at her using bad language. Pavani felt very hurt and depressed, but did not talk back to prevent further conflicts. He didn't support her adequately in child care as well. Being a doctor. he didn't even bother to check the child's temperature during night when he was suffering from flu, but scolded Pavani for letting the child cry disturbing his sleep. If the child misbehaved, fell ill, or got low marks at school Pavani was severely blamed for her incapacity of being a 'good mother'. He humiliated her in front of the others of her incapability of function as 'a good wife', 'a good mother' and a 'good housekeeper'. Even though he did not want to waste his time and money buying things for the house or the child, he carefully monitored her whereabouts. He wanted to know where she exactly was in every single minute, and if she could not give adequate explanations on time spent for each activity serious accusations coupled with filthy words resulted. Initially, Pavani was so shocked to hear this 'gentleman

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of a doctor husband' utter so much filth. and she wondered where it all came from. Having grown up in a violent free educated family she never was exposed to some of these words she heard for the first time in her life. She felt that her whole self-shattered, and wished her self-dead. But as it became a very frequent happening, ultimately, she got used to it. She felt however, to much of her relief, he never used the mother tongue (Sinhala), but English when using filthy words. She thinks that the impact would have been much stronger had he used filth using their mother tongue. It was easier to listen to being called her 'a whore' than being called 'á wesi' in Sinhala which meant the same thing, but the profound impact being less. She was extremely distressed and worried as she did not want her child to be exposed to a violent environment. Even though she tried to explain, while being a very educated person her husband didn't care. As far as she knew, her husband was not subjected to corporal punishment as a child, or exposed to domestic violence at home. His father was not seen shouting at others as well. She wondered where all these traits came to her husband.

He went to extremes in monitoring her activities taking advantage of new technology. Whenever she went out without him, she had to call him on Viber, which is a form of communication via the internet, and enable a function called 'location' for him to make sure where she is. Once she had to attend a three-month course in Japan. He gave her permission to go as it was organized by the Ministry of Health, to which he also is attached to. However, for the whole three months, she had to keep logged on to skype even at night for him to see where she was, with whom, and what she was doing. If she spent more than the usual time in the bathroom, the only place where she was not observed, she had to give explanation. Failing to do so resulted in violent arguments and accusations. Withholding of affection and care, and silent treatment was unbearably common. He expected to smile and talk with him when he felt like that, and other times she had to be silent and lead a lonely life. Pavani did not confide in anybody of the abuse she experienced as she did not want to 'air dirty laundry in public'. Also she thought that even if she revealed the true story, nobody would believe her as her husband has been known and accepted as a very good gentleman. The working staff and the patients in the hospital nearly worshipped him for his commitment and kindness towards people. Thus, afraid of being accused as fabricating a story against the husband, she chose to be silent about what she had to endure. She tried not to think about him, or what he did as far as possible. She committed herself to work which kept her busy always, and read books as much as she could when she found a free time. As the husband was not much interested in sex, she did not have to bother about that. After he finished his exams, he wanted to find a way to relax and decided to go for social dancing. He took her along with him for that too. Being a person who loved music and dancing anyway, she was thrilled with this unexpected opportunity. She was not allowed to dance with any other male except her husband however. She did not bother about that much as the experience itself was very enjoyable and stress releasing for her. Things changed as her husband got to go for his foreign training after a few months. He did not her to continue dancing without him being present. However, she did not like to give it up as it bought so much pleasure and inner satisfaction to her. Her decision to continue social dancing resulted in serious accusations of her 'as going around dancing with other men', which was meant to convey the idea in Sinhala that she was flirting with other men. Her mother and only brother also was informed of her 'immoral behaviour' as her husband put it, and they were pressurized to advise her and stop her from going for dancing. Pavani, however was very strong in her decision not to stop that as she thought it was very unfair for him to introduce her in to dancing himself and asking to stop that, and also it became a major solace for her to cope with all the stress she had to undergo. Also, as her husband was away from Sri Lanka

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she knew that he cannot exercise much power on her. She started to take her child along with her when she went for dancing classes to minimize the accusations of having unfavourable interactions with other men, however. Verbal and emotional abuse continued even from a distance, but she was in a state where she 'no longer heard or felt him'. She managed the whole household tasks, child care and other responsibilities alone with minimal support either from her or husband's family. Her husband did not even sent her a cent for the expenses. With great difficulty she managed everything, but she was relieved to be away from him. Things changed once her husband returned home. He did not even inform that he was coming, but appeared on the doorstep one early morning. As she had nothing to hide she did not become upset, but was angry. Things got worse day by day, his emotional and verbal abuse increasing. He forced her to have sexual relationships whenever he felt like wanting it, and she could not stand it. She was not giving into his desires as she thought 'how can a woman sleep with a man who scolds and yells at her from morning till night, and then approaches her in bed with all sweet talk'. Her refusal made her husband suspect of her more of having an affair with another man, hence accusations grew severe. Physical abuse soon followed the violent arguments, but even her mother sleeping in an adjoining room could not anything going on. She also did not want to make any sound as she feared that the child might see what is going on. She did not want her child, in any terms, to be exposed to the violence taking place. Her husband also was so careful not to make any noise when abusing her physically. He pulled her hair, hit her with the belt, kicked her and tried to strangle her making sure that no place in the body which others can see is not bruised. this continued for a several months without Pavani making anybody aware of the increasing abuse. She was so ashamed of what was happening, and also was afraid that nobody would believe her even if she disclosed of the ongoing abuse. She was severely depressed, felt incapable of functioning well, and completely lost interest in life. She, being an educated person was not aware of the support providing institutions for abused women. Regarding informal help, she did not want to 'bring bad name to the family as that might affect their well reputed family name'. However, having heard of a very serious abusive episode taking place, her mother demanded that her husband to move out of the house right away. After that only she confided in her mother of what she had to undergo so far. The news was soon spread among her relatives, and making her fears a reality nobody believed that her husband was abusing her, and on the contrary blamed her of being unable to 'live with such a patient (*nivichcha*) man'. They lived separately for a while, the child being with the mother and father from time to time. She began to notice that the child previously being a very obedient, loving and kind one, becoming adamant and hostile towards her. He also started to show academic problems. She inquired him very tactfully to get to know what is happening when he was with his father. His father had been poisoning the child with the mothers faults, her irresponsible behaviour, her incapability as a mother, how badly she treats the father etc. The poor child was very confused and distressed not knowing what to believe and what not to believe. Then she decided that she did not want to be in this relationship any longer. She did not want her child to become another abuser. Her mother and brother however, were not supporting her decision, but urged her to solve the problems and stay as 'a family', not only for the child's sake, but having a divorced daughter/sister would harm their reputation 'what wouldn't the others say?' as they put it. Then both of them were referred to a counsellor as way of solving these problems. The counsellor was male, and Pavani felt humiliated in front him. According to Pavani, he was very biased with full of patriarchal attitudes which favoured males. He advised Pavani to 'correct her small ..small weaknesses, perform her wifely duties well, be understanding to her husband's needs, and be tolerant as women have to be patient in resolving family matters. He further went on to explain 'what a valuable

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doctor she is going to lose whereas she should actually be worshipping him'. Unlike majority of the men who harass their wives, he doesn't drink or have affairs with other women. So, it was very difficult for the counsellor to understand the reason why Pavani wanted to separate from the husband. But for Pavani 'it would have been much easier to tolerate his alcoholism, and even the physical fits, but it is very difficult to tolerate all his humiliation and sarcasm which destroy you as a person'. The husband had a list of demands for Pavani to fulfil if they were united again, so had Pavani. None of her requests were given any consideration, but the husband's. One of his demands were that Pavani has to agree to have sex whenever he wanted it. Pavani got mad when she heard this, and told the counsellor as well that 'she is not a prostitute to sleep with him any time he wants'. Counselling sessions made the situation worse, and Pavani strongly decided that she want to go for a divorce. Mechanisms, ostensibly in place to address violence against women, ironically, can be seen as promoting and encouraging the women to remain in violence under the guise of maintaining the stability of family. Pavani had courage to stand against it unlike many other women in the same situation. Now her mother, brother and friends also support her in this process. She restarted dancing and music as well which she enjoys, and does her post graduate exams as well. The abuse however, is still ongoing, primarily over the phone. For her great dismay, the child also is still used as a weapon to control her. But now she is a much happier person doing what she likes, spending time with friends, experiencing freedom which she did not feel for a long time period.

Theja

Theja is 41 years old, Sinhalese, Buddhist a graduate school teacher from upper middle-class background. She has one child and is expecting another. Her husband, who is three years younger to her is from lower middle class and at present works as a police constable. Theja has met her husband when she was boarded away from home on her first teaching appointment. Her husband is three years younger to her, and initially she has called him 'brother' considering the age difference. Theja, being the only child from a well to do family has not had much exposure interacting with males. When this person approached her getting very friendly at first, she has developed a liking towards him. This liking, with now her husband Nimal's persuasion has led to a romantic relationship. Her parents have expressed their dislike to this affair, but have allowed Theja to get married to him as she has adamantly clung to her decision. After getting married they have lived happily and peacefully for a few months, but during that period also Theja has observed him to have certain "strange behaviours" which she identified as getting angry for minor issues and losing control of himself. She also has noted that he being very reluctant to give any money to her, even for household expenses. When as he asked for money, he has asked her "why should I give my hard-earned money to outsiders?". This practice of not giving money even after the birth of their first child has continued and Theja felt extremely worried about this. She questioned him saying "how is that me and the child become outsiders to you", nonetheless not being able to get any money from her husband. She noted that he was not like that before marriage, but only after marriage he started to show his "true colours". According to Theja, her mother in law also is responsible for her husband's change, as she is always tells him about Theja's faults and make him angry and get distant from her and the child. Her beliefs, after this incident she other in law, believing supernatural powers, has gone to a Dewalaya and has done something to get them separated and for her son to get detached from her. According to Theja, after that has been performed, her husband has experienced inability to engage in sexual intercourse with her. Theja reported that even if she did not believe these superstitions began to experience some truth in this. According to Theja, her mother in law

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has got envious of her mainly due to the fact that her husband has stopped giving his salary to his mother as usual once he got married. She has accused Theja for this saying that “Theja has changed her son’s mind, thus he is not giving her any money now”. However, her husband has not given any money to her even to go to the clinic when she was expecting her first child. He has not provided anything a baby would need, and even after her birth has refused to provide for the child and the family stating that “you draw a bigger salary than me, so you can spend without any difficulty”. Even though he has refrained from giving any money to Theja, he has asked for money from her frequently, saying that he will return but never has kept to his promise. Theja, knowing well that he would not give money back, has given him money as she wanted to protect her marriage. Not only financially, emotionally and sexually also he has experiences so much of mistreatment from her husband. She said that from the very first day of her wedded life, she had to face much disliked sexual experiences. Her husband has wanted her whenever he wanted to have sex with her, not taking account to her wants and needs. If she has refused to have any sexual contact for any reason he has blamed her and scolded her expressing a very common male dominant attitude saying that “a man takes a woman to sleep whenever he wants it...what is the use of marrying a woman if she does not consent to sleep with man when he wants her?”. She also has felt very disappointed and disgusted when he forcefully had sexual intercourse when she was pregnant with the second child. Her husband has had no patience she said, until she finished feeding the first child and come to him “I begged him to stay for a while until I finish feeding the child, but he had no patience... and he was putting various things into me from my back side which was very distressing to me..” The second child also was conceived, according to Theja as a result of not using birth control mechanisms which her husband reused to use. In addition to sexual abusive experiences, Theja has undergone verbal harassment very frequently by both the husband and his mother. Theja said that she was called by many filthy words which brought tears to her eyes and has pealed her husband to not to call her by those names. He has not only abused her verbally, buy emotionally also saying that she is “stinky”, and making it a point to stay away from her when he wanted to. He has also made her very isolated, making her aunties who were supportive withdraw from having any contact with her. Aunties have been very considerate of her she did not have both the parents. Her husband has called them and scolded, and when they started not answering the calls, has sent text messages using vulgar words asking them to mind their own business and stay away from his family. Now, Theja has literally no one to seek support from. Theja faces major difficulties when looking after the child as her husband is not extending any support, but threatens to take away the child if she finds it difficult to take care of the child. While he is not providing for the child, not babysitting the child even when Theja has to attend her diploma classes, while she is engrossed in household duties, and whenever she needs to attend maternity clinic, he responds by threatening g her whenever she asks for some help in taking care of the baby saying that he will take the child away from her and will hand over the child to his brother who has no children making Theja very distressed and vulnerable. Expecting to give birth to her second child in the near future, she has decided to seek support from Women in Need Organization saying that “I am exhausted and cannot go on like this anymore...please help me to find a solution”.

CROSS-CASE ANALYSIS AND DISCUSSION

This section presents a cross-case analysis of the narratives of Ira, Pavani, and Theja, offering a deeper understanding of the complex and multifaceted nature of intimate partner violence (IPV) in the Sri Lankan context. Drawing on themes identified through thematic analysis, this comparative exploration highlights the psychological, physical, sexual, and

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economic forms of abuse experienced by the women, as well as the tactics employed by perpetrators and the sociocultural structures that shaped survivors' responses. By analyzing these narratives side by side, the study reveals not only recurring patterns—such as emotional manipulation, coercive control, and social isolation—but also individual variations in how women navigate and make meaning of their experiences. Importantly, the discussion is embedded within this analysis, linking empirical insights to broader theoretical and contextual understandings of IPV, gender norms, family expectations, and institutional shortcomings.

Psychological Abuse as a Gradual Process

Psychological abuse in intimate partner relationships often begins subtly, making it challenging for victims to recognize the escalating patterns of control and manipulation. In the cases of Theja, Ira, and Pavani, their partners initially exhibited behaviours that appeared caring and attentive but gradually transitioned into controlling tactics aimed at undermining their autonomy. This progression aligns with findings from recent studies highlighting the insidious nature of psychological abuse. For instance, research indicates that coercive control—a strategic pattern of behaviours designed to dominate a partner—often manifests through gradual restrictions on personal freedoms, leading to significant psychological distress (Crossman & Hardesty, 2017). In a systematic review, it was found that subtypes of psychological violence, including coercive control, are strongly associated with depression among victims (Ørke et al., 2022). These findings underscore the profound mental health implications of such abusive dynamics.

These tactics, which include restricting freedom of movement, surveillance, and emotional manipulation, are designed to gradually entrap victims, cultivating a deep sense of fear, confusion, and dependency. In Theja's case, these patterns manifested in emotional gaslighting and isolation; in Ira's, the erosion of self-worth was compounded by financial and physical abuse. In each instance, the abusers initially presented themselves as attentive and overly concerned partners, behaviours that were easily mistaken for genuine affection and care. However, these seemingly benign actions soon evolved into subtle forms of control. Pavani, for instance, believed her husband's possessiveness and jealousy were expressions of love, only to later recognize them as tactics of domination that intensified after marriage. Similarly, Theja misread controlling behaviour as affection, while Ira was subjected to manipulative strategies that systematically eroded her autonomy. As the relationships progressed, the controlling behaviours escalated—manifesting in restrictions on movement, constant surveillance, and persistent emotional manipulation. These tactics cultivated fear, dependency, and confusion, effectively entrapping each woman in an abusive dynamic. The trajectory of their experiences reflects a well-documented pattern in intimate partner violence (IPV), where psychological abuse develops gradually, often hidden behind the façade of care, before evolving into coercive control. This progression underscores the deceptive and escalating nature of psychological abuse and the difficulty many victims face in recognizing it early on.

Recent research highlights that such forms of psychological abuse often have even more profound long-term impacts than physical violence alone. A systematic review by Ørke et al. (2022) emphasizes that psychological violence, particularly coercive control, is significantly associated with increased rates of depression and anxiety among survivors. This underscores the devastating emotional toll that cumulative, covert forms of abuse can exact over time. Each woman in this study reported experiencing severe emotional distress before

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recognizing the full scope of the abuse, highlighting the challenge many survivors face in identifying abuse that wears a mask of care. Moreover, a pan-European study by Gracia et al. (2018) found that victims of coercive control were more likely to suffer from heightened psychological harm and were at greater risk of experiencing other forms of intimate partner violence. This reinforces the understanding that coercive control is often a gateway to more overt forms of violence, a pattern clearly visible in the escalation of abuse experienced by Pavani and Ira.

In sum, the experiences of Theja, Ira, and Pavani illustrate the deceptive and escalating nature of psychological abuse. What begins as protective concern or affectionate involvement can evolve into persistent control, reinforcing a cycle of dominance and emotional entrapment. These narratives echo the broader literature on intimate partner violence, calling for early identification of coercive patterns and greater societal awareness of psychological abuse's nuanced dynamics.

Social Isolation and Economic Dependence

Social isolation and economic dependence are critical tactics employed by abusers to exert control over their partners, as evidenced in the experiences of Theja, Ira, and Pavani. These strategies not only erode the victims' autonomy but also create substantial barriers to leaving abusive relationships. In all three cases, the abusers systematically restricted their partners' movements and severed their communication with friends and family, effectively isolating them from potential support networks. For instance, Pavani's husband utilized technology to track her location and demanded constant updates, intensifying her isolation. This mirrors findings from recent studies indicating that such controlling behaviours are common tactics in coercive control, aiming to diminish the victim's independence and increase their reliance on the abuser (Veldhuis, 2023). Ira's husband tightly controlled her finances, while Pavani, despite being a medical professional, was forced to shoulder all household expenses alone due to her husband's deliberate refusal to contribute.

Similarly, Theja's partner discouraged her from maintaining friendships and frequently questioned her loyalty to his family, effectively isolating her from her support network. Financial control was also present in Theja's case, where his partner made unilateral economic decisions, leaving her with little say or independence. Economic abuse further compounded their entrapment. Ira's husband tightly controlled her finances, limiting her access to resources necessary for independence. Despite being a medical professional, Pavani was compelled to shoulder all household expenses alone due to her husband's deliberate financial neglect. Similarly, Theja's partner made unilateral economic decisions, leaving her with little financial autonomy. Such economic abuse is a prevalent form of intimate partner violence (IPV) that undermines victims' economic security and self-sufficiency (Postmus et al., 2018).

The interplay between social isolation and economic dependence significantly hinders victims' ability to leave abusive relationships. Economic hardship, often resulting from such abuse, has been linked to increased barriers to leaving and greater psychological distress among survivors (Robinson, 2018). Moreover, the lack of social support exacerbates these challenges, as isolation deprives victims of the external assistance necessary to navigate their situations effectively. This is evident in all three cases, showing that economic dependence and social isolation not only deepened the victims' vulnerability but also creates significant barriers to leaving the abusive relationships. These patterns underscore the

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necessity for interventions that address both social isolation and economic abuse in IPV situations. Enhancing social support networks and providing economic resources are vital components in empowering survivors to break free from abusive environments and rebuild their lives (Postmus et al., 2018).

Emotional and Verbal Abuse

Persistent emotional and verbal abuse was a common and deeply damaging thread in the experiences of Theja, Ira, and Pavani. All three survivors endured ongoing degradation that eroded their self-esteem and distorted their sense of reality. Pavani's husband routinely accused her of immoral behaviour, criticized her capabilities as a wife and mother, and used vulgar, demeaning language. He enforced rigid gender roles and belittled her efforts, systematically chipping away at her self-worth. Similarly, Ira was subjected to manipulation through gaslighting—her husband labelled her mentally unstable and circulated false narratives to discredit her, both within the relationship and to others. These tactics are common in IPV cases as they undermine the victim's self-esteem, making them question their own reality and become increasingly reliant on the abuser.

Theja's partner also employed emotional abuse by consistently belittling his decisions, undermining his confidence, and manipulating how he viewed himself. In each case, gaslighting emerged as a key tactic, reinforcing confusion, self-doubt, and emotional dependency. These psychological strategies are hallmarks of intimate partner violence (IPV), designed to break down the victim's sense of identity and autonomy. By making the survivors question their perceptions and worth, the abusers deepened their control, making it significantly harder for them to recognize the abuse or envision a way out.

Emotional and verbal abuse are pervasive forms of psychological maltreatment in intimate partner violence (IPV), profoundly impacting victims' mental health and autonomy. The experiences of Theja, Ira, and Pavani exemplify how such abuse erodes self-esteem and distorts reality, leading to significant psychological distress. Pavani's husband routinely accused her of immoral behaviour, criticized her roles as a wife and mother, and employed demeaning language. He enforced rigid gender roles and belittled her efforts, systematically undermining her self-worth. This pattern aligns with definitions of emotional abuse, which includes behaviours that threaten, intimidate, or systematically undermine an individual's self-esteem and self-worth (National Center for Biotechnology Information, n.d.).

Similarly, Ira endured gaslighting—a manipulative tactic where her husband labelled her mentally unstable and disseminated false narratives to discredit her both privately and publicly. Gaslighting involves behaviours such as misdirection, denial, lying, and contradiction, all aimed at destabilizing the victim's perception of reality (Dinić et al., 2023). This form of psychological abuse is particularly insidious, leading victims to question their own memories and judgments (Sweet, 2023). Theja's partner also engaged in emotional abuse by consistently belittling her decisions, undermining her confidence, and manipulating her self-perception. Such tactics are designed to suppress the victim's independence and increase their reliance on the abuser (Veldhuis, 2023). The use of gaslighting in Theja's case further reinforced confusion, self-doubt, and emotional dependency, hallmarks of psychological abuse aimed at breaking down the victim's sense of identity and autonomy (Sweet, 2023).

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These cases exemplify how emotional and verbal abuse, particularly through gaslighting, serve as powerful tools in IPV to control and disorient victims. By systematically degrading their partners and distorting their reality, abusers deepen their control, making it significantly harder for victims to recognize the abuse or envision a way out. Understanding these tactics is crucial for identifying and addressing the profound impact of psychological abuse in intimate relationships.

Sexual and Physical Abuse

The experiences of Theja, Ira, and Pavani illustrate how abuse often escalates from psychological manipulation to overt physical and sexual violence, deeply rooted in coercion, control, and patriarchal entitlement. These narratives are consistent with broader patterns observed globally, as many studies indicate that intimate partner violence (IPV) often evolves through stages, with psychological abuse initially followed by physical and sexual violence (Johnson, 2008; Stark, 2007).

In Theja's case, the normalization of sexual abuse within intimate relationships is strikingly evident. Her husband's demands for sex, regardless of her consent, reflect a deeply ingrained patriarchal attitude, where a woman's bodily autonomy is disregarded. As Theja stated, "a man takes a woman to sleep whenever he wants it... what is the use of marrying a woman if she does not consent to sleep with a man when he wants her?" Such views, often entrenched in patriarchal societies, highlight how marital rape is frequently justified and normalized (Mackinnon, 2006). Theja's description of feeling "disappointed and disgusted" when forced to have sex, especially during pregnancy, is a common experience for many women trapped in abusive relationships, where their sexual autonomy is continually violated (Campbell et al., 2002). This is evident through Theja's experience of her husband's forceful sexual encounter which resembled marital rape. Despite pleading, "*I begged him to stay for a while until I finish feeding the child, but he had no patience... and he was putting various things into me from my back side, which was very distressing to me.*" Theja also noted that the second pregnancy occurred as a result of non-consensual sex, since her husband refused to use any birth control. Furthermore, the non-consensual conception of her second child underscores the critical issue of reproductive coercion, which remains a significant aspect of IPV globally (Miller et al., 2010).

Similarly, Pavani's experience mirrored this trajectory, where what began as controlling behaviour and verbal degradation intensified into physical violence and marital rape. Her autonomy and sexual boundaries were repeatedly violated under the guise of marital entitlement. This situation is consistent with studies that highlight the escalation of IPV, where emotional abuse and controlling behaviour precede and often lay the groundwork for physical and sexual violence (Hamberger & Larsen, 2015). The expectation of unconditional sexual compliance, despite continuous emotional and verbal abuse, is indicative of a broader, deeply ingrained patriarchal mindset that views women as objects for male sexual gratification (Hunnicut, 2009). Pavani's rejection of this coercion, where she stated, "I am not a prostitute," reflects resistance to dehumanization and the ongoing struggle for autonomy in the face of oppressive societal norms that often dismiss marital rape as a form of violence (Dobash & Dobash, 2004).

Although Ira did not report physical or sexual abuse, her experience of severe emotional, psychological, and financial abuse points to another form of intimate partner violence that is equally damaging. Her husband's manipulation, isolation, and public humiliation align with

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patterns observed in emotionally abusive relationships, where control is asserted through non-physical means but results in profound emotional trauma (Bancroft, 2002). These forms of psychological abuse, while not involving physical violence, are nonetheless integral to the overall dynamic of coercion and control, which is foundational to IPV (Stark, 2007).

Across all three cases, the themes of coercion, control, and entitlement were evident, albeit manifested differently depending on the specific circumstances of each survivor. Whether through sexual violence, physical aggression, or emotional domination, these experiences underscore the evolving and intensifying nature of IPV over time. The repeated denial of consent, particularly in Theja's case, and the systematic erosion of self-worth in all three cases highlight the pervasive influence of cultural norms around power and gender, which perpetuate cycles of abuse. As studies have shown, these deeply rooted cultural attitudes often leave survivors trapped in relationships that violate both their physical and psychological well-being (Tjaden & Thoennes, 2000).

Furthermore, the normalization of sexual violence within marriage remains a significant issue worldwide. Studies show that marital rape is prevalent across various cultural contexts, yet remains underreported and often minimized (Jewkes, 2002). Globally, IPV, including sexual violence, continues to be a leading cause of morbidity and mortality among women, particularly in contexts where gender inequality and patriarchal structures are pervasive (World Health Organization, 2013). Such findings illustrate the urgent need to address both the cultural and institutional barriers that prevent the recognition and prevention of sexual violence within intimate relationships.

Impact on Wellbeing

The narratives of Theja, Ira, and Pavani reflect the profound and multifaceted impacts of intimate partner violence (IPV) on women's psychological and emotional well-being, regardless of the form the abuse takes or the women's socio-economic backgrounds. Across all three cases, a common thread is the cumulative nature of abuse—whether physical, emotional, or economic—and its capacity to undermine women's autonomy, self-worth, and decision-making. Theja's experiences of physical assault, emotional degradation, and financial abandonment, coupled with the burden of raising children without support, mirror the compounded stressors seen in Ira's and Pavani's lives. Ira, despite her educational attainment and social status, endured over a decade of coercive control and psychological manipulation that left her depressed, isolated, and suicidal. Pavani, in contrast, was never physically assaulted, yet her exposure to constant emotional devaluation, social restriction, and belittlement within a seemingly "respectable" arranged marriage led to significant psychological distress and clinical depression. These narratives collectively challenge narrow definitions of IPV that privilege physical violence, demonstrating that emotional and psychological abuse can be equally, if not more, insidious in their impact (Follingstad, 2009; Stark, 2007).

The internalized guilt, fear, and shame evident in all three stories reflect how patriarchal cultural norms shape women's perceptions of abuse and constrain their capacity to resist or seek help. The belief that a "good woman" should endure suffering for the sake of family unity, and the stigma attached to separation or divorce, were evident in Ira's reluctance to disclose her marital breakdown, Pavani's fear of social judgment, and Theja's hesitation to challenge custody threats (Samuel, 2010; Guruge et al., 2012; Wijewardena & Fonseka, 2022). These social scripts not only normalize male control but also silence women's

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suffering, perpetuating cycles of abuse and delaying access to support. Moreover, the mental health outcomes across the three cases—ranging from depression and anxiety to suicidal ideation—are consistent with empirical studies conducted in South Asia that document the psychological toll of IPV, including high rates of PTSD and psychosocial dysfunction (Pathiraja et al., 2020; Jeyaseelan et al., 2007).

While their recovery paths differ, all three women illustrate the importance of multi-layered interventions that address not only immediate safety needs but also the longer-term emotional, economic, and relational consequences of abuse. As such, a holistic approach—attuned to cultural context, mental health, and social reintegration—is imperative for supporting survivors of IPV and preventing intergenerational transmission of trauma.

The Impact of Mothering and Familial Control

Mothering—or its invocation as a concept—played a critical role in reinforcing or challenging the abusive environments faced by Pavani, Ira, and Theja. Motherhood was both a source of strength and a site of vulnerability for Pavani and Theja. In each case, caregiving responsibilities or expectations, became a focal point for manipulation, psychological control, and resilience. The intersection of mothering and abuse has been widely examined, with scholars like Humphreys et al. (2006) noting how IPV compromises women's ability to parent while simultaneously holding them responsible for children's well-being. This contradiction is emotionally taxing and further contributes to delayed help-seeking as clearly demonstrated in Pavan's and Theja's cases.

For Pavani, motherhood was both a source of strength and a site of compounded vulnerability. Her husband's complete withdrawal from childcare and domestic duties, despite his professional background in medicine, entrenched traditional gender roles. Pavani was forced to "shoulder all domestic and parenting duties alongside her demanding career," a burden that intensified her emotional distress, particularly during pregnancy when she lacked any form of support. The abuse extended into the psychological realm when her husband weaponized their child against her, manipulating the child's perception of Pavani. This tactic inflicted deep emotional harm and had a ripple effect on the child's own well-being, manifesting in behavioural and academic struggles. The environment risked "normalizing such patterns of control and mistreatment," emphasizing the dangers of intergenerational transmission of abusive behaviours.

Despite these hardships, Pavani made the difficult decision to leave her husband, placing her child's long-term well-being above societal expectations. Her choice to separate "despite social and familial pressures to maintain the marriage for the sake of stability" demonstrates the immense resilience required of survivors who must navigate both personal trauma and external judgment. Her decision was influenced by an acute awareness of the lasting impact of intimate partner violence, not just on herself, but on her child: "Her awareness of the potential for her child to internalize abusive patterns influenced her ultimate decision to seek a divorce." Pavani's ultimate decision to leave, driven by concern over her child's psychological development, illustrates the profound moral weight carried by survivor mothers.

Theja's experience echoed similar themes of maternal strain and coercive control. Although she was primarily responsible for childcare, her partner refused any support—financial or emotional—while issuing threats whenever she sought help. His frequent declarations that

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he would "take the child away from her and will hand over the child to his brother who has no children" left Theja in a state of emotional exhaustion and vulnerability. Both Pavani's and Theja's partners' use of children as tools for coercion aligns with research showing that abusers often weaponize maternal identity to maintain control (Hester, 2011). Pavani's child was manipulated emotionally, and Theja was repeatedly threatened with the removal of her baby—a tactic that amplified her vulnerability during pregnancy. As she anticipated the birth of her second child, she reached a breaking point, seeking help from a local organization, saying: "I am exhausted and cannot go on like this anymore...please help me to find a solution." Her story reflects the added layers of distress that come from being a mother in an abusive relationship—where care responsibilities become battlegrounds for control.

The intersection of mothering and abuse has been widely examined, with scholars like Humphreys et al. (2006) noting how IPV compromises women's ability to parent while simultaneously holding them responsible for children's well-being. This contradiction is emotionally taxing and further contributes to delayed help-seeking as clearly demonstrated in Pavan's and Theja's cases. Pavani's ultimate decision to leave, driven by concern over her child's psychological development, illustrates the profound moral weight carried by survivor-mothers.

In Theja's case, even when children were not initially present, caregiving obligations toward extended family were manipulated in ways that mirrored Pavani's and Ira's experiences. His partner exploited his sense of familial duty, a form of control that parallels the use of children as tools of coercion in Pavani's case and the cultural pressure to maintain appearances in Ira's. Across all three narratives, caregiving—whether through actual mothering or imposed familial expectations—was repeatedly used as a mechanism of control, reinforcing patriarchal structures and complicating the survivors' paths to autonomy. Children raised in such an environment might struggle with self-worth, emotional regulation, and relationships in adulthood.

Cultural and Familial Expectations

Cultural and familial expectations emerged as central forces shaping the survivors' decisions to remain in or leave abusive relationships. All three women internalized the idea that endurance and sacrifice were virtues, particularly within the context of marriage. This reflects a broader South Asian cultural context, where marriage is idealized as a woman's primary identity, and leaving it—especially with children—is seen as a moral and social failure (Raj & Silverman, 2002; Perera et al., 2020).

Cultural and familial expectations played a profound role in shaping the responses of Pavani, Ira, and Theja to intimate partner violence, often acting as a barrier to disclosure and escape. In all three cases, traditional beliefs about gender roles, marriage, and endurance contributed to the normalization of abuse and intensified the survivors' internal conflicts.

In Sri Lankan culture, a woman's social status is closely tied to her marital status, making separation not only a personal but also a societal transgression (Guruge, 2015). Pavani, despite her professional accomplishments, felt intense pressure from her family to preserve the marriage for the sake of reputation and her child's future. Her mother-in-law's passive stance, refusing to intervene in the abuse, reflected the ingrained belief that a woman must tolerate her husband's behaviour. Similarly, Ira's experience was shaped by even more

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direct reinforcement of patriarchal norms. Her mother-in-law played an active role in perpetuating the abuse, asserting that a wife must endure everything to maintain the family. This intergenerational reinforcement of suffering further enabled her husband's control and violence. As Ira reflected, her husband's abuse "stripped her of autonomy and self-worth," leaving her emotionally depleted and socially isolated.

The role of extended family and community further entrenched these expectations. Pavani's initial attempts to seek support were met with unhelpful and biased responses. A counsellor advised her to "perform her wifely duties" and tolerate her husband's behaviour, reinforcing societal beliefs that normalize intimate partner violence. Ira's in-laws and parents also initially dismissed her suffering, encouraging endurance "for the sake of family unity." Such responses discouraged both women from seeking safety, portraying resilience as synonymous with silent suffering.

Even in the absence of children, as in Ira's case, maternal ideals and familial duty loomed large. She was still expected to uphold the role of a sacrificial wife, and her mother-in-law's expectations reinforced a cycle of normalized endurance. "Had Ira become a mother, it is likely these intergenerational cycles of submission would have been passed on," perpetuating an emotionally unstable and harmful environment.

Theja's case highlights how these cultural expectations affect men as well. Though his situation differed in form, he too grappled with social stigma that discouraged him from seeking help. As a man, Theja was expected to be emotionally and physically resilient, and the idea of male victimhood was culturally unacceptable. His reluctance to disclose abuse mirrored Pavani's and Ira's experiences, underscoring how patriarchal norms silence both women and men in abusive relationships. Like the women, Theja was subjected to manipulation through familial obligations, and his extended family, like Ira's and Pavani's in-laws, reinforced the abusive dynamics—whether through passive complicity or active encouragement of suffering "for the sake of familial unity." This dynamic is well documented in feminist scholarship, which argues that patriarchal ideologies normalize women's suffering as part of marital duty (Dobash & Dobash, 1992; Gill, 2004). The survivors' reluctance to seek help or leave early is further echoed in findings by Fanslow & Robinson (2010), who highlight how societal stigma and fear of blame can significantly delay women's help-seeking behaviours.

Despite the deep entrenchment of these cultural narratives, change was possible—but only with significant emotional and familial intervention. In Pavani's case, although her concerns for her children's well-being initially kept her in the marriage, she eventually found the strength to leave. Her biological parents, though hesitant, became a source of support. Ira's parents also played a critical role in her eventual recovery by helping her access psychological treatment and reintegrate into society. Yet, even after escaping the abuse, the social stigma surrounding divorce and separation lingered, deeply affecting their sense of self-worth. Ira's experience, in particular, left lasting emotional scars, contributing to depression and even suicidal thoughts.

In all three cases, survivors were burdened by the weight of cultural expectations that glorified endurance, discouraged disclosure, and reinforced abusive environments through familial complicity. Their journeys reveal the critical importance of dismantling harmful

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cultural narratives and creating support systems that affirm survivors' rights to safety and dignity—regardless of gender.

Cyclic Nature of Abuse and Delayed Help-Seeking

All three narratives vividly illustrate the cyclical nature of abuse, characterized by patterns of violence followed by apologies and temporary reconciliation. This cycle, first theorized in Walker's (1979) Cycle Theory of Violence, traps survivors in a state of emotional ambivalence. The brief moments of remorse and affection by the abuser foster hope for change, making it difficult to perceive the relationship as irrevocably harmful.

The experiences of Ira, Pavani, and Theja underscore the deeply entrenched cyclical nature of abuse, where violence is not constant but interspersed with moments of remorse, apology, and temporary affection. This pattern creates a confusing and emotionally manipulative environment that often delays help-seeking and makes it difficult for victims to recognize the severity and permanence of their situations. For both Ira and Pavani, the abuse followed a recurring pattern of escalation, apology, and false hope. These cycles fostered a sense of optimism that the abusive partner might change, prolonging their stay in harmful relationships. Pavani, despite enduring emotional manipulation and psychological violence, continued to hope for change due to her husband's intermittent displays of affection and contrition. These brief moments of apparent remorse created "an illusion of change," reinforcing societal and familial pressures to remain in the marriage. Theja also described similar emotional manipulation—her partner's shifts between aggression and remorse left her "exhausted" yet still hopeful for resolution. This emotional disorientation is a recognized tactic of psychological abuse that reinforces dependency and reduces survivors' ability to take decisive action (Stark, 2007; Anderson & Saunders, 2003). Similarly, Ira's attempts to leave were repeatedly thwarted by her husband's promises of transformation. Each time she prepared to escape, these false assurances rekindled her hope, making it even harder to make a definitive break.

This cycle of tension, violence, reconciliation, and calm not only prolonged the abuse but also eroded the victims' sense of self and clarity. It normalized instability and blurred the lines between affection and control. The psychological manipulation involved—promises of change, temporary kindness, and emotional appeals—convinced each of them, at various points, to give the relationship another chance. As a result, all three survivors remained in their abusive relationships far longer than they might have if the abuse had been constant and unchanging. Eventually, it was the escalating severity of violence—combined with the slow but growing support from family and external systems—that enabled each individual to break the cycle. For Pavani, this involved not only rejecting her husband's false contrition but also confronting and overcoming the familial and societal pressure to remain for the sake of her child. Her decision to leave marked a turning point in her journey, demonstrating resilience and a shift from endurance to empowerment. Ira, after years of entrapment in the cycle, finally accepted support from her parents, who facilitated psychological treatment and helped her reclaim her autonomy. Theja, too, reached out for help when the cycle became too overwhelming, acknowledging that remorseful words could no longer justify repeated harm.

In all three cases, the cyclical nature of abuse delayed help-seeking and obscured the clarity needed to recognize the permanence of danger. It was only through a combination of increased violence, external support, and emotional exhaustion that each survivor was

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finally able to disrupt the cycle and seek safety. Their stories emphasize the psychological grip of cyclical abuse and the critical importance of timely intervention, support networks, and survivor-centred approaches to breaking free from such patterns.

The Role of Psychological and Formal Support Systems

A pivotal turning point in the journeys of Ira, Pavani, and Theja was their eventual access—or lack thereof—to psychological and formal support systems. These systems held the potential to facilitate both escape from abuse and the long process of emotional recovery, but each survivor’s experience highlights the systemic gaps and the enduring influence of patriarchal norms within these structures. The survivors’ encounters with formal support systems further reveal how institutional responses often reproduce patriarchal logic.

Pavani’s journey illustrates how formal support systems can reinforce the very dynamics they are meant to dismantle. Her early attempts to seek help were met with discouraging responses. A biased counsellor advised her to “perform her wifely duties” rather than addressing her suffering, effectively reinforcing the patriarchal belief that women must endure abuse to preserve the family. This experience with the counsellor who advised her to “perform her wifely duties” reflects broader issues of victim-blaming and a lack of gender sensitive training among professionals (Bent-Goodley, 2007; García-Moreno et al., 2015). Despite this, Pavani’s eventual support from her mother, brother, and close friends became a turning point. These informal support systems, rooted in personal care and concern, helped her overcome the emotional and societal barriers that initially trapped her in the relationship. Theja’s experience similarly reflects the failures of both formal and informal support structures. As she struggled with abuse and extreme distress—while also managing childcare and preparing for the birth of her second child—she reached out for help. Yet, much like Pavani, she encountered resistance and dismissal. Her partner’s threats to take away her child and the lack of support from her husband or extended family pushed her into deeper vulnerability. Seeking help from the Women in Need organization, Theja voiced her desperation, saying, *“I am exhausted and cannot go on like this anymore... please help me to find a solution.”* Her plea captures the emotional toll of unsupported caregiving in the context of abuse and the urgent need for responsive, empathetic intervention.

For Ira, access to counselling and psychiatric care was crucial in helping her recover emotionally and rebuild her sense of self. Ira’s more positive experience with psychiatric support shows the potential of mental health services when they are survivor-centered. Her case underscores the importance of access to trained, empathetic practitioners—particularly in post-separation recovery. Additionally, with the support of her parents and friends, she gradually reintegrated into daily life. The psychological assistance she received provided a pathway out of the trauma and played a key role in her healing. Ira’s story underscores how mental health care and familial support can together disrupt cycles of abuse and aid long term recovery—when they are available and accessible.

However, the overall pattern across the narratives points to systemic failures. Across all three stories, formal systems often failed to respond appropriately—either by perpetuating gender biases or by being entirely absent. The survivors needed to rely primarily on informal networks, such as family or advocacy organizations, to find meaningful support. Informal networks such as family and friends provided varying degrees of support, with their willingness to intervene often serving as a decisive factor in the survivor’s ability to leave. These narratives make clear that access to support is not enough; what matters is the quality

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of that support, and whether it affirms the survivor's experience and autonomy. To truly aid survivors like Ira, Pavani, and Theja, support systems must be trauma-informed, survivor centered, and inclusive. Only then can they serve as the lifelines they are meant to be—offering real alternatives to endurance, and real hope for healing.

CONCLUSION

This study provides important insights into the complex and deeply personal experiences of intimate partner violence (IPV) among Sri Lankan women, drawing from detailed narrative accounts of three survivors. One of the primary strengths of this research lies in its qualitative, case-based approach, which facilitates a rich and empathetic exploration of the psychological, emotional, and social consequences of IPV. Unlike many quantitative studies, this method amplifies the voices of survivors, foregrounding their agency, coping strategies, and interactions with formal and informal support systems. By situating these experiences within the socio-cultural and structural landscape of Sri Lanka, the study contributes to the growing but still limited body of context-specific IPV literature in South Asia.

At the same time, several limitations must be acknowledged. The small and non-representative sample of three women, all drawn from specific socio-economic and cultural backgrounds, restricts the generalizability of the findings. The exclusive reliance on self-reported narratives, while offering depth, may also be influenced by selective memory, fear of stigma, or emotional discomfort, potentially leading to underreporting or partial disclosure. Furthermore, the inherently interpretive nature of qualitative analysis introduces the possibility of researcher bias, despite efforts to engage in critical reflexivity throughout the research process. The study also does not include perspectives from male partners, service providers, or community stakeholders, which could have offered a more holistic understanding of the relational and systemic factors shaping IPV. Lastly, the cross-sectional design captures the participants' experiences at a single moment in time and may not fully reflect the evolving nature of abuse, resilience, and recovery.

Despite these limitations, the study offers a compelling and culturally grounded perspective on IPV in Sri Lanka. It underscores the urgent need for survivor-centered, contextually sensitive interventions and highlights the critical role of both individual and structural support mechanisms in addressing IPV. Future research would benefit from incorporating longitudinal designs, intersectional analyses, and broader stakeholder perspectives to deepen our understanding and inform more effective, culturally relevant responses to IPV.

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Conflict of Interest

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