When Beliefs Hurt: The Relationship between Women's Gender Role Attitudes and Experiences of Intimate Partner Violence

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ABSTRACT

Intimate partner violence (IPV) remains a pervasive issue in Sri Lanka, shaped by deep-rooted gender norms. This study examines the relationship between women's gender role attitudes and their experiences of IPV, using data from 200 help-seeking, ever-married women. Gender role attitudes, psychological distress, and experiences of abuse were measured using sections of the WHO Violence Against Women Instrument, alongside the Psychological Maltreatment of Women Inventory (PMWI). The findings reveal a paradox: women with more liberal gender attitudes reported higher levels of psychological and sexual violence, while those with traditional views faced lower risks of conflict-driven abuse. This suggests that deviation from conventional gender roles may provoke retaliatory or controlling behaviors from partners, highlighting the persistence of patriarchal norms. The study calls for gender-transformative interventions that engage both women and men, and for policy and community-based strategies that challenge attitudes normalizing IPV.

Keywords: Intimate partner violence, Women, Attitudes, Gender role, Sri Lanka

INTRODUCTION

Intimate partner violence (IPV) is a pervasive global issue that undermines the health, safety, and autonomy of women. Recognized as both a public health crisis and a fundamental violation of human rights, IPV leaves lasting physical, emotional, and social consequences for survivors while destabilizing families and communities (Campbell et al., 2002; Black et al., 2011; Semahegn et al., 2019). Globally, an estimated 30% of ever-married women have experienced some form of IPV in their lifetime (World Health Organization [WHO], 2021). In Sri Lanka, the prevalence of IPV among ever-married women varies widely, ranging from 18.3% to 60% (Muzrif et al., 2018; Perera et al., 2011), signaling both the severity of the problem and the influence of complex sociocultural factors that demand further scholarly attention.

Despite widespread recognition of IPV, there remains a tendency—particularly in low- and middle-income countries (LAMIC)—to normalize or justify abuse, especially when women are perceived to deviate from traditional gender expectations (Heise, Ellsberg, & Gottemoeller, 1999; Reyal, Perera, & Guruge, 2020). Patriarchal ideologies often reinforce these norms, portraying male dominance and female subservice as integral to familial harmony (Flood & Pease, 2009). In such contexts, women are frequently socialized to internalize these beliefs, leading to the intergenerational transmission of acceptance of violence and gender inequality (Tjaden and Thoennes, 2000).

In such settings, attitudes toward IPV are heavily influenced by entrenched social norms, gender expectations, and intergenerational transmission of beliefs about acceptable behaviour (Flood and Pease, 2009; Tjaden and Thoennes, 2000). Understanding these attitudes is crucial to designing effective interventions that address not only the act of violence itself but also the cultural and psychological factors that perpetuate its existence. This article explores the role of attitudes in shaping IPV experiences, particularly among ever-married women in Sri Lanka, and emphasizes the importance of shifting these attitudes to reduce the burden of IPV in communities worldwide.

In Sri Lanka, gender role attitudes are shaped by a complex intersection of religion, cultural values, and social structures that continue to privilege male authority (Flood and Pease, 2009; Tjaden and Thoennes, 2000). These beliefs, while often unspoken, dictate appropriate behavior for women and condone violence when these norms are challenged. Yet, the ways in which women's own gender role attitudes relate to their experiences of IPV—particularly psychological and sexual abuse—remain underexplored. While existing studies have focused largely on men's attitudes and structural risk factors, few have investigated how women's beliefs about gender roles affect their likelihood of experiencing IPV, or how challenging traditional norms may inadvertently increase their vulnerability.

This study addresses this critical gap by examining the paradox wherein women who espouse more egalitarian or liberal gender attitudes report higher rates of IPV, particularly psychological and sexual violence. Such findings challenge simplistic assumptions that empowerment and liberalization uniformly reduce women's risk of abuse. Instead, they suggest a backlash effect, where resistance to patriarchal norms may provoke greater control or punishment by male partners—a dynamic well-theorized within feminist and backlash theoretical frameworks (e.g., Heise, 1998).

By situating the study within the Sri Lankan context and employing a feminist theoretical lens, this research interrogates the power relations that underpin IPV and the sociocultural mechanisms through which gender norms are maintained. The study also critically explores contradictory findings in the literature—some of which suggest that adherence to traditional roles may protect women from violence, while others argue it perpetuates subjugation—highlighting the need for a nuanced and culturally sensitive understanding of how women's own beliefs influence their IPV experiences.

Research Aims

This study seeks to fill the identified research gaps by providing a nuanced understanding of how ever-married Sri Lankan women's attitudes toward gender roles influence their experiences of psychological, physical, and sexual IPV gender attitudes in Sri Lanka, thereby contributing to the development of targeted interventions that address both the act of violence and the cultural factors that sustain it.

LITERATURE REVIEW

Attitudes toward IPV across Societal Levels

The risk of IPV is influenced by various factors across individual, relationship, community, and societal levels (Ellsberg & Heise, 2005). At the societal level, the macro system includes broad cultural values and belief systems that shape both individual development and the dynamics of relationships within communities. According to many research findings, attitudes that IPV is acceptable and culturally normative are among the most significant factors associated with the likelihood of perpetration and social responses to perpetration (McKinney et al., 2009; Guoping et al., 2010; Flood and Pease, 2009).

Researchers have consistently explored attitudes towards intimate partner violence (IPV) and the treatment of survivors, revealing a clear link between men's patriarchal beliefs and their rationalization of abuse toward wives (Haj-Yahia, 2007; 2009). These attitudes, which condone IPV, are closely associated with a higher likelihood of both perpetrating and becoming victims of IPV (Abramsky et al., 2011; Semahegn et al., 2019; Wang, 2016).

At the relationship level, women are more likely to experience abuse when intimate partner violence (IPV) is viewed as a private issue, which discourages outside intervention (Ellsberg and Heise, 2005). Community-level factors, such as male peer groups that support violence, justifications for using violence to settle disputes, weak community sanctions, and vague rationalizations for abuse, further normalize IPV and contribute to its acceptance (Benebo, Schumann, and Vaezghasemi, 2018; Beyer, Wallis, and Hamberger, 2015; McQuestion, 2003; Raghavan et al., 2009; World Health Organization & London School of Hygiene and Tropical Medicine, 2010). Societal factors, including deeply ingrained cultural norms, power imbalances, and the reinforcement of

gender roles that emphasize male dominance, also play a significant role in the persistence of IPV (Benebo et al., 2018; Ellsberg and Heise, 2005; Semahegn et al., 2019).

Research consistently demonstrates that the justification of IPV is widespread across societies, though the extent varies significantly both between and within countries (Krug et al., 2002; Waltermaurer, 2012). In their study using data from Round Four of the UNICEF Multiple Indicator Cluster Surveys, Tran, Nguyen, and Fisher (2016) found that the proportion of women who believed that 'wife-beating' was justified in any of the five circumstances measured varied greatly between countries, from 2.0% in Argentina to 90.2% in Afghanistan. Among men, the proportion ranged from 5.0% in Belarus to 74.5% in the Central African Republic. The study concluded that the belief in the acceptability of 'wife-beating' was most prevalent in Africa and South Asia, and least common in Central and Eastern Europe, as well as Latin America and the Caribbean.

Furthermore, other studies also have indicated that men with more "traditional" or inequitable gender attitudes are more likely to perpetrate violence against their partners (Bui and Morash, 1999; Jewkes, 2002). These men may be less willing to accept their wives' participation in decision-making, resorting to violence if their demands are not met. While the role of patriarchy in violence against women is increasingly acknowledged, less is understood about how women's own acceptance of patriarchal norms and beliefs may influence their risk of being abused. This understanding is crucial, as women who do not perceive their situation as abusive are less likely to seek help or encourage others to do so. Thus, recognizing how patriarchal ideologies shape attitudes is vital for understanding both the explicit and implicit impacts of these enduring beliefs. Only by addressing these ideologies can we begin to shift the prevailing attitudes toward gender roles, and ultimately, reduce IPV across societies.

Patriarchy

Patriarchy can be considered as a key concept as an organizing principle behind gendered identity, thinking and behaviour. Patriarchy can be described simply as a system of social organization that institutionalizes male power over women and puts male interests and values at the centre of social and family life. An understanding of the concept of patriarchy is essential to the study of intimate partner violence because, along with other factors be it individual or relational, it shapes human thinking and behaviour, including violence at all levels of the social ecology (Frye, 1983). Patriarchy influences a variety of factors from the motives for violence to cultural and individual responses to it. Patriarchy is linked to polarized gender roles that demarcate very different and distinct behaviour for women and men (Johnson, 1997: Walby, 1989). Rigid gender roles are enforced in a number of ways in patriarchal cultures, including promoting the values such as being strong, courageous and permitting the use of violence and the threat of violence by men and expecting acquiring the virtues of being modest, decorous, caring and obedient, and submissive role in women (Bhasin, 2000 as cited in Kodikara, 2014). Women thereby come to value and defend their roles in the domestic sphere as nurturers, mothers and dutiful wives, while men assume the role of primary householder, take on responsibilities related to families, and become the opinion or policymakers in the corporate and public spheres. This points to how when the family unit comes into the equation, the cultural and ideological value placed on the cohesion of the family excuses IPV and thereby absolves men for violence against women (Kodikara, 2012, Johnson, 1997: Walby, 1989).

Dominant social and cultural norms

Similarly, the dominant discourse in domestic violence in Sri Lanka appear to domesticate and legitimize domestic violence by invoking the ideas around the sacredness of the family as well as culture and local wisdom. As Kodikara (2014, p.5) clearly spells out "Dominant social and cultural norms in Sri Lanka tend to privilege the family unit over a woman's right to bodily integrity. Indeed, such violence is often seen as a normal part of married life or as a temporary disruption in an otherwise peaceful household. This discourse about violence, is part of a broader discourse around the family where, a good wife is one who listens to and obeys her husband, remains silent in his presence, avoids socialising outside the family and attends to household chores and child care (de Alwis, 1995; Marecek, 2000). Violence is to be endured silently and not be disclosed to the public. As enjoined by the Sinhala idiom '*Gedara Gini Eliyata Danna Epa',* (roughly

translated as 'home fires' must be kept confined to the home) breaking the silence surrounding violence is taboo*".*

In this cultural context, interpersonal violence between two intimate partners is usually considered as a personal business to be resolved privately and not a matter for courts of law. These cultural norms also present the standards of a good woman, that those who accept and obey the roles defined by the ideology as natural and irretrievable without question and make sacrifices in fulfilment of the role assigned to them, and bad women as those who go against the morsel of these discourses. The family in these discourses, can be seen as having an additional ideological dimension and meaning, which operates to naturalise and universalise the division of responsibilities, attributes, and labour, while obscuring and legitimising unequal power relationships within the family structures (Kodikara, 2014). In this cultural context, with the rigid inculcation of gender stereotypical thinking and behaviour, it is possible that many women might not perceive IPV as a problem or crime. There is ample space for these women to accept IPV related acts as "normal" and excuse the male partners behaviour. Even though, this study on psychological abuse against women by their male partners has been perceived as study which is underpins and looked at from a psychological perspective, it does not mean that the study limits to the domain of psychology exclusively. The study extends to the other levels such as ideological, and cultural as well because the phenomenon of violence against women is impacted by larger social order.

These patriarchal ideologies are often seen in operation in contexts of IPV, and the tolerance of such abusive action on the part of the woman. A number of researchers have identified attitude of the women towards abuse as a macro level factor that might influence wife abuse. For example, Stith et al. (2004) found that attitudes condoning marital violence are significantly associated with IPV. Providing evidence for a strong link between attitudes condoning marital violence and IPV, the WHO multi country study (2005) found that in Ethiopia, where the IPV prevalence was the highest, 91% of women had believed that a man can hit his wife for one of the following reasons: "not completing household work," "refusing sex," or "disobeying" (Garcia- Moreno et al., 2006). However, in Japan, where the IPV prevalence was the lowest, only 19% of women had believed so. Additionally, Chokkanathan (2012) in his analysis of data from National Family Health Survey of 3446 women found high levels of patriarchal ideology and pro abuse attitudes significantly increased the risk for abuse after modelling other factors.

Women who believe that IPV is acceptable and normative are more likely to blame themselves for the violence, and to experience long-term mental health problems, and less likely to report the problem to civil authorities or other family member (Neville et al., 2004; Tran, Nguyen, Fisher, 2016).

Exiting evidence suggest that high levels of acceptance of abuse among women might elevate the risk for abuse and impede them from using appropriate avenues of help. In many societies where IPV is prevalent, society itself enforces cultural norms that condone and accept violence. Women in such societies, who are victims of IPV, are seen to then normalize and accept violence in their lives without seeking interventions. In many developing countries, women often agree with the idea that men have the right to discipline their wives, if necessary, by force (El-Zanaty et al.,1995). Significantly, one of the reasons that women cite most often as just cause for beatings is refusing a man sex (ibid, 1995; David and Chin,1998; Zimmerman, 1995). Studies conducted in other settings also have come out with similar observations (Haj-Yahia, 1998; Khawaja, 2004). In developing countries, women were found to be at a higher risk of physical and sexual IPV when they justify wife beating and believe that "it's important for a man to show his wife who is the boss" (Kishor and Johnson, 2004; Xu et al., 2005).

Similar phenomena have been demonstrated by Sri Lankan researchers as well. A study conducted in the estate sector using structured interviews of men and women found that 74% of the women were of the opinion husbands have the right to beat their wives (Palaniappan, 2003). In the study carried out by Kuruppuarachchi (2010) IPV among a sample of married women, the majority believed that abuse of all forms should be tolerated 'sometimes' whereas only a minority thought it should never be tolerated. In a community based the study on intimate partner violence in the Western Province (Jayasuriya, Wijewardena, and Axemo 2011), the majority of the women surveyed, both in the abused and non-abused groups, believed that a "good" wife obeys her husband even if she disagrees with his view, that it is important for the man to show he is the "boss," and

that a wife is obliged to have sex with the husband even if she doesn't want to. More than 50% of the women in this study also believed that disobedience, refusal of sex, asking him about affairs with other women, and his "suspicions" of her infidelity are "good" reasons for a man to abuse his partner. Although this was a community-based survey limited to the western province, it represents the gender norms and perceptions instilled in the Sri Lankan society, which perpetrates not only overt violence but also norms that promote men's extreme control over many aspects of women's lives.

Although many published studies on IPV suggest that traditional gender role attitudes tend to increase women's vulnerability to IPV as in the study conducted in China, where women were at lower risk to experience physical and sexual IPV if they believed that "family problems should be discussed only in the family" (Xu et al., 2005), some studies report contradictory findings.

A study conducted by Jayatilleke and colleagues (2011) in Sri Lanka found that women who respect these cultural norms and did not believe that outsiders should intervene to protect abused wives were less likely to experience current physical, or sexual abuse by husbands. Although many published studies on IPV suggest that traditional gender role attitudes tend to increase women's vulnerability to IPV, this study, reports an interesting finding which warrants further investigation, that the wives who respect cultural norms tend to experience less IPV by husbands. This could be because wives who respect cultural norms would be unlikely to challenge the patriarchal norms within the family and would try to avoid conflicts with their husbands (Jewkes, 2002). Hence, they could have been protected from physical and sexual abuse by husbands. Interestingly, however, in Jayatilleke and colleagues' study (2011) show that attitude did not show a protective effect on psychological abuse, which is a more acceptable form of abuse in Sri Lanka. With regard to psychological abuse, wives who did not believe that a good wife obeys her husband always were more likely to experience ever and current isolated psychological abuse by husbands. Other researchers also have found that women who express gender equitable attitudes are more likely to be beaten by their partners (Jewkes, Levin, and Penn-Kekana, 2002); these women may behave in ways that challenge traditional role expectations, such as refusing to submit to a husband's demands or go along with his opinions. Their results suggest that traditional gender role attitudes are more protective against socially acceptable types of abuse. Sri Lankan society disapproves physical abuse. In contrast, society justifies shouting at wives and controlling their behaviours (psychological abuse) (Jayatilleke et al., 2011). It could be that men are more likely to engage in psychological abuse more freely and frequently than other forms of abuse. It is also likely that wives who respect cultural norms are likely to be more submissive and less likely to provoke violence in their partners than those who disagree with these cultural norms. However, further research is needed examining the mechanisms by which women's attitudes toward gender roles and wife abuse influence their vulnerability to IPV, especially to psychological abuse.

To address the gap in evidence-based studies on masculinities in Sri Lanka, CARE International Sri Lanka conducted a study on men's knowledge, practices, and social attitudes toward gender and gender-based violence (de Mel, Peiris, & Gomez, 2013). The study employed a random sampling strategy across four districts—Colombo, Hambantota, Batticaloa, and Nuwara Eliya—resulting in a representative sample of 1,658 men and 653 women, aged 18–49 years. Findings revealed a complex picture of gender attitudes in Sri Lanka. While men's responses suggested moderate gender equity in their daily lives, results from the Gender-Equitable Men (GEM) Scale indicated that male respondents still held significant gender-inequitable views. For instance, regarding intimate partner violence (IPV), 74% of men disagreed with the statement that "There are times when a woman deserves to be beaten." However, 64% agreed that childcare is primarily the mother's responsibility, and 57% believed that a woman's primary role is to care for the family and household. Additionally, traditional notions of masculinity linked to dominance and violence were prevalent, with 58% of men agreeing that "It is manly to defend the honour of your family even by violent means."

The study also highlighted that gender-inequitable attitudes were not confined to men alone. Women, in some cases, endorsed even more inequitable views, particularly regarding rape. Two-thirds of the female respondents (67%), compared to 55% of men, believed that "In any rape case, one would have to question whether the victim is promiscuous or has a bad reputation." Furthermore, 75% of women—and an even higher proportion of men (79%)—agreed with the statement that "Some women ask to be raped by the way they dress and behave."

These findings underscore the deeply entrenched gender norms and cultural attitudes that perpetuate violence against women and reinforce traditional gender roles in Sri Lanka. The study points to several contexts, drivers, and variables related to male perpetration of physical and sexual violence against women, as well as men and boys, many of which are grounded in cultural attitudes about how to be a man. The study therefore makes a strong case for looking at male perpetration of gender-based violence as one that is structurally supported through the acceptance and implementation of violence as a part of routine social relations from which dominant masculinity gains advantage.

Although numerous studies have explored the relationship between gender role attitudes and women's vulnerability to intimate partner violence (IPV) in Sri Lanka and beyond, the findings remain mixed. Research has identified a broad set of social attitudes and beliefs that shape individuals, families, social networks, and institutions. To gain a clearer understanding of which attitudes increase the risk of IPV, it is essential to examine culturally specific beliefs within their respective contexts. This approach will also help identify which women, based on their attitudes, are more likely to experience higher levels of IPV.

METHODOLOGY

Study Design

This study employed a cross-sectional survey design to investigate the experiences of intimate partner violence (IPV) among women in Sri Lanka.

Participants

To recruit participants, help-seeking centres from five randomly selected districts in Sri Lanka were chosen. These centres, which are non-governmental organizations dedicated to supporting women, provided a list of individuals who sought assistance. Only those participants who expressed their consent to take part in the study were included, ensuring that participation was voluntary and based on informed consent. A total of 200 ever-married women, aged between 20 and 50 years, were randomly selected from these ten women's help centers for this survey. "Ever-married" was defined as having been in a legal marriage or cohabiting relationship, either currently or in the past. The average age of the respondents was 34.22 years (SD = 7.50), with ages ranging from 20 to 50 years. The majority of participants (78%) were married, 1.5% were cohabiting, 19% were separated, and 1.5% were divorced at the time of the study. In terms of parental status, 81.5% of the respondents reported having at least one child. Regarding education, most women (88%) had completed secondary education, 6% had only primary education, and another 6% had attained tertiary education.

Instruments

All tools used in the study were adapted and validated for the Sri Lankan cultural context, ensuring that the measures were relevant and appropriate for the population being studied.

WHO Violence against Women Instrument

WHO Violence Against Women Instrument (Garcia-Moreno, Heise, & Ellsberg, 2001) was developed for use in the WHO multi country study on Women's Health and Domestic Violence and as a standard instrument that could be used to measure violence in different cultural settings with a minimum of adaptation (Garcia-Moreno, 2006). This women's health and life events questionnaire was translated to Sinhalese, the local language spoken by the majority of the population, and adapted to suit the local dialect while retaining the original structure and content by Jayasuriya, Wijewardena, and Axemo (2011) and includes sections assessing physical and mental health, attitudes and beliefs, and physical and sexual abuse which the present study employed in the collection of data.

Self-reporting questionnaire (SRQ-20)

Mental health was assessed using a self-reporting questionnaire of 20 questions (SRQ-20), developed by WHO as a section of the WHO Violence Against Women Instrument screening psychological distress. The SRQ-20 has been validated in a wide range of settings (WHO, 2012). It asks respondents whether, within the 4 weeks prior to the participation in the study, they had experienced a series of symptoms that are associated with psychological distress, such as crying, inability to enjoy life, tiredness, and thoughts of ending life. The number of items that women respond to affirmatively are added up for a possible maximum score of 20. The alpha coefficients for the QGH are 0.90 for the total scale and 0.91 for the section which assesses psychological distress.

Questionnaire on Attitudes Towards Wife Abuse (QAWA)

Women's attitudes toward wife abuse were assessed using the section in the WHO Violence Against Women Instrument pertaining to the items on gender roles and attitudes. Participants rated their agreement with 8 statements about gender roles (e.g., "A good wife obeys her husband even if she disagrees"), views on IPV intervention (e.g., "If a man mistreats his wife, others outside the family should intervene"), and when a man may be justified in beating his wife (e.g., "If she disobeys him"). Additionally, two items on perception of psychological abuse were included (e.g., "Physical abuse is worse than psychological abuse"). The instrument, developed for use in multi-ethnic populations, is particularly suitable for Asian communities and generates internationally comparable data. Participants rate each statement as agree (1), disagree (2), or don't know (3). Scores are assigned as 2 points for agree, 1 point for disagree, and 0 for don't know, with certain items reverse scored. The total score, ranging from 0 to 36, reflects more traditional or liberal attitudes toward IPV, with higher scores indicating more traditional views. The internal reliability coefficient for this study was .72.

Physical and Sexual Abuse Questionnaire

To evaluate the occurrence of physical or sexual abuse in the current relationship, a nine-item version of the Women's Health and Life Events Questionnaire, developed by the World Health Organization (WHO) (Garcia-Moreno, Heise, & Ellsberg, 2001). The questionnaire assessed physical abuse using six items and sexual abuse using three items. The completion time for this measure is under five minutes. The Cronbach's Alpha for the physical abuse scale in this study was .91, while for the sexual abuse scale, it was .90.

Psychological Maltreatment of Women Inventory (PMWI; Tolman, 1989)

Psychological intimate partner violence (IPV) was assessed using the version of the 58-item Psychological Maltreatment of Women Inventory (Tolman, 1989), which was adapted and validated for use in the Sri Lankan context. This self-report tool asks participants to rate each item on a 5-point frequency scale. The internal consistency reliability estimates for this measure were found to be .94 for male-perpetrated psychological IPV.

Procedure and Ethical Considerations

Participants were individually approached at the Women's Help Centre and informed about the study's purpose. Confidentiality, anonymity, voluntary participation, and the right to withdraw or skip questions were clearly explained. Although no direct benefits were offered, participants were told their input could help improve support for other women. Written informed consent was obtained prior to participation. Women completed the survey in a safe, supportive setting, with access to on-site counselors. Those needing additional support were referred for psychological assistance. All participants were debriefed afterward. The study followed WHO's ethical guidelines on researching violence against women (WHO, 2001) and received ethical approval from the Faculty of Graduate Studies, University of Colombo, Sri Lanka.

Analysis Of Data

The study utilized a range of data analysis methods to explore the experiences of intimate partner violence (IPV) among participants. Descriptive statistics were first employed to summarize the socio-demographic characteristics of the sample, providing an overview of the population. Inferential statistics, including

correlation and regression analyses, were used to examine the relationships between gender attitudes and IPV experiences, highlighting significant associations. The Self-Reporting Questionnaire (SRQ-20) was utilized to assess psychological distress, with scores analysed to understand the impact of IPV on mental health. Additionally, comparative analyses were conducted to differentiate IPV experiences between women with traditional and liberal gender attitudes, revealing a complex relationship. Overall, these methods aimed to provide a comprehensive understanding of how gender attitudes influence IPV experiences among women in Sri Lanka, emphasizing the need for targeted interventions and public education initiatives.

RESULTS

Demographic Profile of the Participants

A general description of the respondents included in the sample is provided in the following table.

Table 01. Age, Ethnicity, Level of Education and Occupational categories of Respondents

Variable	Respondents	
	n	%
Age		
20-25	33	16.4
26-30	23	11.4
31-35	64	31.8
36-40	38	18.9
41-45	29	14.4
46-49	13	6.5
50-59	0	0
Ethnicity		
Sinhalese	195	97.5
Tamil	3	1.5
Muslim	2	1.0
Level of education		
Grade 1-5	12	6.0
Grade 6-10	73	36.5
Passed O/L	60	30.0
Passed A/L	43	21.5
Graduate and above	12	6.0
Occupation category		
Managers	3	1.5
Professionals	11	5.5
Technicians and associate professionals	8	4.0
Clerical support workers	1	0.5
Services and sales workers	6	3.0

Craft and related trade workers	18	9.0
Plant and machine operators and assemblers	3	1.5
Elementary occupations	23	11.5
Armed forces occupations	2	1.0
Unemployed	125	62.5

Experience of Multiple Forms of IPV-Psychological, Physical, and Sexual Abuse

Since the study selection criteria included women who were subjected to psychological abuse, all the respondents in the study (n=200) reported experiencing some degree of psychological abuse. In most instances (79%), psychological abuse occurred together with physical and sexual abuse suggesting that these multiple types of abuse tend to co-occur. Furthermore 17% of the respondents reported no sexual, but physical and psychological abuse only. As reported in other studies (Follingstad et al., 1990; Stets, 1990), it is rare to have men perpetrate physical aggression against their spouse/partner in the absence of psychological abuse. Only 2% reported being psychologically abused only. Another 2% reported no physical abuse, but psychological and sexual abuse only (See Figure 01).
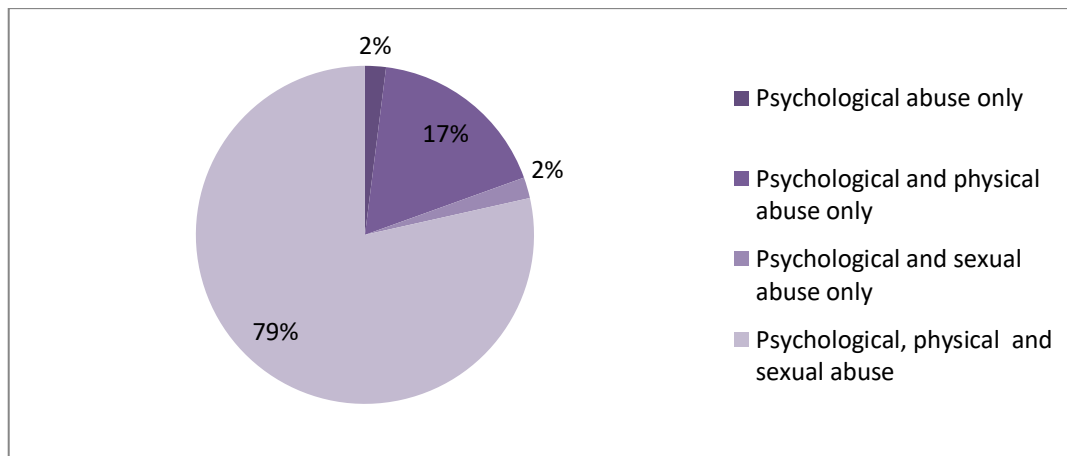
Figure 01. Experience of Multiple Forms of IPV

Psychological Distress

Psychological distress was assessed using the WHO's 20-item self-reporting questionnaire. In the absence of country-specific cut-off points, mean distress scores for women who experienced intimate partner violence (IPV) were compared with those for non-abused women. Consistent with findings from the WHO multi-country study (2012), abused women reported significantly higher distress levels (M=12.47, SD=5.57) compared to non-abused women (M=5.4).

Common Symptoms Reported

Most frequently reported symptoms (over 80%): Nervousness (86.5%), poor sleep (82.5%), unhappiness (82.5%), and difficulty enjoying daily activities (82.5%).

- Moderately reported symptoms (60–80%): Headaches (78.5%), trouble making decisions (69.5%), loss of interest (67%), excessive crying (67.5%), poor appetite (65%), trouble thinking clearly (62%), and fatigue (61.5%).

- Least reported symptoms: Shaking hands (23.5%) and digestion issues (37%).

These findings highlight the significant psychological burden of IPV and the influence of demographic factors on distress levels.

Attitudes towards Wife Abuse

Respondents' attitudes towards wife abuse were assessed using the participant's agreement to 8 items in the questionnaire. All answers were classified along a 'yes', 'no', 'do not know' response scale. The total score on this questionnaire ranges from 0 -36, higher scores indicating more traditional attitudes towards wife abuse and lower scores indicating egalitarian (liberal) attitudes. The mean score for the questionnaire was 21.88 with a standard deviation of 3.92, indicating neither a strong traditional view nor a strong egalitarian view on gender roles and wife abuse. The mean score indicates a somewhat traditional and a somewhat egalitarian attitude towards wife abuse.

Out of the total sample (n=200), more than about 50% strongly disagreed with the item "a good wife obeys her husband always" (65%), while 29% of the respondents agreed with the statement (M=1.23 , SD=0.56). The respondents also strongly disagreed with the two items "it is wife's obligation to have sex with her husband even if she doesn´t like" (68%, M=1.10, SD=0.57) and "physical abuse is worse than psychological abuse" (50%, M=1.20, SD=0.72). Although 32% of the respondents demonstrated ambivalence regarding the latter statement, a sizable proportion (67%) agreed with the statement that "psychological abuse is difficult to tolerate than physical abuse" indicating that they recognize the devastating nature of psychological abuse (M=1.19, SD=0.54) . A sizable proportion of the respondents (58%) agreed with the statement that "family problems should only be discussed with people in the family", while 34.5% disagreed and 7.5% were undecided on that item (M=1.51, SD=0.63). A considerable proportion (44%) agreed on the statement "if a husband mistreats or abuses a wife outsiders should intervene" (M=1.21, SD=0.72, reversed), but a considerable proportion (38.5%) also disagreed on this indicating their attitude of treating family violence as personnel affairs where outsiders should not intervene. An overwhelming majority (87.5%) agreed on the statement that "a woman should have freedom to choose her friends" (M=0.94, SD=0.35), whereas more or less an equal number of respondents agreed and disagreed on "it is important for a man to show his wife who is the boss" (yes=40,5%, no=49.5%, M=1.31, SD=0.64).

Justification of wife beating

Majority of the respondents strongly opposed any justification for wife beating on every single item. The item, " if he finds out that she has been unfaithful" was the only exception: 55.5% of the respondents agreed with the statement, 37% disagreeing with wife beating even in that context ($M = 1.49$, $SD = 0.63$). In response to the question that "does a man have a good reason to hit his wife if she does not complete her household work to his satisfaction?", the majority of the respondents (69%) reported 'no' ($M = 1.74$, $SD = 0.48$). In response to the next given situation "if she disobeys him", a sizable proportion (59.5%) reported wife beating is not justified ($M = 1.37$, $SD = 0.53$). An overwhelming majority of respondents (81.5%) disagreed with wife beating in response to the item "if she refuses to have sexual relations with him" ($M = 1.01$, $SD = 0.48$). Only a small percentage of the respondents (12%) agreed with wife beating on those grounds. Although 74% disagreed that the man has no right to beat his wife even if she asks him whether he has any other affairs, 23.5% agreed on wife beating ($M = 1.21$, $SD = 0.47$). The majority of the respondents (78%) disagreed with wife beating "when he suspects that she is unfaithful" ($M = 1.12$, $SD = 0.47$). Only a small minority (16.5%) agreed that wife beating is justifiable on such an incident.

Attitude on Refusing to Have Sex with the Partner

In response to the four items that asked whether a married woman can refuse to have sex with her husband under a number of specific circumstances, a significant number of respondents agreed to all four items. Out of the total sample (74.5%) agreed that a married woman can refuse to have sex, if she doesn't want to (M=1.08, SD=0.51, reversed) and 72.5% agreed that a married woman can refuse to have sex, if the husband is drunk to (M=1.15, SD=0.50, reversed). A sizable proportion (82.5% and 80.5%) respectively agreed that that a married woman can refuse to have sex, if she is sick (M=1.05, SD=0.42, reversed), and if the husband mistreats her (M=1.02, SD=0.44, reversed). Figure 02 presents the percentages of agreed, disagreed, and ambivalent responses.
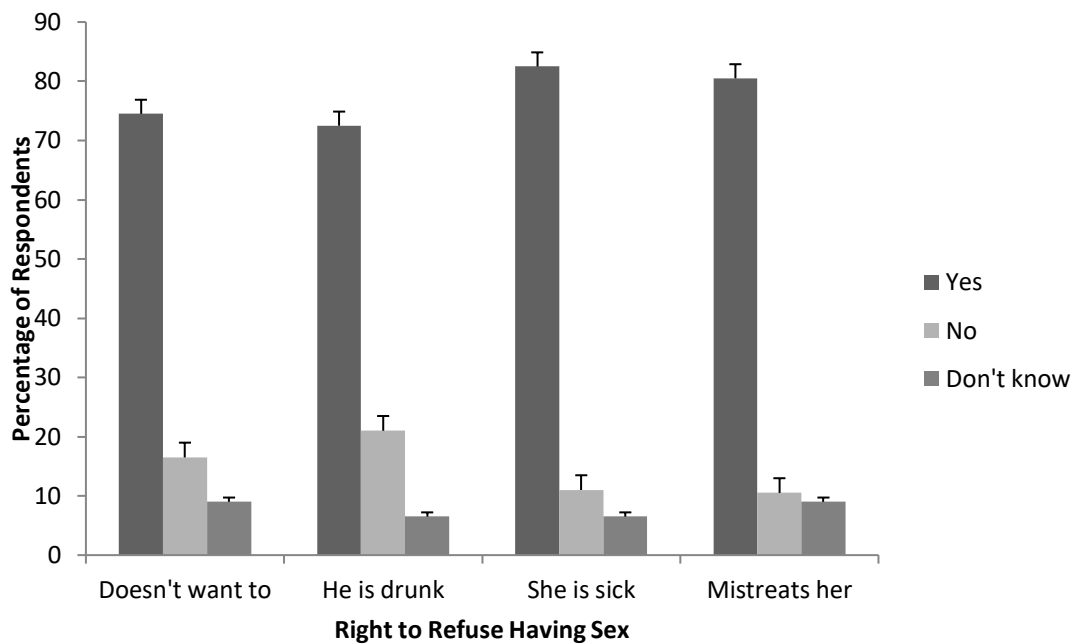
Figure 02. The situations a married woman can refuse to have sex with her husband. Error bars represent one standard error above the mean.

Attitudes toward Wife Abuse and the Experience of Different Forms of IPV

Results from this study revealed a significant relationship between attitudes toward wife abuse and the risk of psychological abuse ($r(187) = -.19$, $p < .01$). Women with more liberal attitudes—disapproving of wife abuse—faced a higher risk of psychological abuse compared to those with traditional gender role attitudes. A similar trend was observed in cases of sexual abuse ($r(187) = -.28$, $p < .01$). However, the pattern was reversed for physical abuse ($r(187) = .14$, $p < .05$), with women who held attitudes supportive of wife abuse being more likely to experience physical abuse. Further analysis indicated that women with lower scores (disapproving of wife beating) were significantly more vulnerable to psychological abuse ($r(200) = -.25$, $p < .01$) and sexual abuse ($r(200) = -.26$, $p < .01$). However, this relationship was not statistically significant for physical abuse.

Previous research indicate a strong correlation between women's attitudes towards violence and their exposure to intimate partner violence (IPV) and sexual violence—both as victims and perpetrators. Several studies also have found a significant association between accepting attitudes toward violence and experiencing IPV or sexual violence (Abrahams et al., 2005; Jewkes et al., 2006). Additionally, women who accept violence are more likely to experience IPV (Boyle et al., 2009; Uthman, Lawoko, and Moradi, 2009). Findings from the WHO multi-country study demonstrated that women with attitudes supportive of wife beating had increased odds of experiencing partner violence in 13 out of 15 sites, with 8 of these findings reaching statistical significance (Abramsky et al., 2011). The present study employed a scale where higher scores reflected more traditional attitudes that justify IPV, while lower scores indicated more liberal, non-justifying attitudes. However, similar with the previous research findings, in the present study, only women who held attitudes supportive of wife abuse were found to be more likely to experience physical abuse. For psychological and sexual abuse, this pattern was reversed.

Attitudes toward Gender Roles and the Experience of Different Forms of IPV

When the association between women's' attitudes toward gender roles and IPV was examined, the findings of the present study revealed that holding certain attitudes decreased the risk of being subjected to IPV, whereas holding some other attitudes increased the risk of being subjected to IPV. These attitudes were not common for all three forms of IPV, but significantly differed between psychological, sexual and physical abuse. Responses of "do not know" was excluded from the analysis The study revealed that the women were more likely to experience psychological abuse by their partners if they did not believe that a good wife always obeys her

husband. In other words, if they had a more liberal attitude than having a more traditional attitude of agreeing with that a good wife always obeys her husband, they were more at risk of being psychologically abused ($r(187) = -.19$, $p <.001$). The same finding applied to sexual abuse as well ($r(187) = -.24$, $p <.001$), but not for physical abuse (ns.). Similarly, the women were more likely to experience psychological ($r(165) = -.22$, $p <.001$), or sexual ($r(165) = -.16$, $p <.05$) abuse, or both abuse by their partners if they believed that outsiders should intervene to protect the abused wives. In other words, women were less likely to experience psychological and sexual abuse, if they did not believe that outsiders should intervene to protect the abused wives.

The women were more likely to experience psychological abuse ($r(197) = .33$, $p <.01$) by partners if they believed that it is fair for a man to hit his wife, if she does not complete household to his satisfaction. Also, they were more likely to experience psychological abuse ($r(178) = .23$, $p <.01$), and sexual abuse ($r(178) = .23$, $p <.01$) as well by partners if they believed that it is fair for a man to hit his wife, if she refuses to have sexual relations with him. Furthermore, the women were more at risk of experiencing psychological abuse ($r(186) = .15$, $p <.01$) and sexual abuse ($r(186) = .14$, $p <.01$) if they believed that it is fair for a man to hit his wife, if he finds out that she has been unfaithful.

The study also revealed that the women were more at risk of experiencing psychological abuse ($r(182) = .16$, $p <.05$) and sexual abuse ($r(182) = .21$, $p <.05$) if they agreed with the statement that a married women can refuse to have sex with her husband if he mistreats her. Two other attitudes were significantly associated with increased risk of sexual abuse: if they agreed with the statement that a married woman can refuse to have sex with her husband if she is sick ($r(1877) = .23$, $p <.05$) and women who disagreed with the statement that it is fair to hit a woman if she asks the partner whether he has other girlfriends ($r(188) = .20$, $p <.05$) were more likely to experience sexual abuse. Interestingly, physical abuse was not significantly associated with any of these attitudes.

Association between Attitudes towards Wife abuse and Psychological Distress

The association between justification of wife abuse and psychological distress ($r(200) = -.15$, $p < .05$) indicated that women holding traditional attitudes on justification of wife abuse were less likely to have higher levels of psychological distress compared with women holding liberal attitudes. The association between justification of wife abuse and psychological distress was significant ($r(200) = -.15$, $p < .05$) indicating that women holding disapproving attitudes on justification of wife abuse were more likely to have higher levels of psychological distress than women holding more traditional and approving attitudes on justification of wife beating.

DISCUSSION

The present study reveals a paradoxical relationship between women's gender role attitudes and their experiences of intimate partner violence (IPV) in Sri Lanka. Specifically, women who endorse liberal or egalitarian gender attitudes report higher rates of psychological and sexual abuse, while those who conform to traditional norms report lower levels of such abuse. This section interprets these findings through established theoretical frameworks, situates them within the broader literature, and discusses implications for policy and intervention.

Feminist and Patriarchal Theories

Feminist theory posits that IPV is rooted in patriarchal social structures that institutionalize male dominance and privilege over women (Dobash & Dobash, 1979; Johnson, 1997). In Sri Lanka, as in many patriarchal societies, men are socialized to embody hegemonic masculinity—an ideal that valorises authority, control, and the use of violence to maintain dominance (Flood & Pease, 2009; Kodikara, 2014). When women adopt more egalitarian attitudes or resist traditional subordination, this can be perceived as a threat to established gender hierarchies. The resulting "backlash" may manifest as psychological or sexual abuse, as men seek to reassert control through less visible or less punishable means, particularly in contexts where physical violence is increasingly stigmatized (Walby, 1989; Ellsberg & Heise, 2005).

Why Is Sexual Abuse, but Not Physical Abuse, Significantly Associated with Liberal Gender Attitudes?

The study's finding that sexual abuse—but not physical abuse—is significantly associated with liberal gender attitudes offers insight into how gendered power is negotiated under shifting social norms. While liberal attitudes among women may reflect progress toward gender equality, they also challenge entrenched patriarchal structures. In Sri Lanka, despite increasing awareness of IPV and legal measures against physical violence (Jayasuriya et al., 2011; Kodikara, 2014), sexual violence within intimate relationships—particularly marital rape—remains poorly recognized and socially tolerated, especially in the absence of legal criminalization (Kodikara, 2014).

Liberal women in the study—those who disagreed with statements like "a good wife should always obey her husband" or "IPV is a private matter"—were significantly more likely to report experiences of sexual coercion. This finding reflects the dynamics of what feminist scholars refer to as "backlash" (Walby, 1989). When women assert independence or resist subservience, some men may experience this as a threat to their hegemonic masculinity and respond with covert forms of violence, such as sexual abuse, to reassert control (Ellsberg & Heise, 2005; Flood & Pease, 2009). Unlike physical violence, which carries social stigma and legal risks, sexual violence can be executed in private and is often normalized under the guise of marital entitlement, making it a more insidious tool of control.

This pattern aligns with previous research. For instance, Jayasuriya et al. (2011) found that women who rejected patriarchal norms were more likely to report both sexual and psychological abuse. Similarly, Kishor and Johnson (2004) reported that women who challenged traditional gender roles were more vulnerable to sexual coercion, though not necessarily to physical abuse. The present findings reinforce this trend: liberal gender attitudes may provoke resistance from male partners, but in a context where physical violence is increasingly condemned, men may turn instead to sexual abuse as a subtler yet equally violating expression of power.

Moreover, the lack of association between liberal attitudes and physical abuse may indicate that public discourse, legal reforms, and social awareness campaigns have somewhat reduced the social legitimacy of physical IPV. However, this deterrent effect does not appear to extend to sexual coercion, suggesting that norms surrounding women's sexual autonomy have been slower to change. Sexual abuse, therefore, operates in a space where male entitlement remains culturally legitimized and women's resistance is punished in less visible, more psychologically damaging ways.

These findings emphasize the need for IPV interventions to go beyond the prevention of physical violence and to explicitly address sexual coercion and psychological abuse, particularly in the context of evolving gender norms. Policies must also work toward transforming harmful beliefs about male sexual entitlement and improving legal recognition and redress for sexual abuse within intimate partnerships.

Why Are Liberal Gender Attitudes Associated with Psychological Abuse?

The study's finding that liberal gender attitudes are significantly associated with increased psychological abuse underscores the nuanced ways in which power and control are negotiated in intimate relationships within patriarchal cultures. In societies like Sri Lanka, where traditional norms prescribe male dominance and female subordination, women who adopt egalitarian views—by asserting autonomy, questioning male authority, or expressing disapproval of emotionally abusive behaviors—may become targets of covert retaliation (Flood & Pease, 2009; Walby, 1989).

A key reason why women with liberal gender role attitudes experience increased psychological abuse is their partners' adherence to patriarchal ideology, which is deeply rooted in rigid gender role expectations. As revealed in previous studies (Jayatilleke et al., 2010; Reyal, Perera, and Guruge; 2020) most partners of abused women held rigid expectations, believing that wives should fulfill specific duties without question. Situations such as failing to have meals prepared on time, not tolerating a husband's drunken behavior, or refusing sexual demands were seen as violations of these expectations, leading to psychological and sexual abuse. Women

who held traditional attitudes, on the other hand, were less likely to challenge these expectations, submitting to the partners commands and demands thus reducing the risk of conflict.

This phenomenon is best understood through the lens of "backlash theory," which posits that challenges to entrenched gender hierarchies may elicit controlling behaviors from men seeking to reassert dominance (Walby, 1989). Unlike physical abuse, psychological abuse—including verbal degradation, emotional manipulation, isolation, and intimidation—can be wielded with a degree of social legitimacy. It often avoids the public visibility and legal consequences that now increasingly accompany physical IPV due to social awareness campaigns and policy reforms (Jayasuriya et al., 2011; Kodikara, 2014).

These findings resonate with theoretical arguments proposed by Gerber (1995), who suggests that patriarchal ideology assigns gender-stereotyped traits to men and women. The author contends that individuals based on their gender-stereotyped personality traits ascribe different personality traits to men and women. Women are characterized by 'communion traits' such as warmth, concern, and an inherent need to connect with others, whereas men are characterized by 'agency traits' such as self-assertion and an inherent need to dominate others. In the process of conforming to these characteristics, men exercise dominance over women through persuasion, threats, and violence. Based on this argument it could be concluded that patriarchal ideology shapes specific gender characteristics, promoting abuse. When men adhere to rigid gender role stereotyped behaviours, whereas women seem to have changed their traditional way of thinking appear to have led to a conflict-ridden situation. These gendered behaviours and roles seem to be changing for Sri Lankan women in complex ways as they have greater access to employment away from home and freedom to travel within and outside the country (Hewamanne, 2010). These changes appear to challenge the traditional gender norms and may have implications for the way in which conflicts and problems are resolved within intimate relationships.

The use of psychological abuse as a preferred tool of coercive control has also been documented in prior studies. Jayatilleke et al. (2010) and Jayasuriya et al. (2011) observed that women who disagreed with patriarchal values—such as the notion that family issues should remain private or that a good wife must always obey her husband—were more likely to report experiences of psychological violence. These patterns are echoed in global research as well: Coker et al. (2000) and Jewkes (2002) note that psychological abuse often exists as a stand-alone form of IPV, capable of inflicting long-term emotional harm and exerting significant control over a partner's behavior and identity.

Critically, this form of abuse is often normalized in domestic spaces. Emotional control may be interpreted not

as violence, but as discipline or concern, particularly in settings where marital authority is conflated with male entitlement (Kodikara, 2014; Reyal, Perera, & Guruge, 2020). This cultural framing allows psychological abuse to flourish beneath the radar of both legal systems and social interventions.

Furthermore, it is possible that women who endorse liberal gender norms are more capable of identifying and labeling psychologically abusive behaviors, and thus more likely to report them. This interpretive capacity may not be as developed in women who have internalized traditional gender ideologies, who may see controlling behaviors as expressions of love, responsibility, or justified discipline. As Bandura's (1977) social learning theory suggests, individuals' perceptions of acceptable behavior are shaped by their socialization; thus, women raised in traditional households may not recognize certain abusive patterns as harmful, while more liberal women may have higher thresholds of awareness and resistance.

Symbolic violence theory (Bourdieu, 2001) adds further explanatory depth by highlighting how systems of domination operate through implicit and culturally sanctioned mechanisms. In this light, psychological abuse functions as a means of punishing women for transgressing normative boundaries while preserving the social image of the male partner. Unlike physical violence, which is increasingly stigmatized, psychological abuse remains an effective and socially palatable method for enforcing conformity within intimate relationships.

The present study adds to this body of work by demonstrating how the endorsement of liberal gender attitudes—although empowering—may paradoxically increase women's vulnerability to psychological abuse in patriarchal settings. This does not suggest that such attitudes should be discouraged. Rather, it signals an

urgent need for interventions that expand awareness of emotional abuse, challenge its cultural normalization, and engage men in redefining masculinity outside the parameters of control and dominance.

In conclusion, the link between liberal gender attitudes and psychological IPV must be understood as a reflection of the subtle ways patriarchal power adapts in response to women's empowerment. As societal norms evolve, so too do the tactics used to enforce gendered hierarchies—often in ways that are harder to detect, resist, and redress. Addressing psychological abuse requires a multi-pronged strategy that combines legal reform, public education, and cultural transformation aimed at dismantling the social legitimacy of coercive control.

Protective Effects of Traditional Gender Roles

Contrary to the widely held belief that traditional norms increase women's vulnerability to IPV, some studies—including the present one—suggest that adherence to cultural norms may offer protection against certain forms of wife abuse. IPV has historically been justified through various cultural norms (Abramsky et al., 2011; Ellsberg & Heise, 2005; Kishor and Johnson, 2004; Krug et al., 2002; WHO, 2012), but strong identification with these norms can sometimes reduce overt conflict and stabilize power hierarchies in the short term.

The study conducted by Reyal, Perera, and Guruge (2020) found that 48.7% (n=292) of respondents generally held justifying attitudes toward IPV. Other studies have reported similar figures, identifying strong approval of violence and patriarchal control within partner relationships (Antai and Antai, 2008; Jayasuriya et al., 2011). One of the commonly agreed-upon attitudes in the present study was that "IPV is a personal matter and outsiders should not intervene." This aligns with previous Sri Lankan studies, which found that marital conflicts are frequently viewed as private and beyond the scope of community or legal intervention (Jayatilleke et al., 2010; Reyal, Perera, and Guruge, 2020).

Jayatilleke et al. (2011) found that wives who disagreed with the idea that family problems should only be discussed within the family were more likely to experience both ever and current abuse, suggesting that women who challenge patriarchal norms may be more vulnerable to psychological or sexual violence. Further supporting this, Krug et al. (2002) and Reyal, Perera, and Guruge (2020) found that women who believed "a good wife always obeys her husband" and that "outsiders should not intervene" were less likely to report experiencing abuse.

However, this apparent "protection" is deeply problematic and should not be interpreted as justification for sustaining gender inequality. The fact that women who conform to traditional norms may avoid conflict or violence points to a coercive system in which safety is conditional upon submission. This reinforces a cycle where men's dominance goes unchallenged, and women's autonomy is sacrificed for survival.

It is critical to emphasize that such a system perpetuates structural violence and limits women's rights and freedoms. When conformity becomes a survival strategy, it normalizes gender inequality and deters efforts toward long-term change. Furthermore, this dynamic places the burden of safety on women's behavior, rather than addressing the root causes of male aggression and entitlement.

From a gender justice and human rights perspective, this situation is not acceptable. Societies that tolerate or even reward compliance with patriarchal norms as a protective factor are effectively upholding the very structures that sustain IPV. True prevention must focus on transforming gender norms, engaging men in non-violent masculinities, and promoting accountability for abusive behavior—rather than expecting women to adapt to oppressive conditions for the sake of short-term safety.

Addressing IPV in Transitional Societies: Policy and Programmatic Implications

These findings underscore the complex, often paradoxical, nature of addressing intimate partner violence (IPV) in transitional societies like Sri Lanka, where shifting gender norms coexist with entrenched patriarchal values. While the promotion of gender equality is an essential long-term goal, such efforts must be

strategically implemented to avoid unintended consequences such as backlash or symbolic violence—particularly in the form of psychological or sexual abuse (Flood & Pease, 2009; Walby, 1989). As physical violence becomes increasingly condemned in public discourse, covert forms of control may become more prevalent, requiring a nuanced policy and programmatic response.

To this end, culturally sensitive, gender-transformative approaches are imperative. These must go beyond empowering women in isolation to actively engaging men, religious leaders, and community networks in re-examining and challenging harmful gender norms (Jayasuriya, Perera, & Guruge, 2011; Kodikara, 2014). Integrating such perspectives into school curricula and teacher training is critical for early intervention, though resistance from conservative actors often hinders implementation (Flood & Pease, 2009). Additionally, resource constraints—especially in rural and underserved regions—further limit the reach and effectiveness of educational reform and community programming.

Mass media and community-based campaigns tailored to the Sri Lankan context can play a key role in reshaping public attitudes toward IPV. Drawing on successful models like India's "Bell Bajao" (Gupta, 2010) and Uganda's "SASA!" (Abramsky et al., 2014), localized campaigns in Sinhala and Tamil can highlight the harms of psychological and sexual abuse while promoting help-seeking behaviors. However, such initiatives require careful cultural adaptation and sustained investment to avoid alienating target audiences or reinforcing existing norms.

Engaging men and boys through participatory programs is another vital strategy for transforming harmful masculinities and building support for gender equity. The "MenCare" campaign, which has shown promise both globally and within Sri Lanka, exemplifies how fatherhood and caregiving can serve as entry points for challenging dominant masculinities (Levtov et al., 2015). Still, these programs often face skepticism from men invested in maintaining patriarchal privilege, and their sustainability hinges on strong community buy-in, consistent funding, and evidence-based implementation.

At the structural level, expanding access to survivor-centered services—including confidential counseling, legal aid, and safe shelters—is essential. Yet, pervasive stigma, limited awareness, and a shortage of trained service providers hinder both accessibility and utilization (Krishnan et al., 2011; World Health Organization, 2021). To overcome these barriers, partnerships with NGOs, religious institutions, and international donors are crucial. Pilot programs should be tested in selected districts before scaling up, ensuring that interventions are contextually grounded and responsive to community needs.

Robust systems for monitoring and evaluation are also necessary to track progress, assess impact, and adapt strategies in real time. However, underreporting of IPV and weak data infrastructure remain persistent challenges in Sri Lanka (World Health Organization, 2021). Addressing these gaps requires coordinated policy reform, investment in data systems, and building trust between communities and service providers.

Ultimately, while Sri Lanka faces significant barriers in its efforts to combat IPV, evidence from both local and international interventions demonstrates that change is possible. When efforts are multi-sectoral, culturally informed, and persistently supported, meaningful shifts in attitudes and reductions in violence can be achieved—even in deeply patriarchal contexts.

Limitations And Directions for Future Research

This study is limited by its focus on help-seeking women, which may not capture the experiences of those who do not access formal support. The cross-sectional design precludes causal inference, and self-reported data may be subject to bias. Future research should employ longitudinal methods and include men's perspectives to better understand the dynamics of backlash and the evolution of gender norms.

CONCLUSION

In sum, the paradoxical association between liberal gender attitudes and increased psychological and sexual IPV among Sri Lankan women reflects the enduring power of patriarchal structures and the complex interplay

of individual, relational, and societal factors. Efforts to combat IPV must go beyond legal reforms and service provision to address the deep-seated cultural norms that sustain gender-based violence, ensuring that empowerment does not inadvertently increase women's vulnerability.

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