

FATALITIES

ACCIDENTS, SUICIDES AND FEMICIDES
OF WOMEN & GIRLS IN SRI LANKA

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INTRODUCTION

In September 2015, Sri Lanka as a nation, was collectively outraged by reports of the brutal rape and murder of a five-year-old girl child, Seya Sadewmi of Kotadeniyawa who was kidnapped while sleeping with her mother and siblings. The murder was one more in a line of senseless killings of women and girls in recent times, including the gang rape and murder of schoolgirl Vithya Sivaloganathan of Jaffna in May 2015, the serial killing of 15 women in Kahawatte and surrounding areas commencing in 2008, and the gang rape and murder of a 12-year-old girl in Matara in 2016.

Due to the excessive media coverage of the murder and the resultant public outcry, the legal machinery in this case proceeded speedily and a verdict of death against Ilandari Pedige Saman Jayalath was delivered in less than one year. However, the death investigation process was marred by complications and errors on the part of investigating authorities, including wrongful arrests and false testimonies, intense media attention and sensationalism, and severe public pressure on the police to solve the murder.

Yet, the swiftness with which the case of the unnatural death of Seya Sadewmi was concluded seems to have been an anomaly confined to this particular case. It convinced us of the overall need to examine the phenomenon of the unnatural or traumatic deaths of girls and women (due to physical or emotional injury) and its wider familial and societal consequences in Sri Lanka. Apart from homicides, the concept of unnatural deaths is also understood to cover fatalities due to suicides and accidents arising from either intentional or unintentional trauma (Coroners Act, 2009). Moreover, a global study conducted by the World Health Organisation (WHO) finds that the three leading traumatic causes of deaths globally are from injuries due to road traffic accidents, homicides and suicides (WHO, 2010, 03). According to the WHO fact sheet (WHO, 2014b) issued in 2014 on injuries and violence, more than 5 million people die each year as a result of injuries, which accounts for 9% of the world's deaths. However, more men than women are killed by injuries and violence outside the home. The three leading causes of death from injuries for males are firstly, road traffic injuries; secondly, suicide; and thirdly, homicide. For women, the leading causes of injury-related death, in order, are road traffic injuries, falls and suicide (WHO, 2014b). Of the total number of women's and girls' unnatural or traumatic fatalities Sri Lanka in 2016, the highest were due to suicides (142.6 per million population), followed by accidents (114.8 per million population) and homicides (23.6 per million population).

The book originates from the disciplines of Forensic Medicine and Science and focuses on the study of the injuries, incidence, causes, and circumstances relating to the traumatic deaths of women and girl children in the country. It also engages with the roles and influences of the medical/legal/judicial processes, the media, and the community in such deaths including the possible social, cultural, gender and other norms and ideologies that may influence, delay and prevent judicial redress and media coverage. Most importantly, it also considers the ways in which some of these deaths could have been prevented. The book was commissioned and funded by the United Nations Population Fund as part of the 9th Country Programme to support advocacy efforts to advance women's rights.

Why Women and Girls?

The book focuses on women and girls for two reasons: firstly, the differences in statistics on the prevalence and circumstances relating to the unnatural fatalities of men and women; and secondly, the differences in the circumstances, causes, injuries and incidence of homicides, accidents and suicides between men and women.

Moreover, police investigations and medico-legal and judicial processes relating to crime (especially if they are associated with homicide and sexual and gender-based violence) (Edirisinghe et al., 2011) tend to drag on for a significant number of years due to the tardy justice system in the country (Kodagoda, 2017). They often attract immense public interest but are not always judicially resolved to the satisfaction of the victims' families. Legal proceedings do not generally adhere to a reasonable timeframe. Furthermore, justice for victims' families can also be perverted due to the judicatory practices of minimal and suspended sentencing (de Mel et al., 2013). Cases are sometimes complicated by intense publicity and parallel probes into the incidents by the media - though not necessarily based on scientific investigations.

Consequently, the study of the homicides of women and girls, in particular, require special attention as opposed to the homicides of men and has been termed 'femicide' or the intentional and unintentional murder of women and girls. "Femicide is usually perpetrated by men, but sometimes female family members may also be involved. Femicide differs from male homicide in specific ways. For example, most cases of femicide are committed by partners or ex-partners, and involve ongoing abuse in the home, threats or intimidation, sexual violence or situations where women have less power or fewer resources than their partners" (WHO, 2012a). Sometimes, women and girls are killed because of their sex and gender. Consequently, these deaths can be seen as highly preventable.

Similarly, contributory factors to the killing of men by men can often be based on reactionary perceptions of what should constitute gender identities and sexual orientations. On the other hand, the intentional murder of men and boys by women as a social phenomenon is very rare.

Even in instances of suicides and accidents, the immediate legal and judicial interventions of the authorities can sometimes leave families bereft and powerless in situations of loss. Further, as noted earlier, the delays in the judicial system (Edirisinghe et al., 2011; Kodagoda, 2017) coupled with the practice of suspended sentencing as well as minimum sentencing in cases of rape and murder have led to situations of increasing impunity (de Mel et al., 2013). In this background, poor scientific investigation into cases of unnatural fatalities and the lack of credible evidence to convict suspects have sometimes led to the irrational and knee-jerk response of calling for the re-enforcement of the death penalty in instances of femicides.

This lack of accountability may depend on the extent to which patriarchal values, gender unequal/ inequitable norms as well as dominant masculinities influence the societal institutions and communities of Sri Lankan society. Moreover, the social acceptance and condoning of the phenomenon or practice of 'violence against women and girls' exacerbate the culture of impunity for perpetrators.

It is also possible that the traumatic deaths of women and girls provoke a greater scrutiny and reportage by the contemporary media industry than the deaths of men. While in contrast, a similar media focus may not necessarily follow the progression of the legal and judicial procedures relating to the unnatural deaths of men. Intense and relentless media inspection can lead to an adverse impact on bereaved family members.

Societies assign various socially and culturally constructed roles and responsibilities to men and women. In Sri Lanka, the traumatic deaths of women have far-reaching impact on their families due to the multiplicity of the gender roles and responsibilities encumbering women within the family, not only in relation to caring and nurturing but also in relation to financially supporting the family and maintaining community relations. Thus, the death of a woman (whether due to an accident, suicide or femicide) can result in an indelible gap within the familial/domestic sphere and wider society.

Furthermore, the impact and reverberations of fatalities due to violence in the family and community are multi-dimensional - psychological, economic, social and cultural, especially in relation to children, members of the core and extended family as well as the community. De Mel et al. (2013) show that those exposed to violence can become twice as likely to perpetrate violence leading to possible cycles of violence over time.

Gaps in Knowledge

A preliminary literature survey on the traumatic deaths of women and girl children in Sri Lanka revealed that published studies on the subject were scarce and included outdated statistics. This is a fundamental drawback when it comes to advocating legislative reform, developing national policies and institutional responses, as well as introducing preventive strategies and judicial redress mechanisms to address the issue. It can also impede possible community action.

The lack of scientific studies was evident in the series of rapes and murders of women in the Sabaragamuwa Province between 2008-2015, which received copious media attention as the 'Kahawatte Murders'. While key forensic work could have entailed profiling, speculative reasoning, tracing injury patterns, examining the impact of sudden deaths on the families/communities as well as on examining prevention, there have only been two systematic studies conducted into these incidents.

One study retrospectively investigated the linkages amongst victims, as well as between victims and perpetrators by profiling the perpetrators and analysing injury patterns (Vidanapathirana et al., 2018). The other (Jayathunga, 2011) explored the relationship between the murders and stated 'causes' such as informal sexual relations, alcoholism, poverty, illiteracy, family background, revenge, financial gain, the environment and rage.

Research on suicides in Sri Lanka clearly show that the underlying factors are many, ranging from love affairs to financial losses. However, the incidences of suicides have been coming down in recent years and research shows that this has a direct link to prevention efforts and pesticide control in Sri Lanka (Knipe et al, 2017a; Knipe et al, 2017b; Knipe et al., 2014; Gunnell et al., 2007). Literature on accidental deaths of women and girls is scarce in Sri Lanka. Available statistics indicate that road traffic accidents seem to be the leading cause for accidental death with the majority of deaths being of vulnerable road users followed by deaths from fire (Edirisinghe et al., 2014; Laloë & Ganesan, 2002).

This book, thus, addresses a lacuna in knowledge. While it focuses predominantly on the overall phenomenon and associated factors relating to the traumatic fatalities of women and girls, it is also committed to the contemplation of strategies to alleviate the driving and contributory factors that lead to these unnatural fatalities.

The Specific Objectives of the Book/Study

The specific objectives of the study were to a) describe the medical causes and circumstances of unnatural deaths among women and girl children, b) determine the association between the unnatural deaths of women/girls and their age, socio-economic and cultural background, exposure to sexual abuse/ rape/other types of violence as well as intimate partner violence, c) describe the outcome of the judicial processes of selected cases of homicides of women and girls, and d) discuss the media coverage of selected cases.

Consequently, it was anticipated that the insights gained from the study would offer a better understanding of the issues, limitations, flaws and inadequacies in individuals, families and communities that lead to such deaths as well as of policing and judicial procedures and media reportage. Undoubtedly, such an understanding is considered crucial in formulating better preventive strategies and in instituting redress mechanisms. Thus, the findings of the book are expected to inform national policies and action, and lead to the provision of services that could also respond effectively to various types of violence against women/girls. At other levels, the study also provides recommendations for the legal/judicial investigation process in dealing with unnatural deaths among women and girls as well as ethical guidelines on the media coverage of these deaths.

Research Methodology

The design of the research study had three components. It involved the following:

1) A retrospective, descriptive study of unnatural deaths of women and girls in Sri Lanka

The first component of the study was based on police records and statistics from the Department of Police, the Inquirers into Sudden Deaths (ISDs) and the Judicial Medical Officers (JMOs). The study population constituted of women and girl children who died in unnatural circumstances (suicides, accidents and homicides) as determined by the ISDs or Magistrates of Courts in the Western, Southern, Sabaragamuwa, North Central and Eastern Provinces during the period 2015 to 2017. The Sabaragamuwa Province, North-Central Province and the Southern Province were selected as they report the highest instances of gender-based violence in the country; the Western Province because it houses the largest provincial population; and the Eastern Province due to its past experience of the ethnic conflict and its diverse ethnic communities.

A minimum sample size of 100 homicides, 200 accidents and 200 suicides was taken up for study from five provinces based on a sample size calculation of National and Police data of approximately 100 female homicides per year, 600-700 female suicides per year and 800-900 female accidents per year. Desk reviews and surveys (based on a structured questionnaire) were conducted for the purposes of data collection from Police stations (for records on homicides), ISDs and JMOs (for suicides and accidents). Quantitative data was analysed using Excel worksheets and the Statistical Package for Social Sciences (SPSS) version 23. Graphs, tables, the Chi Square Test and Fisher's Exact Test served to augment the statistical analysis.

2) Case studies based on the demographic and etiological reason/s for the unnatural deaths of women and girls as revealed by family members/informants

The second component of the study was based on qualitative interviews with family members/informants related to the family of the deceased women/girls. A total of 30 cases were studied (including 10 cases of homicides, 10 suicides and 10 accidents within two age categories: women (> 18 years) and children (< 18 years) making up a total of 6 cases from each province. Families were randomly selected based on information from the case files of ISDs and JMOs while data was generated by investigators/ trained research assistants after obtaining informed written consent. A pre-formed, unstructured interview schedule was

piloted and fine-tuned for data collection. The discussions were conducted in the preferred language of the interviewee (both Sinhala and Tamil) and recorded with a Dictaphone. Translated and transcribed qualitative data was analysed using a thematic theoretical framework. The transcribed data was analysed thematically using codes based on research objectives. Given that the study applies both inductive and deductive methods, data was assessed and analysed from both inductive and deductive perspectives. Anecdotal evidence is used where appropriate to present the data in the form of case studies, which were translated directly from Sinhala/ Tamil to English so as to encapsulate and create the realities and ethos of the communities concerned.

3) A qualitative case study on media reportage of unnatural deaths of women and girls in Sri Lanka

The third component of the research involved the study of media reports on unnatural deaths of women and girl children that appeared in 03 national newspapers published in Sinhala, English and Tamil during a 06-month period. Data was generated by trained research assistants with the use of a pre-formed guide which had been piloted for face and content validity in 04 cases. Here too, the qualitative data was analysed once again using thematic codes founded on research objectives. Data from Sinhala and Tamil language newspapers were translated into English to provide examples where necessary when the studies were transformed into a book.

Given that the research study applies both inductive and deductive methods, data was assessed and analysed from both inductive and deductive perspectives. Anecdotal evidence has been utilised where appropriate to present the data. When the study was converted into a book with the objective of appealing to a wider readership, the phenomenon of the unnatural deaths of women was viewed from interdisciplinary perspectives that extend from the medical, public health, legal, judicial and forensic sciences to sociology, psychology, criminology, gender and cultural studies. It therefore includes and amalgamates a number of different epistemologies and theories including positivism, empiricism, social constructionism, interpretivism, procedural knowledge, gender theory, etc. In order to complement these multiple knowledge standpoints, the book incorporated a mixed methodology and an overall gender-based lens in data collection, analysis and representation.

Limitations

The lack of viable provincial statistics, on the one hand, as well as the absence of regional information and ground analysis that could explicate available statistics, limits our analysis of quantitative data largely to description. Further research is necessary to provide a more comprehensive as well as detailed understanding of the numerical indications and trends pertaining to the unnatural deaths of women and girls, especially in the provincial areas.

It could also be argued that another significant limitation in the study is the fact that the qualitative data was extracted from the perspectives of the victims' family members. Given that a significant number of perpetrators were family members and intimate partners, we had to rely on respondents who were sometimes related to the perpetrator. Thus, the possibility of conflicts in loyalties and interests on the part of some respondents was high.

Ethical Issues

Due to the particularity of the phenomenon under study, the research team had to engage with many ethical facets and nuances relating to data generation, analysis and representation. Ethical approval was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Kelaniya. Further approvals and assistance were obtained from the Ministry of Justice, the Judicial Services Commission and the Sri Lanka Police.

A high degree of confidentiality was maintained throughout the research project. However, there were several ethical complications in conducting interviews with family members and other informants. It is possible that the identification of cases via the local police could have led to a degree of coercion of informants to participate in the research study - even though this was not perceptible at ground level. Another complication in conducting interviews was the research team's possession of *a priori* knowledge on the case. Sometimes, when interviewees displayed reticence, the research team was able to ask leading questions from the informants based on this knowledge. This posed an ethical question as to whether such leading questions were adequately sensitive to the feelings of the interviewees. However, it would not have been possible for the research team to obtain the experiences of these families without raising these questions. Furthermore, given the forensic background of some of the members of the research team, some respondents seemed to expect a quick judicial resolution - especially in the case of pending homicides. Often some of these ethical issues were beyond resolution.

Since in-depth interviews invariably led to the re-visiting of trauma experienced by surviving family members, interviewers made sure that participants were given sufficient time and space to express feelings of fear, bereavement and anger. A few interviewees were given trained counselling by a member of the research team, and guided to government hospital clinics and befriending centres such as Mithurupiyasa.

The representation of women/girl victims of violence in the book had to be undertaken with great care and sensitivity so as not to unconsciously perpetuate existing gender biases and stereotypes within society. Research assistants were trained on gender issues while senior researchers provided analysis from gender theoretical frames. The final draft of the book was read multiple times in order to eliminate unconscious bias.

Definitions and Clarifications

Violence

'Violence can be defined as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation' (WHO, 2002a; WHO 2002b). Although the prevalence and magnitude of the types of violence in different communities have not been comprehensively assessed and typologies fully accepted, violence has, nevertheless, been identified as a leading global public health problem since 1996.

Krug et al. (2002) in *The World Report on Violence and Health*, identifies four modes of violence (physical, sexual, psychological attacks and deprivation) as well as three sub-types. The sub types are based on victim-perpetrator relationships:

- a) self-directed violence (self-abuse and suicide),
- b) interpersonal violence (family/ intimate partner violence/ community violence) and
- c) collective violence, due to social, political and economic conflict.

In engaging with suicides and femicides, this book focuses on self-directed violence and interpersonal violence.

Unnatural Deaths

Unnatural deaths are defined as deaths that are not caused by disease or aging, but by external causes such as injury/trauma or poisoning, where the manner/ circumstance could be homicidal, suicidal or accidental or, at times, even undetermined (Harris, 2017). WHO (1996) terminology uses the term 'unnatural death' to characterise deaths resulting from physical violence that is self-directed or caused by another, as opposed to those resulting from disease and aging. Today, the term 'unnatural death' has evolved; and the terms 'death from injuries' and 'intentional/unintentional deaths due to homicides, suicides and accidents' are used in common parlance. Nonetheless, this book continues to use the term 'unnatural death' in line with the earlier WHO definition (1996) and in line with the current definition used in medical literature. It also acknowledges that there is debate on the usage of the term 'unnatural' in the social sciences founded on the understanding that a distinction cannot be made on the basis of abnormality since all deaths are considered to be part of natural phenomena.

Femicides

Originally, the study conceptualised the intentional killing of women and girls as homicide. However, the term was revised during the course of data analysis due to the wealth of research data that surfaced from the study which indicated the need to conceptualise the killings of women as a particular socio-cultural phenomenon or practice. Therefore, in line with global research on the subject (Corradi et al., 2016), it was decided to utilise the more gender-specific term of femicide to refer to a) the killing of women by culprits ranging from male intimate partners and family members to known parties and strangers; and b) the types of killing varying from sexual killings to domestic violence, and from honour killings to infanticide. Consequently, the book subscribes partially to the WHO (2012a) categorisation of female deaths that use the term femicide not only to indicate the intentional murder of women because they are women, but also as a broader definition to include any killings of women or girls, in particular, when perpetrated by men, though not exclusively.

Women/Females

There is a tendency in the medical sciences to refer to women as 'females' based on a biological perspective. The social sciences see the subject of the woman as socially constructed. In fact, it also sees all disciplines including the disciplines of biology and medicine as being arbitrary and equally socially constructed (Wittig 1981; Butler 1999; Moi 1999). Given the interdisciplinary nature of this book, the terms 'female' and 'women' will be used interchangeably to indicate both the biological and social locations of women.

Girl Children

While legal definitions relating to the age of a girl child vary in different countries, in general, a girl child is considered to be below 18 years of age. While both girls and boys are victims of violence, the Beijing Declaration and Platform of Action (1995) identifies the girl child as demanding special attention in order to eradicate the practice of violence against girl children. "Girls are often treated as inferior and are socialised to put themselves last, thus undermining their self-esteem. Discrimination and neglect in childhood can initiate a lifelong downward spiral of deprivation and exclusion from the social mainstream. Initiatives should be taken to prepare girls to participate actively, effectively and equally with boys at all levels of social, economic, political and cultural leadership" (Beijing Declaration and Platform of Action, 1995, para 260).

Introduction to Chapters

Chapter 1 focuses on the fatalities of Sri Lankan women and girls due to accidents. As noted earlier, accidents are the second highest in numbers when it comes to a consideration of the circumstances of traumatic deaths. The chapter provides a description and analysis of the accidental deaths of women and girls in the five provinces focusing on the victims' age, etiology, background, and particular type of accidents. It also examines the background relating to the accident such as the limitations arising from the overall rurality of the circumstances, which may have led to or aggravated the outcome of the accident. In addition, the chapter discusses related issues such as accountability, negligence and the evasion of responsibility for incidents as well as the phenomenon of 'assumed helplessness' on the part of surviving male spouses.

Chapter 2 is founded on suicides – the leading circumstances pertaining to the traumatic deaths of women in the country. It examines the modes or method of suicide in Sri Lanka, including death by hanging and poisoning. While registering what are often considered to be commonplace or trite reasons attributed for suicides by family members, it endeavours to analyse the possible underlying and complex contributory factors leading to the fatal acts of deliberate self-harm. The chapter also discusses the gender-related propensities and vulnerabilities of women and girls to suicide.

Chapter 3 in the book investigates femicides in the five provinces during the period under study by providing a typology of femicide based on the data collected for the study. It highlights disturbing circumstances relating to the deaths of women such as the fact that perpetrators are often individuals known to the victims (family members and intimate partners in particular) and that femicides occur predominantly within the homes of women during the day. The chapter thus points to the significance of intimate partner violence as a precursor to and marker of femicide. It also engages with social and cultural norms and assumptions pertaining to domestic violence and femicide as a whole, which may prompt victim blaming and the exoneration of perpetrators. Thus, the chapter is able to surface some of the on-ground challenges faced by law enforcement authorities and forensic investigators as well as the complexity of apprehending and prosecuting the culprits of femicide.

Chapter 4 titled Judicial Proceedings tracks the judicial inquiry process of a homicide, suicide or accident. It spotlights the challenges relating to a criminal enquiry, such as political interference, and the endemic blocks and delays within the judicial system that invariably retard the efficient conclusion of a case. Loopholes within the legal systems such as sudden provocation (Hadisi Kopaya) and mental illness that can mitigate sentences are foreground.

Chapter 5 discusses the media coverage of the unnatural fatalities of women and girls in three national newspapers during a period of six months. It concentrates on the ways in which newspapers have portrayed these deaths as well as the victims and their families. Given the tendency towards sensationalist and biased reportage by reporters, the chapter also includes the laws and regulations pertaining to newspaper reportage in Sri Lanka as well as the global and local debates relating to the latent impact of the media.

The final chapter titled Prevention, Redress and Mitigation, in lieu of a conclusion, provides gender-sensitive and gender-responsive recommendations for policy revision and good practice in the spheres of community health (including emergency assistance, counselling and personal security); forensics (such as Standard Operating Procedures (SOPs) and capacity building); the enforcement of law and order (in terms of the judicial review and legislative reform); and media coverage.

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Along with the UNFPA, the research team would like to thank the Ministry of Justice, the Judicial Services Commission, and the Sri Lanka Police, for granting approval to conduct this research. In particular, the IGP of the Sri Lanka Police and divisional officers need special acknowledgement as data collection would not have been adequate without their leadership. The individual police officers who shared their case records from the Crime Branch as well as the doctors and Inquirers into Sudden Deaths (ISDs) who provided the team with their case records (on suicides and accidents) also need special thanks. The Statistics Division of the Police was helpful with national data.

1. The funder had no role in study design, data collection and analysis, decision to publish or preparation of the manuscript.

CHAPTER ONE

ACCIDENTS

Accidents constitute the second-most common form of unnatural deaths of women and girls in Sri Lanka as per the analysis of national data (Department of Census and Statistics, 2014). Accidents occur due to a number of external forces and conditions coming together that can be deemed as being detrimental to the victim. As in the case of homicides, the choice and volition of the individual becomes compromised due to circumstances that are beyond his or her control.

Globally, about 1.3 million people are estimated to die on roads while 20-50 million are injured every year (WHO, 2018a). The WHO's data reveal that while road traffic crashes are a major cause of death among all age groups, it is the leading cause of death of children and young adults aged 5-29 years. Moreover, the risk of dying in a road traffic crash is over 3 times higher in low-income countries than in high-income countries. Pedestrians, cyclists and riders of motorised 2 and 3-wheelers and their passengers are collectively identified as 'vulnerable road users' as they account for half of all traffic related fatalities around the world (WHO, 2018a).

This chapter will discuss the accidental deaths of women and girls in the five provinces during the study period (2013 - 2015), focusing on the etiology, background and particular circumstances relating to the incidents.

Province	Incidence rate for million population		
	2013	2014	2015
Western	80.0	84.4	79.2
North Central	85.5	110.3	96.4
Southern	71.7	76.3	88.4
Eastern	50.4	69.3	80.4
Sabaragamuwa	75.5	80.0	74.1

Table 1: Incidence rate per million population for female accidents in five provinces of Sri Lanka, 2013 - 2015 (Data source: Sri Lanka Police and Department of Census and Statistics, Sri Lanka)

Our analysis of the statistics from the Sri Lanka Police and the Department of Census and Statistics on accidents involving females in five provinces shown above (Table 1) indicate that the North Central Province reported the highest number of accidents during all three years with a peak in 2014. The Eastern Province indicates a steep increase during this period. A majority of these incidents are motor traffic trauma leading to morbidity and mortality (Annual Health Bulletin, 2017). Perera (2016) attributes this escalation in motor accidents to the increasing number of vehicles on the roads, poor maintenance and expansion of road networks, less scrutiny in issuing driving licences, the inefficiency of authorities in penalising drivers for road traffic offences and the ineffectual public transport system. Police observations (from interviews for the study) attributed the rise of road accidents in rural areas to the increase in inexperienced drivers, the greater profusion of vehicular traffic into these areas in recent times as well as high speed and drunken driving. However, it must be noted that gender and social practices may have also impacted on the swelling in the numbers of deaths of women and girls. Of particular note is the practice of cramming trishaws with passengers as well as the tradition of women pillion riders sitting sideways, especially in

rural areas. Moreover, the competitive inclination of men drivers, particularly private bus drivers, could also be instrumental in accidents. These gender-based observations need to be publicised in order to prevent some of these accidental deaths.

At the same time, it is possible that the extreme rural conditions in some areas (including that of isolation, irregular public and private transport, and extreme geographic features) could have precluded immediate and easy access to emergency services and hospitals during the period under consideration. However, a newly established islandwide emergency ambulance service (Suwaseriya) in recent times may have had a positive impact in ensuring that accident victims are provided emergency care and transported to hospitals without delays.

Etiology or Possible Reasons for Death

In our quantitative study, we analysed the medical causes of deaths based on death certificates, the reports of Judicial Medical Officers (JMO) and the case notes of Inquirers of Sudden Deaths (ISD).

Cause of Death	Number of Deaths	Percentage
Craniocerebral injury	95	40.6%
Burns	26	11.1%
Drowning	22	9.4%
Snakebite	15	6.4%
Poisoning	3	1.3%
Multiple injuries	43	18.4%
Other	30	12.8%
Total	234	100.0%

Table 2: Cause of death in accidents

The analysis of the medical causes of death revealed that the most common cause of death in accidents was from head injuries (40.6%) followed by multiple injuries (18.4%) and burns (11.1%) (Table 2). A possible explanation for the high prevalence of head injuries and multiple injuries (categorised as 67% blunt force trauma) could be due to a majority of the accidental deaths being due to road traffic trauma (Edirisinghe et al., 2018).

Age Distribution in Accidents

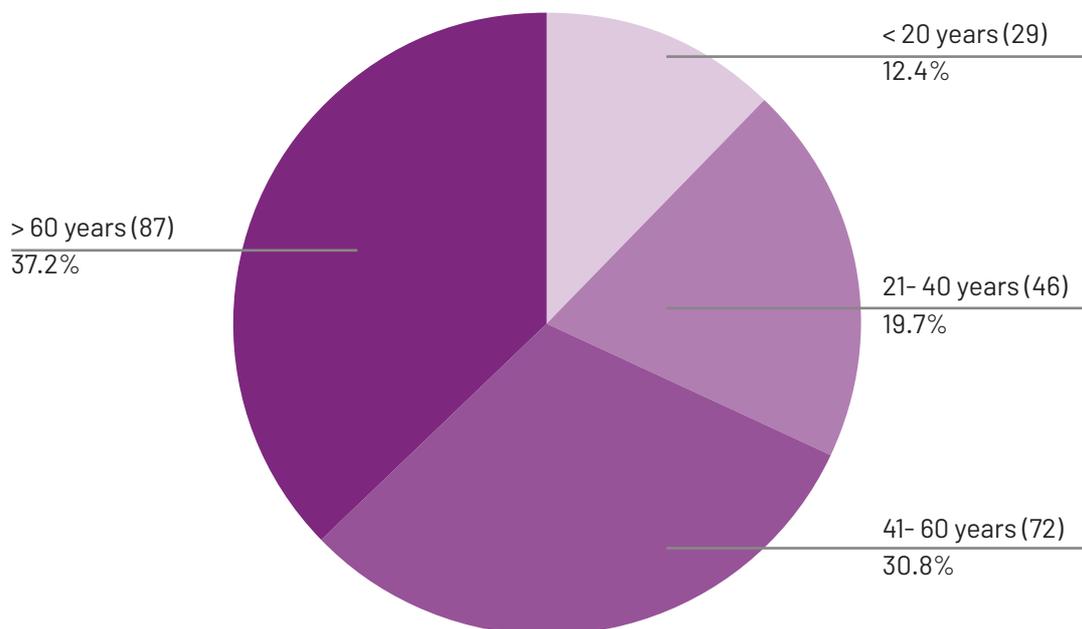


Figure 1: Age distribution in accidental deaths

Quantitative data relating to the deaths of 234 women from the five provinces convey that over a third (37%) of accidental deaths were of the elderly (> 60 years) age group (Figure 1), unlike the younger demographic seen in the homicidal and suicidal death categories. A possible reason for the high mortality of elderly women is their physical vulnerability due to age and associated diseases. In particular, elderly pedestrians are reported as more vulnerable to road traffic fatalities in medical literature (Edirisinghe et al., 2014; Bhalla et al., 2013).

When it comes to children, a study by Kitulwatte and Edirisinghe (2014), which focused on 48 unnatural deaths of children, found that the most frequent circumstance of death was accidental (81%) while the most frequent cause of death was drowning (33%). An earlier study (2011) by Kitulwatte et al. also found that the most common accidental cause of death to be drowning followed by blunt head injury. Accidental deaths in children over 1 year of age were mostly seen as having taken place at home, perhaps indicating a lack of adequate supervision (Kitulwatte et al. 2011).

Variable	< 60 years of age	> 60 years of age	Total
Road traffic and railway fatalities	74 (32%)	67 (28%)	141 (60%)
Fatalities due to other accidents	73 (30%)	20 (10%)	93 (40%)
p value = 0.000			

Table 3: Comparison of road traffic and railway fatalities between age groups

Similarly, Table 3 shows that the majority 60% (141 cases) of accidental deaths in our book was due to road traffic or railway fatalities and 28% of the women concerned were over 60 years of age. The contribution of road traffic and railway fatalities were statistically significant among the elderly (>60 years). One common characteristic observed in other studies on the deaths of vulnerable road users is the lack of a protective shield to absorb the force of collisions in the case of road traffic accidents (Edirisinghe et al., 2014, Bhalla et al., 2010). Our qualitative data provided evidence of an accident of a trishaw packed with three family members (excluding the driver). On impact, an adolescent (Anjali) was thrown out and killed. Trishaw accidents such as this also testify to the vulnerability of the overall trishaw design to absorb the energy of the collision (De Silva et al., 2001, Jayathilleke et al., 2015).

Negligence and Accountability

Our qualitative study explored the circumstances relating to nine accidental deaths and noted the factors that led to the fatalities. Negligence and the failure to take necessary precautions to prevent accidents appeared to play a primary role in the lead up to each death, indicating that these deaths could have been avoided. As surfaced in the book, other circumstances and factors such as the geographical location, poor infrastructure and transport facilities, the dearth of emergency medical assistance, the lack of psychological support and/ or scanty knowledge of first-aid on the part of bystanders may have also contributed to the fatality. The quantitative study revealed that the majority (67%) of accidental deaths have occurred during the daytime (between 6 a.m. and 6 p.m.) and 71% occurred at a public place in the presence of bystanders rather than in an isolated location.

In Sri Lanka, the Law of Delict relates to a wrongful, unlawful act affecting or injuring the life, body, health, property or other protected right of another person that results in a liability. Known more commonly as Tort Law in English law and elsewhere, the law of delict relates to a breach of a duty imposed by law, which will ground an action for damages by a person to whom this duty was owed and who has suffered harm due to the breach (McKerron, 2009). This offers several delictual liabilities, such as a wrongful act or omission; wrongful intention or negligence or a breach of duty of care/ strict duty; or damage caused to an individual due to such an act or omission (Peiris, 2019). Negligence would occur when an individual fails to exhibit a reasonable standard of care that a prudent person would display in a situation with the result of an injury, suffering and/or death - either through his or her action or inaction. On the other hand, irresponsibility can be defined as a breach in care by the individual responsible for such care whether through ignorance or recklessness or disregard to life.

Of the cases under study, negligence and irresponsibility appeared to be the primary cause of accidental deaths in three cases: two instances of drowning and one involving an aspiration.

The Accident of Ahinsa

The accident had occurred in a village in the Sabaragamuwa Province. Ahinsa, a 4-month-old infant and the middle child of triplets, died due to the aspiration of milk. On the day of the incident, around 4am, Ahinsa's mother had nursed her and put her to sleep. She had not been able to burp the infant as the other two infants needed to be fed. Exhausted, after taking care of the triplets and her two other children (both under 10 years), Ahinsa's mother had fallen asleep. She had then awakened at 6am to do the family chores. Between 8-9am, after her husband had left the house, Ahinsa's mother had noticed Ahinsa's immobility and alerted a neighbour. They had then taken the infant to the hospital where she was pronounced dead. The postmortem had confirmed that Ahinsa had died due to the aspiration of milk.

In the above case, the mother of the infant appears to have been somewhat overwhelmed by her domestic circumstances, which involved having to single-handedly care for triplets and two older children as well as a husband. In this case, the 4-month-old infant Ahinsa was nursed and put to sleep without being burped, which is believed to have resulted in her aspirating on the milk. It would seem that neither the child's mother nor her father had noticed the death of the baby for well over four hours. During that time, the mother had been caring for her other four children as well as her husband. Even though there may have been a possible case of negligence against the parents in this instance, a case had not been initiated possibly due to the lack of precedence relating to Tort cases and perhaps the pathos of the situation.

The multiple responsibilities and roles of the woman (mother, wife, earner, cook, cleaner, nurse, etc.), an apparent disinterest and neglect on the part of the father, and a lack of domestic help seem to have contributed towards the accidental death. It is only after the father of the child had left for work that the mother appears to have been free to attend to her infant. Thus, apart from the mother, the father had also been present in the house, but he does not seem to have participated in any parental responsibilities; nor noticed the death of his child. Such instances can be taken as an example of the various patriarchal and unequal gender norms and cultural expectations from men and women. According to these, men can often be exempted from familial and domestic labour, and responsibilities at the expense of the women in the family.

In another instance of accidental death, Anoma had been swept off an unprotected bridge when a dam burst resulting in her death as well the death of her two companions.

The Accident of Anoma

In December 2014, Anoma (49 years) had drowned after falling off an unprotected bridge while crossing a river with her husband and family, in a village in the Sabaragamuwa Province. Anoma and a few others, including her sister and niece, had been swept off the bridge when a nearby dam had burst due to heavy rains. Anoma, her sister and another person had all drowned. After Anoma's death, her husband had neglected caring for himself and says that he had stayed alive only because their son needed him. His current wife asserts that he had not taken over the responsibility of his son and had allowed himself to deteriorate when she first met him. She now takes care of them both. However, she says that her husband is still afraid of crossing the bridge alone even though the State had installed a protective railing on the bridge after Anoma's death. She says that if it is dark or raining, she and his son must still go to fetch him over the bridge.

Due to the community action of protesting these accidental deaths, the Pradeshiya Sabha had been compelled to build a protective railing along this bridge. Though unarticulated, the State seems to have accepted its liability for the fatality. This case is discussed further below.

In a much clearer case of negligence, Aruni, a teenage girl, was taken on a trip with several of her peers by a youth who was their tutor. The tutor had allowed the children to swim despite the fact that there had been no one in the party who could swim or who had life-saving skills.

The Accident of Aruni

Aruni, a 15-year-old girl had drowned while on a trip with her friends and tutor. She had attended a tuition class that had been conducted by a youth who had recently completed his A/L examination and was tutoring for a lower fee. On the day of the incident, he had taken 12 students from his class (with the mother of one student) on a trip to the Batticaloa lighthouse at the request of his students. One of the students had got into the water and had been in difficulty when Aruni had jumped in to save him. As the teacher could not swim, he had not attempted to rescue them. Later in the day, when Aruni's mother had got a call asking her to come to the Batticaloa hospital as the girl had drowned, she had collapsed. Aruni's brothers had got into arguments with the teacher but the latter had told them that since her parents had given her permission to go on the trip, he cannot be held responsible. Aruni's family believes that the teacher is supported by the police due to him having high socio-political connections and claims that the police no longer responds to their inquiries. The parents of the other student who had drowned also blame the teacher. Aruni had been the youngest in the family and had been living at home, caring for her parents after their other seven children had married and moved out. After the accident, her father had been thinking of her a lot and had later died of a heart attack. Her mother has lost all hope of living but says she lives only because of her disabled son's needs.

This case too demonstrates a lack of foresight as well as a failure to take reasonable care on the part of the tutor – given that he had undertaken the responsibility for the trip. It seems highly unlikely that a youth of his age and inexperience would have known of the guidelines promoted by the WHO, for instance, to prevent drownings based on the fact that survival depends on how quickly the person is removed from the water and resuscitation performed (WHO 2014a).

Thus, Aruni's parents contend the tutor did not possess swimming or life-saving skills, nor did he include a responsible adult (who had such skills) in the group who could have saved the children. More seriously, he had allowed the children to swim given these circumstances. Given the acts of omission and commission in this instance, there was an investigation by the police for a cause of death. However, Aruni's parents felt that the police had not proceeded to file a case despite a possible case of negligence and irresponsibility on the part of the tutor.

During the magisterial inquiry into Aruni's death, the tutor's family claimed that her parents were to blame as they had given her permission to go on the trip. There seems to be an element of absurdity in this assertion, which may indicate an attempt to evade responsibility and to blame a third party. This is a characteristic that emerges in four other cases of accidental deaths – especially after legal action has been initiated in court. For instance, Anjali was killed in an accident involving two three-wheelers (See Chapter Four). Her parents claim that the police had not conducted the investigation impartially. While the girl's father had been arrested for driving without a license, the other driver was released from custody within 24 hours.

This can be contrasted with the motor accident that resulted in Annalakshmi's death when a 17-year-old youth riding a motorbike without a license collided with the bike on which the victim had been travelling with her husband.

The Accident of Annalakshmi

Annalakshmi died in a road accident in the Eastern Province. She had been the pillion rider on a bicycle ridden by her husband when a 17-year-old youth on a motorbike had crashed into their bicycle. The youth had seen a police officer on the road and panicked (as he did not have a licence) and lost control of his motorbike. Annalakshmi's husband says that the youth had been speeding. As his wife had been unconscious and bleeding at the scene, the traffic police had helped to take her to the Valaichchenai hospital. She had been immediately transferred to the Batticaloa hospital and treated there but around midnight, doctors had told her husband that there was no hope. The next morning, while he was at the police station, the hospital had informed him that Annalakshmi had died. The youth had been arrested on the spot at the time of the accident. Subsequently, while the court case was ongoing, the youth's mother had visited Annalakshmi's husband and made an offer of compensation to settle the case. When he refused, she had intimidated him saying that she would fight him in court. His lawyer had told him to accept the compensation of one lakh that had been offered as he felt that it was doubtful that the courts would give him a larger settlement. Annalakshmi's husband says he had initially refused to take the compensation as it could not replace his wife. He says his wife did everything for him and he felt alone after her death as he had been "able to ask her for anything at any time". He states further that he was unable to impose on his children since they were all busy with their own families. He claims that while she was alive, Annalakshmi had resolved any problems he caused when drunk. And so, after her death, he has stopped consuming alcohol. He now lives with his 8 children, on a rotational basis.

Despite having accepted the compensation offered, Annalakshmi's husband believes that his grief and pain of mind had not been acknowledged. Here, too, there is no indication of a case being filed against the youth despite driving without a license, being underage and speeding on the oncoming lane. Therefore, the police seem to have resolved the case as an accidental death (despite possible evidence for culpable homicide not amounting to murder). Anecdotal evidence seems to reflect a 'sympathetic practice' or leniency on the part of the police and judicial authorities when it comes to youthful offenders.

In a case of another accidental death that may have been caused by the combination of a motor accident and drowning, Ajanthi had fallen off her motorbike into a canal a few kilometres from her home.

The Accident of Ajanthi

Ajanthi (41 years) had been a field officer at a state river-valley development project in the Southern Province while her husband had run a grocery store. On a rainy day, while travelling to work around 9.45am on her motorbike, Ajanthi had fallen into a canal nearby. The cause for the fall is unknown as there were no eyewitnesses. Although there had been another motorbike rider in the vicinity around the same time, the rider had told Ajanthi's husband that he had not seen anything. Later in his statement he had said that he stopped after seeing a helmet in the water but did not dare to rescue the victim as he could not swim. Ajanthi's husband says that this person had said different

things at different times. However, he believes that there was no point suspecting the man because even if he had caused some kind of accident (resulting in Ajanthi falling into the canal), it would not have been a deliberate act. Following Ajanthi's death, her husband lives alone and is given meals by his friends. Their two children, who had been primarily looked after by his wife, had been 'taken' by his mother and sister into two different households. While Ajanthi's son talks of her often, her daughter prefers to avoid talking about her. Ajanthi's husband says he has not received any compensation from the state. Their grocery store had been mortgaged (before her death) and paid off by Ajanthi's salary. However, since her death he had accumulated gambling debts and despite settling them with moneys collected from pawning Ajanthi's jewellery (Rs. 400,000) and selling off her motorcycle, he had finally lost the grocery store.

While the investigation into the motor accident appears to have been inconclusive, Ajanthi's husband claims that the person who had informed the police of the accident has changed his 'story' related to the drowning several times. It is unclear whether this person had indeed been responsible for the accident (as her husband suggests) and evaded the law.

The WHO cites several risk factors when it comes to drowning including a lack of physical barriers between people and water bodies, uncovered/unprotected water bodies/crossings, lack or inadequate supervision of young children and ignorance of water safety such as swimming alone (WHO, 2014a). The report also demonstrates that there are several socio-economic underpinnings that could be associated with these risks such as rurality, inadequate infrastructure and timely disaster management.

The above case studies indicate an evasion of responsibility and a lack of social accountability as individuals by those who may have contributed to the accident. Conversely, there are examples of victim blaming found in media reportage of accidents (Chapter Five) as well as femicides (Chapter Three). For example, victim blaming can be innocuous and located within the wider cosmic context of 'destiny'. Accordingly, an accident, suicide or femicide may be considered the end-result of the destiny of the victim. For example, in the case of Achala, a victim of snakebite from the North Central Province (discussed in the next section), her daughter says that her mother's horoscope had predicted an early death; Achala's husband expands further by saying that "Achala had used up all the avisa she brought with her and that's why she couldn't survive - if you're to be bitten by a cobra, you will be bitten by a cobra". This seems to allow for the victim's 'fate' or a broader sense of destiny to account for his wife's accidental death by a snake bite.

Rurality

While an accident may have been the primary cause of death in Annalakshmi's case, a contributory factor seems to have been the lack of immediate medical care for the victim. For instance, although Annalakshmi had been admitted bleeding and unconscious to the nearest hospital (Valaichchenai Hospital), she had subsequently been transferred to a hospital 32 kilometres away (Batticaloa Hospital). While the reason for this is unclear, it could well be due to the lack of medical resources/ services/ personnel to treat the victim.

Our quantitative study indicates that the majority (83%) of the deceased women in all categories were from rural and semi-rural areas. Thus, the geographical location in which the accident takes place seems to play an important role in these deaths. Our book argues for a concept of 'rurality' that can be seen to determine

the outcome of mortality in these cases. Rurality can be defined as spanning both the environment and characteristics of rural areas, and a critical factor that influences the survival of victims with life-threatening injuries. Features of rurality include isolated households in geographically inaccessible areas, prolonged travel times to government services, a lack of transport, human encroachments into wildlife areas and first-response ignorance of communities.

Areas of Residence of Victims of Accidental Deaths

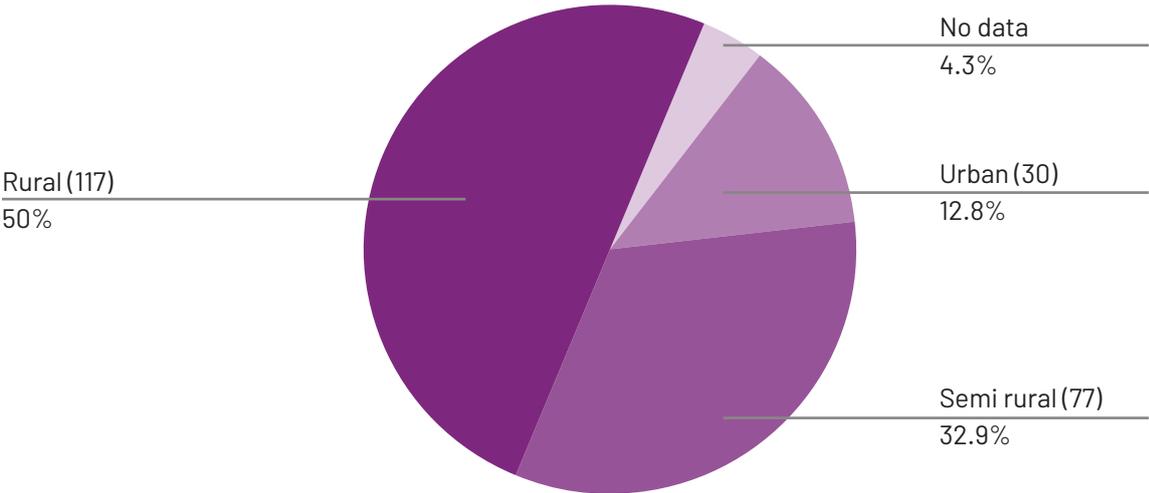


Figure 2: Geographic location of victims

The analysis of our quantitative data indicates that 117 (50%) of accidents studied were from rural areas while another 77 (33%) were from semi-rural areas. Semi-rural areas can be defined as border areas surrounding rural towns where access to facilities and services are relatively better and households are situated in closer proximity than in rurality.

In our qualitative study, rurality appears to have contributed to accidental deaths in four of the nine cases under study. Amali’s death was caused by injuries sustained from an insect attack when a beehive collapsed on her.

The Accident of Amali

Amali, a girl of 16 years, died following a bee attack in the North Central Province. Her father is a farmer while her mother works in an apparel factory. Amali had been preparing for her A/L examination and had travelled to school on her cycle. On the day of the accident, her mother had been getting ready for work when she and Amali’s father had got the message of their daughter being taken to hospital after a bee attack. Two Ehetu trees situated close to each other had created an arbour within which there had been a beehive. Although there had already been another hive there some years ago, the villagers had no knowledge of this hive. On the day of the accident, when Amali

had passed under the trees, the beehive had fallen on her. Some believe that it may have been due to an animal attack on the nest or due to an eagle attacking it. As the bees attacked her, Amali had run to a house nearby but the inhabitants had shut their doors in order to protect their own children. Those in the house next door had heard Amali's shouts and approached her to help but by then her dress had been covered by bees. However, an older woman there had used a smoking torch made of dried coconut leaves to drive away the insects. A person who had passed by in a vehicle says that he would have taken the girl by vehicle if he had realised that she was being attacked. The attack had lasted about 10-15 minutes and within 30 minutes of it ending, the villagers had taken Amali to the Maradankadawala Hospital. There, she had been treated with injections and oxygen before being transferred to the Anuradhapura Hospital. Amali had been unconscious when her parents reached the hospital and they had not been permitted to see her until 5pm. When they finally saw her, she had been unconscious and on the ventilator. The next day at noon, the hospital had informed her parents that she had died around 6.45am that day. The doctors had told her parents that her lungs had filled with liquid due to the toxicity from the bees as she would have been attacked by about a thousand bees.

As they did not possess a proper house, the funeral had been held at Amali's grandmother's house. Her father had then taken a loan to build a house to have the three-month almsgiving for her. The instalment for the loan is Rs. 16,000 a month, which is his wife's entire salary. He says during paddy harvesting, he felt like he had lost his two hands and that she had "been like a son" to him. He also says that of his three daughters, the eldest (23 years) was married and lives separately while the youngest (7 years) was still in school. Amali had done all the household chores while her parents were at work. He had been doing paddy cultivation but had not been able to do anything in the last two years because he now looks after their youngest as well as doing domestic work as his wife returns home after 6 or 7pm. He says his wife now goes to work and returns home tired, and goes to bed directly after dinner, but that they need her salary to pay the loan. He explains that their neighbours and the villagers have helped them financially with the almsgiving costs. Amali's father weeps during the interview and speaks of his grief and loneliness without his daughter. He says he is in tears most of the time but that his family does not know that he cries outside the house at night. He admits that he used to drink infrequently but that he had decreased his intake after Amali's death. After the incident, villagers have got rid of the bees and the nest. Two days after this accident, another attack had been reported in a neighbouring village. He points out that there are no hospitals nearby and no transport except for a couple of trishaws.

Amali's father acknowledges that those who had been nearby during/ in the aftermath of the attack had not possessed the first aid skills or knowledge of emergency assistance to treat the girl. Moreover, her parents explained that even when the villagers had managed to admit the girl to the Maradankadawala hospital within 30 minutes of the attack, she had then been transferred to the Anuradhapura hospital (34 kilometres away) during which she had gone into cardiac arrest three times. The Maradankadawala hospital had given her oxygen, but it is possible that the hospital did not possess adequate expertise/ services to provide full emergency care. The lack of a fully equipped hospital nearby and transport facilities (other than for two trishaws of villagers) in the village may have contributed to Amali's death as well.

The case of toddler Apsara who was bitten by a cobra in a paddy field was similar, signifying a fatal gap in first responses and emergency services between the accident and hospitalisation.

The Accident of Apsara

Apsara (a girl of two years and six months) died due to a snake bite in a village in the Sabaragamuwa Province. On the day of the accident, Apsara's parents had been in their kurakkan (maize) field, but they had left the toddler with her grandmother at home as a snake had been spotted in the field that morning. However, since Apsara had cried wanting to go to her parents, the grandmother had finally led her to the field on foot. On the way, the toddler had suddenly screamed. As her foot had been bleeding, she had been rushed to the Sevanagala Hospital. The incident occurred near a mound of paddy and therefore, the grandmother had not been able to identify the snake. At the hospital, the child had been conscious, and a blood test had confirmed that she had been bitten by a snake. Apsara had then been immediately transferred to the Embilipitiya Hospital. She had lost consciousness on the way and vomited on arrival at the second hospital. There, she had died within 20 minutes of being admitted. The doctors had first said it was a viper but later confirmed it was a cobra. The interviewees, Apsara's parents and grandmother, were still affected by the loss and wept continuously while relating the incident.

Like with Amali, Apsara had also been taken immediately to the nearest hospital (Sevanagala Hospital) but thereafter she had been transferred to a base hospital further away (the Embilipitiya Hospital, which was 11 kilometres away). She had lost consciousness during the transfer. Once again, this indicates the probable incapacity of the first-receiving hospital to provide full emergency care.

In contrast, when Achala (discussed below) was bitten by a snake, she admitted herself to the hospital. Achala's husband says his wife had been educated to recognise different types of snakes; so much so that villagers in the community had also relied on Achala to identify various species of reptiles.

The Accident of Achala

Achala (39 years) had been bitten by a snake while she was preparing for her father's third-month almsgiving at her parents' house in a village in the North Central Province. She had admitted herself to the ETU and been given intravenous medication but had nevertheless gone into a coma. The doctors have said that they had unfortunately not been in a position to administer the relevant anti-venom as her blood pressure had been continuously low. She died after eight days in the ICU. Her husband says that while there is a lot of help from their immediate family members, he finds it difficult to travel too far for work as their two daughters (21 years and 16 years) and son (19 years) cannot be left unattended. He has also reduced socialising to take care of the household. While he says his children have become independent after their mother's death, he believes that his daughters especially need their mother because they are not close to him. The family appears to have accepted the death as Achala's husband believes that she died because she had 'used up' all the time she had brought to live (believing "that's why she couldn't survive the attack") and that if one is supposed to be bitten by a snake, it will somehow happen, and it cannot be prevented. Moreover, Achala's younger daughter says that her sister had told her that Achala's horoscope had indicated that she would die young. She also observes that her father's drinking habits had worsened immediately after her mother's death but had now reduced.

Achala's husband firmly believes that since she had initially been isolated in the ICU, she may have gone into a coma causing her blood pressure to drop. As a result, the anti-venom serum could not be administered. It is unclear to her husband whether her death resulted from toxicity from the snake bite or due to a medical issue (as he claims).

In both cases of snakebites and in the case of the bee attack discussed above, the victims' family members appear to have accepted the risks of living in an environment inhabited by snakes, insects and other wild animals. As noted earlier, Achala's family indicates a fatalistic attitude towards the incident, rationalising it with reference to horoscopes, karma and destiny. This attitude may be emanating from the fact that lethal snakebites are a fact of life in rural communities.

The Common Krait (*Bungarus caeruleus*), Ceylon Krait (*Bungarus ceylonicus*), Cobra (*Naja naja*), Russell's Viper (*Daboia russelii*), Saw-scaled Viper (*Echis carinatus*) and Hump-nosed Pit Viper (*Hypnale hypnale*) have been identified as the six most venomous species of land snakes in Sri Lanka. Research on snakebites in children presented to a paediatric ward in the North Central Province show that the highest number of bites (48%) were in victims in the age range of 6-12 years while a majority of bites occurred between 6pm and 6am (49%) (Karunanayake et al., 2014). Moreover, the foot was the most common bitten site (80%) (Karunanayake et al., 2014). Ediriweera et al., (2017) in an islandwide community-based survey on health seeking behaviour following snakebites in Sri Lanka, states that 98% of people access healthcare (traditional or western/allopathic) after being bitten (envenomated). In the event of uncertainty with regard to the snakebite, victims tend to treat themselves with home remedies or traditional medication. The decision to seek allopathic treatment is based on the severity of envenomation. Moreover, research on deaths caused by snakebites carried out in a tertiary care hospital setting conveys that 54% victims (549) had been able to observe the offending snakes while 46% (255) had presented specimens of dead snakes to doctors (Abeyasinghe et al., 2014). Medical opinion points to the critical significance of identifying the type of snake for purposes of anti-venom treatment in cases of snakebites.

In the cases of accidental death included in the book, the following aspects of rurality were of crucial significance to the demise of the individual: an absence of emergency services and timely medical attention and expertise; a dearth in infrastructure and transport facilities; the presence of wildlife in the environment; a paucity of awareness and protective measures to neutralise such threats; and ignorance of first aid and vulnerabilities of communities due to underdevelopment.

'Assumed Helplessness' in Men

This section highlights the phenomenon of helplessness assumed by the spouses of the dead women in relation to the women's accidental deaths. Such characteristics of helplessness was in evidence in cases of femicide and suicide as well. Qualitative data indicated that in almost all the cases that involved the death of an adult woman (whether due to an accident, suicide or homicide), their spouses were found to have been unable or unwilling to take on any familial or domestic responsibilities.

For most Sri Lankan women, marriage involves a gamut of social and family expectations and obligations, if not hard labour, arising from the multiple roles and responsibilities that need to be fulfilled in the domestic sphere. Hence, apart from married women's roles as breadwinners or supplementary workers (productive roles) and maintaining community networks (community roles), they are also expected to take on the full responsibility as cooks, cleaners, domestic workers, nurses, wives, mothers, etc. as well as the overall caretaking and managing of the family (reproductive roles). Apart from the above Harvard framework of

gender roles, there are numerous theories in relation to gender roles and responsibilities which include sex roles theory, the gender roles framework and gender role ideology. While the diverse household demands had been fulfilled by the women in our sample during the course of their marriages, the surviving husbands seem unable/ unwilling to undertake these challenges. Thus, the norms of gender are seen to attribute unequal roles and responsibilities to men and women which leave men in families not only under-oriented and under-skilled towards domestic work, but seemingly dependent and incapable of caring for and managing themselves, their families and their households.

In some of our cases it was unclear whether the assumed helplessness stemmed from a mental illness such as Post-Traumatic Stress Disorder (PTSD) or depression, or due to the trauma of losing one's partner. Often, the emotional statuses of the men are unidentified and undiagnosed due to general ignorance with regard to mental health issues, the absence of sufficient mental health services in these areas and the gendered expectation from men to be both physically and emotionally 'strong'.

On the other hand, the extended family was immediately at hand to take care of material needs. There was a tendency in family members and the community to promptly assume that these men were needy and helpless. Family, friends and community members often supplied basic needs such as meals and childcare since the husbands were unable/unwilling to care for themselves. In Anoma's husband's case (discussed at the beginning of this chapter) there was a willing individual to marry the surviving spouse and rehabilitate him and his son. The sense of 'assumed helplessness' in men can be analysed as (a) the surviving men having assumed a sense of helplessness due to gendered conditioning and norms, (b) the men collapsing into helplessness due to shock, grief and depression and (c) family and society assuming that the men are helpless due to predominant gender stereotypes and norms.

The concept of 'assumed helplessness' can be associated with the notion of 'learned helplessness' originally utilised in relation to cases of those conditioned to continuously suffer severe physical pain and discomfort. After experimenting on animals and humans, Seligman (1972) theorised that such animals and individuals will thereafter not try to avoid or escape from these situations of suffering even if the opportunity were to present itself. Walker (1984) found that "the same patterns of behaviours can be found among severely abused women, whose perceived lack of control over the abusive situation diminishes their motivation to respond effectively or flee" (Walker in Wilson et al., 1993, 54).

While 'learned helplessness' refers to a psychological state, the 'assumed helplessness' of the surviving spouses in our book can be associated with multiple states of the sociological, psychological and material. A majority of the men under study seem to have had the full benefit of being under the complete care of their spouses during their marriages. As noted earlier, their 'assumed helplessness' was thus one founded on personal, marital and social loss.

For instance, Annalakshmi's husband says "My wife did everything for me and I feel extremely lonely after her death.... I was able to ask (my wife) for anything at any time. I stopped consuming alcohol after her death because she was able to manage my drunken behaviour and the problems I caused when drunk...". In this instance, Annalakshmi's husband seems to assume a lack of volition attributed to people under the influence of alcohol and seems to have relied on his wife to resolve his drunken conflicts. Ironically, he seems to have given up drinking because his wife is no longer there to manage his inebriated behaviour. This seems to signify the extent to which some husbands can assume helplessness.

This assumption of helplessness within the household (in terms of coping with day-to-day chores and caring for themselves and children) was evidenced in virtually all surviving partners. It is unclear whether this assumed helplessness is due to a genuine inability/incapacity to fend for oneself and others; or whether it

was due to the social and cultural assumptions of extended family members (such as mothers and sisters) who have designated these men as incapable; or whether their grief at the bereavements rendered them incapable or all of the above. Whatever the reason, this has meant that very often the care of children is transferred to an extended family member following the death of the wife/mother. In instances where there is more than one child, the children were often divided between several members of the extended family (who may sometimes live in different geographical locations). Thus, one disturbing consequence of the partner/husband who is helpless or deemed helpless at the death of the spouse is the disintegration of the nuclear and extended family. These ruptures in family can result in further trauma for the children in addition to the loss of the mother.

This phenomenon of child relocation was seen in all three types of fatalities. The separations in the cases of accidental and suicidal deaths were due to the assumed helplessness of the surviving male members. On the other hand, the separation of families in femicides was often due to the husband being the perpetrator and therefore, due to his subsequent imprisonment or suicide following the homicide.

Similarly, in the case of Ajanthi discussed previously, her husband has assumed a sense of incapacity. He claims that he had to give up the grocery shop he ran because he couldn't manage it on his own. Moreover, he had acquired debts from gambling/playing cards. When asked whether he was able to care for his children, he claims that his mother and sister had taken the two children after his wife's death and now care for them in two separate households. He appears to have accepted this status quo, claiming that "(his wife) did everything for the children. After she died everything stopped. I also ran the store and small, small businesses, and had some debts too... I sent the children away because there is no one here to care for them. I can't care for them here, and my mother offered to take them with her." Moreover, he appears unable to care for himself and explains: "...I can't do anything... I even get my meals from a friend's house."

In Anoma's case referred to earlier, her husband was unable to look after himself and their son. He says he had stayed alive after her death only because of his son and says "I had to look after my child. Actually, I lived because of that. Otherwise I was fed up with life. This child had no one. That is why I married her (his second wife). Both of us got our lives back only after she came." Yet, his second wife expands on this saying that both her husband and stepson had been in a bad state when she had first met them: "At the time I came, (her husband) used to faint and did not eat or drink. He was very pitiful. His son was also like that... We never thought the son will be able to do a job even. We thought he would become a sickly person. Now he is okay. This one (husband) also was spending an unusual life with long hair. Afterwards, the three of us together gradually came to this level." Therefore, while Anoma's husband maintains that he stayed alive to care for his child, he appears to have been unable to care for himself or his son and needed to be 'rescued' by another wife and marriage.

In contrast, we observed one case in which the husband took on the full responsibility for the household after his wife's death. Achala died following a snake bite and her husband says that while his extended family has been very helpful, he had to change his lifestyle and social habits, as well as work commitments, to ensure that his children were looked after. In this instance, the surviving spouse rises to the challenge of assuming full responsibility for his daughters and son. He states that the only gap that he is unable to fulfil is that of the gendered relationship between a mother and her daughters: "They don't tell me much about their feelings like they did to their mother. That's the other loss."

TAKE AWAY POINTS

A majority of the accidental deaths of women and girls in the island was due to motor traffic accidents with the most common cause of death being from head injuries (40.6%). Over 37% of these fatalities were motor traffic accidents of elderly women who were more likely to die from accidents due to their physical vulnerability arising from age and associated diseases.

Negligence and the inability to take responsibility appeared to play a primary role in the lead up to each death, indicating that these deaths could have been avoided had adequate care been taken by the parties involved.

There seems to be a lack of personal and social accountability and legal liability when it comes to the accidental deaths studied here. This was partly due to a lack of awareness pertaining to liability and compensation relating to accidents (especially motor traffic accidents) on the part of family members. Accidents were sometimes accepted as the fate of the dead individual.

Rurality, both as a geographic location and as characteristics of rural areas, can be seen as a critical factor that determines the survival of victims who have life-threatening injuries/conditions. Some aspects of rurality include isolated geographical locations, poor infrastructure and transport facilities, the dearth of emergency medical assistance, the lack of psychological support and/ or scanty knowledge of first-aid on the part of bystanders, which may have also contributed to the circumstances of the fatality.

'Assumed helplessness' on the part of men in general and the presumption of helplessness in husbands and male partners (either actual or attributed) by society after the demise of their wives can often lead to the disintegration of the nuclear family and additional trauma for children.

CHAPTER TWO SUICIDES

Suicides constitute the highest in the category of unnatural deaths of women in Sri Lanka. This chapter will discuss the suicidal deaths of women and girls in the five provinces during the study period of 2013 – 2015, focusing in particular on the underlying reasons and circumstances leading to the fatal acts of deliberate self-harm. In contrast to accidents, suicides are founded entirely on an individual's desire or volition to terminate their existence.

Suicidal ideation has been shown to lead to suicide attempts and suicide. While Sri Lanka had one of the highest rates of suicide in the world during the 1980s, there have not been many studies that have examined the prevalence of suicidal ideation in the general population of the country. Samaraweera et al. (2010) sought to determine the prevalence of suicidal ideation by randomly selecting six Divisional Secretariats out of 17 in one district, which had higher than national average rates of suicide. By using the Beck's Scale for Suicidal Ideation to interview 808 participants (consisting of 387 (48%) men and 421 (52%) women), the study found that 29 individuals (4%) had active suicidal ideation (planning the method of suicide) and 23 (3%) had passive suicidal ideation (wishing to die but not having planned the method of suicide). The active suicidal ideators were young, physically ill and had higher levels of helplessness and hopelessness. It was found that the prevalence of suicidal ideation in Sri Lanka was lower than reported from the West although suicide rates were higher.

A recent study by Knipe et al. (2019) that involved a cohort of more than 168,000 men and women in Sri Lanka confirmed that there was an association between a high risk of suicide and poor asset ownership as well as low levels of education. Further, the linkage between educational level and the risk of attempted suicide was different for men and women with the risk being about three times higher for males than females. Even though a higher level of education is generally considered to be a protective factor in suicide, data from the Sri Lanka Police indicate that over 65% of those who committed suicide had either passed Grade 8 or the Ordinary Level Examination (Grade 11).

Province	Incidence rate for million population		
	2013	2014	2015
Western	42.3	41.7	31.3
North Central	73.3	63.4	75.3
Southern	64.7	47.3	48.4
Eastern	103.3	83.9	88.8
Sabaragamuwa	65.8	48.4	50.9

Table 4: Incidence rate per million population for female suicides in five provinces of Sri Lanka, 2013 – 2015 (Data sources: Sri Lanka Police and Department of Census and Statistics, Sri Lanka)

Police statistics on women from five provinces in Sri Lanka reveal that the Eastern Province recorded the highest suicide rates for all three years with a suicidal incidence rate of 103 per 1 million female population per year in 2013 (Table 4). The North Central Province reveals the second highest while the Southern and Sabaragamuwa Provinces indicate similar incidence rates. The lowest suicidal rate in all three years was recorded in the Western Province (31 per 1 million female population) in the year 2015.

This resonates with the research of Knipe et al. (2017c) who also found the Western Province to have the lowest suicide rate while the Northern and Central areas of the island exhibit the highest suicide rates from 1955 to 2011. According to their analysis, the differences in suicidal rates between the Western Province and other provinces were strongly associated with pesticide poisoning related to agriculture and rurality as opposed to other possible contributory factors (such as mental illnesses, unemployment, migration or the civil conflict that existed in the country for more than two decades). Although suicide rates in the agriculture and agro-business centred North Central Province have been higher than that of the Eastern Province in the past, the recent downward trend could be due to public health initiatives aimed at the prevention of pesticide-related suicides. The Eastern Province was directly affected by terrorism and the ethnic conflict in the 1980s and 1990s. One possibility for the higher suicide incident rate in the Eastern Province than in the other provinces could well be the lingering effects of the ethnic conflict on the collective psyche of the population as well as poor socio-economic and health systems. However, Somasundaram & Rajadurai (1995) and Rodrigo et al. (2013) assert that the effects of the civil war on the national and provincial suicide rate are inconclusive.

In general, the South Asian region offers growing evidence of a higher rate of suicide in women. When compared with Western countries, Asian countries continue to demonstrate a greater average suicide rate and a lower male-to-female suicide gender ratio (Chen et al 2012; Ahmed et al. 2017). Moreover, Chen et al. (2012) reveal that family disputes are a crucial precipitating factor for suicide among women in many Asian countries. On the other hand, Vijayakumar (2015) argues that suicide in women in Asia is due to the greater vulnerability of women to suicidal behaviour arising from gender-related vulnerabilities to psychopathology and psychosocial stressors. Moreover, it has been suggested that the low social status of women may have a potential link to the high suicide rates of Asian women who are trapped in abusive family relationships.

Province	<20 years		21-40 years		41-60 years		>60 years		Total	
	N	%	N	%	N	%	N	%	N	%
Western	61		139		76		75		351	
North Central	40		48		30		22		140	
Southern	45		87		47		31		210	
Sabaragamuwa	37		64		33		35		169	
Eastern	36		80		28		9		153	
Total	219	21	418	41	214	21	172	17	1023	100

Table 5: Age distribution of suicides in the five provinces
(Data source: Sri Lanka Police)

Police data convey that, in general, the male to female suicide ratio is 3:1 in Sri Lanka. However, in the age group of 10-19 years (adolescent), the male to female ratio is 1:1.5 (Rajapakse and Tennakoon 2016; Abeyasinghe and Gunnell 2008). Data from the five provinces indicate that in almost half the cases (41%), the victims of suicide were between 21 and 40 years of age (Table 5). This is in line with our quantitative data which indicated that almost half (46%) of victims were in the above age group.

Married Women and Suicide

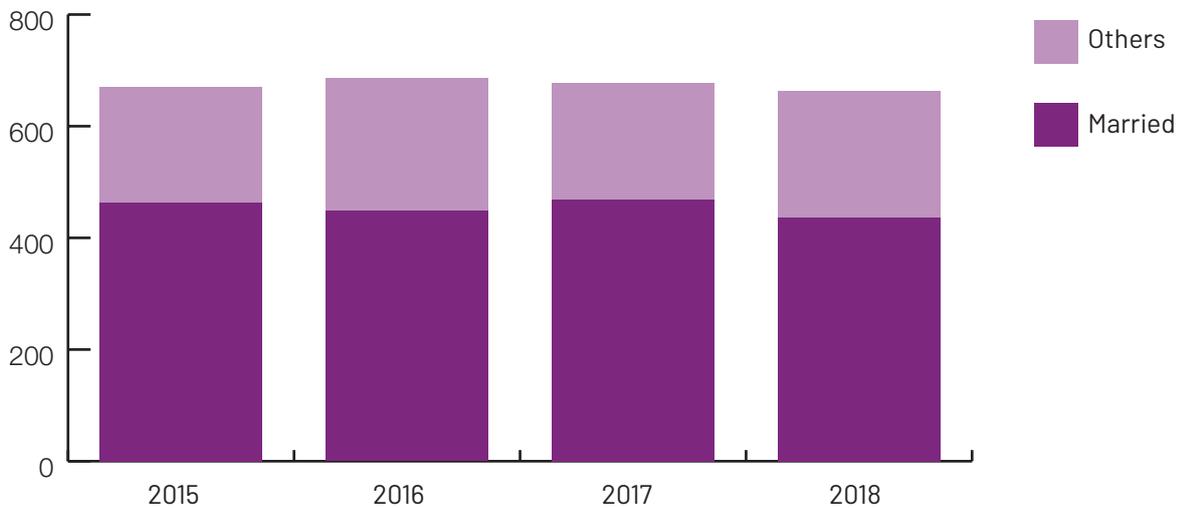


Figure 3: Suicides among women from 2015 to 2018
(Data source: Sri Lanka Police)

The highest number of suicides recorded in islandwide national statistics from the Sri Lanka Police were by women who were married (Figure 3). They account for well over 60% of suicides in the period 2015-2018. As noted in the previous chapter, marriage for women in the rural sector of Sri Lanka implies not only entering into a marital partnership but also the compulsion to take on multiple roles and responsibilities in the domestic sphere and sometimes even in the extended family. Given that these roles may involve that of breadwinner, wife, mother, nurse, domestic worker and overall caretaker/manager of the family, there are complex forces and pressures on married women to fulfil family and social expectations and gender norms. Our qualitative study illustrates how Saara who had been embroiled in a conflict with her husband (due to the husband's extramarital affair) had requested her mother (as opposed to her husband) to look after the children in case something were to happen to her. This highlights the relentless gender expectations from women and the resultant phenomenon of 'men's assumed helplessness' discussed in the earlier chapter.

The Suicide of Saara

Saara committed suicide following a fight with her husband. Her mother (interviewee) says that her daughter had taken her 21-day old baby and gone out after a fight with her husband. Saara had then returned an hour later and told her mother that her husband was to marry someone else. Her mother had convinced her that this could not be true and had sent her back to her husband. She had later seen the couple arguing and her husband trying to assault her. Her mother says that he had beaten her before, but that Saara had not revealed it to anyone. Later that day, her 8-year-old grandchild had come to her house and handed over her infant sibling to the grandmother. When the latter had asked her about her mother, the child had said her mother had gone into her room after a fight with her father and not come out. She had also said that her father wants the grandmother to come and check. When Saara's mother had arrived at the house, she had found her son-in-law sitting outside their bedroom door which had been locked. After knocking and shouting, Saara's husband had broken down the door to find her hanging by a saree from the ceiling. The interviewee says her daughter's marriage had been a love marriage and they had been married for nine years.

She says the couple had not had any conflicts before but had been fighting almost daily in the lead up to the suicide. She further explains that as they had been struggling financially, he had gone abroad to work. Saara had delivered their second child while he was abroad and when he returned, the relationship had become troubled. Saara had told her mother that he was having an affair (discovered by her from his phone) and had asked her if she would look after her children if “anything happened” to her.

Saara had, in an earlier instance, stated that she sees no point to her life even though she had just delivered the second baby. Saara’s sister says that Saara’s husband had been suspicious about the second baby not being his although she had conceived before he went abroad. He had not had an issue initially, but her mother-in-law had spread rumours saying that this wasn’t his child. The couple had fought over it and he had refused to register the child’s birth. Within six months of Saara’s death, her husband had remarried. Saara’s mother now looks after both children and asserts that he does not care for the children and only visits them about once a month. She says that even though they don’t think Saara’s elder child will face any problems in the community as she is a legitimate child, they fear what will happen when the second (allegedly illegitimate) child begins school.

A similar line of thinking offered by Chapman et al. (2005) for female suicide attempts is the lack of coping mechanisms to deal with life’s challenges. As noted earlier, women are not always economically empowered though they are burdened with multiple responsibilities within the domestic sphere. Therefore, it is possible that for women, irrespective of the economic status of the family, any intimation of abandonment by the husband could lead to an augmentation of the already existing roles and responsibilities of mother/wife. Perhaps one reason for Saara’s decision to commit suicide was to pre-empt being deserted by her husband for another woman. Such an event would have resulted in Saara having to become the breadwinner of the family in addition to her other responsibilities. After her death, her husband had remarried within six months and his mother-in-law now has the added weight of looking after his children.

Mode/Method of Suicide

The mode or method that a person chooses to commit suicide can vary based on factors such as availability, access, acceptability, ease of use, lethality and the ability to abort (Botham, 2019). Availability, acceptability and lethality are significant when considering the methods of suicides, and thus imperative when formulating comprehensive strategies for suicide prevention (Wu et al., 2012).

Global studies reveal different patterns and different methods of suicide among men and women. For instance, Ajdacic-Gross et al. (2008) states that a high percentage of suicides using a firearm is seen in the US and hanging is the preferred method of suicide in Eastern Europe while suicide by consuming pesticide is high in Asia and Latin America. According to the WHO’s Preventing Suicide - A Global Imperative (2014c), the most common method of suicide globally is firstly by ingesting pesticide, followed by hanging and thereafter by the use of a firearm. In Sri Lanka, the annual statistics of suicides compiled by the Sri Lanka Police reveal that suicide amongst women range from hanging, consuming pesticides/ insecticides to self-immolating, drowning and eating naturally poisonous substances.

Restricting access to lethal means and substances is an effective method of suicide prevention, particularly when it involves impulsive acts with low suicidal intent. Given the continued high rates of suicide by consuming pesticides and insecticides in Sri Lanka, the Registrar of Pesticides initially banned the toxic chemicals Parathion and Methyl Parathion in 1984. Police records indicate that this move slowed down what had been a radical escalation of deaths by suicide. The initial ban was followed by the prohibition of five more highly toxic Class I pesticides in 1995 and Endosulfan in 1998. Three more pesticides (Dimethoate, Fenthion and Paraquat) were banned between 2008 and 2011. This is reiterated in studies conducted on the impact of pesticide regulations on suicide in Sri Lanka; Gunnel et al. (2007) and Knipe et al. (2017a; 2017b) found the restriction on the import/sale of pesticides had coincided with a reduction in the suicide of both men and women across all age ranges. They argue that this is due to a majority of suicide by pesticide poisoning in Sri Lanka being impulsive acts (in line with our argument later on in the chapter).

However, it is also possible that the reduction in the number of suicides due to consuming poisons could have been due to the improvements in the treatment of poisonings in hospitals in Sri Lanka. Fernando (2002) attributes this to the better management of poisonings with the establishment of a 24-hour service from the National Poisons Information Centre. Moreover, de Silva et al. (2012) reports that there is an increase in the use of medical drugs such as Paracetamol in suicide attempts over the years as opposed to pesticides.

Mode of Suicide (2015 - 2018)

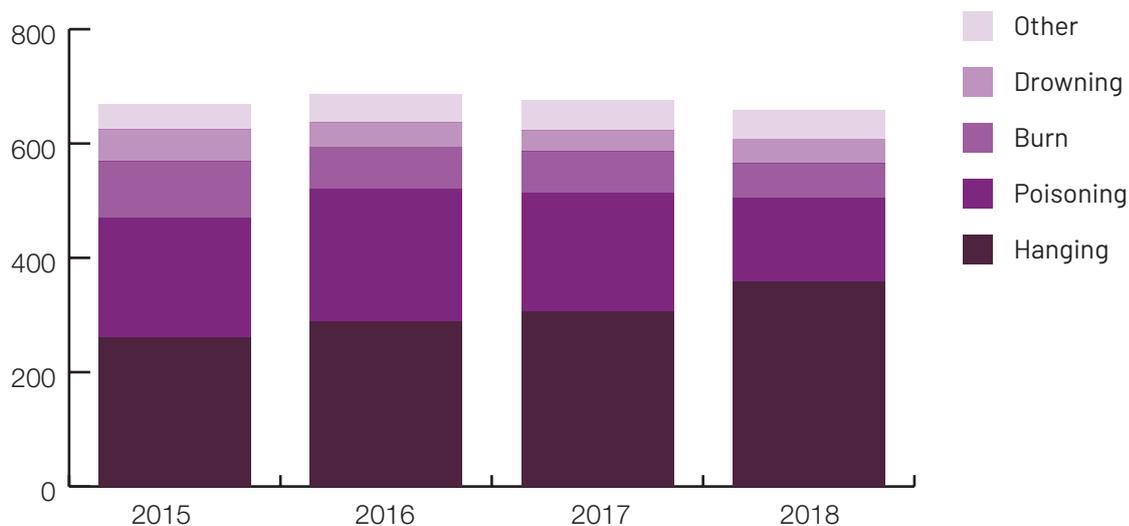


Figure 4: Mode of suicide among women 2015-2018
(Data source: Sri Lanka Police)

The latest Police data compiled in 2018 show that suicide by poisoning has been superseded by hanging among Sri Lankan women (Figure 4). It is the mode more commonly used by men than women (WHO, 2014c) with the latter seeming to prefer consuming poison as opposed to hanging (Naghavi, 2019). According to Biddle et al. (2010), perceptions of hanging as a clean, painless and quick method that is easily implementable were the deciding factors in a cohort who had survived near-fatal suicide attempts. Figure 4 conveys that suicide by consuming pesticide remain the second highest mode of suicide.

Our qualitative study found that three women and one late teenager (who had completed schooling) committed suicide by ligature strangulation/ hanging. Our quantitative data confirms that this continues to be the most preferred mode of suicide by women regardless of the age of the victim. Suicide by pesticides still persists as the second-highest mode of suicide in our data as well as national police data (Figure 4). Given that large sections of society depend on agriculture, as a livelihood and for subsistence, pesticides are commonly found in rural households despite the regulations in place to restrict their import/ sale.

Our qualitative study revealed that in cases where suicide was from consuming poisonous substances, the victims had relatively easy access to the poison concerned. Sugandi had dug up the remainder of a bottle of pesticide her father had buried earlier while Sithumi had consumed some ant poison that her father had brought home. In another case of suicide due to poisoning, Sanduni had consumed some poisonous yams (Niyagala/ Glory Lilly – *Gloriosa superba*) that she had found in close proximity to her house.

In our quantitative study, the third most frequently used method of suicide was by setting oneself aflame. Despite being a painful method of dying, self-immolation is frequently seen in the Indian subcontinent, especially in relation to family disputes, often pertaining to dowries (Dhoble et al., 2018; Kumar 2003). Although dowry-related suicides are not seen in Sri Lanka, female suicides due to family issues are found both in the quantitative and qualitative study. Laloe and Ganesan's work (2002) in the Eastern province of Sri Lanka conveys that the phenomenon of self-immolation is initially reported as 'accidental' by the victim. Yet, often, staff suspicion is aroused by the stereotyped topography of some burns and after a few days in the hospital, the victims frequently confess to the actual circumstances of the 'accident' as being attempted suicide. This phenomenon is understood by Laloe and Ganesan (2002) as being 'self-denial' – a psychological coping strategy for stress. They further explain that the underlying reasons for denial of the real circumstances could be to reduce trauma to self and family as well as to avoid the stigma attached to suicide. However, with time, they argue that the denials are seen to recede (especially when septicemia sets in and death is imminent) allowing the true story to come out.

Etiology of/ Reasons for Suicide

Suicide is a complex act/behaviour involving many stages/steps. The first stage is of a person being in an intensely stressful/ negative situation (either actual or perceived) followed by suicidal thoughts / ideation. The reasons for suicide are frequently explained in suicide notes, though some victims do not leave behind a reason. These deaths leave behind many unanswered questions for the families and communities leading to enthusiastic speculations about the deaths.

The annual statistics on suicide collated by the Sri Lanka Police analyse the reasons for suicide under 13 categories.

Reasons for Suicide Given by Informants to Sri Lanka Police

- Economic problems/ poverty/ indebtedness/ loss of property
- Employment and job-related problems
- Conflicts with elders
- Harassment by husband/ family disputes
- Disappointment/ frustrations caused by love affairs
- Being subjected to sexual harassment/ rape
- Addiction to narcotic drugs
- Grief over the death of parents/ relatives
- Failure at exams
- Ill-treatment by children
- Sexual incapacity
- Mental disorders
- Chronic disorders/ disability

Figure 5: Reasons for suicide given by informants

Police data in Figure 6 below indicate the reasons given by relatives/informants of women who committed suicide in Sri Lanka from 2015 to 2018. It shows that suicides by women due to the violence of spouses and/or family outnumbers all other reasons over the years. Suicides due to disappointment in love affairs and mental illness are also high.

Reasons for Suicide (2015 - 2018)

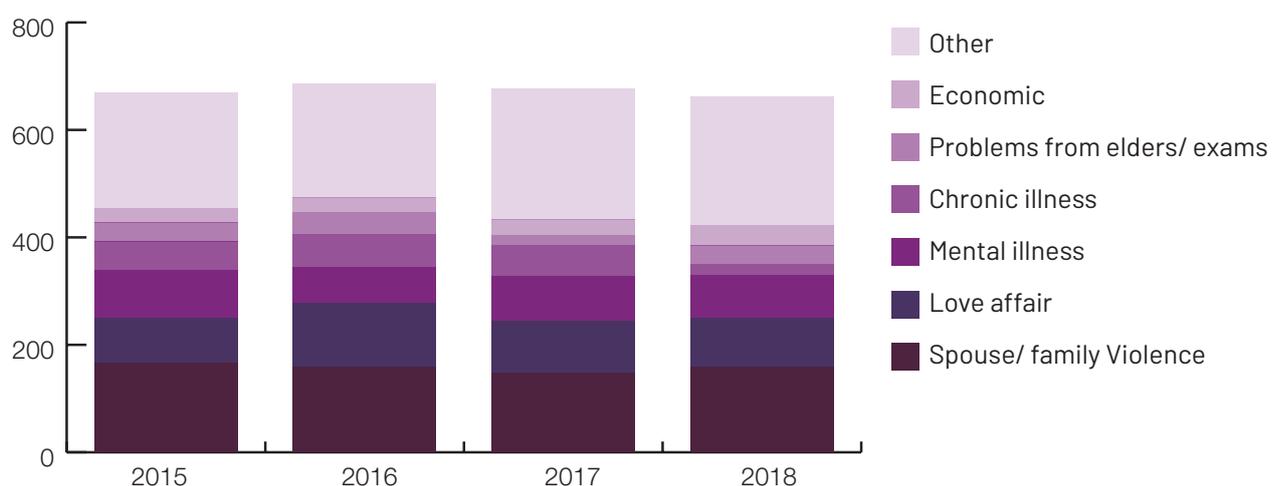


Figure 6: Reason for suicide among women 2015-2018
(Data source: Sri Lanka Police)

While it is generally accepted that there is no single reason for suicide, this bar chart is based on annual police statistics that attempt to distil a single, most likely reason for suicide for categorisation purposes. In the adolescent age group, conflicts with elders and examination issues (collated together in the bar chart due to their meagre numbers) are nevertheless noteworthy. The economic category above includes economic problems, poverty, indebtedness and loss of property. It must be noted that in all the years under study, the most widespread known reason given for suicide was harassment by husband and family disputes. This resonates with the work of Fernando et al. (2010) who attribute the most common reason for the suicide of both men and women as being disputes with the spouses or marital disharmony (30%).

The following table collates the perceived etiology/ reasons for suicides in our quantitative study based on the information shared by the deceased’s relatives at the inquest.

Reason for Suicide	Number	Percentage
Family dispute	64	25%
Love affair	29	12%
Extramarital affair	13	5%
Financial problems	10	4%
Intimate partner violence/ Wife battery	6	2%
Sexuality or sexual problems	2	1%
More than 1 cause	14	6%
Other/ Unknown	114	45%
Total	252	100%

Table 6: Reason for suicide among women and girls

Thus, according to our quantitative data, the highest number of suicides (45%) were due to unknown reasons while 25% were believed to have been due to or following a family dispute (Table 6). Love affairs were attributed as the possible reason for 12% of suicides. Only 6% of the deaths were ascribed to multiple reasons in our book.

In comparison, our qualitative study explored seven cases of suicides of which four were attributed (by the victims’ relatives/informants) to family disputes while five were due to complications resulting from love affairs. The overlapping attributions in cases indicate the possibility of there being more than one reason for a suicide. These articulated reasons ranged from abandonment and rupture of relationships to family pressures and restrictions. Other possible reasons include land disputes, financial problems, intimate partner violence (IPV) and extramarital affairs.

In all the cases of our qualitative study, the relatives/ informants of the victims (while being shocked by the deaths) kept searching for a singular, distinct ‘reason’ that triggered the final decision to commit suicide. For instance, family members see Shanthi as having committed suicide by hanging after complaining of a migraine. Similarly, Soma is thought to have hanged herself following an altercation with her daughter over the latter’s love affair with a married man. The trigger for Srimali’s suicide is commonly considered to have been her mother’s failure to buy her a beauty product, even though her father believes that it may have been due to the termination of a love affair. In all these cases, the family members were left bereft of a ‘reasonable and acceptable’ understanding as to the victims’ rationale for the extreme act. The inclination to hunt for and attribute a singular ‘cause’ or ‘reason’ for suicide rather than multiple contributory factors

or to see the act as an escalation or culmination of an existing situation was glaringly evident in the media coverage of suicides (see Chapter Six).

Quantitative data from our study also reflect this singular cause-effect reasoning by the respondents. The highest number of suicides was due to reasons of purported harassment by the spouse or family members, accounting for over 20% of suicides, while frustrated love affairs (around 15%) and mental disorders (around 10%) were attributed as the predominant 'rationales' behind suicides.

Yet, family members/ informants also indicated that in many instances, there had also been interpersonal tensions between the victim and her family members. In this situation it is highly probable that there may have been some undetected form of stress, anxiety or depression afflicting the victims. In addition to which, the following stressors seem to have triggered the suicides: the ending of a love affair, opposition to a daughter's love affair, an alleged extramarital affair, receiving low marks at school, uncontrollable rage and migraine.

Thus, circumstances leading up to these suicides are not as one-dimensional as they originally seemed, nor can they be so easily explained. For example, Selvi's suicide may have been precipitated by the altercation with her mother, due to a love affair having gone awry in the earlier months and/or her history of uncontrollable rage.

The Suicide of Selvi

Selvi (17 years) had asked her mother to buy a Fair 'n' Lovely lotion for her when she visited the nearest town (Eastern Province). Since the shops were closed due to elections, the mother had not been able to buy the product. Upon returning, when Selvi was told that the lotion had not been bought, she had become exceedingly angry. In her tantrum, she had shouted at her mother and also thrown about all the groceries, broken things in the house, her phone, a broomstick and so on. Her mother had held her several times to stop her but had been unable to control her as Selvi had become very aggressive. Selvi had then gone to bed and when her mother checked on her twice, she had been sleeping. Later, as there had been no sound, her mother had checked, and the room had been locked. When she had broken open the door, she had found Selvi hanging from a piece of cloth. She had screamed and says she doesn't know what happened after that, but she had found herself inside a well. Her neighbours had rescued her and also cut down Selvi's ligature. The neighbours had said that although the girl had not been alive, they had taken her to the hospital where she had been pronounced dead.

Selvi's father says that both the mother and daughter (as well as a maternal aunt) were short-tempered and had arguments and fights frequently, but that they always recover from their episodes of anger. He says that Selvi had broken things in a rage once before. They have not sought psychiatric treatment as she continued to perform well in school. Selvi had not left a suicide note. However, Selvi's maternal aunt had, in the past, attempted suicide by hanging while a girl in Selvi's class had committed suicide a few days previously. Her father feels that the fight with her mother was only an associated reason behind the suicide. He asserts that Selvi had been having an affair with a boy from the village but that he had stopped visiting her in the days leading up to her death. Selvi had been upset about this. He declares that they had not opposed the affair but after he had talked to the boy's father, the boy had stopped visiting Selvi. When he had later met the boy on the road and asked why he had not visited, he had not responded well. Later, they had heard that

the boy's father was opposed to the affair. Selvi's father believes this was the main reason for the suicide. The boy nor his family had attended the funeral. The pain of losing Selvi had made her parents 'immobile' and it had affected them financially at the time as they couldn't go to work. Her father had also been attacked by a crocodile subsequently, and they had struggled afterwards due to his injury. But later on, they decided to have another child to ease the pain of losing Selvi. They now have a 3-month-old girl. However, in order to provide for the parents and the new child, their son had gone abroad.

Similarly, the circumstances surrounding Saara's suicide (discussed previously) were equally complicated. Saara had been accused, first by her husband's family, and then by her husband, of having had an illegitimate child while he was abroad, which had led to domestic violence/IPV. However, Saara's mother maintains that her daughter had believed that her husband was having an extramarital affair and that he had been planning to leave her. Harassment by her husband's family, IPV and the resultant tensions within the family seem to be significant factors leading up to Saara's suicide. Moreover, the fact that she had confessed the wish to die and her request that her children be cared for by her mother in the event of her death had gone unnoticed by her mother. Therefore, on closer examination, there seems to be a more complex set of psychological factors and stressors contributing to suicidal decisions and subsequent deaths.

Mental Illness and Suicide

Mental illness is a risk factor for suicide, and the relationship between suicide and mental illness is complex. A global meta-analysis based on psychological autopsies of people who have committed suicide has shown that 90% were suffering from a mental illness (Arsenault-Lapierre et al., 2004). Earlier, affective disorders, such as alcoholism and schizophrenia were understood to pose a 10-15% increased risk for suicide (Inskip et al., 1998). However, recent studies attribute less significance (4-7%) to mental illness (Bradvik, 2018). This decrease can be explained by recent insights into suicide as a behaviour arising from multiple factors rather than a disorder (Bradvik, 2018).

Our quantitative study explored the presence of a history of intellectual disability, violent behaviour and/or psychiatric illness, previous suicidal attempts and self-inflicted injuries in the sample of women who attempted suicide. Of the 252 who had committed suicide, 61 (24%) had a psychiatric illness while 20 (8%) had previously attempted suicide. The table below (Table 7) demonstrates the type of mental illness/features found in the suicide sample in relation to age categories.

Variable	<21 years	21-60 years	>60 years	
Mental sub normality	2	4	3	9 (3.6%)
Violent behaviour	1	4	0	5 (2%)
Psychiatric illness	1	17	8	26 (10.3%)
Suicidal attempts	4	14	2	20 (8%)
Self-inflicted injuries	1	0	0	1 (0.4%)
Physical injuries	0	6	1	7 (2.7%)
No disease	41	84	12	137 (54.3%)
Data not available	15	31	1	47 (18.7%)
Total	65	160	27	252 (100%)

Table 7: Presence or features of mental illness in suicidal deaths of women

In comparison, in the psychological autopsies of suicide in three rural and semi-rural districts of Sri Lanka, Abeyasinghe and Gunnell (2008) found that approximately one third (n = 138 (37.1%)) of those who committed suicide had been suffering from moderate to severe depression at the time of their death. Depression was more frequently reported amongst older persons. Furthermore, similar proportions of males (49.1%) and females (45.6%) were reported to have depression with varying degrees of severity. A third (n = 84 (28.7%)) of the males and one-tenth of the females (13.9% (n = 11)) had previously attempted suicide at some point in their lives although none of them had received psychiatric assessments or care after the attempts. Moreover, 127 (34.2%) of those who committed suicide had made suicidal gestures/threats shortly before the suicide attempts although none of these had been taken seriously by other family members (Abeyasinghe & Gunnell, 2008).

However, the capacity and expertise to identify mental illness within familial contexts is limited due to the ignorance and the lack of familiarity with the symptoms of mental illness. The dearth of qualified mental health doctors and counsellors as well as the associated stigma related to the illness also contributes to this state of affairs.

'Sudden' Suicides

Data from the interviews of our qualitative study demonstrates the significant finding that the women and girls in all seven suicide cases under study had not attempted suicide previously. In fact, the relatives and informants indicate being shocked by the suicide and are still searching for a substantial reason for the deaths. While the objective of qualitative research is not to generalise nor to provide conclusive findings, we were able to explore the circumstances that appear to have led up to these suicides in order to gain insights into these 'sudden' or 'surprise' acts. Global research increasingly categorises suicides as 'impulsive' and 'non-impulsive' (Baca-Garcia et al., 2005; Lim et al., 2016). Many of these are reported from Asia and South-East Asia. 'Impulsive' suicides are defined as those conducted within a short period of suicide ideation or those that show an absence of planning (Baca-Garcia et al., 2005; Lim et al., 2016).

The cases explored in our qualitative study did not indicate the diagnosis of a psychiatric illness before the suicide. As noted earlier, the suicides are an acute shock to the surviving family members due to the 'superficiality of the reasons' discerned by family members. We will be referring to the cases of Sithumi who consumed pesticide for no detectable reason and Sugandi who committed suicide after being reprimanded by her mother for receiving a relatively lower mark for a school subject. Here, as well as in other victims, there were no prior indications as to the victim's compromised mental state (such as changes in behaviour or previous attempts of suicide or deliberate self-harm). Therefore, the victims had not sought or been guided to any mental health services or counselling which could perhaps have played a role in preventing their deaths. Moreover, the suicides being deemed 'sudden' by the family could well be due to a lack of insight into or experience of psychological illnesses in general and the particular psychological state of the victims.

Even though the victims did not manifest any previous attempts at suicide, it must be highlighted that several victims had been exposed to the suicides of family members/persons close to them. Sanduni had been exposed to her father's suicide as well as that of another girl in the village while Shanthy had an aunt who committed suicide. Similarly, Selvi's aunt had also attempted suicide. Medical research has shown that persons who are frequently exposed to completed or attempted suicides or suicide reportage in the media are at a greater risk of committing or attempting suicide themselves (see Chapter Five). Such exposure could lead to copy-cat suicide attempts (Jang et al., 2016; Pitman et al., 2017).

The Suicide of Sanduni

Sanduni (17 years) had died when she consumed Niyagala Ala, in a village in the Sabaragamuwa Province. She had been missing her father (to whom she had been very close) who had committed suicide (by consuming poison) the year before. She had also had a relationship with a boy, which her mother had opposed on the grounds of age. Even though she had done well in school until her father's death, she had stopped schooling after her O/L examination, saying that there was no point in continuing without her father. At one point, she had also stopped eating after her father's death, saying that there was no point in living. About a month before the suicide, she had been with her grandmother and had gone missing in the night. Upon searching, she had been found at her father's grave and she had said that she had wanted to dig the grave to see her father. Two days before her suicide, there had been another suicide (of a 20-year-old girl) in the village. Sanduni had kept some niyagala ala under her mattress and consumed it over a couple of days. She had vomited on the second day and then confessed to it. She had been admitted to hospital that day itself but had died four days later. While at the hospital, she had said she didn't take the niyagala ala to kill herself but later when she was very ill, she had said her father has come to take her. Sanduni's grandmother blames her daughter-in-law (Sanduni's mother) for not paying attention to the fact that Sanduni had been missing the father. She says that she misses her granddaughter and claims that some villagers and the village priest believe that the father's death had caused Sanduni's suicide.

Moreover, there is a greater risk of future suicide attempts if patients of pre-existing depression were exposed to the suicides of a friend or family member (Nanayakkara et al., 2013). It is possible that depression may have been a contributory factor in the suicide of Sanduni, a 17-year-old, who had expressed her grief and loneliness, in ways detailed above, following her father's death the year before. Her 'bizarre' behaviour indicates the strong likelihood that Sanduni may have been extremely depressed or in a dissociated state due to her grief. As noted below, Sithumi's suicide had also seemed senseless until the villagers told her parents that she had been involved in a relationship with a monk from the village temple.

The Suicide of Sithumi

Sithumi (13 years) committed suicide by consuming pesticide in a village in the Sabaragamuwa Province. On the day, Sithumi had consumed an ant pesticide from a bottle that her father had brought home earlier that day. Her 3-year-old sibling had seen it and alerted their mother saying that "Sudu is tasting poison". When her father had entered the room, Sithumi had been lying on her bed. On seeing her father and mother, she had started crying and stated "Amme, I didn't mean to drink it". On the way to the Embilipitiya Hospital in a trishaw, she had lost consciousness. She hadn't regained consciousness and died after four days in the ICU.

While she was in the ICU, a young monk (22 years) who had been at the village temple had gone missing. A week or two after the burial, villagers had informed Sithumi's parents that she had been having an affair with the monk. Her father believes this story to be possible given that the monk had gone missing. He says if he could find the monk, he could have gone to the police or yelled at him or hit him but that there is no point though because it won't bring back his child. Her brother (who

was 16 years old at the time) says he had felt angry at the monk when he had heard of the story, but his parents had prevented him from doing anything about it. Sithumi's mother questions as to why her daughter had drunk only a capful and not the whole bottle of poison if she had intended to die. Her father had not been able to leave the house for about seven months after her death but had gradually returned to normal. He says he deals with the loss by engaging in work or spending time with his friends while her mother still cries about it and spends time with friends and neighbours. They do not discuss Sithumi with the remaining children or even with each other, hoping it will lessen the pain.

It would seem that not only were Sithumi's parents unaware of her mental state preceding her suicide, but they seem equally ignorant of the challenges in her adolescent life. In particular, her possible romance at a very young age highlights the contemporary vulnerabilities of adolescents - especially in a country where the sexual education of young people is neglected by the education system. Efforts at incorporating adolescent sexual health education into school syllabi over the years have been opposed by various community groups. Accurate information on developing bodies and identities, the implications of the drastic flux in hormones during adolescence, the effects of budding sexualities and sexual orientations are scarce. As a result, subjects and issues relating to sex and sexuality are generally kept hidden from parents.

This case also surfaces a taboo subject - that of an abusive relationship between a girl child and an adult Buddhist monk occupying a position of power and trust. Social taboos relating to the discussion of sexual abuse by Buddhist clergy (as well as by other religious orders), particularly in villages, allow for the perpetuation of these criminal acts against minors with impunity.

In contrast, in a case of adult suicide, Shanthi's husband claims that Shanthi had been in the grip of a migraine when he left home to bring back their child. He had returned to find that she had hanged herself. Shanthi's husband is unable to rationalise as to why she had made such a desperate decision and claims that even now, despite having remarried (a number of years after his wife's death), he still looks for any "clues" that could indicate the reason for the suicide.

The Suicide of Shanthi

Shanthi committed suicide in 2013 in a village in the Sabaragamuwa Province. Her husband says that she had suffered from migraines and the year before, her mother had died of a brain cancer (which had started with a headache). On the day of the incident, Shanthi had complained of a headache. She and her husband had awakened from an afternoon nap around 5pm and he had gone to pick up their 8-year-old daughter from a tuition class. When they returned, all the doors and windows of the house had been locked. Thinking that she may have gone back to sleep, he had borrowed a chair from his neighbour and looked through the window. When he saw that the bed was empty, he had asked his brother to bring over the spare key in his possession. When they opened the door, they found Shanthi hanging from the roof in the kitchen. They had cut her down and rushed her to hospital, but she had died. He says that she had not left a note. One of Shanthi's aunts had committed suicide on the rail tracks a few years ago. Shanthi's husband says that some people were suspicious of her death and of him as he had been the last person to have seen her alive. However, her parents do not harbour any suspicions. After Shanthi's death, he had lived alone at home for three years while their daughter had been cared for by his parents. He had also tried to

get a transfer to a different village (he is a teacher) but his parents and others had stopped him. Due to his grief, he had frequently visited the temple and had even wanted to be ordained but he had not felt suicidal. Later, he had remarried (Shanthi's cousin) at the insistence of his in-laws and because of his daughter. But he says he still searches through his things for clues. He still weeps when he thinks of her as he finds it difficult to revisit his memories of her.

Interviews relating to these cases communicate that the two women and one girl appear to have been in the grip of intense mental and physical pain coupled with a sense of intolerable pressure. The circumstances of these cases convey the possibility that recent exposures to suicides in conjunction with the mental state of the victims may have made suicide appear as a logical choice or even an inevitable resolution. Despite the concealed complexity of these cases, the absence of expressed intent to self-harm could point towards an impetuous decision. In particular, it seems that the suicides of Sugandhi, Sithumi and Sanduni had not been planned in great detail. Rather, they appear to have resulted from impulsive decisions. This is compounded by the fact that all the victims had easy access to a mode of suicide, which may have facilitated the actualisation of the impulsive decision.

In contrast to these sudden suicides, Soma's neighbour claims that Soma had expressed the desire to kill herself.

The Suicide of Soma

Soma (42 years) committed suicide following an altercation with her 17-year-old daughter. Her daughter had worked at an apparel factory after completing her O/L exam and had begun a relationship with a married man. Soma, who worked at the same apparel factory, had opposed the affair. The day before Soma's suicide, her daughter had returned home after spending a night with the said man, following which there had been an argument between the mother and daughter. The next day, Soma had hanged herself on a mango tree outside the house. Her daughter, after seeing the body, had left home without informing anyone but the neighbours had later seen the body and brought it down. The girl had later returned home on the day of the burial, but her brother had beaten her severely and not allowed her to enter the house. She had left then, and no one knows her whereabouts now. Soma had been the sole breadwinner as her husband was sickly and unable to contribute financially to the family. They also had three school-going children at the time. Soma had previously mentioned to her neighbour and her family that she had felt like committing suicide. The apparel factory owner and villagers had helped with the funeral costs. Soma's elder son had been a month away from sitting his O/L exam at the time, but he had sat for the exam. Thereafter, he had left school to find work. Soma's neighbour says that the family became even more helpless after Soma's death as there was no one to prepare meals, wash clothes and send the children to school. While the two younger children do all the household work now, the older son is working as a mason and looks after his father.

Soma seems to have been under pressure due to her multiple roles and responsibilities as the economic provider and carer of the family. Yet, the trigger for the suicide appears to have been the altercations with her daughter over the latter's love affair. It must be noted that on several occasions Soma had communicated explicitly to her neighbour as well as her husband and son that she wanted to commit suicide, but they had not recognised these warning signs that precede suicide. It is apparent then that family members do not always possess the capacity or the experience to pick up on expressions of suicide ideation.

'Unintentional' Suicides

A lack of previous suicide attempts and the non-articulation of an intention to die (through a suicide note) taken together could demonstrate that the suicides were perhaps 'unintentional' and in some cases even experimental. For example, despite Sanduni (referred to earlier) having seemed depressed over her father's suicide, she had expressed that she had not intended to kill herself (after having been hospitalised for consuming Niyagala Ala). Unfortunately, she had thereafter succumbed to the poisoning.

The Suicide of Sugandi

Sugandi (14 years) committed suicide by consuming pesticide. On the day, her mother had scolded her for getting four marks less than the mark that was required to be eligible to attend the inauguration of the school science laboratory by the President of the country. Afterwards, while her mother had gone out for a bath, Sugandi had consumed the pesticide. Her younger sister had informed the mother that her sister had a stomach-ache and they had taken her to the hospital. She had died from pneumonia after 18 days in the ICU. Her mother says that Sugandi had cried a lot whilst being treated as she couldn't talk due to the various tubes attached to her body. She also says there was no history of suicide in the family and that Sugandi had been an obedient child although she (her mother) had always been pushy about schoolwork. Her father maintains that the mother should not have scolded her. Sugandi's mother accepts that Sugandi's death was due to her reprimand but maintains the opinion that children must not take rash decisions as parents have the right to discipline children. But she says she feels guilty as she believes it is her fault. Sugandi's younger sister had been severely affected by the suicide – she had been depressed and suffered for days from a fever. Her mother says that Sugandi was brought up by her father, and that her daughter had been closer to him since she had worked abroad for a long time.

Like Sanduni, Sugandi had cried continuously whilst undergoing treatment at the hospital. Her mother observes that her daughter had been unable to speak because of the damage to her lungs due to the pesticide, but she had gesticulated that she did not want to die. However, this suicide spotlights another compelling social and familial development affecting school children – that of the wave of educational competitiveness encompassing the entire country. This has led to the constant parental compulsion on children to perform better than their peers.

Some of the suicides involving teenagers demonstrate simple curiosity or possible attention-seeking or penalising behaviour towards others ("to teach a lesson" or to threaten parental authority). Though Selvi had a history of temper tantrums, she had not resorted to acts of self-harm during previous episodes. It is possible that Selvi's ultimate expectation from the hanging may not have been death; rather, it may have been impulsive attention-seeking or penalising behaviour. However, given that hanging has high lethality, she may have succumbed to her injuries.

Comparably, Sanduni had claimed that she did not want to die but rather had 'wanted to see what would happen' by eating Niyagala Ala, conveying that the motive behind the attempt may have had more to do with curiosity than a wish to die. Sithumi had consumed pesticide allegedly due to an affair with a monk but her mother questions why she would have consumed only a capful if she had really intended to die. Sugandi had indicated that she didn't want to die (while she was undergoing treatment) before she passed away.

A fieldwork-based study of completed youth suicides and attempted suicides in the south of Sri Lanka concludes that a majority of youth suicides under study sought to disempower kin and/or publicly challenge the authority of the kin network (Said, 2014). Consequently, there is a need for parents in particular to be enlightened on this trend in suicides as the circumstances leading to teen suicides seem to stem directly from disagreements with a family member/s.

TAKE AWAY POINTS

Almost half of adult victims of suicide are younger women – between the ages of 21 and 40 – many of whom may have been vulnerable to stress from intimate and family relationships.

Girl children who committed suicide were particularly vulnerable to common stressors such as family conflicts, educational competitiveness and covert love affairs.

Married women exceeded unmarried women in suicide statistics (over 65% of women suicides in national statistics were by married women) possibly implying vulnerability to multiple gender-related stressors within marriage.

Annual statistics on suicide reveal that hanging has superseded poisoning as the foremost method of committing suicide among women. The consecutive prohibition of poisonous and toxic substances since 1984 as well as the better management of the treatment of poisoning seem to have led to a considerable reduction in suicide by poisoning.

Even though suicides were considered to be 'sudden' (as there was no history of previous attempts nor suicide notes) and the trigger for fatalities as explicated by family members seemed superfluous, almost all had many underlying and complex (often hidden) reasons. These include ongoing conflicts with the spouse and family, love affairs, depression, chronic diseases/ disability and economic reasons.

All teenage suicides and several adult suicides evince an impulsive element to the act as many victims expressed that they did not want to die before succumbing to their injuries, reinforcing that these were spontaneous decisions that proved fatal.

Romantic and sexual relationships of young adults could well become unhealthy and abusive in the context of a lack of accurate information and knowledge on how to negotiate issues relating to human sex and sexuality.

Relatives and friends did not possess any knowledge about the warning signs of suicide ideation and expression.

Though several of those who committed suicide had been exposed to the suicides of family members or peers, there is a lack of understanding as to the exact significance of such acts on the psyche of surviving friends and relatives.

CHAPTER THREE FEMICIDES

Homicide is the third type of unnatural death; and femicide or the killing of women trails behind incidences of suicides and accidents of women in Sri Lanka. Femicide can be considered the most extreme form of violence against women within a spectrum of a gender-based crimes from emotional ill-treatment, child abuse, genital mutilation and wife battery to sexual harassment, trafficking and sexual slavery, marital rape, dowry and honour killings, rape and murder.

In Sri Lanka, the Ministry of Health, the Sri Lanka Police, and the Department of Census and Statistics gather national statistics on homicide. Research on homicidal deaths in Sri Lanka tend to portray area trends relating to men and women (Edirisinghe & Kitulwatte, 2009; Jayathunga, 2011; Rathnaweera, 2016); they do not necessarily conceptualise or analyse such killings from a gender perspective. Consequently, gaining a comprehensive picture of the issue has been problematic due to the dearth of research and data on the subject of femicides in the country.

This chapter will discuss the incidence of femicides in the five provinces during our study period, focusing on the circumstances leading up to and surrounding the fatalities. It is based on our quantitative study, which focused on a sample of 243 killings of women and girls, and our qualitative study, which further explored 12 cases taken randomly from this sample. In 39 cases or 16%, there was no available data on the perpetrators of the crimes on file. This highlights some of the on-ground challenges faced by law enforcement and forensic investigators, and the complexity of apprehending the culprits in cases of homicide.

The statistics of the Sri Lanka Police indicate 1,610 accumulated homicides of men and women in the country during the period under study (2013 - 2015). However, by 2018 this had accumulated to 3,053. The National Crime Abstract does not provide gender disaggregated data on the number of women killed during this period. Yet, police data gathered independently for our book indicate that there were 249 homicidal deaths of women in the five provinces in the period under study. Our quantitative study is based on the analysis of over 97% of these deaths.

The following table provides the provincial incidence rates (from national data on the homicides of women).

Province	Incidence rate for million population		
	2013	2014	2015
Western	8.9	8.5	9.5
North Central	32.1	13.6	13.5
Southern	15.4	12.2	13.6
Eastern	14.8	13.4	7.2
Sabaragamuwa	17.4	16.8	9.8

Table 8: Incidence rate per million population for femicides in five provinces of Sri Lanka, 2013-2015 (Data source: Sri Lanka Police and Department of Census and Statistics)

What can be considered the highest incidence rate of femicides (32 per 1 million female population per year) was recorded from the North Central Province in 2013 while the lowest (9 per 1 million female population per year) was recorded from the Western Province in 2014. However, there seems to be a drastic drop in the number of women killed in the North Central Province from 2013 to 2014 and a significant decrease in the Sabaragamuwa Province from 2014 to 2015. Yet, the lack of provincial and community-based research prevents the analysis and interpretation of these statistical portraits even though probable reasons could be instances of multiple murders as opposed to single killings during a particular year (as in the North Central Province) or the cessation of serial killings in an area such as Sabaragamuwa.

Femicides in the Five Provinces

Based on the qualitative and quantitative findings of our study, this book proposes the classification of femicide in Sri Lanka as follows:

- Intimate Femicide
- Non-intimate Femicide
- Family Femicide
- Sexual Femicide

The above classification is partially founded on the WHO (2012a) understanding of the distinct phenomenon of femicide and based partly on the data extracted from the Sri Lankan context. The first three groups of Intimate, Non-intimate and Family Femicides are based on the relationship between the perpetrator and the victim. Thus, Intimate Femicide can be taken to refer to the homicide of women and girls by a sexually intimate partner such as a husband, lover or boyfriend. Non-intimate Femicide can be understood as murders that are perpetrated by known parties but who are not considered to be physically intimate with the victim. Family Femicides are committed by members of the victims’ immediate and extended family. The final category of Sexual Femicide is based on the circumstances in which the victim has been killed, usually involving forceful sexual gratification by known or unknown parties.

Femicide	Number of Deaths
Intimate Femicide	104
Non-intimate Femicide	46
Family Femicide	45
Sexual Femicide	02
Unknown	46
Total	243

Table 9: Typology of femicides in five provinces (2013-2015)

The above table conveys that almost half the femicides in five provinces were committed by intimate partners. These statistics reinforce the recognition of intimate femicide worldwide as a disturbing phenomenon in recent times.

The chart below provides an overview of the classification of femicides in the five provinces.

Typology of Femicide

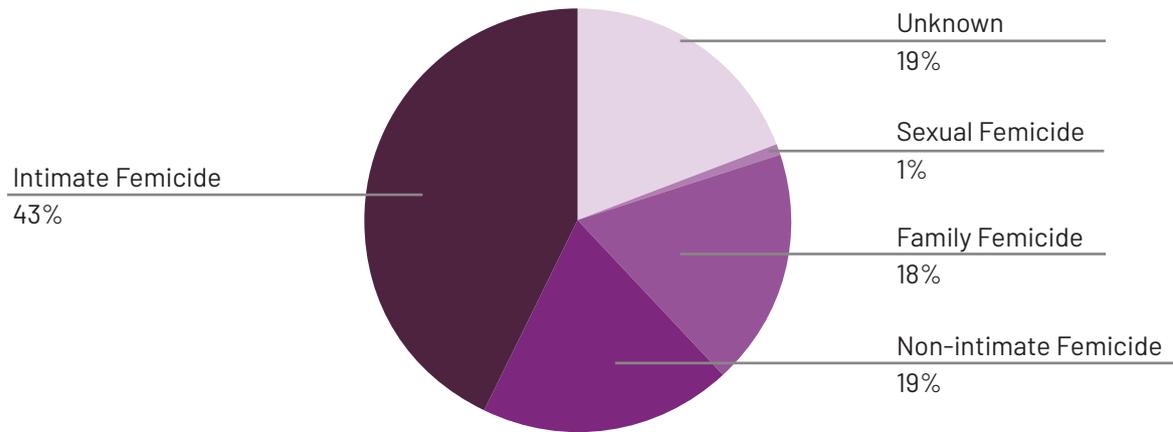


Figure 7: Typology of femicide by percentage

The quantitative study conveyed the disturbing statistic of 61% of the total number of femicides as being committed by people from within the family. While 43% of the femicides were carried out by intimate partners, another 18% have been killed by their family members.

Globally, the number of intimate partner-related homicidal fatalities of women is much higher than the intimate partner-related homicidal deaths of men (UNODC, 2018), thereby surfacing the familial and social vulnerabilities of women and girls in societies. In 2017, of the 87,000 women who were intentionally killed, over half (58%) – 50,000 – were killed by intimate partners or family members, while over a third (30,000) were killed by their current or former intimate partner (UNODC, 2018). This translates to 137 women having been killed by a member of their own family every day across the world (UNODC, 2018).

Recognition of the increased global prevalence of gender-related killing of women and girls “reaching alarming proportions” resulted in the United Nations General Assembly adopting a Resolution in 2013 (UNGA Res, 2013) calling on member states to implement preventive strategies to combat IPV.

Known Perpetrators

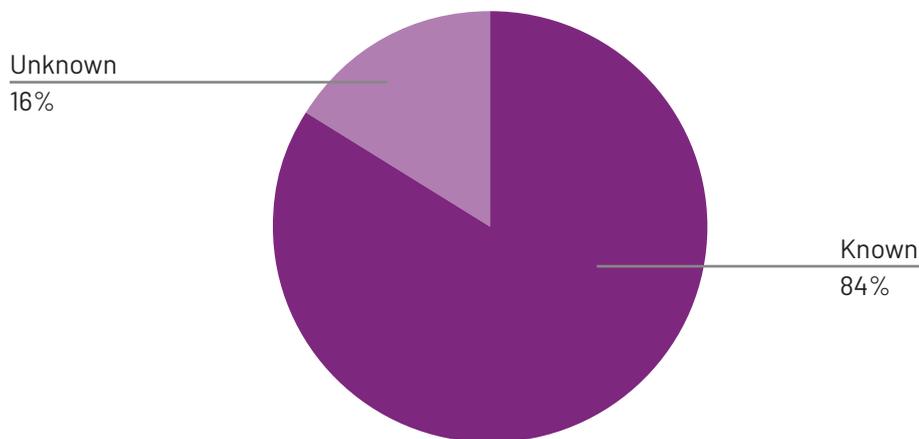


Figure 8: Perpetrator being a known person to the victim

Even more significantly, 84% (204 of the 243) of perpetrators in the book were known to the victims under various circumstances. Only 16% of the femicides had been carried out by unknown parties (Figure 8). This is supported by Stöckl H. et al. (2013) who claim that strangers are not always an actual threat to the lives of women based on a systematic review of the global prevalence of intimate partner homicides. This is further affirmed by recent findings of a UNODC study (2018) which affirm that globally 58% of female homicides are by intimate partners or by family members and that only a very small percentage is by unknown parties.

Relationship to Victim

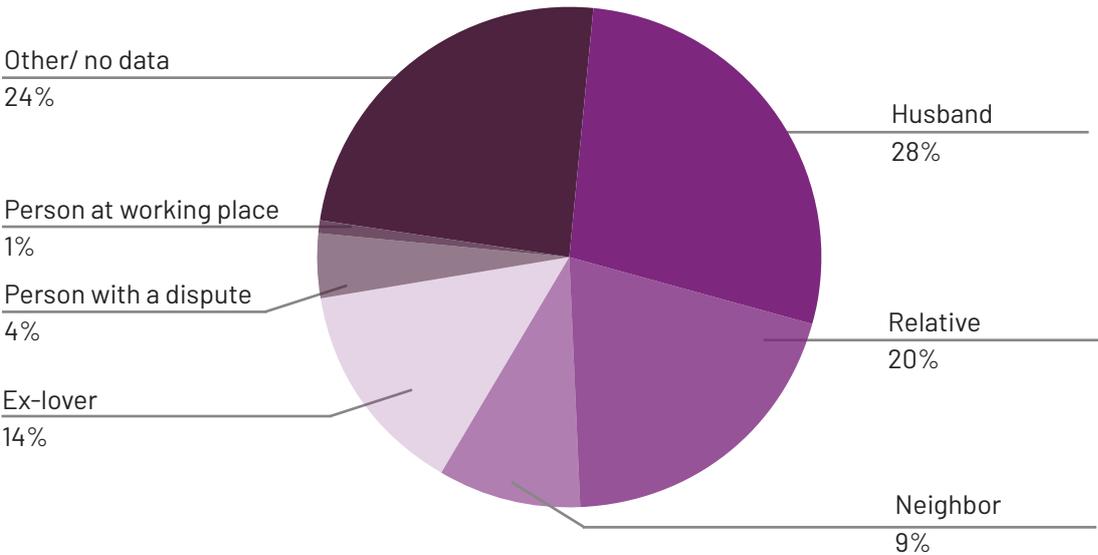


Figure 9: Relationship to the victim

The chart above provides a further breakdown of the perpetrators vis-à-vis their relationship to victims. All in all, intimate partners, ex-partners and family members constitute 62% of perpetrators. Husbands constitute 28% while 14% are ex-lovers and 20% are relatives. Interestingly, 9% of perpetrators are neighbours.

Moreover, our qualitative study conveys that in 11 of the 12 cases, the perpetrator was a known person to the victim (1 father, 5 husbands, 1 partner, 1 brother-in-law, 2 nephews and 1 mother). The study finding that these perpetrators are often known persons (including persons with whom the victims have had disputes) needs to be reiterated. Consequently, it becomes clear that a hitherto unacknowledged aspect of women’s realities involves the possibility of fatal threats from known parties. In comparison, Non-intimate Femicides constituted only 19% in our quantitative study in contrast to the 62% of intimate partners and family members.

As noted earlier, this challenges the cardinal myth in Sri Lankan society that risks to the lives of women emanate from male strangers. Traditionally, girls and young women are protected when it comes to unknown men, public interactions and night-time travel – especially in rural communities. While the threats relating to strangers, isolated public spaces and night-time are not to be dismissed, women need to be equally aware of the possible threat to their lives from known men (particularly from family members).

Location of Femicide

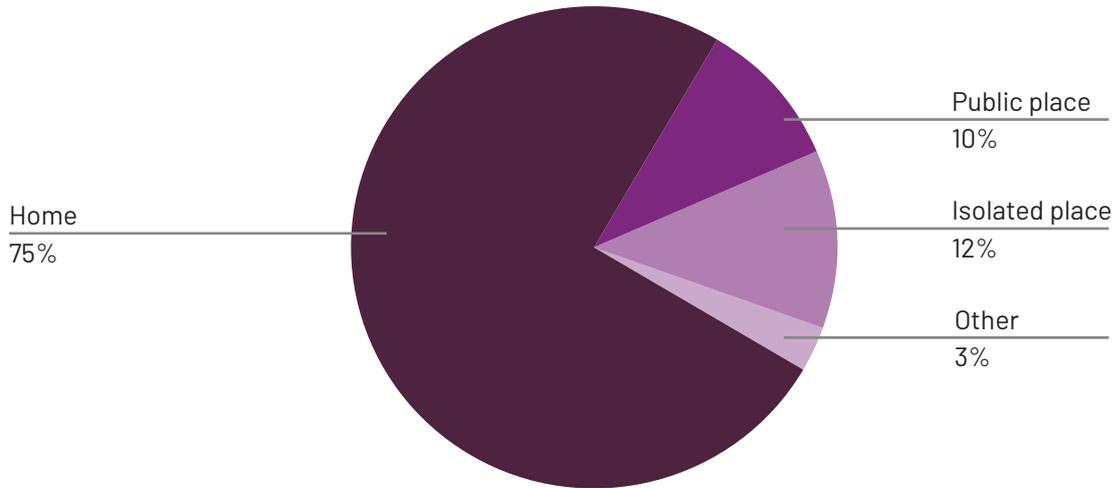


Figure 10: Location of the femicide

The above chart (Figure 10) exhibits the locations in which the femicides have been executed. A troubling statistic of 75% (183 out of 243) femicides have been committed within the homes of victims. Thus, it needs to be underscored here that women are potentially at risk within their homes amongst their families. Only 12% of women/ girls have been killed in isolated places such as a lonely road, a tank bund, a lakeside, a ungle and a mountainside. The 10% killed in public places included a bus stand, an office and a hospital.

Time of Femicide

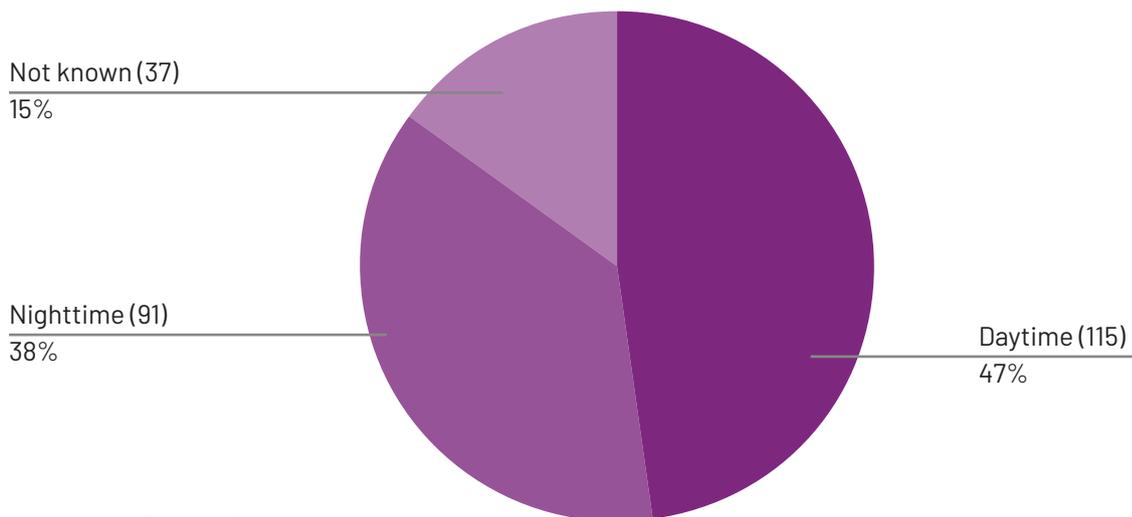


Figure 11: Time of the femicide

It is also significant to note that 47% of women were killed during daytime (Figure 11) indicating that women are open to risk during daylight hours. Once again, this dissipates the predominant social assumption that darkness and night cover provide more opportunities for the violation of women. Our quantitative data show that 38% of the femicides were committed during the night.

In general, most cases of femicide in the qualitative sample took place amongst acutely low-income families situated in rural communities. Quantitative data conveyed that both victims and family members had low levels of formal education. As reflected by their households and personal narratives, the life experiences and attitudes toward everyday incidents seem to be insular, constrained, impulsive and reactive.

Furthermore, in our qualitative cases, the capacity for problem-solving in some individuals seem to be compromised. In particular, IPV-related perpetrators seem to convey a primary and overriding predisposition towards conflict resolution through violence – without exploring any other possibilities.

Etiology of Femicide

In our quantitative study, we cross tabbed the etiological reasons for the deaths of women with the alleged perpetrators based on information furnished by the relatives of the deceased at death inquests. This is represented in the table below.

Etiological reason	Husband	Relative	Neighbour	Disputant	Colleague	Ex-lover	Other + No data	Total
Love affair + Extra marital affair + Sexual problems	19	2	3	0	2	29	7	62
Family dispute	28	23	1	1	0	0	2	55
Robbery	0	0	5	0	0	0	19	24
Land dispute	2	5	2	1	0	0	1	11
Financial problem	0	6	3	0	0	0	1	10
Intimate partner violence /wife battery	6	0	0	0	0	1	0	7
Previous enmity	0	0	1	4	0	1	0	6
Other + Unknown	4	12	5	4	1	1	28	55
More than 1	8	0	3	0	0	2	0	13
Total	67	48	23	10	3	34	58	243

Table 10: Etiological reasons for femicides

What is disturbing is the fact that the male perpetrators tend to utilise the extreme act of murder to resolve relationship disputes relating to extramarital affairs, love affairs, sexual problems, family disputes, financial problems, robberies and land disputes. At the same time, relationships with intimate partner violence usually tends to escalate into femicide. Apart from family members (including husbands and ex-lovers), other perpetrators involve neighbours, colleagues and disputants (persons with whom the victim had an ongoing dispute).

Family Opportunities, Disputes and Femicide

Family disputes emerge as the leading etiological reason for the deaths of women in our quantitative analysis while an equal number was found to be due to unknown reasons. However, this needs to be qualified as these attributed causes could well be based on conjecture on the part of family members.

Of the 55 deaths for which reasons are classified as unknown/other, 27 have been committed by known persons including intimate partners. Given the lack of understanding with regard to the concepts of IPV and femicide within rural societies, it is possible IP-related deaths may also be included in this sample. Moreover, IP-related deaths may also be classified under 'family disputes' given the tendency by the police and the community to attribute them to family disputes.

Family disputes ranged from issues pertaining to finances, mothers-in-law, children, alcohol and drugs. The highest rate of incidence (23%) of femicide arising from family disputes highlights the propensity towards heightened emotions (especially manifesting in the form of physical violence) in some families as a means of conflict resolution; thereby suggesting a lack of emotional self-discipline in handling personal relationships. Given the increasing significance between Emotional Intelligence (EI) and criminality (Schulze et al., 2005; Sharma et al., 2015) in recent times, EI may be an important frame to understand how emotional states can affect social functioning. EI has been defined as 'the ability to perceive emotion, integrate emotion to facilitate thought, understand emotions, and to regulate emotions to promote personal growth' (Mayer & Salovey, 1997). It may even have a predictive value above and beyond that of cognitive intelligence with regard to real life outcomes (Mayer & Salovey, 1997).

However, though interviewees refer to a specific dispute between the victim and perpetrator as the reason for the femicide, on further questioning, several cases revealed the presence of ongoing conflicts between the perpetrator and extended family members in the background of the femicides. For instance, in two cases, the informants' narratives reveal a more complex history of larger family conflicts. Despite this, the informants interpreted the fatal incidents as a sudden culmination of a dispute due to 'unreasonable rage'.

In two other cases, the perpetrators are seen to exploit the wealth and fortune of older relatives based on confidential information received due to their status as extended family members. Both murders (Hasana's and Hemalatha's) were committed by the nephews of the victims during thefts. The familial link and the relationship of trust between the perpetrator and the victim, as well as the perpetrators' familiarity with the victims' homes, make these women vulnerable to exploitation. It had been deemed that Hasana had died of natural causes due to her history of high blood pressure. However, when it was later discovered that her jewellery was missing, the body had been exhumed and the death investigated, revealing that she had been strangled.

The Femicide of Hasana

Hasana (62 years) from the North Central Province had lived alone during the last few years of her life. Her sisters had lived in the same compound in separate houses. She woke up every day to pray following the Muezzin's call from the mosque. But on that day when she had not come out of the house, her sister had checked on her and found her inert body. She had then informed Hasana's son. It was assumed that she had died of high blood pressure. After the burial, the family had realised that her gold chain and earrings were missing. Her body had been exhumed after seven days and the ensuing investigation revealed that her neck as well as several of her teeth had been broken.

The missing jewellery had been found in Hasana's nephew's house later. He had then confessed to the crime and said that he had killed her during the theft. Hasana's son says his family couldn't have imagined such an act by his cousin. The nephew did not have a history of criminality and there had not been any animosity between the families. But he had been known to gamble (cards). Hasana's family says that the nephew had sustained head injuries in an accident some years ago following which he had not been stable. Even though he had been medically treated, he had not taken his medicines regularly which had led to his wife leaving him. During the court case, the nephew had missed two court dates as he had been at the Angoda Mental Hospital. Four months later, he had hanged himself whilst in remand prison.

In a similar case also in the North Central Province during the same period, Hemalatha along with her children was killed during the course of a theft by her nephew and his friend.

The Femicide of Hemalatha

Hemalatha lived with her family in a rural area surrounded by extensive tracks of agricultural lands. Hemalatha's nephew and one of his friends had known that there was a large amount of cash in her house from a land transaction. They had come to the house just before dawn and stabbed and cut Hemalatha as well as her two children (13 years and 24 years). The main electricity line had been switched off. Her husband had been woken by their daughter's shouts but as he was drunk, he had not investigated the altercation. He too was a victim of the violence and spent three months in a coma after having undergone a five-hour surgery. The funerals of Hemalatha and her children had been organised by the Maranaadhara Samithiya of the village. Hemalatha's husband says that her siblings and relatives are now attempting to take over his land, but he wants to prepare all the deeds to gift it to an Elders' Home. He says he too will live out his last days in an institution for elders as he is estranged from his three younger sisters. He says that at one point some villagers encouraged him to commit suicide. However, later on, other villagers as well as the Divisional Secretary had provided him financial assistance. He blames himself for drinking as he had not been able to provide protection to his family that night. He says he no longer consumes alcohol. He has remarried two years after the incident and says his brother-in-law supports him. Nonetheless, he continues to visit the police station every month to check on the progress of the court case.

Hemalatha's husband believes that he has failed in his traditional gender role as a protector. He had heard his daughter shouting for help but had not been able to offer any assistance "as I was under the influence of alcohol, I couldn't help (my family) ... I was in a deep sleep."

Hemanthi's killing too appears senseless in the first instance.

The Femicide of Hemanthi

Hemanthi was killed by her brother-in-law (alleged to be a cannabis addict) who lived near her house in the same compound. Hemanthi's husband says that his wife had not alerted him of the sexual advances made by his brother over the years until much later. He himself had been assaulted by his brother on several occasions. Even though he had reported it to the police at least three or four times in the past, the police had merely advised his brother without taking him into custody.

On the day of the incident, when he had been passing his brother's house, his brother had got into an argument with him and then beaten him with a pole and stabbed him, leaving him unconscious. When Hemanthi had attempted to save her husband, his brother had stabbed her too. Thereafter, both had been taken to the hospital in the same ambulance. While Hemanthi had succumbed to her injuries, he had been transferred to Colombo where he had been unconscious for 28 days. He had recovered after a long process of treatment over three months. Until he recovered, he had not been aware of what had happened to his wife and his children. Now his children are being cared for by two of his sisters in two different houses.

Hemanthi's husband asserts that his sisters continued to support his brother and that they will do what they can to save their brother. He explains that his family members support his brother out of fear. He laments that he can't do anything about it as his children are in his sisters' care. He still suffers from numerous physical ailments arising from his injuries and is therefore unable to earn a proper income to look after his children. At the time of the interview, his brother was out on bail and the court case was continuing.

He further says that his brother had a record of violent behaviour from his school days and that his mother had often intervened to 'save' him. The husband laments that his brother has always had a 'gaanu pissuva' (sexual perversion). He also claims that his brother does not suffer from any mental issues even though he is currently pretending to be mentally ill for the court case. This was corroborated by the evidence of a doctor who had testified that his brother does not have any psychiatric illness but that he is easily aroused/provoked. Moreover, the husband believes this to be associated with the frequent use of cannabis. He says he doesn't think of revenge as he believes that he is now paying for his sins and does not want to add any more bad karma. He also says that due to all these experiences, he now suffers from depression. Yet, he is irritated by his brother who lives next door as the latter plays his radio at full volume. He finds some solace in religious affairs and has made a shrine room at the temple in memory of his wife.

Despite the tensions between the brothers that surface in Hemanthi's femicide and the subsequent assault and murder, Hemanthi's husband continues to live within the same premises as his brother. He expresses his anger at his brother and says that his sibling had always been an extremely violent man, claiming that "there is no one (in the village) who has not got beaten (by him)". However, the femicide appears to have been directly linked to the rejection of his sexual advances by the victim as well as lifelong tensions within the family.

On the whole, while these killings appear to have been committed opportunistically, capitalising on familial connections or in a moment of impulsive rage, the narratives by relatives suggest an element of familial strain as well as more complex histories in their relationships.

Intimate Partner Violence and Femicide

In this book, we make a distinction between family members and intimate partners. Figure 9 (page 45) shows that over a third of the femicides were allegedly committed by an intimate partner – either the victim’s husband or lover/ex-lover. Furthermore, IP-related violence led up to the killings in over a third of the cases we explored in our qualitative study.

As discussed earlier, global statistics and research indicates that intimate partners (IP) were implicated in over a third of the homicidal deaths of women. A 2013 WHO study ascertained that “as many as 38% of female homicides globally were committed by male partners” (WHO, 2013). This reflects the findings of a study conducted by de Mel et al. (2013) that one in three of ever-partnered men self-reported that they had committed physical and/or sexual violence against an intimate partner in their lifetime. One in five ever-partnered men self-reported committing sexual violence against an intimate partner. Moreover, as noted earlier, a UNODC (2018) research provides the startling statistic of 58% of women who have been intentionally murdered by their intimate partners or family members.

Stöckl et al. (2013) concludes that IP-related homicides were often a climax of a long history of abuse. Therefore, the presence of IPV in a relationship can be taken as a critical marker of the possibility of femicide later on in a relationship.

All the IP-related cases of our qualitative study show that the perpetrators had exhibited a history of violence. It is apparent that in some cases the men have been violent not only to their partners but also to other members of the community. In most of these examples, relatives attribute the murders to continuing issues with rage. In the case of Hema (see Chapter Four for case study), her daughter narrated the ‘horrific’ history of violence and abuse her mother had suffered at the hands of her father for as long as she could remember. She also said that the entire village knew that her father had issues with rage.

Similarly, the case of Haripriya also suggests that IPV was a normative in the relationship, even though there is a tendency for victims and perpetrators to associate IPV as stemming from a particular issue, real or alleged.

The Femicide of Haripriya

Haripriya was killed in her home at the tea estate where she lived and worked. Haripriya’s husband had died earlier due to an assault in a factory and she had subsequently gone abroad to work for two years, leaving her two children with her parents. Upon returning, she had begun a relationship with a man who had four children. In the months leading up to the killing, Haripriya’s daughter (13 years) had told her maternal grandmother that her mother’s partner had tried to hurt her; she had explained that he had been walking naked in the house and had also attempted to hold her hand. Thereafter, she and her brother had started living with their grandparents.

On the day of the incident, Haripriya’s daughter had stayed at her mother’s house to attend a school programme. When her grandmother visited the house, the child’s schoolmates had told her that they had seen Haripriya’s partner wrap barbed wire around the gate and leave in a trishaw. Becoming suspicious, she had checked through the windows and seen blood. She had then seen that both Haripriya and her daughter had been killed. The child had also been raped. The grandmother says

that the neighbours had claimed not to have heard their screams. Even though she disbelieves them as they were living in line homes in close proximity to each other, she admits that they may have turned up the volume of the television. Haripriya's mother claims that she had heard that he had stolen Rs. 80,000 on the day of the murder (from the money received by Haripriya as compensation for her former husband's death).

As a result of the murder, Haripriya's son has been suffering from insomnia. The interviewee says that her daughter's partner had frequently been violent towards her daughter and had even killed their 8-month-old child during an argument two years ago. Haripriya had reported the violence to the police (but had not reported the child's death). The police had warned him not to get involved in arguments with Haripriya, but he had taken to following her with a knife. Furthermore, he did not allow her to talk with anyone. Haripriya's mother believes that he had been angry at Haripriya for having reported him to the police.

The perpetrator was in jail while the court case was progressing as he had no family to bail him out. The interviewee alleges that Haripriya's partner had also attempted to kill his former wife but that he had not been held accountable for it. Therefore, Haripriya's mother has breached a coconut at the Devala wishing that he would die without re-entering society.

Moreover, Haripriya's background reveals close associations with men who had previous histories of violence. These men, as well as other perpetrators in this book, exhibit behaviour that included isolating and exerting extreme control over their partners as well as excessive violence. The victims seem to have continued with the relationships despite continually experiencing physical, psychological and sexual violations. This inertia exhibited by the women (in not fighting back, leaving the situations of violence or even seeing an avenue of escape) can be understood with reference to the concept of 'learned helplessness' discussed in Chapter One.

In contrast, Hemawathi's daughter claimed that there had been no history of violence in the relationship between her parents. Instead, she believes that the violence leading to the femicide was due to a 'gurukama' (black magic) by envious villagers since they had recently moved into a newly built house. However, Hemawathi's case has other complexities in addition to IPV.

The Femicide of Hemawathi

Hemawathi (47 years) was stabbed to death by her husband in the deep South of the country. Hemawathi's daughter (interviewee) says that her mother had undergone a surgery and had been recuperating at her sister's house. Hemawathi's siblings had disliked her husband and had told her to not return to him. He had visited her every day leading up to the killing. The interviewee says her parents didn't fight and her father didn't usually drink. On the day of the killing, Hemawathi's husband had visited her as usual and asked her to come to the nearby forest with him, but she had refused as she had still been recovering. He had then dragged her to the forest and stabbed her to death. Even though Hemawathi had screamed, no one had intervened. After the stabbing, he had called his daughters and said that their mother had been killed. He had then gone to the police and confessed to the murder although he had not given a reason for it. Witnesses to the crime have

also refused to provide evidence. Hemawathi's daughter says that she and her siblings don't know the reason behind the killing either. Even though they ask their father, he hasn't yet given them a reason. However, the daughter feels it may have been because her mother had stayed at her sister's house. When the possibility of an extramarital affair is broached, Hemawathi's daughter says that there had been no affair, but that her father's relatives had made up stories about her mother which may have confused him.

Relating a previous incident, Hemawathi's daughter indicates a long-standing enmity between her mother's extended family and her father. She says she doesn't know the reasons behind this animosity but "that's how it has always been". As evidence of this enmity, she says that once, some time ago, Hemawathi's elder sister had called Hemawathi's children and told them that their father had killed their mother and put her in their water tank. Thereafter, they had searched the water tank but had not found their mother. Then it had been revealed that the story was a lie and instead, Hemawathi had been kept hidden in a bathroom by her sister. The interviewee says they don't know the reasons for this incident.

She believes that someone had done some black magic (a gurukama) because the parents had earlier lived peacefully. Yet, after her father had built a house in their new land, they had not been able to occupy the house for some strange reason. Her parents had also behaved like strangers to each other for about a year after moving to the new house. Then when they had gone to a temple, they had been told to remove some articles of black magic that had been in the house. She finally says that they believe that the femicide was also due to black magic: "monava hari dheela kiyala thama api hithanne". Even though Hemawathi's sons are estranged from the family, the elder son had provided bail for the father. Hemawathi's husband now lives with his daughters and subsists by farming. Hemawathi's daughters have never been to court for the case but confirm that their father attends the sessions and signs in at the police station every month. The family members are still affected by the shock and loss and say that their father worries all the time. He sometimes refuses food and says that it was his great mistake to have killed his wife. He now visits temples to conduct almsgivings for her. Hemawathi's daughter says that even though they know their father killed their mother, they don't feel animosity towards him because there is no point hating him.

This is a highly complicated case that does not indicate a lead up of events culminating in the act of femicide. The interview suggests the possibility of suppressed information (either consciously or unconsciously) relating to tensions within the extended and immediate family, estrangements, unknown enmities and beliefs in black magic. Given the severity of the homicidal act (that of 17 stab injuries), forensically defined as an act of overkill, it is possible that repressed rage may have led to this extreme act of IPV.

Substance Abuse and Addiction

A majority of the families displayed their belief in a link between IPV and substance abuse. In most instances, interviewees commented on a perpetrator's addiction to alcoholism, tobacco and/or banned substances such as cannabis as contributing to his negative and violent behaviour. Respondents also associate intimate partner violence with the perpetrator's abuse of addictive substances.

For instance, even though addiction to alcohol and/or banned substances was not directly tied to the femicide, Haripriya's (discussed earlier) mother states repeatedly during the course of the interview that her daughter's boyfriend was addicted to alcohol and cannabis. She blames him for introducing tobacco and cannabis to her daughter. Similarly, both sets of parents of Hiruni and Himagouri claim that their daughters had refused or been unable to live with their husbands due to their addictions.

The Femicide of Hiruni

Hiruni had begun working at an apparel factory after completing her O/L exam. There she had met the man whom she later married. Since her family had opposed the relationship, the couple had eloped. Yet, after marriage, they had lived with Hiruni's parents until a house was built for them on the same land. During this time, Hiruni's husband left her and their baby for long spells. After the completion of their house, Hiruni had refused to move into the house with him as he was "addicted to smoking" (20-25 cigarettes a day) and alcohol. Her father says that they had heard he also smoked cannabis. Hiruni's parents say that her husband was violent towards their daughter although they had not personally witnessed the violence. They had lodged a complaint against him for leaving the family and the police had demanded that he pay alimony to the wife and child every month, which he had neglected to do. Her father believes that the man had abandoned Hiruni and their child due to extramarital affairs. On the night of the incident at around 1:30am, Hiruni's husband had set fire to their house. Hiruni's brother and mother had rescued her and the baby and taken them to the Ratnapura Hospital (1.5 hours away) in a trishaw. However, the baby had died the next day and Hiruni had died two days later.

The Femicide of Himagouri

Himagouri was 16 years old when she eloped because her boyfriend's family had been against the marriage (because her parents had been unable to give the dowry his mother had demanded). When they returned home, Himagouri's parents had the marriage registered and given them their house. Her parents had moved into a smaller house they had built behind it. However, Himagouri's mother-in-law continued fighting with her. She demanded that her son must earn for his family for five years before he can earn for Himagouri and his own family. Ultimately, her husband had lived with his mother but spent some nights with Himagouri. They then had a baby girl but Himagouri's mother says that her son-in-law had not supported his wife and child, and also that he consumed a lot of alcohol. When the five years came up and he still did not return home to his wife and child, Himagouri had complained to the police. They had then made a complaint with Women in Need and were trying to resolve the matter without going to court. On the night of the femicide, Himagouri's husband had asked Himagouri to send home the companion who usually stayed over with them. That night, Himagouri's mother had heard shouting and run out to find her husband lying in a pool of blood in the shop where he had been sleeping (the shop was a small structure built in front of the house). Himagouri and her daughter (1½-year-old) had been missing. Himagouri's mother had not looked for them assuming that they had hidden from Himagouri's husband and instead had rushed her husband to hospital as he had been bleeding heavily. From there he had been transferred to Batticaloa Hospital. When Himagouri's mother returned home, she had found a crowd in front of the house. She had then found the bodies of Himagouri and her daughter in the well. Her husband too had died later that morning due to blood loss.

Even though the families suggest this link between addictive substances and family violence, closer analysis of interviews indicate continuing family conflicts in these young marriages that had been exacerbated due to these indulgences. Similarly, in the case discussed earlier, Hemanthi's husband asserts that his brother (the perpetrator) "had been violent since he was a child, frequently assaulting people and that he was also a ganja addict". He disbelieves his brother's claims of a mental illness and he readily attributes his brother's violence to alcohol and cannabis (conveying his belief that the perpetrator's addictions played a role in his violent streak). The above assertions to linkages between addiction and violence on the part of family members seem to indicate not only a sense of acceptance or resignation towards such violence but also a sense of expectation of violence when it comes to substance abuse (Graham and Livingston, 2011).

Alcohol is a well-known cerebral depressant. Several studies have found that heavy alcohol consumption leads to an increased risk of IPV while global meta-analysis has further established a link between alcohol and intimate partner violence (Foran & O'Leary, 2008). While alcohol consumption and its association to an increased risk of all forms of interpersonal violence is not doubted, there is contestation among social scientists as to its specific role as a contributory or causative factor in IPV (Graham and Livingston, 2011).

However, in one case (that of Hema, discussed in Chapter 4, who was continually subjected to IPV), the perpetrator's family members do not appear to believe that alcohol abuse had a particular link to the violence he committed over the years. In fact, Hema's daughter says her father (the perpetrator) drank frequently but that his "rage was the same, regardless of whether he was drunk or not".

The relationship between violence and the abuse of other substances such as cannabis has also been recorded. For instance, Cannabis (also known as Marijuana) is a psychoactive agent widely used in many societies for its stimulating effects on the central nervous system (Hall & Degenhardt, 2009). However, contemporary medical research has been inconclusive about the specific effects of cannabis on particular psychic types (Volkow et al., 2014). Moreover, the drug has also been approved for medical purposes (Capriotti, 2016) in recent times. The cases we studied did not offer sufficient information to definitively understand the extent of abuse by these perpetrators, nor could it be confirmed that the perpetrators had been under the influence of either alcohol or cannabis during the commission of these femicides. However, as noted earlier, community perceptions regarding addiction and the easy rationalisation of violence in relation to substance abuse by family members (as seen in the cases of Haripriya, Hiruni, Himagouri and Hemanthi) is problematic, particularly in instances of gender-based crimes.

As in the case of Family Femicide that indicated extended and convoluted family issues, there seems to be a web of intersecting issues in Intimate Femicide which encompass the couple. One reason for this could be the extended family households still prevalent in most areas. Intersecting issues involve historic and continuing enmities in families and communities, the lack of communication between family members, the acceptance of a "violent persona" within the family, the lack of understanding relating to substance abuse and mental health illnesses and the lack of information about mental health services, as well as unresolved land and financial issues within the family.

Sexual Femicide

Of 243 femicides in our quantitative study, 19 cases had forensic evidence of rape and murder. Of these, 13 were by known people (five by husbands, two by relatives, four by neighbours, one by an ex-lover and one by a disputant while six were classed as unsolved). Seventeen had evidence of sexual activity prior to death. However, sexual activity alone cannot be classified as rape in the absence of forensic evidence and injuries

as well as testimonies of rape. In 15 cases, despite relatives having made allegations of rape, only 10 were forensically proven. Here too allegations were made not against strangers but known persons such as a husband, ex-lover, relation, neighbour and so on. Such speculations and accusations pose a challenge for forensic medical investigators, and it has led to the post-mortem practice of examining the dead bodies of women for possible sexual penetration especially in suicidal and homicidal circumstances.

Violent deaths of women are frequently coupled with claims of rape - leading to a massive public outcry and extensive media coverage. Thirteen of the 19 cases of rape and femicide had been covered broadly by the media as conveyed by interviews with the police. There is a perception that rape and murder cases are augmented into public 'scandals' by the media and community. This often results in the affected families being socially stigmatised - due to the transference of a sense of 'shame' and sensationalism associated with a rape from the perpetrator to the victim, and, in the event of the victim's demise, to her family. Interviews convey that families thus become isolated/ or isolate themselves (sometimes even moving away to another location) as they are unable to face society due to this intense scrutiny and constant rumour-mongering.

In contrast, the perpetrators have not always been held socially accountable; nor have they always been targets of community revulsion in the same way as the victims (or the victim's families) when it comes to rape and murder.

The Femicide of Hanifa

Eight-year-old Hanifa's rape and murder had taken place in the Eastern Province. On the day of the incident while her mother had been napping in the afternoon, Hanifa had been playing in front of the house where there was a small grocery store being run by her grandmother. The child had been playing outside with an umbrella as it had been drizzling. When Hanifa's mother had come out, the child had not been there. Her mother (Hanifa's grandmother) told her that she had sent the child to accompany a man who had dropped in to buy tobacco (beedi) from the shop as Hanifa had an umbrella. The child's mother remembered seeing a bare-bodied man earlier and become concerned as he was new to the village. She, along with her husband and relatives had begun searching for Hanifa.

Some people had said that they had seen her going off with the man and had asked his house to be searched. But when the family went to the house, those searching for Hanifa had not seen her, and the man had said that he had not seen her either. When they became aggressive, he had said that he had seen her going with a person in a blue trishaw. Since Hanifa's mother's brother had a blue trishaw, they had checked with him, but the child had not been there. Although the perpetrator's neighbours had insisted that Hanifa's parents search his house, they had not suspected him and therefore they had desisted. After 6pm they had made a police entry and the police had searched the suspect's house after breaking down the locked door as he had not been home by then. There they had found the child's body in a fertiliser sack. The OIC had rushed the child to the hospital while the parents had been in shock. At the Batticaloa Hospital, the child had been declared dead on arrival. She had been sexually assaulted and strangled.

The suspect was arrested in his village and is now in prison. He was initially investigated for mental illness, but both the Batticaloa Hospital and Angoda Mental Hospital had discharged him to prison. Hanifa's aunt says the perpetrator is not mentally ill and even threatens them in court, saying that he will take revenge when he is released and that he will shoot Hanifa's father. The perpetrator's

sister who also resides in the village harasses the family by throwing stones at their trishaw and roof and leaving garbage in front of the grocery shop.

Hanifa's parents say that the court case had not progressed positively. The suspect had several other cases of sexual assault pending, which have also not progressed due to his claim of mental illness. She says the perpetrator's sister suffers from a mental illness and that he copies her behaviour to escape punishment. The child's aunt says that the Angoda Mental Hospital had confirmed that the perpetrator did not have a psychiatric illness. Nevertheless, the case was ongoing. The family had pinned their hopes of getting justice due to the supportiveness of the police. Hanifa's mother is grief-stricken and is frequently in tears while her father is equally depressed. He had suffered a heart attack a few months later and had been in the ICU for over three weeks. He is now not fit to undertake hard-labour jobs and since he was the breadwinner, they are financially compromised. Their grocery shop had not been opened for some months since the child's death. The father has had to change his vocation and he hires out a trishaw now. Their son is in Qatar financing the household.

An NGO in the area had initially helped the family by conducting a black-cloth protest against sexual harassment and the family had also gone to support the protest. But when they conducted a second protest, the parents could not find their child's name in the hand-poster that had been given out and so they had returned disappointed. They believe the neighbours have been very 'supportive' as they had burnt the suspect's house and property. In contrast, they say that their religious community has not been supportive of them and had asked them to forgive the perpetrator so that he can be pardoned and released. Hanifa's aunt says that neither the state nor the NGO sector has done anything, so the villagers are protecting their children themselves.

Hanifa's parents say that they are living only because of their grandchild (elder daughter's child) and they are only awaiting death. The child's father is going for counselling. Both parents wept throughout the interview.

Subsequent to the sexual assault and murder of Hanifa, her parents complain of being isolated by the villagers due to their family's refusal to 'forgive' the perpetrator, as advised by the religious leaders of the community. Her family contends that this call for forgiveness by the villagers was despite their knowledge of the perpetrator's pending cases of sexual assault elsewhere in the country. The family's sense of injustice is compounded by the fact that the media had lost interest in the case after the first few weeks of coverage, leaving the family 'to pursue justice for their daughter on their own', according to Hanifa's aunt. Unlike in the case of two high-profile cases around the same time, that of Seya Sadewmi and Vithya Sivaloganathan referred to in our Introduction, this case was not given adequate publicity perhaps due to religious influence as intimated by family members.

When it comes to rape and sexual abuse, there is a disturbing practise on the part of certain religious authorities, some community leaders, and members of village conflict-resolution mechanisms of exerting pressure on the affected families to mitigate these violations away from the judicial system. Sometimes, such mitigations, for instance by mediation boards, have resulted in survivors being pressurised to forgive and/or marry their rapists (Hussein, 2001).

This case also highlights how a habitual perpetrator took advantage of the community's ignorance of his previous criminal record and history of violence. The critical need for village authorities and the police to

have access to the criminal records of known perpetrators of sexual violence and murders in the form of a registry (especially of alleged perpetrators of child-related crimes) has been discussed for many years. This could alert authorities of the presence of people of criminally deviant behavioural histories living in these communities.

Yet, it must also be noted that communities are facile and unguarded even when known “perverts” and habitual violators are within the community, especially when they are family members. In the case of Hemanthi (discussed previously), she did not tell her husband of the sexual advances made by his brother as she was afraid of the former’s reaction. Her surviving husband claims that his brother had made or attempted to make sexual advances towards her in the past: “To be frank... he was mad for women, that’s what he was. That is why he was angry at my wife. She would not tell me in case I’d go quarrelling with him, but she has told her friends that he bothered her a lot, came over naked and talked in dirty words”. It is possible that such attempts at sexual harassment would have evoked a sense of vulnerability in the victim especially within her own home as her brother-in-law lived in the same compound. Yet, neither the family members nor the community had previous and adequate knowledge of antisocial personality disorders to realise the significance of the risks posed by such personas and behaviours.

Of the 19 cases in the quantitative study, there are two cases of rape and murder by strangers. As noted earlier, the WHO (2012a) classifies the conjunction of rape and femicide by a stranger as sexual femicide. While this category illustrates the potential danger posed by unknown persons to women and girls; the overall higher numbers of homicides by known persons in our book seem to signify that women and girls are equally, if not more, vulnerable to attack from known persons than unknown persons.

Predispositions and Attitudes towards Femicide

The previous sections have illustrated some of the close and complicated linkages and relationships amongst individuals within families and extended families when it comes to femicide. Interviews show that family members sometimes had close knowledge of the daily experiences, life issues and intimate situations of victims. The opinions and roles of family members have sometimes contributed to aggravate internal crises.

Bystanders

Yet, when it comes to the presence of violence within a marital relationship, family members reflected a degree of detachment from IPV in relationships. This can be related to the community perception of the marital relationship as a sacred and private bond between the two partners. Moreover, it would seem that family members did not always conceptualise of IPV as a critical issue, as a crime or as having the potential risk of death. It is possible that social, cultural and gender values and norms retard the expectation of serious physical injury from a husband or partner given the intimate nature of a relationship between the couple. However, the interviews show that even when there had been evidence of grave injury, family members had been reluctant to intervene in times of conflicts. This passivity or reluctance on the part of the community to become involved, even in conflict resolution, is evident in two of the cases where even though the victims’ death screams may have been heard by neighbours, no one intervened to stop the femicides.

In Haripriya’s case discussed earlier, despite the proximity of the other line rooms, it would seem that no one in the community had been willing to intervene despite hearing an altercation even if it were masked

by the sound of the television. Similarly, Hemawathi's husband had dragged her to the forest near their house while she had been at home recuperating from a surgery and stabbed her over 17 times. The victim's daughter claims that her mother had been taken screaming. Yet, the villagers had not intervened to stop the killing. While communities are often disturbed by knowledge of the violent episode, they are not adequately distressed or motivated to intervene due to a number of reasons. These could include ignorance on how to intercede effectively, a lack of mediation history and a fear of consequences, reprisals and legal entanglements.

Health Professionals

Apart from community bystanders, health professionals related to these cases have also not always possessed the sensitivity or skills to deal with instances of IPV. Hema's daughter expressed her anguish at the way in which nurses and doctors had laughed at her mother's heinous genital injuries arising from her father's violence.

Hema (discussed in Chapter 4) had been hospitalised due to an 'illness' which she had refused to share with her daughter. Yet, at the hospital, the daughter had overheard the laughter of health professionals who had discussed her mother's case. She had therefore insisted that her mother share the particulars of her injuries with her. The mother had then confided to her daughter about the wounds she sustained from internal damage to her genitalia after her father had driven a pole into her vagina. The insensitivity and callousness displayed in this case by health professionals seem to indicate a lack of empathy – if not ignorance of IPV and its manifestations. It is possible that here too the prevalence of IPV is taken to be a normative feature of a married woman's life despite authorities ministering to her 'horrendous' injuries.

Healthcare workers were similarly implicated in the death of a girl child of one week (Hashini) when they did not identify the potentially dire consequences of postpartum depression. The maternity hospital in question seems to have either been negligent or unaware of postpartum depression and its manifestations. This case constitutes the only case of infanticide as well as the only case in which a woman is the perpetrator in our qualitative study.

Hashini's father confirmed that his wife had suffered from postpartum depression and believes that the infanticide she committed was directly due to this illness.

The Infanticide of Hashini

Hashini's infanticide occurred at a maternity hospital in Colombo. In addition to Hashini, her parents had two other children. Her mother had suffered from postpartum depression after the birth of her first and third children. In the case of the first child, the illness had passed once she was able to nurse the child. When she showed signs of the disease after her third child's birth, she had been admitted to the maternity hospital along with the infant as she was nursing her. Her husband had informed hospital staff of her previous record, but he claims that the staff had not paid much attention to it and had allocated her a bed in a corner of the ward. On the day of the incident, her mother had killed Hashini in the morning and then gone out to the road intending to commit suicide. She had then visited the milk bar in the hospital premises, and afterwards returned to the ward around noon and informed the staff of the killing.

Until then no one had been aware of the death of the infant. After the incident, the hospital appears to have misled the family about the whereabouts of Hashini's mother, claiming that she was in police custody. Hence, her husband had not been able to locate her. Later, he had found that she had been admitted to the Angoda Mental Hospital for treatment for six months. The family has not received any help from relatives as they had not been in touch with them. There appears to have been issues between Hashini's mother and her mother-in-law. Her husband says that the incident had created a distance between him and his wife but that he makes an effort to understand her situation. He says he blames the hospital staff for negligence and not taking due care. His other children had been cared for by his mother in the absence of his wife. However, she is now back at home after treatment. He says he has had to face a lot of problems resulting from this incident due to the social stigma relating to infanticide. He is still suffering from its consequences as his tuition class had not expanded since the incident. A vehicular accident had also contributed to the fact that he is unable to visit students. Subsequently, he has had to stop all his classes.

Hashini's father holds the hospital accountable for the incident as the authorities had disregarded his warning about his wife's condition when he admitted her to the hospital. This belief is hinged on the fact that the mother had been assigned a bed at the far end of the ward and the fact that staff had not checked on the patient and her baby for prolonged periods.

Hashini's father appears to have recognised that his wife suffered from a mental disease as she had displayed similar symptoms with the birth of the first child. Yet, it seems that he had not been able to understand the disease itself, indicating his ignorance and helplessness in dealing with the situation. He says that "if it's a physical illness, you could even drag her away and treat her. But we don't know exactly when this illness would occur." There is no indication of the hospital having advised or counselled him on the illness or on how to cope with a suffering partner. Moreover, following the death of the infant, the mother had been sent for psychiatric evaluation and treatment. Yet, her husband had been told by the hospital that his wife had been arrested following the incident when in fact she had been admitted to the Angoda Psychiatric Hospital. This case clearly indicates a lack of awareness and/or experience with postpartum depression and its manifestations, and a breakdown in communication and a tracking system on the part of the health professionals at the maternity hospital.

The Police

In 2005, the Domestic Violence Act (DVA) was enacted in Sri Lanka in order to provide protective legislation for victims of domestic violence (which includes IPV and violence by family members). Redress spans from Interim Protection Orders to the formal separation from an abusive partner. The Sri Lanka Police Research and Planning Division has also installed Response Desks for women and children in all 496 police stations in Sri Lanka. However, in practice, the implementation of the DVA has been compromised by a host of social, cultural and practical issues. For instance, it is reported that 90% of victims do not report instances of violence to the police (Jayasundere, 2012) The response of the police has often been arbitrary with complainants being advised to maintain marital harmony and being referred to Mediation Boards (Sri Lanka Brief, 06/2017), etc. Moreover, survivors of domestic violence who seek legal action were compelled to go through a long process involving the police, health and medico-legal as well as judicial systems.

IPV Complaints to the Police

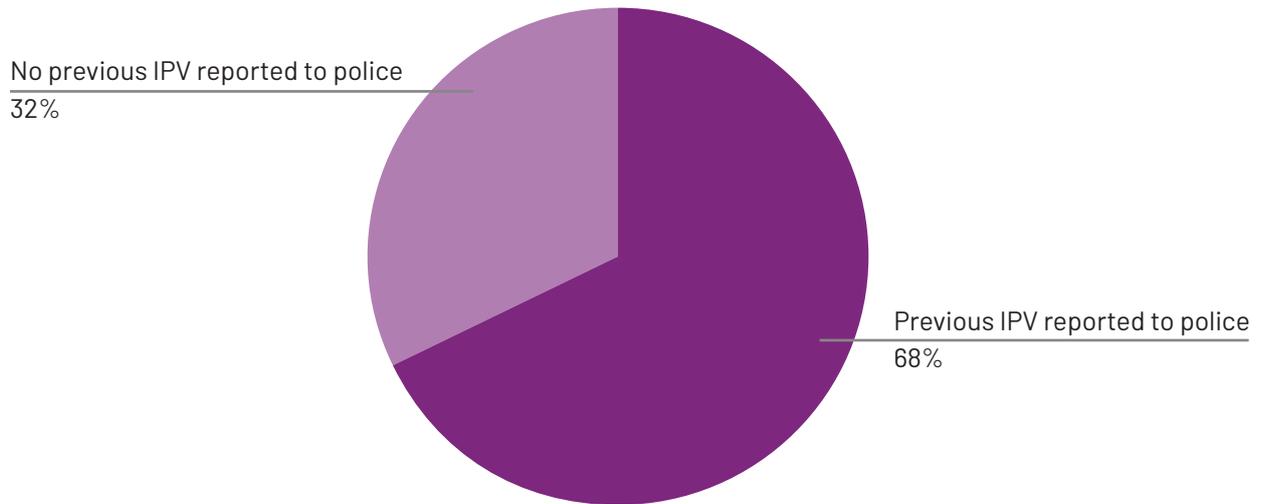


Figure 12: Previous police complaints by deceased victims on IPV

Our quantitative study revealed that over 30% of the 101 women who faced IPV had reported it to the police. While 8% (20) of the sample had reported it at least once, 5% (11) had reported it 1-3 times and 3% (6) had reported it over 3 times. It is problematic that almost 70% of the sample had not reported the incidences of IPV despite the mechanisms in place to encourage reporting.

A study by Jayaweera et al. (2010) on domestic violence carried out in six districts in Sri Lanka demonstrated that of the 313 victim survivors investigated for the study, only 42.5% had lodged complaints with the police while 14.4% had sought legal remedies and 21.1% had not taken any action and had "resigned themselves to their situation". Reasons for non-reportage include 'to avoid disgrace'; to maintain the privacy and prestige of the family; and to remain in the marital relationship due to the lack of economic independence and for the sake of their children (Jayaweera et al., 2010). While a majority of women had resorted to mediation mostly through relatives and friends, those who had reported the abuse to the police reported negative experiences. For instance, in the case of Haripriya who had reported violence by her partner to the police on a previous occasion, the police had advised her partner to stop quarrelling. Yet subsequent to the complaint, her partner had tightened his control on her and Haripriya's mother believes that this was the reason why she was killed.

The study by Jayaweera et al. (2010) also found that of the survivors of domestic violence who had lodged complaints, 30.1% was silent on the outcome of their visit to the police while 11.3% said that the police were 'useless', and 35.5% said they had been advised to return to their homes and live 'peacefully' with their spouses. Our qualitative study also indicated that even though victims complained to the police, they were compelled to return to the homes they shared with the perpetrators for the lack of other viable living options. Hence, reporting the violence to law enforcement authorities did not result in a substantive change to their circumstances. Given the complicated emotions within family relationships, a majority of complainants seem to make police entries with the aim of future protection rather than with the intention of prosecuting the perpetrators.

A 2012 study by Jayasundere of 796 survivors revealed that 95% of survivors had suffered several years of domestic violence before seeking help. It also notes that 70% of survivors had reported the IPV to the police and while the latter had advised both the survivor and perpetrator in the majority of cases, only the survivor had been advised in 11%. The police had filed cases only in 6% of the incidents while 2% had been referred to Mediation Boards.

There are three findings in this study that give cause for concern. Firstly, it concludes that the IPV had not ceased in 75% of the cases seeking help. Secondly, in 86% of the cases in which the violence had stopped, it had restarted later. And finally, 50% had not sought the help of the police again. These findings suggest that the mechanisms for relief and redress formulated in the DVA, did not, in practice, prevent perpetrators from committing IPV, and a large number of those who had believed in the reporting system later deemed it of not being of any help.

The lack of substantive action being taken by the police and Mediation Boards even in situations of continuing violence indicates the lack of understanding by law enforcement authorities of the nature of IPV, its many facets and possible ramifications. Furthermore, as first respondents, the lack of sensitivity and ignorance demonstrated by the police towards the consequences of repeated and continuing violence suggest that these officers themselves may be entrenched in the social and cultural acceptance of domestic violence as a norm, as well as violence within the domestic sphere (between intimate partners) as a personal/domestic matter.

Exonerating the Perpetrator and Blaming the Victim?

A disturbing socio-cultural phenomenon that was discerned via the qualitative studies is the tendency of the respondents towards exonerating the alleged perpetrator and sometimes going so far as to blame the victim - particularly in instances of femicide.

In our qualitative study, Hemawathi's daughter (the informant) says that her parents had never fought before, yet they had been unable to live with each other after building and moving into a new house. Subsequently, while Hemawathi was recuperating at her sister's house (after surgery), her husband had asked her to accompany him to the nearby forest. When she refused, he had dragged her to the forest and stabbed her (17 times) to death. Hemawathi's daughter believes it was due to a gurukama (occult) and thereby exonerates her father of the crime.

Often, respondents seem resigned to a belief in fate, perhaps, reflecting a limited capacity to deal with crises that they deem to be outside their control. This was also evident in cases of suicides and accidents. Fate seems to materialise itself in the form of malefic horoscopic predictions, objects and effect of black magic, belief in deities, and the overarching power of karma.

Victim blaming was a specific characteristic in femicides where the alleged perpetrator was a family member. Yet, such occurrences are not unusual, particularly in Middle Eastern and North African countries, where the criminal justice system, as well as the external social cultural contexts contribute towards exonerating the perpetrators of femicides - especially in the case of honour killings (Shalhoub-Kevorkian, 2002).

Thus, if both the perpetrator and the victim are family members, it was observed that respondents tended to transfer blame towards the deceased victim possibly due to conflicting loyalties. Hasitha's mother-in-law, the perpetrator's mother, begins her narrative of the murder by speaking of her daughter-in-law's alleged affair. She claims that the victim had eloped and had been stabbed upon her return home the next day. In locating the alleged affair at the beginning of the narrative, the interviewee appears to suggest it as the primary cause for the killing and thus seems to justify her son's actions.

Hasitha's daughter's assertion "never to become like mother ever" seems an unjust appropriation of blame, as Hasitha's daughter blames her mother for the alleged affair more than her father's femicide. It seems ironic that the moral cost of the elopement for a woman is made to seem far greater than the cost of the homicide.

The Femicide of Hasitha

Hasitha had allegedly been having an extramarital affair (and her mother-in-law claims that this was not her first relationship outside her marriage). Her mother-in-law says that she had warned her against the relationship. The day before the femicide, Hasitha had been dropped at the house where she worked (as a cook) by her husband. Later in the day, he had received a call informing him that she had eloped. When she had returned home the next day, he stabbed her (on the left side of her abdomen) while his mother had been in the kitchen. After she was admitted to hospital, she had undergone surgery but died the next day. The husband had admitted to the stabbing when the police arrived at the house.

The High Court case had been expedited due to the fact that the case of homicide had been filed under culpable homicide not amounting to murder based on the perpetrator admitting to have killed her due to his 'hadisi kopaya' (grave and sudden provocation). The case had been completed after approximately six sessions in the High Courts and Hasitha's husband had received a sentence of four years. When asked whether her son regretted his actions, his mother says that he is concerned for his children who have been divided between his mother and his brother. The villagers have been understanding about the whole incident and towards the family. Hasitha's daughter asserts that she is doing her work and carries on with her life as usual and that she "will never become like her. That was what my father asked me at the end, never to become like my mother ever."

Within the legal sphere, the notion of 'Hadhisi Kopaya' (discussed at length in Chapter Four) is used as an extenuating factor in homicide and seems to imply that the victim is partially or wholly to be blamed for her role in provoking the wrath (or the sudden wrath) of the perpetrator. As will be argued, this is particularly problematic in cases of intimate partner and domestic violence where there is often a history and perhaps even an escalation of violence preceding the murder.

Victim blaming, whether it takes place formally within the legal context or ideologically within the families and communities, serves to exonerate the perpetrator in the eyes of society. Even more disturbingly, there is then a tendency for the perpetrator's violence to be perceived as being 'reasonable', if not inevitable, while the victim is perceived to have 'deserved' her violent end. Such 'rationales' can be seen as the foundation of gender unequal mores and norms not only in terms of justifying domestic and intimate partner violence within families and establishing violence as an acceptable means of resolving personal conflicts, but also in reinforcing the practice of 'femicide' as permissible.

TAKE AWAY POINTS

- The majority of femicides have been committed by known parties (84%) within the homes of women and girls (75%) during daytime hours (47%).
- A majority of femicides were perpetrated by intimate partners (42%) such as husbands (28%) and ex-lovers (14%) followed by family members (20%).
- Family members and the communities commonly perceived IPV as normative in marriages. Moreover, there was no available intervention or redress to prevent the continuation and/or escalations of IPV within the family. Violence often culminating in femicide was utilised as the primary form of conflict resolution by certain family members.
- There was a tendency amongst family members to rationalise and accept femicides reflecting predominant gender stereotypes and cultural norms within communities. There were attempts by respondents to exonerate the perpetrators (by justifying the killing) and blame victims especially when both were from the same family.
- Health professionals and law enforcement officers were frequently insensitive and untrained to deal with the phenomena of IPV and common psychiatric illnesses.
- Community and law enforcement had no knowledge of habitual offenders of sexual crimes even when they were living in their midst.

CHAPTER FOUR

JUDICIAL PROCEEDINGS

The legal framework of Sri Lanka is a complex mixture of laws ranging from Roman Dutch laws and English laws, legal precedence of South India and Indonesia as well as indigenous customary laws from within the country. The laws governing death, especially those of unnatural deaths, are linked to the criminal justice system of the country and is a colonial legacy from British rulers. The foremost legal instruments pertaining to enquiries into unnatural deaths are the Code of Criminal Procedure Act, Evidence Ordinance, the Penal Code and the Motor Traffic Act. However, in special situations such as the deaths of foreigners and diplomats, the Diplomatic Privileges Act will operate in the proceedings of death inquiries. In addition to the above, Emergency Laws and Humanitarian laws will be applicable during situations of war, terrorism and disaster due to irregularities and the high number of casualties. Furthermore, Constitutional laws related to human rights can also be taken into consideration in instances of fatalities arising from rights violations by state entities.

This Chapter will spotlight the judicial proceedings relating to the unnatural deaths of women focussing on femicides, in particular. For the benefit of those unfamiliar with the intricacies of legal and judicial proceedings, the chapter provides an explanation of the process and progression of enquiries into unnatural deaths, as well as related issues of criminal investigation such as political interference and systemic delays within the legal system of Sri Lanka. It also provides a perspective of the ways in which the laws have been implemented and mitigated on the basis of gender, social, political and cultural mores and values.

Inquiry into Unnatural Deaths

All births and deaths in Sri Lanka are registered by the Registrar General's Department of Sri Lanka. The death registration certificate will document both the person's identity as well as the cause of death. An 'unnatural' death (as it is termed in the death enquiry process) could be due to an accident, suicide or homicide or due to undetermined circumstances (See Figure 13). If a death is deemed to be suspicious or caused by unknown reasons, the following officers are empowered by the Code of Criminal Procedure of Sri Lanka to hold an enquiry: Police officers, Inquirers (Inquirers into Sudden Deaths / Magistrates), Judicial Medical Officers and Officers from the Government Analyst Department.

The inquiring officer at a death inquest could be the Inquirer into Sudden Death (ISD) or the Magistrate. In the first instance, the ISD will inquire into the 'cause/ manner' of death (referred to as COD in the diagram below) according to the Code of Criminal Procedure in Sri Lanka. Further, if he/she thinks it is expedient to conduct a post-mortem on the deceased, he/she will order a government medical officer to conduct a post-mortem examination to determine the cause of death. Accordingly, if the facts disclose any wrongdoing or criminal activity, the ISD will refer the case to the Magistrate of the area for a judicial inquest.

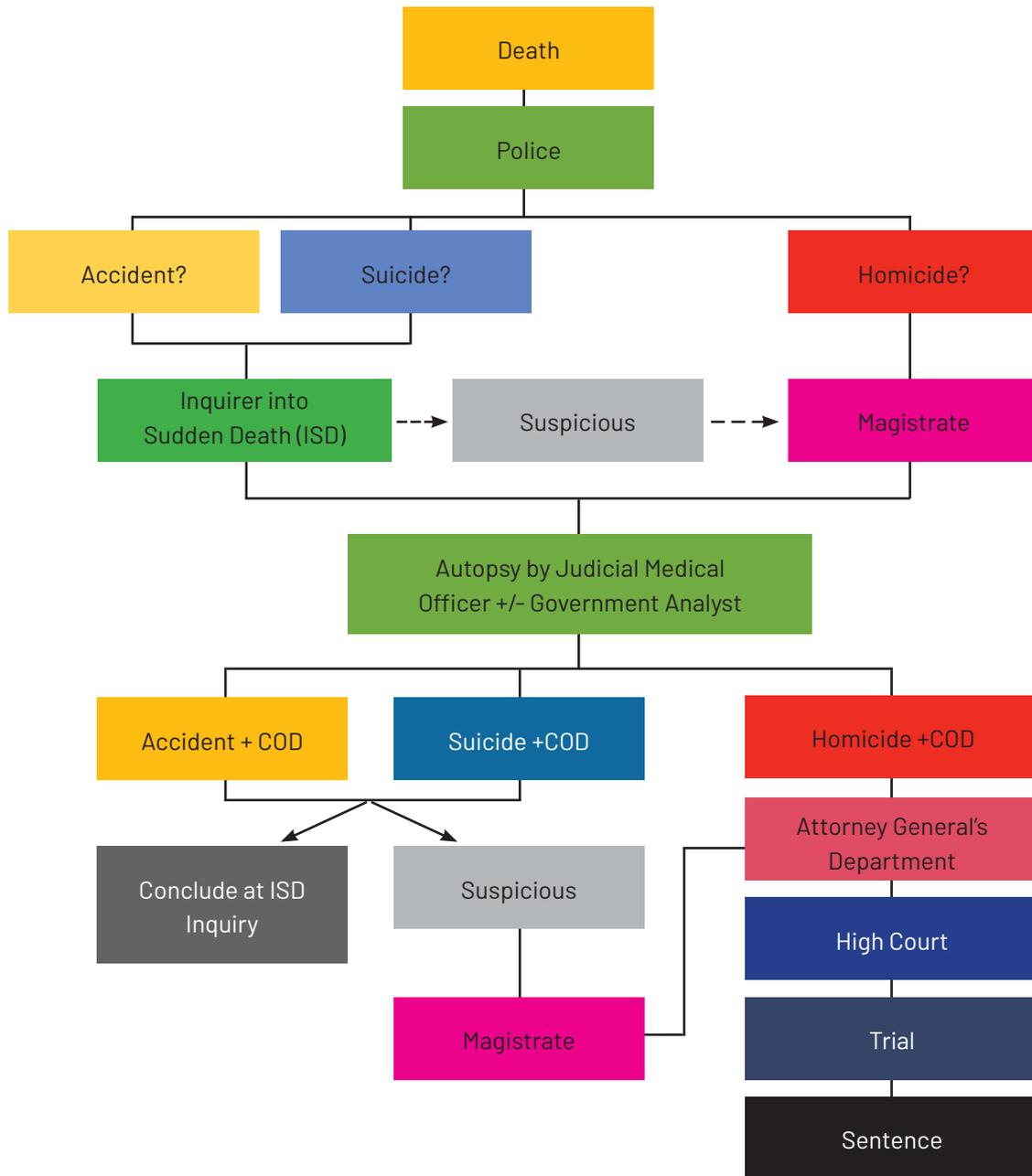


Figure 13: Progression of a death inquiry

Issues Related to Crime Investigation

The data collated for this book gave evidence of the gaps, blocks and weaknesses as well as the potential for the loss of impartiality and the possible abuse of forensic and judicial proceedings. For instance, the fact that a single individual (the Inquirer into Sudden Deaths) is empowered to make a unilateral decision on the circumstances pertaining to a fatality can be perceived as a potential weakness in the system – especially in tight-knit rural communities where everyone knows one another. For instance, in the case of Annalakshmi (a victim of an accident) there were intimations that the ISD had made a ruling on a possible case of criminal negligence as an accidental death.

Furthermore, sometimes our qualitative study revealed instances where the police, for instance, was allegedly favouring those at fault. For example, Aruni's mother (Chapter 1) says that after her daughter drowned whilst on a trip (supervised by her tutor) with her peers, the police "treated us in the worst way. They were supportive of the teacher's 'side' as all of his relatives are in high positions and are financially well-off. The police talked to us rudely and treated us badly". She says they are dissatisfied with the progression of the case due to the partiality shown towards the teacher. Apart from the irregularities highlighted by the respondent, there seems to be a lack of basic sensitivity, if not courtesy, towards the affected family on the part of the investigating officers. This seems to signify a larger issue of public relations training on the part of the area police.

One instance in our qualitative study indicated the possibility of political corruption influencing the case against an individual who allegedly caused an accident - resulting in the death of Anjali.

Allegations of Political Corruption The Accident of Anjali

Anjali, an 11-year-old girl, had been travelling in her father's trishaw with her parents and brother when the accident occurred. Another trishaw that had been overtaking a row of vehicles on the oncoming lane had knocked into the trishaw driven by Anjali's father, causing it to hit a lamp post. Anjali had been thrown out of the vehicle and had died on the spot. The driver of the other trishaw had fled the scene and taken refuge at the house of his uncle who had been a Pradeshiya Sabha member. He had then repaired his vehicle to conceal the damages from the accident. Anjali's father's trishaw had been taken into police custody and he had been arrested for driving without a licence (although he had been released on surety bail while the court case was proceeding).

Anjali's father says that the police allege that he had been speeding and had hit the lamp post after losing control of his vehicle; a charge which he denies. The other driver who had been responsible for the accident had not been arrested and his brother had threatened Anjali's mother during the court case (saying that he will punch her teeth out). Anjali's family has not received any financial help from any source and their emotional state has affected them economically. Moreover, since her father sustained a hip fracture in the accident, he is unable to do any heavy work. Anjali's parents believe they will not receive justice due to the political influence possessed by the other driver, but they are still determined to go to court.

Anjali's father points out that the driver of the offending three-wheeler had not stopped at the scene of the accident and had, instead, gone to his uncle's house (who had been a Pradeshiya Sabha member). He claims that the accused had got his vehicle repaired before the commencement of the police investigation. He also asserts that the police had advised him not to retain a lawyer; instead, they had appointed a lawyer who "did not do a good job". Anjali's mother accuses the offender's brother of having threatened to "punch her teeth out" during the court case. They allege that the police are influenced by political power and evidence this claim by citing how the girl's father was remanded (for driving without a license) while the accused was only remanded for a few hours despite having caused the accident. However, Anjali's mother asserts that she will not allow the accused to be acquitted and says "I won't allow that to happen. This same mistreatment can happen to your child or siblings one day. I can hang myself." This statement seems to be based on the desire to 'teach society a lesson' due to the respondent's feelings of immense frustration with the justice

system. The fact that the mother doesn't see any other recourse in a flawed system makes this threat of suicide palpable and resonates with the acts of self-harm executed by suicide victims in Chapter Two.

The case also surfaces the many possibilities for systemic abuse in situations of rurality as well as the exertion of rural power dynamics. The opportunities for politicians and the police to abuse power within the rural contexts convey the lack of checks and balances in local systems. Consequently, the strong community networks based on political and personal favours leave room for breaches of and delays in the death enquiry process. This is particularly problematic when communities do not possess any knowledge on forensic ground procedures and the rights of the next of kin in an investigation. Moreover, the respondents in our study did not seem to be aware of any agencies or means of recourse that could be utilised to obtain justice.

Blocks and Delays in Judicial Proceedings

The graphic below provides an understanding of the timeline of the judicial proceedings of an uncomplicated case of femicide that began in 2013 and concluded in 2016 (the case of Hasitha in Chapter Three).

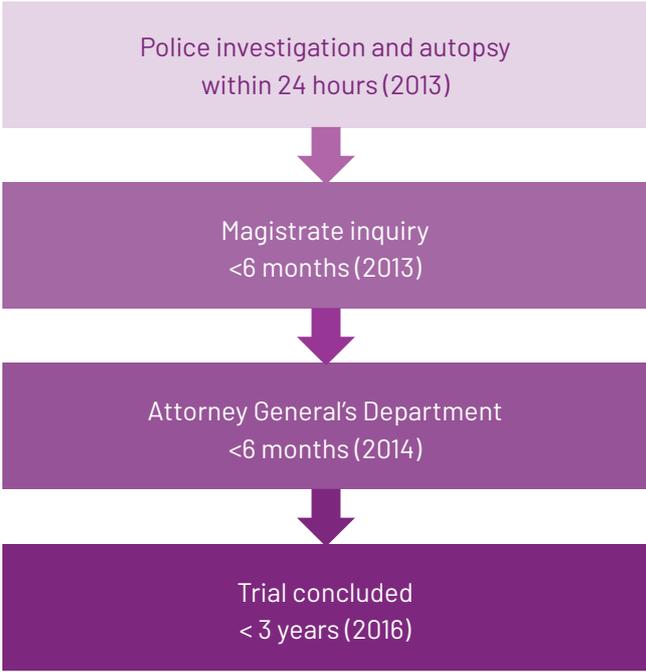


Figure 14: The timeline of judicial proceedings in the femicide of Hasitha

Hasitha's husband had stabbed her when she returned home after having allegedly eloped with the man with whom she had been having an extramarital affair. After the killing, Hasitha's husband had confessed to the police that he had stabbed and killed her. At his trial, he had pleaded 'hadisi kopaya' and the trial had been concluded based on 6-7 court appearances. He had been sentenced to four years imprisonment (which he was serving) at the time of our interview with his mother and daughter. However, this is not the norm within the judicial system.

In contrast, the following table provides an indication of the status of homicide cases under judicial purview during the period 2015 to 2017 as extracted from police data.

Status	2015	2016	2017
Total Recorded	476	502	452
Ending in Conviction	00	02 (0.4%)	00
Ending in Acquittal	00	00	01 (0.22%)
Pending Investigations	260 (55%)	298 (59%)	272 (60%)
Pending in the Magistrates' Courts	96 (20%)	122 (24%)	113 (25%)
Pending in the AG's Department	62 (13%)	43 (8.5%)	41 (09%)
Pending in the District High Courts	26 (05%)	15 (03%)	10 (02%)
Total Pending	444 (93%)	478 (95%)	436 (96%)

Table 11: Judicial status of cases during the period of 2015-2017
(Data source: Sri Lanka Police)

National Police data indicates that around 95% of cases of homicides (of both men and women) recorded annually (during the years 2015 - 2017) remained stuck at various stages within the system even after 12 months. Most were pending at the preliminary stages of investigation as well as in the Magistrates' Courts, the Attorney-General's (AG's) Department and the High Courts. However, it must be noted that the above data also includes cases begun in the latter part of the year 2017.

Just above half of the cases were still at the level of police inquiries related to evidence gathering and scientific investigations. A key delay in the system was identified as one of sending the final comprehensive post-mortem report to the Magistrates' Courts. However, there could be many factors at play here such as pending results of toxicology, histology, biochemistry, DNA, radiology tests etc. Further delays in the Magistrates' Courts can involve system hold-ups in calling dates since court dates are usually scheduled based on the availability of the relevant parties.

The greatest challenge to the expeditious progression of the justice system is the backlog of cases that remain uncleared each year. The Performance Report of the Ministry of Justice and Prison Reforms of 2018 records that 812 files on murders and attempted murders were opened between the 1st of January 2018 and 31st of December 2018. Of the total backlog of cases, though 935 files were concluded during 2018, there is still an ongoing backlog of around 13,000 criminal cases. As noted earlier, the challenge then is to clear this accumulated criminal caseload given its far-reaching implications on the quest for justice.

The blocks and delays are symptomatic of the overall judicial process in the country. These involve the overloading of the various judicial mechanisms and institutions at various levels; the lack of a central agency to drive the cases to a conclusion; and the lack of review and accountability systems for both the investigative and judicial processes. Apart from the delay in delivering justice for victims, the attrition of cases can also lead to injustice for the alleged perpetrators as often they can be remanded without bail for up to three years. For instance, in the cases of Hema and Haripriya, the alleged perpetrators were still in remand jail at the time of the interviews - several years after being taken into custody. Thus, the delays within the system are also to the detriment of the accused who have not yet been proven guilty.

In comparison, the European Commission for the Efficiency of Justice leads the way in international judicial standards. It considers the right of the individual to the shortest possible length/duration of the judicial process to be as equally important as the right of the individual to receive justice. Given the Commission’s commitments to advanced judicial standards, it is of the opinion that the ‘reasonable time’ for the conclusion of a criminal case needs to be looked at individually taking into account factors such as complexity and the number of judicial stages completed. Based on European Courts, the recommended ‘reasonable’ time frame for an uncomplicated case is up to 3 ½ years while for a complicated case it is up to five years (Council of Europe, 2007).

The term ‘attrition’ is used in criminology literature to refer to the process by which criminal cases fail to reach or progress through the criminal justice system. To understand how far the femicides under study progressed within the system, we isolated the 70 femicides committed in 2013 and examined the status of their judicial proceedings at the end of a 3-year period in August 2017.

Judicial Status (as at 2017)	Number of Femicide Cases (commenced in 2013)	Percentage
Magisterial Inquiry	19	27%
File in the Attorney General’s Department	26	37%
High Courts	21	30%
Case Closed/ Concluded	4	6%
Total	70	100%

Table 12: Judicial status of cases commenced in 2013 at the end of 3 years (2017)

The above table reveals that at the end of three years, four cases (6%) were classified as having been completed although two of them were concluded due to the deaths of the perpetrators. The remaining 94% of cases are still in attrition - at the Attorney General’s Department (37%), Magistrates’ Courts (27%) and High Courts (30%). The fact that these cases are incomplete even after 3 years is indicative of the failures of the judicial institutions to deliver justice to both victims and perpetrators in a timely manner.

In Sri Lanka, there is a scarcity of literature on the delays of the justice system (Edirisinghe et al., 2011; Kodagoda, 2017). Work by Edirisinghe et al. (2011) conveys that the average time taken to give medical evidence in the High Courts in child abuse cases was six and half years while Kodagoda (2017) concludes that it generally takes about 10 ½ years to conclude a criminal case in High Courts. There is evidence that some criminal cases have gone up to 14 years (Kodagoda, 2017). In comparison to the European guidelines, the Sri Lankan judicial process has been extremely tardy in delivering justice.

The interviewees in our qualitative study maintained that police investigations (including those by the ISD) had been completed within a number of days. In contrast, the judicial proceedings were still ongoing in almost all cases. For the victims’ families, the delays in the termination of cases often meant that there was no emotional closure. They are made to relive the trauma while the judicial proceedings continue - often over several years. For instance, Hemalatha was killed by her nephew and a friend during a theft. While her husband is adamant that he will win the case and is vigilant about the legal proceedings, he says that the case is yet to be taken up by the AG’s Department despite a lapse of five years since the femicide. However, in the case of Hasana, her nephew (deemed to have been mentally unstable) had confessed to the murder and subsequently, committed suicide; therefore, the case has been classified as ‘closed’.

Several other cases also surfaced the dissatisfaction of the relatives of victims of femicide. Himagouri and her 1½-year-old child were killed by her husband in a village in the Eastern Province. Himagouri's mother stated (four years after the death of the daughter) that "the case is still not finished. Court hearings are still going on. I am not going to courts regularly. I am fed up now. Lost trust in people and sometimes God as well." She reiterated: "I do not have any specific expectations of the legal outcome. I have lost trust in people. His family has migrated from here. Don't know where they are. If God is there he will be punished in a proper way," and cried.

Further, in the case of Hiruni, the victim and her son were killed when her estranged husband set fire to her house. Hiruni's brother says that the perpetrator is (now) on bail and explains that they "went to the Magistrate's Courts for several sessions. Now it has been two years. He is free. The police are telling us that the case file has been sent to the Attorney General. He should be hanged. Imprisonment is not enough for these kinds of people. These cases should not be delayed and should be concluded as soon as possible, and the offenders should be punished. It will reduce these kinds of offences." As evinced by these remarks, such delays have led to the public losing faith in the criminal justice system of the country.

In another case, Haripriya's mother displays her ambivalence towards the judicial system and supplements her hope for justice with religious beliefs. She says she believes that the courts will give her son-in-law due punishment for the femicides of her daughter and granddaughter even though the case had yet to be taken up by the High Court. Yet, at the same time, she claims that he had committed three other murders (before those of Haripriya and her daughter) and had not been found guilty for them and says that "if the State released a criminal like that, there's no point talking about this case".

Moreover, it has become apparent from our qualitative study that the capacity of the penal system to deter potential perpetrators has been compromised as there is a public perception that criminal elements can often operate with impunity. These delays highlight a deficiency in the political will and commitment of power holders and stakeholders within the justice system. Yet at the same time, it calls attention to the urgent need for time-bound Standard Operational Procedures or guidelines to expedite court proceedings in Sri Lanka.

Mitigation of Sentences

Five cases in the qualitative study show that perpetrators cited mental illness (Hemanthi and Hanifa) and 'grave and sudden provocation' (Hemawathi, Hasitha and Hema) as 'extenuating factors' to reduce their charges from murder to homicide. One reason for this is the consideration by a court of law whether the perpetrator had criminal intention (known as 'mens rea') or whether the guilty act ('actus reus') was instinctive. If the suspect's intention is not proven, the person cannot be held guilty or responsible for a crime such as murder. However, the perpetrator can be charged with an act of 'criminal' omission and can be found guilty of 'culpable homicide not amounting to murder'. In the femicide cases included in our book, several perpetrators have utilised mental illness and sudden provocation ('balavath ha hadisi prakopaya'/ 'grave and sudden provocation' colloquially referred to as 'hadisi kopaya') to mitigate charges of murder.

Mental Illness

According to Section 77 of the Sri Lankan Penal Code (Ordinance No. 2 of 1883), 'nothing is an offence which is done by a person who, at the time of doing it, by reason of unsoundness of mind, is incapable of knowing the nature of the act or that he is doing what is either wrong or contrary to law'.

Thus, the law is very clear on the partial defence of an unsound mind. Section 380 of the Code of Criminal Procedure Act No. 15 of 1979 of Sri Lanka states that when a person is acquitted from a criminal charge on the grounds that the person had committed the offence due to unsoundness of mind, it is understood that the person had no knowledge of the act nor did they understand that it was an offence or contrary to the law. In this instance, a verdict of not guilty would be delivered on the basis of insanity.

In utilising this partial defence, commonly known as the M'Naghten rule, the accused person must establish that s/he was "insane" at the time of committing the crime. To this end, medical evidence of the psychiatrist attending the patient is imperative. Further, if the person had not been under treatment for a psychiatric illness, the court appoints a psychiatrist to assess the accused's mental state to stand trial as well as a 'witness of the court' to listen to all the evidence that is led by the prosecution at the trial. The psychiatrist must then decide whether the accused person was of unsound mind at the time of committing the act. If a defence of unsound mind/ insanity is proven in court, the perpetrator will be sent to a psychiatric facility until such time that his / her mental health is restored.

Our quantitative study analysed the presence of intellectual disability, violent behaviour, and mental and physical illness in the histories of the relationships between victims and perpetrators. As noted in Chapter Three, out of 243 homicides, 62% of homicides were perpetrated by intimate partners, ex-partners and family members. Out of the 62%, it was found that 28% constitute husbands, while 14% were ex-lovers and 20% relatives (family members and relatives either by blood or by marital relationship). In the 20% of homicides committed by relatives, there were infanticides (mothers killing infants); filicides (mothers/ fathers killing children); and matricides (sons/ daughters killing mothers) as well as a woman being killed by her son-in-law. Some of the killings were dual and multiple murders of spouses and children.

While studies on family homicide is scarce in Sri Lanka, research in the US by Torrey et al. (2016) reports that between 50-67% of offenders had a serious mental illness in situations of parents killing children and children killing parents. In instances of spouses killing spouses, siblings killing siblings and killings between family members, 10-15% had some form of mental illness.

However, while several interviewees in our qualitative study associated the perpetrators with a psychiatric/ mental illness, they were unable to identify a specific illness. Moreover, in some instances, they alleged that the perpetrators utilised the partial defence of 'unsound mind' as a legal strategy to commute a charge of murder to 'culpable homicide not amounting to murder' and to mitigate a lighter sentence or to escape from a guilty verdict.

For example, Hemanthi's husband asserts that others in the community and his family believe that his brother (the perpetrator) is suffering from a mental illness. However, he states that such a claim only serves to excuse his violent behaviour and to help him avoid the full legal ramifications of his actions. He further says that a doctor from the Angoda Psychiatric Hospital had confirmed that his brother does not have a mental illness.

Similarly, Hanifa's parents demonstrate a clear dissatisfaction with the judicial process - in particular, the perpetrator's refuge in mental illness. They say that despite the police having found the girl's body in the perpetrator's house, the judicial case had been ongoing for over 2 ½ years. Moreover, the latter allegedly has several other charges of sexual offenses. The parents think that the judicial case had not progressed due to the perpetrator's attempt to use a defence of mental illness in order to mitigate his sentence. Moreover, they cite his threats to their lives (while in court) and continuous harassment by his sister as part of the perpetrator's tactics in fighting his legal case.

Mental illnesses are still stigmatised in Sri Lankan society and the outdated notion of a person who is mentally ill ('lunatics') as being a threat to society is still prevalent. Furthermore, Sri Lanka's antiquated legislation on mental illness, Mental Disease Ordinance of 1952 (formerly, The Lunacy Ordinance of 1873 of Sri Lanka) still uses the terms 'lunatic' and 'idiot'. Accordingly, a lunatic is a person who has a disorder of thoughts (insane) while idiots were those deemed to be 'mentally retarded/ mentally subnormal' (de Alwis, 2017). As noted earlier, such legislation requires that the 'person of unsound mind' is separated from society and isolated in a mental health facility until they have been medically rehabilitated. Nevertheless, the qualitative data in this study points to the fact that there is a legal lacuna when it comes to the law and crimes committed by those who have psychiatric issues. Several cases conveyed that until an act of homicide takes place, there are no laws in the country to deal with the violence committed by those with mental problems.

'Hadisi Kopaya' (Grave and Sudden Provocation)

Section 294 of the Penal Code provides for a charge of murder to be commuted to 'culpable homicide not amounting to murder' when "the power of self-control by grave and sudden provocation causes the death of the person who gave into the provocation..." (S. 294 Exception 1), or if the killing is one that ... "exercise in good faith of the right of private defence of person or property, (but) exceeds the power given to him by law..." (S. 294. Exception 2), ... or if the killing is "committed without premeditation in a sudden fight in the heat of passion upon a sudden quarrel, and without the offender having taken undue advantage or acted in a cruel or unusual manner..." (S. 294 Explanation 4).

Our qualitative study did not illustrate evidence of perpetrators attempting to mitigate liability by resorting to the legal exception of the right of private defence of person or property. Yet, as noted earlier, there were several attempts at mitigating liability via a defence of grave and sudden provocation. Often in the aftermath of a femicide, the perpetrator is deemed to have killed due to 'Hadhisi Kopaya', a Sinhalese term used by interviewees. 'Hadhisi Kopaya' translates literally to 'sudden rage', and it seems to be utilised colloquially for the Sinhala technical term 'balavath ha hadisi prakopaya' to indicate grave and sudden provocation. Consequently, the initial charge of 'murder' could be commuted to 'culpable homicide not amounting to murder' if the defence is able to prove grave and sudden provocation. If found guilty of murder, the accused would be sentenced to death or given a life sentence. However, if found guilty of 'culpable homicide' under Section 297 of the Penal Code of Sri Lanka, the sentence would be mitigated to a lesser number of years of rigorous imprisonment.

It would then seem that this concept is lawfully used to diminish the culpability of the perpetrator by implying a degree of 'provocation' on the part of the victim. Legally, provocation is understood to mean an action committed by the victim that is deemed to provoke a person to do something that a prudent and reasonable person would not do. However, as we will argue, it is a concept that is open to opportunism and abuse. It needs to be revisited given that it holds the victim responsible for his or her own murder by privileging the loss of control of the perpetrator and thereby attributing blame to the victim.

In order to legally determine sudden provocation, there are four criteria that must be satisfied: that there was adequate provocation; that the killing was committed in the heat of passion; that the killing followed provocation before there was a sufficient period/opportunity to cool down; and that there was a connection between the provocation, the altercation and the homicidal act (Rollin, 1957). Yet, in practice, even though the narratives that were collated from respondent interviews referred to 'hadisi kopaya' or sudden provocation, on further study it was revealed that the actual events leading up to the femicides did not subscribe to the above criteria.

The interviewees in our qualitative study attributed the killings (both directly and indirectly) to Hadhisi Kopaya as the 'reason' that led to the killings in several cases. Yet, this argument assumes a lack of previous violence in a relationship. Often the narratives of respondents tended to portray domestic and intimate partner violence as a regrettable but 'acceptable' norm in marriage. In our book, only Hemawathi's daughter claims that there had been no IPV leading up to the murder of her mother by her father. Yet, the case suggests a complex history involving enmity between extended families even though the final act of murder involved an element of suddenness. Hemawathi's daughter's narrative suggests that her father (who had visited her mother every day while she was recuperating from a surgery at her sister's house) had asked her mother to go to the nearby forest with him. When she refused, he had dragged her there and stabbed her at least 17 times. Yet, it becomes arguable whether such a rage is precipitous given that there had been adequate time to obtain a knife and haul the victim to the forest.

Informants in two other cases also explicitly cited 'sudden rage' as causing the killings even though there were indications of IPV histories. Hasitha was killed by her husband when she allegedly returned home after having eloped following an extramarital affair. Hasitha's mother-in-law says that her son's legal case had been expedited after having been ruled to be an act committed due to 'Hadhisi Kopaya'.

Similarly, Hema's case indicates that she had been in an extremely abusive domestic relationship in which she had suffered several fractures and sexual assaults in the years leading up to her death. Her daughter notes that the police had informed her that her father (the perpetrator) had been initially charged with murder but because he would be given a life sentence (if found guilty), he had admitted to the lesser charge of culpable homicide citing 'Hadhisi Kopaya'. It is unclear whether this partial defence was suggested to him by the police or his lawyer. Nonetheless, it clearly demonstrates how the concept is abused as an attempt to mitigate a punitive sentence.

Sudden and Grave Provocation (“*Hadisi Kopaya*”) The Femicide of Hema

Hema (58 years old) was killed in Sabaragamuwa while she was recuperating at her daughter’s house following surgery for injuries she sustained as a result of her husband’s violence. Indicating a history of IPV, her husband’s assaults in the past have resulted in Hema’s arm and leg being fractured. He had also sexually abused Hema. Her daughter says that she remembers (from when she was younger) her father threatening (multiple times) to kill her mother one day the way a woman had been killed in a village called Mullegama – by vaginal penetration with a pole. In the months leading up to her death, he had carried out this threat, assaulting/ raping her with a pole, causing extensive injury (causing her intestines to protrude from her anus), requiring surgery. Hema had been ashamed to share the details of this violence with her daughter and the latter had found out only after she had insisted on knowing the details (from her mother) after she overheard the conversation of the doctors who were treating her mother.

The perpetrator had also not permitted Hema to go anywhere, always controlling her movements. Hema’s daughter says that the villagers too were aware of her father’s issues with rage. She also mentions that her parents had lived with his parents after marriage, but he had beaten his mother once in a fit of rage, fracturing her arm. After this, they had moved out on their own and cut ties with his family. She says that her father drank frequently (though not daily) but that his temper was the same whether he was drunk or not. She says her mother had never reported the abuse to the police because she would have to return home afterwards. She says that her mother had often expressed her wish to die rather than continue to live through the violence although she had never attempted suicide. However, Hema had resorted to noting the violence in a journal (which was subsequently destroyed by her husband after her murder).

On the day of the homicide, Hema’s father had visited his daughter’s house where Hema was staying following her surgery, stabbed his wife and then consumed poison. Hema’s daughter had arrived home to find her neighbours carrying out her father who had not died. She says her daughter (a toddler) had witnessed the incident and still “talked like a parrot” of what had happened while her son (Grade 8) who had been watching TV had run in when he heard the noise. She says that she and her siblings are relieved that their mother is not alive to suffer anymore. Hema’s daughter says that even though she was not able to tell everything of her mother’s suffering to the police, she had narrated everything to the judge, which had been typed up in court. Her father is now in remand jail as his children refuse to pay bail as they believe he must pay for his sins in this life as much as possible so as not to have a bad birth in his next life. The police have told Hema’s daughter that since he will get a life sentence if found guilty of a charge of murder, her father has admitted to killing his wife due to ‘*Hadisi Kopaya*’.

In all three femicide cases of Hemawathi and Hasitha (discussed in Chapter Three) and Hema (above), the perpetrators had used a common household knife as a weapon. It could be argued that the choice of weapon demonstrates a certain degree of impulse. This could support the view that the killing occurred in a moment of sudden rage rather than as a premeditated attack. If deemed as such, it would mean that the punitive action to which the perpetrator is subjected (if found guilty) would change significantly as the charge would likely be a count of culpable homicide rather than murder.

While a common utensil is used as a weapon in the above cases, the interviewees were unable to explain how the perpetrator acquired it at the precise moment when the stabbing was executed. Further, they are unable to account for how it was obtained in an area of the house where such implements are not commonly found (such as the living room). The perpetrator bringing a knife with him to the confrontation could demonstrate a premeditated attack. Therefore, as noted earlier, this concept of *'hadisi kopaya'* warrants judicial re-examination to delineate whether it is indeed a sudden act without pre-meditation or merely a tool (used after the fact) to underplay a charge of murder. Once again, it is important to gauge whether there has been a history of violence by the perpetrator in the relationship as well as the use of weaponry (and the type of weaponry) in previous acts of violence.

The role of the police is vital in preventing the continuation of intimate partner violence, as once alerted, the police can monitor the type of violence, frequency, use of weaponry, and/ or any escalation or danger to life (not only from their own records but by asking the complainant to keep a diary). The existence or lack of physical/ emotional/ financial support for the victim is the decisive factor in empowering or preventing women from leaving abusive relationships. These circumstances need to be examined realistically by the authorities when determining whether to grant restraining orders against their violent partners.

In all three cases discussed, the narratives suggest an escalation of IPV until the final act of killing. Such a history of threats, intimidation, abuse and violation contradict the perception of the emotion of rage or wrath as being 'sudden'. Instead, it establishes a trajectory of escalating violence that has gone unchecked, retaliated, unreported and unresolved - culminating in a killing.

Consequently, it is important to note that research studies have repeatedly shown that femicides resulting from a history or escalation of violence can be predicted. According to Zara and Gino (2018) and Zara et al. (2019), femicides were disproportionately perpetrated by intimate partners (current or past) rather than strangers. IP-related femicide was the likely termination of abusive relationships in which contentiousness and conflicts were often significant precursors. Further, the study reported 'overkilling' (the extent and ferocity with which the perpetrator takes a life - with excessive injurious actions even after the cessation of vital life functions) as seen in IP-related femicide. Moreover, this research suggests that the longer and closer the relationship between victim and perpetrator, the higher the risk of IPV escalating to femicide and of femicide being executed with extreme and severe force. Relatedly, according to Karbeyaz et al. (2018), the most common reason for an IP-related killing as revealed by the husbands/intimate partners at trials was due to wives demanding a divorce or a termination of the relationship.

Therefore, it is important to consider whether the courts should continue to allow 'grave and sudden provocation' as a legally mitigating factor in the defence of femicides, particularly when there is a history of domestic or intimate partner violence.

TAKE AWAY POINTS

Structural weaknesses in the judicial proceedings relating to the unnatural fatalities of women and girls include bias and corruption on the part of police investigating officers, particularly in rural communities where there are strong community networks and possibilities for political interference.

The core challenge to the criminal justice system is that of court delays caused by a backlog of cases that are uncleared each year. National Police data indicate that around 95% of cases of homicides (of both men and women) during the years 2015 - 2017 still remained within the system after one year. The attrition of cases can lead to the denial of justice for victims and their families.

Other identified judicial impediments to the passage of justice include the overloading of the various judicial mechanisms and institutions at various levels; the lack of a central agency to drive the cases to a conclusion; and the lack of review and accountability systems for both the investigative and judicial processes.

In several instances of femicide carried out by members of the family, perpetrators and their crimes have been excused, rationalised and exonerated by other family members.

Perpetrators of femicides are seen to fall back on the legal concepts of grave and sudden provocation and mental illness given that these 'extenuating circumstances' are utilised to mitigate their charges.

Even in cases where there has been a history of intimate partner or domestic violence, which may negate a plea of 'grave and sudden provocation', the judicial system is seen to accept the latter to mitigate sentences.

A legal concept like 'grave and sudden provocation' implicitly blames the victim. Thus, victim-blaming especially in relation to femicide where there is a history of intimate partner or domestic violence exhibits a particularly gender-biased practice that can perpetuate injustice as well as unequal gender mores and values.

Given the archaic laws related to mental illness, there is a legal lacuna in the law when it comes to violence committed by those who have psychiatric issues.

There is police, prosecutorial and judicial culpability in reinforcing the acceptability of domestic and intimate partner violence as an acceptable familial practice.

CHAPTER FIVE

MEDIA COVERAGE

The unnatural deaths of women and girl children are often a subject of speculation on the part of the general public – especially when they are due to external causes, such as injury or trauma or when the manner or circumstances of death involve homicides, suicides, accidents, or when the cause of death cannot be determined. The traditional channel of disseminating information about such deaths is through the media, especially via newspaper reportage, despite the profusion of social media postings and interchanges. Today, Sri Lanka has a total of 39 registered newspapers spanning both the private and state media (Sinhala 14, Tamil 12, and English 13) (Sri Lanka Press Institute, 2020). Media coverage (especially by newspapers) contributes towards shaping public opinion as well as the public perception of social problems (Richards et al., 2011). It can also be assumed that media coverage has the capacity to expedite the post-mortem investigative and legal processes pertaining to unnatural deaths. At the same time, it is recognised that the media also has the potential to deliver messages that could prevent such deaths.

This Chapter will discuss the media and the media coverage of the unnatural deaths of women and girls in three national newspapers. It will focus on the ways in which newspapers have portrayed unnatural female deaths, the victims and their families based on the survey and analysis of newspaper reportage during a period of six months (September 2016 to March 2017 and consisting of 88 Sinhala articles, 31 Tamil articles and 33 English articles). It will also engage with the laws and regulations pertaining to newspaper reportage in Sri Lanka as well as the global and local debates relating to the representation of unnatural deaths as expressed by the affected families and society in general.

Laws and Regulations Governing News Reportage

The Penal Code of Sri Lanka and other legislation in the country as well as various codes of ethics and guidelines, have provided the frames and limitations within which the media in the country, especially journalists, are expected to function. For instance, the publication of material identifying victims of sexual harassment, kidnapping and abduction; child sexual abuse, rape and incest; unnatural offences, grave sexual abuse and gross indecency is a punishable offence under the Penal Code. However, there are exceptions: such as when a police officer in charge of the police station or the investigation acts 'in good faith for the purposes of the investigation'; or when there is written consent from the victim; or written authorisation from the next of kin of a deceased victim, or from the parent/guardian of a victim who is underage or of unsound mind.

Furthermore, today it is possible to prosecute those who violate and endanger the life of a victim, witness or informant of crime if they publish and disseminate information regarding their identity under the Assistance to and Protection of Victims of Crime and Witness Act, No 4 of 2015. Under this Act, protection and assistance that may be provided to victims and witnesses include preventing the disclosure of their identities and their testimonies (in entirety or in part) to persons other than the accused and his / her legal representative. This also covers the power to direct media institutions, media personnel etc., from publishing, broadcasting, telecasting or otherwise disseminating information pertaining to the identity of the victim of the crime or the witness concerned.

The Code of Ethics for Journalists (under the Sri Lanka Press Council Law) requires that journalists respect the reputation and privacy of individuals in reportage and desist from commenting on the content

of articles. They are also expected to refrain from distorting the truth by any act of commission or wilful omission; and not report material that would offend or lower the standards of public taste and morality.

The Code of Professional Practice of the Editors Guild of Sri Lanka states that it 'both protects the rights of the individual and upholds the public's right to know. It should be honoured not only to the letter but in the spirit – neither interpreted so narrowly as to compromise its commitment to respect the rights of the individual nor so broadly as to prevent publication in the public interest'. In particular, the Code highlights that 'the media must take all reasonable care not to publish inaccurate, misleading or distorting news, photographs and other images. Any significant digital manipulation of images should be labelled'. Moreover, the press has the responsibility to distinguish clearly between comment, conjecture and fact.

"In reporting accounts of crime or a criminal case, publications shall not, unless it is both legally permitted and in the public interest –

- i. Name victims of sex crimes.
- ii. Knowingly name any young person accused of a criminal offence who is below the age of 16 and who has no previous convictions.
- iii. Identify without consent relatives of a person accused or convicted of a crime.

- Section 6.2, *Code of Professional Practice (Code of Ethics)* of The Editors' Guild of Sri Lanka (2018).

Code of Professional Practice (Code of Ethics) of The Editors' Guild of Sri Lanka is supported by the following organisations:

- The Newspaper Society of Sri Lanka
- Free Media Movement
- Sri Lanka Working Journalists' Association
- Sri Lanka Press Institute
- Sri Lanka College of Journalism
- Sri Lanka Tamil Media Alliance
- Sri Lanka Muslim Media Forum
- Federation of Media Employees Trade Union
- South Asian Free Media Association (SAFMA) – Sri Lanka Chapter
- Press Complaints Commission of Sri Lanka

Newspaper Coverage, Reportage and Discourses

Language is understood to have a critical, dynamic and powerful role in social life and making meaning as understood by the term “discourse”. Thus, coverage, reportage and discourses in newspapers (in other words, language in use) can be examined for the ways in which they draw on broader systems of meaning including that of gender. Consequently, the pervasive relationship between knowledge and power in influencing and producing subjects (or people) cannot be underestimated as theorised by Foucault (1975). This book uses the term discourse to signify language that is associated with newspaper reportage and newspaper institutions as well as the wider bodies of knowledge that inform the values, ideologies, rules and practices underpinning the media. It can thus be argued that often newspaper discourses are assumed to authorise and legitimise various understandings of normalcy, deviance, validity, worthlessness, correctness etc., amongst its readership.

Newspaper Coverage

The survey of newspaper coverage of unnatural deaths in all three languages conveyed that very often the reportage of unnatural deaths did not overlap in the three newspapers. In fact, the newspapers in Sinhala, Tamil and English media seem to construct and represent three entirely different worldviews.

The coverage of unnatural deaths in the English medium newspaper was short and entitled ‘Police Logs’. In general, the total word count of the articles in the English paper was around 50 – 100 words. However, in the Sinhala and Tamil papers, the word counts varied between 100 words to half a page. The Sinhala articles were seen to be lengthy based on numerous details gathered from inquests. Often, the investigating officers were identified by name along with their badge numbers, thereby, undermining the confidentiality of forensic investigations. The English articles were inclined to provide basic information pertaining to the deaths from which readers were allowed to draw their own conclusions. In contrast, both Sinhala and Tamil articles were seen to include statements and opinions from concerned parties that skewed coverage in ways that could easily influence or prejudice readers.

Circumstances of Deaths in Newspaper Reportage

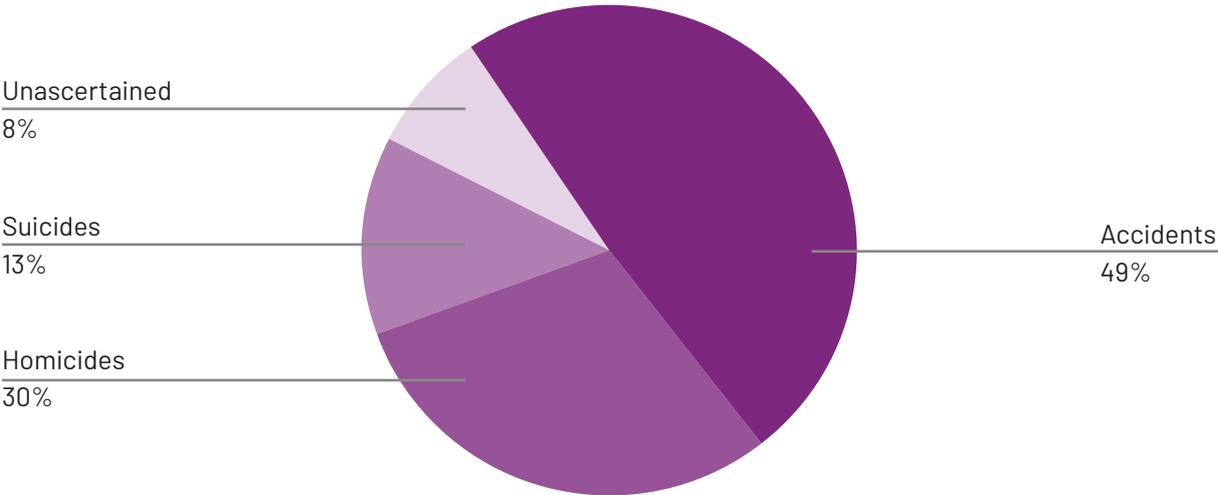


Figure 15: Circumstances of unnatural deaths covered by all three newspapers

The above chart depicts the distribution of the circumstances of unnatural deaths in all newspaper reportage during the period under study. Nearly 50% of deaths reported in the newspapers constitute accidents even though accidents do not comprise the highest prevalence in the circumstances of deaths islandwide. Although suicide has the highest prevalence rate in the country, instances of suicide were given only the second-highest coverage. Of the accidents reported, road traffic accidents received the highest reportage in all three newspapers. This was followed by train accidents. Death by hanging was the most commonly reported form of suicide in all three newspapers. The most frequently reported form of homicide in newspapers was death by sharp force, followed by strangulation, and blunt force trauma.

As argued above, media coverage did not always reflect the national trends. This leaves room for speculation that the media may be more prone towards covering a particular type of circumstance of death for the sole purpose of stimulating their readership. It also suggests that the newspapers did not attempt to link or analyse the types and circumstances of these deaths; nor provide a wider context to their prevalence.

Newspaper Coverage of Cases

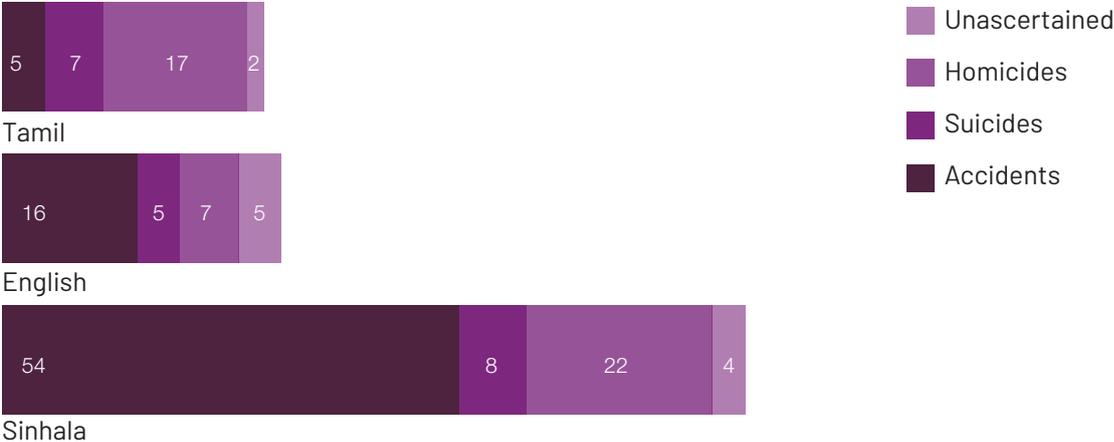


Figure 16: Coverage of cases in newspapers

The widest coverage of unnatural deaths of women and girls have been in the Sinhala newspaper under study. While both the Sinhala and English newspapers highlighted death by accidents, the Tamil newspaper had a propensity to focus more on homicides in Tamil-speaking areas.

Gender of the perpetrator

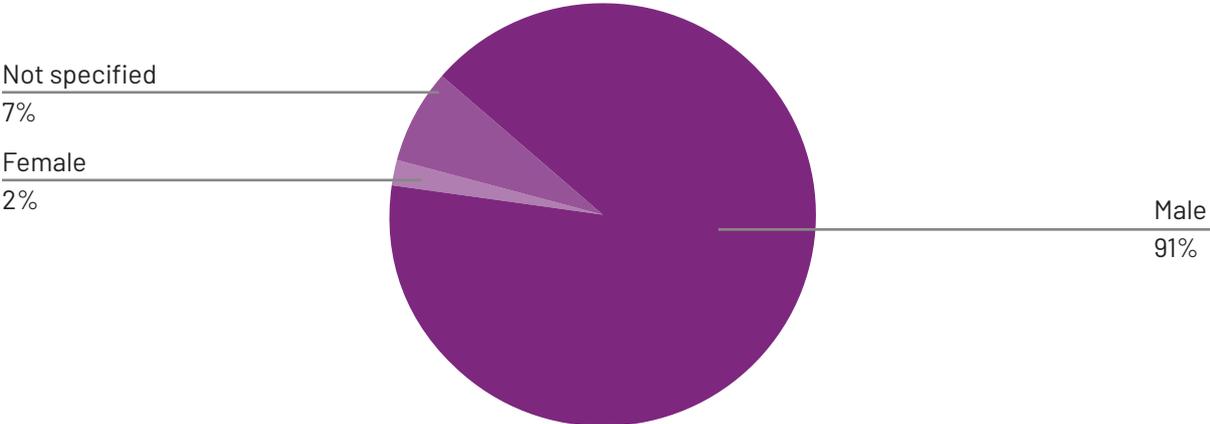


Figure 17: Gender of the perpetrator

As seen above, in 91% of the cases reported, the perpetrators were men. Furthermore, 30% of all femicides covered in the newspapers were committed by male intimate partners (reflecting national statistics of perpetrators). Yet, un-reflexive coverage and gendered discourses could well reinforce stereotypes such as 'the violent male' and phenomenon like IPV in society, and normalise such identities and practices. Thus, the power and insistent pervasiveness of the media - what is called 'the supersaturation' of cultural life (Gitlin, 2002) or the media as an overall socialising agent seems to determine how people perceive the world and themselves. For instance, Gerbner's (cited in Oliver, 2005) research discusses the 'mean world syndrome' or how audiences who watch excessive violence on TV may perceive the world as a mean or violent place. It is thus important to highlight the potential of coverage, as will be discussed below, to create an overall country impression or predominant 'reality'. However, the exact impact of such gender stereotypes and norms on the collective public consciousness is debatable as will be discussed in a later section.

Reportage of Unnatural Deaths

Barring deaths in which the victim was unidentified, almost all the news items in both Sinhala and Tamil newspapers named victims and provided their addresses. This exposed the families (and victims) to public visibility and speculation not only within their own neighbourhoods but throughout the nation, not withstanding the trauma that they would have undergone. The alleged perpetrators and suspects were also named, thereby subjecting them to social scrutiny and repugnance even before they have been proven guilty. At the same time, references were made to the police officers in charge of the investigation and their police stations, thereby making the process of enquiry vulnerable to public pressure and interference. Consequently, as claimed earlier, it would seem that despite the legal standards and ethical guidelines that are in place, there are grave lapses and daily violations in reportage.

Moreover, it is only on rare occasions that authorities have acted against these transgressions. In fact, it seems that the press is, as a journalistic practice, repeatedly misinterpreting the exemption in the Penal Code which allows for the identification of victims 'by or under the order of the investigating police' to mean the freedom to publish the names and addresses of victims as long as they are attributed to the police. The stipulation that the police should act only "in good faith to further the purpose of the investigation by publicising the identity of victims" seems to be exploited by media personnel. In fact, the police seem to be naming the victims as a general practice.

Similarly, details of the alleged perpetrator/ responsible person were frequently reported in the Sinhala newspaper as opposed to the Tamil and English newspapers. Even if such expository news reports were undertaken under the legal loophole of public interest reporting, the Press Complaints Commission requires "the Editor and/or Journalist to demonstrate that the breach was proportionate to the public interest served".

Another significant lapse observed was that even before police investigations had been completed, many news reports provided conclusions on the causative factors relating to suicides and homicides. In particular, there were rarely any reports on suicide that did not have undetermined causes.

The highly problematic nature of such journalistic practices was evident in the case of Anjali (See Chapter Four) whose father was interviewed for the qualitative sections of this book. He contends that he had been misrepresented in the media as having driven his trishaw at high speed and of causing the death of his daughter instead of reporting that the death occurred from a collision with another trishaw. The respondent went on to maintain that he had inside information to the effect that a Pradeshiya Sabha (PS)

member pressurised the media institutions to incriminate him in order to divert attention from the actual facts of the case that implicated the PS member's relative.

Moreover, interviews with relatives of victims also conveyed that journalists often interviewed them during the situations of distress and sometimes under false pretences. They further claimed that they had been misquoted in reportage. Yet, on paper, both these issues have been addressed by the Press Complaints Commission of Sri Lanka. The Code of Professional Practice of the Editors Guild of Sri Lanka states that "particular care should be taken to ensure that in cases involving grief or shock, inquiries and approaches are handled with sensitivity and discretion". It is equally clear on harassment and subterfuge by journalists, cautioning that "journalists, including photo-journalists, must not seek to obtain information or pictures through intimidation or harassment or by misrepresentation or subterfuge...". Interviews conveyed that in the instance of Hasitha's femicide (discussed in Chapter Three), a TV station had misrepresented themselves as a newspaper organisation and surreptitiously televised conversations with grieving family members.

Sensationalism in Coverage



Source: Sinhala newspaper (28.12.2016)



Source: Sinhala newspaper (16.12.2016)

There was incompatibility between the headlines, the graphic and the text in the Sinhala newspaper. Not only was there a high degree of emotiveness in the writing, but the photography, headlining, colouring, detailing, spacing and positioning of articles in the Sinhala newspapers also contributed to the sensationalism of the 'story'. Reports often had outsized, conspicuous titles or subtitles on colourful backgrounds which sometimes covered more than half the space of the article. Accidents were frequently accompanied by an emotive photograph either of the vehicle or the victim. Other vivid graphics included grieving mothers, illustrations of blood splatter, wrecked vehicles, and images of both victims and alleged perpetrators. It is possible that the lack of adequate information and social analysis (that could constitute expert opinion by psychologists/psychiatrists, sociologists, researchers on domestic violence etc., as well as the positioning of accidents, suicides and femicides in the wider national context) may well have been camouflaged by sensationalist wording, graphics in technicolour and lurid photographs.

Sensationalist Headlines



Source: Sinhala newspaper (10.10.2016)

The headlines below (translated from Sinhala) are examples of the larger journalistic practices of concentrating on and overstressing features of accounts such as gender roles, age, the body and sexuality of women. The corporeality or the dead corpse of the femicide victims are highlighted in their graphic state of mutilation as is the modality of the killing. Words that evoke violent visuals such as “neck cut”, “body chopped”, “body pieces strewn” etc., have been utilised to sensationalise the incidents for the purposes of emotive impact. Such reportage has served to sexually objectify women – and dehumanise them. Furthermore, there were misleading disjuncts between these sensationalist headlines and the contents of articles, particularly in the Sinhala newspaper.

Examples of Sensationalist Headlines

"Eighteen-year-old mother chopped to death"

"Body pieces strewn all over, one woman wedged in a tree while her one-year-old child thrown in a drain"

"Bare legs of a young white woman slides in-between train and platform"

"Illegal wife killed for jewellery (sic) as money not given for drugs"

"Illicit lover cuts mother's neck while breastfeeding"

Interviews with Hasitha's daughter (discussed earlier) points out that one version of the killing reported in a particular newspaper was false. Her father had stabbed her mother only once, but the newspaper had reported that she had been stabbed and cut several times. She remarks that sensationalism becomes highly problematic when the family is devastated about the death and in mourning.

The sensationalism of unnatural deaths through triviality was another observation in reportage. This involved the frequent attribution of a singular and frivolous reason as the trigger for murder. For instance, the headline:

"Son kills 73-year-old mother with a pole due to delay in breakfast"

attributes only one 'reason' for the above murder. Similarly, in our qualitative study, newspapers have highlighted Selvi (discussed in Chapter Two) as the 'the Fair 'n' Lovely case' based on the trivialised reason for her suicide. Such journalistic practices tend to highlight the most emotive amongst many possible contributors towards a fatality even before the investigations have been completed. There is a serious danger then that 'justifying' murder or suicide for trivia could lead to making such reasoning socially acceptable. Moreover, the oversimplification of such reasoning could lend an element of ridicule to these tragedies of matricide/suicide.

The language play in Sinhala headlines further belittled unnatural deaths. "Father-of-two (Dedaru Piya) Caught After Murdering Mother-of-three (Thidaru Mawa) While Sleeping on a Mat". Such a focus on inconsequential details due to their wordplay serve to divert attention from the 'unnaturalness' of the death. Similarly, literary devices such as personification has been used for instance, in relation to death as in the cases of Truckmaraya (the truck of death) or Ginirakusa (fire devil).

Often, innuendo and embellishment are found to distort the factual information relating to deaths. Innuendo in reportage (especially in headlines) was frequently suggestive of a sexual subtext of 'illicit' relationships between men and women. Moreover, there were frequent insinuations that women were irresponsible in their behaviour or that they were responsible for their own demise. The headlines referred to above "Father-of-two (Dedaru Piya) Caught after Murdering Mother-of-three (Thidaru Mawa) while Sleeping on a Mat" gives an implicit impression of an affair between the victim and alleged perpetrator in the headline. Such an association was not referred to in the body of the article.

“Burnt body of woman found in Kirikitte room” insinuates that the dead woman was discovered in a hotel room as opposed to her own bedroom. The article headed by the tagline “Wall built by father collapses and kills eight-year-old child” argues that the father did not have the skills to construct a wall despite being a mason and seemingly attributes the death of the child to the father.

A majority of articles in the Sinhala newspaper referred to women according to their gender roles (as mothers, wives, daughters, grandmothers, ‘illegal wives’ etc.). In contrast, the English newspaper used the term “woman” to identify the female sex. At times, the victims were sexualised through both language and graphics in the Sinhala and Tamil newspapers. The age of those involved was invariably mentioned as well as the number of offspring (even if the woman concerned was 86 years old). The dead women were identified by their respective professions only in two instances.

Victim-Blaming in Newspapers

As noted in Chapter Three, the practice of victim blaming, and thereby exonerating the perpetrator, found in the qualitative data was also reflected in some media reports. Often the headlines of Sinhala media reports provided reasons and conclusions for homicides, sometimes even determining the guilt of suspects at the initial stage of investigations. Victims of accidents, suicides and homicides were directly as well as indirectly implicated in their own deaths in some articles under study. Such reportage tends to provide a pseudo-forensic analysis of the available information at the preliminary stages of an investigation and can, thus, easily influence readers about the victims and perpetrators. The facts unearthed by the actual forensic investigation were not given adequate coverage and therefore, public opinion cultivated in the initial stages of reportage remained unrevised.

For instance, a woman on a train who was accidentally killed while taking a selfie photograph was obliquely criticised in a Sinhala newspaper as follows.

“While taking a selfie, woman falls to death”

The colloquiality of the headline as well as the ascribed reason for the accident seemed to indicate that she was responsible for her own death. The initial public impression created by this reportage does not allow any room for the follow-up of the actual forensic interpretation. Moreover, this article seems to negate the understanding of the concept of an accident as an event that takes place unexpectedly and unintentionally. Similarly, another Sinhala news report of an accidental suicide (the victim had not intended to kill herself but to frighten her husband) seems to attribute blame to the victim for having fought with her husband before the incident. The role of the husband in the encounter is assumed to be passive. The tenor of the report seems to attribute a degree of irrationality to the woman concerned for the conflict with her husband - subtly implying that she was being unreasonable.

As discussed above, sensationalist graphics and headlines as well as triviality, wordplay and innuendo are dominant characteristics of the Sinhala newspaper reportage that colour and slant the portrayal of these realities. This style of tabloid reporting along with victim blaming, gender stereotyping, the inclusion of gory details, colloquialisms, a moral tone, dramatic and emotive writing and the emphasis on the tragic were also common - notwithstanding the gravity of the content under reportage.

In sharp contrast, The Code of Professional Practice of the Editors Guild of Sri Lanka, recommends that “in dealing with social issues of a particularly shocking or emotionally painful nature - such as atrocity, violence, drug abuse, brutality, sadism, sexual salacity and obscenity - the press should take special care

to present facts, opinions, photographs and graphics with due sensitivity and discretion, subject to its duty to publish in the public interest". The Code of Ethics for Journalists requires journalists to "refrain from publishing or causing to be published any matter which may offend public taste or morality or tend to lower the standards of public taste or morality".

Latent Impact of the Media

As noted earlier, there are diverse theoretical positions on the degree to which and dimensions of how the media can exert influence on the lives and realities of people. These range from the media as a powerful force (magic bullet theory and cultivation theory) to the media as a subtle stimulus (social action theory); and to the media as setting the agenda for people's thinking. Framing theory argues that media messages sway people's perceptions given that they "promote a particular problem definition, causal interpretation, moral evaluation and/or treatment recommendation" (Entman, 2002).

Internationally, there is debate and disagreement regarding the extent to which exposure to violence in the media can influence the behaviour of viewers and readers, with a number of studies around the world providing evidence of varying degrees of effect (Cantor, J, 2000). In a meta-analysis, Paik and Comstock (1994) argues that viewing media violence consistently was associated with higher levels of antisocial behaviour ranging from the trivial (imitative violence directed against toys) to the serious (criminal violence) (Huesmann & Taylor, 2006). This includes consequential outcomes from the acceptance of violence as a solution to problems, increased feelings of hostility, and the apparent delivery of painful stimulation to another person (Huesmann & Taylor, 2006).

There is increasing evidence in medical literature of the association between suicide reportage and the increase in suicide incidence in the community, known as the 'Werther effect' (Niederkröthaler et al., 2007) especially in the subscription to a particular method and a specific time of committing suicide (Chen et al., 2011). In Sri Lanka, extensive newspaper reportage has been implicated in the replication and proliferation of Yellow Oleander poisoning as a method of self-harm and suicide from the early 1980s onwards (Eddleston et al., 1999). Suh et al. (2015) reports of a general increase in suicide rates within a week or so of celebrity suicide coverage. The Editors Guild of Sri Lanka thus cautions that when reporting suicide, care should be taken not to give excessive detail of the method used.

On the other hand, there is increasing evidence that the mass media can also be used to prevent suicide ideation. Known as the 'Papageno Effect' (Niederkröthaler et al., 2010; Sisask and Värnik 2012; Niederkröthaler et al., 2014), it refers to the suicidal character Papageno in Mozart's opera *The Magic Flute* who becomes suicidal at the impending loss of his beloved Papagena. However, the intervention of three boys who draw his attention to alternative coping strategies allows him to overcome his suicidal crisis. Niederkröthaler et al. (2010) name any possible suicide-protective/preventative impact of media reporting as a Papageno Effect.

Currently the WHO is promoting specific guidelines for suicide reportage that are designed to deter specific suicide ideation (WHO, 2017). They include a list of characteristics in reporting that is deemed to either preclude or prompt suicides, to which journalists and editors are expected to adhere.

Responsible Reporting on Suicide - A Quick Reference Guide

Dos

- Do provide accurate information about where to seek help
- Do educate the public about the facts of suicide and suicide prevention, without spreading myths
- Do report stories of how to cope with life stressors or suicidal thoughts, and how to get help
- Do apply particular caution when reporting celebrity suicides
- Do apply caution when interviewing bereaved family or friends
- Do recognise that media professionals themselves may be affected by stories about suicide

Don'ts

- Don't place stories about suicide prominently and don't unduly repeat such stories
- Don't use language which sensationalises or normalises suicide, or presents it as a constructive solution to problems
- Don't explicitly describe the method used
- Don't provide details about the site/location
- Don't use sensational headlines
- Don't use photographs, video footage or social media links

Figure 18: Responsible reporting on suicide - A quick reference guide (WHO, 2017)

The Debate

The debate on newspaper reportage is multifarious due to competing rights and interests of stakeholders. The overriding consideration of society is to ensure that the families of victims of femicides and accidents secure justice as far as possible and that the perpetrators are punished. There is no doubt that sometimes extensive and sustained media coverage can expedite some of the legal processes pertaining to these cases. Legal and ethical safeguards have been instituted to protect the identity, reputation and dignity of victims (and their families) even in death. Thus, it is anticipated that these laws would be enforced so as to protect the privacy of victims and relatives except in given instances. Yet, as noted earlier, there have been flagrant exceptions that allow the press to divulge the identities of the victims, their families and alleged perpetrators as a journalistic norm. It has been argued (by the Press Council of India, 2010, for example) that the intrusion of the press into the privacy of individuals should be motivated by genuine overriding public interest as opposed to morbid curiosity. While some matters remain sub judice, it is important that the right to privacy is not conceded when a matter becomes of public record.

It is possible that the intense competition amongst the newspapers in the island as well as between the mainstream media channels and social media has perhaps led to increasingly irresponsible and unethical reportage, a development that is occurring worldwide. As discussed earlier, women victims are portrayed negatively while the principal objective of articles seem to be in producing sensationalism to the detriment of facts. Consequently, issues such as women's rights, victim rights, and the rights of alleged perpetrators have come to the forefront of our interest. Furthermore, the role of the media, in this instance, the press, to influence human behaviour to the extent of violence is intensely debated as discussed in the previous section.

On the one hand, the public has the right to be informed of deviant incidents and experiences. Several respondents are of the opinion that the details of unnatural deaths could be used as cautionary examples. Consequently, most respondents agreed that there should be appropriate, if not factual, newspaper coverage of unnatural deaths. In particular, "it's good for people to find out because even if there has been a small mistake in what they have done, they can find out and prevent another" (Husband of Ajanthi, a victim of an accident discussed in Chapter One). However, another respondent problematised coverage by stating that the media only focuses on the incident and that they do not highlight the punishments of those responsible.

On the other hand, the husband of Achala (Chapter One), a fatality of snakebite, while agreeing that such deaths should be reported, asserts that the media should not ask questions that incite grief in family members nor should they fabricate material. As noted earlier, in the case of Selvi who hanged herself following a fight with her mother over a tube of face cream, the media had blamed the mother for the death, even though there seem to be a number of factors that may have contributed to the suicide (as discussed in Chapter Two). Shanthi's husband (Chapter Two) warned against publicising suicides in the media as he feels that it can lead to an element of 'normalisation' with regard to suicide and thereby incorporate suicide ideation as an option in life.

Several respondents also cautioned that the media should ensure that only accurate information is published and that 'they should not fabricate any part of the information'. Hashini's father (Chapter Three on femicide) argues that while the media can create awareness and that can lead to the education of the public, the contemporary media is not interested in that - "what the media does is to promote their own newspapers and TV channels".

Nonetheless, the predominant sentiment amongst the family members interviewed was that newspaper coverage could act as a means of disseminating information about the death and the funeral in particular, as well as consciousness raising that could prevent other traumatic deaths. Consequently, there seems to be a social expectation that media accounts should deter future perpetrators, and influence women and communities to take precautions against femicides, accidents and suicides. It is also important to note that only three articles (in the Sinhala newspaper) carried any messages of social responsibility during the entire survey period (these covered social protests related to incidents, and advocated preventive measures for suicides and murders).

The current practices of falsification and misrepresentation in journalistic reportage and the forcible coverage of family members along with other issues surface the need for media institutions and media personnel to adhere strictly to the available ethical and legal guidelines on reportage. Apart from journalists self-regulating themselves, the role of the Editor becomes critical in ethically reviewing the content of the final copy. Moreover, lapses and violations need to be penalised by the relevant authorities. This includes the Editors' Guild and the Press Complaints Commission of Sri Lanka who could easily exercise their mandate. No doubt this needs to be looked at in the context of intense competition and politicisation of media institutions and the instantaneity and intimacy of social media. Thus, the ethical practices of journalism need to be supported by the wider institutions of government, the laws and the judiciary as well as the genuine interest and commitment of the general public.

TAKE AWAY POINTS

The newspaper coverage of unnatural deaths in all three languages is arbitrary and problematic with the overall outcome of the three newspapers in Sinhala, Tamil and English constructing and representing three entirely different worldviews and realities.

Quantitative coverage in the newspapers did not reflect the actual prevalence of accidents, suicides and femicides in the country. This leaves room for speculation that the media may be more prone towards covering a particular type of circumstance of death for the purpose of stimulating their readership.

Despite the legal standards and ethical guidelines that are in place, there are grave lapses and daily violations in news reportage. This includes skewing factual coverage, identifying investigating officers, victims and suspects, and arriving at conclusions as to the circumstances of death even before the police investigations are complete.

Sensationalism of unnatural deaths via excessive graphics, headlining, wordplay, innuendo and trivialisation fed into and in turn reinforced prejudiced and unjust gender stereotypes and norms.

At times the coverage was inclined to exonerate the perpetrator and blame the victim both explicitly and implicitly.

Pseudo analysis in early reportage served to fuel an interpretation of the fatalities that misled the public. The facts unearthed by the actual forensic investigation were not given adequate coverage to revise the public opinion cultivated in the initial stages of the reportage.

There is increasing evidence in medical literature of the association between suicide reportage and the increase in the incidence of suicide in communities. On the other hand, there is also evidence that the mass media can also be used to prevent suicide ideation.

Suicide coverage should, as a rule, provide information on how and where to seek help and on coping strategies in the event of suicidal tendencies.

It is vital that newspaper institutions are held accountable for the gross violations of the national laws and media ethics if the media culture in the country is to become honest, principled and responsible.

CHAPTER SIX

PREVENTION, REDRESS AND MITIGATION

In lieu of a formal conclusion, this chapter suggests possible tools, strategies and practices for the prevention, redress and mitigation of the unnatural deaths of women and girls. It is therefore based on some of the findings of our qualitative and quantitative studies and is formulated to address the diverse sectors and stakeholders that need to be mobilised in preventing needless fatalities.

In the Spheres of Education and Public Awareness

Key stakeholders include the Ministries pertaining to Education, Law and Order, Mass Media, Health and Justice, policy makers and implementers, educational institutions, the media, INGOs and NGOs, and women's activists.

Both qualitative and quantitative data seem to contradict predominant social beliefs about women's vulnerabilities to violence. Women need to be made aware of the critical risks to their lives from family members (including intimate partners) and of their vulnerabilities within their own homes, during daytime.

The significance of intimate partner and family violence in the execution of suicides and homicides cannot be overlooked. Thus, there is a need to create a climate of public revulsion and the wholesale rejection of violence against women and girls. Strategies to prevent sexual and gender-based violence need to be publicised widely.

The public needs to be educated on the physical and psychological consequences of sexual and gender-based violence (as a health issue) while the far-reaching consequences of SGBV on human rights, family disintegration, economic well-being, as well as the national contribution made by women need to be documented and publicised.

Given the probable role of mental illness in suicides and femicides as well as the widespread unfamiliarity and negative attitudes towards mental health and well-being, there is a need to create consciousness, give training, and provide the necessary tools for the identification of mental health issues and psychological conditions at all levels (the family, schools, community as well as service providers in the fields of health, law enforcement and the judiciary).

Educational curricula should combine pertinent and up-to-date information on human sexuality, sexual relations, reproductive rights, and gender equity and equality, along with attitudinal training (relating to gender sensitivity and responsiveness).

One out of three femicides and one in three suicidal fatalities in our quantitative study were results of disharmony in family and marital relationships. There is a need to develop educational curricular at all levels to reflect a gamut of diverse psychological and institutional coping measures to deal with the failures and successes of life, emotional stress, personal crises, and mental trauma for students. This can include conventional and unconventional means such as:

- a range of life skills
- counselling (psychological trauma, grief, gender, spiritual, etc.)
- befriending

- conflict resolution strategies
- meditation / mindfulness training
- an understanding of basic psychology
- tools for emotional intelligence development
- personality management
- an appreciation of personal and institutional ethics
- rules of conduct for social media interactions
- balanced nutrition
- non-allopathic interventions (Ayurveda/ Unani/ Siddha/ Acupuncture/ Yoga/ Homeopathy etc.)
- support groups (women's, students, community etc.)

Publicise the concept of emotional mitigation – especially anger management and conflict resolution; and provide students with personal tools and strategies for the management of acute emotions from childhood.

Individual women's lack of knowledge of the law and possible methods of legal protection (especially remedies pertaining to domestic violence and IPV) need to be rectified through education and consciousness-raising.

The police as the first respondents to complaints of SGBV (whether it is domestic violence or intimate partner violence or sexual abuse etc.) need to be highly sensitised to the fundamental rights of women and girls to live free from violence. Moreover, police training with a special focus on the extent and characteristics of SGBV need to be implemented and police stations made accountable when it comes to investigating cases of violence against women and girls.

Ensure that the Press Complaints Commission, the Editors' Guild, the Sri Lanka Working Journalists Association, etc. take up the cause of ethical journalism. Make sure that these agencies as well as schools of journalism train and retrain journalists on sensitive, responsible, and ethical newspaper reportage (with special reference to gender sensitivity).

Bystanders have not always shown themselves to be of much help in situations of life-threatening crises and accidents. Therefore, communities and individuals need to be empowered with attitudinal change, self-confidence, life-saving strategies and practical skills so that they can intervene in instances of familial or social disputes or intimate partner violence or accidents.

Neighbourhood surveillance groups should be initiated and given training on how to intervene during instances of domestic violence at neighbourhood and community levels.

Furthermore, there is an urgent need for capacity building on First Aid (including life-saving and resuscitation skills, patient transportation, databases, apps, and contact numbers for emergency services, etc.) at the level of schools and the community – especially as first responses for

- poisoning
- drowning
- insect, reptile and animal attacks
- burns
- major and minor impacts from injuries (such as bleeding, spinal damage, etc.)

Road traffic accidents amount to the highest number of accidental deaths amongst women. Consequently, there is a need to educate and empower communities on road safety rules and measures (drivers and pedestrians, in particular).

Given that a majority of respondents in rural areas exhibited insular and narrow mindsets, it is important to impart knowledge/skills in such areas as emotional intelligence, reproductive and sexual rights/health, relationship education, gender issues, etc., aimed at attitudinal change.

The respondents' reliance on external forces such as fate/destiny to rationalise female fatalities leads to an unquestioning acceptance of the factors leading to these unnatural deaths. Consequently, it may be important to analyse and normalise the social, cultural, psychological, and gender dimensions of accidents, suicides, and femicides.

In the Health and Medical Sphere

Key stakeholders include the Ministry pertaining to Health, policy makers, government hospitals, private hospitals or any other health institution, NGOs and INGOs, doctors, nurses and health authorities.

Smaller rural hospitals were not equipped to attend to the emergencies emanating from the risks common to the area. There is a need for decentralised health policies based on the morbidity and mortality specificities and demography of each area.

Government medical hospitals should ensure the ready availability of antidotes and anti-venom serum that are demanded by the species of reptile venom endemic to the localities.

Improve infrastructure and ambulance services especially for trauma management so as to prevent any delays when transferring patients from rural hospitals to base hospitals or specialised hospitals.

Health staff need to be trained to respond to SGBV as a high risk, multi-sectoral phenomenon - taking into account emergency interventions, the possible long-term psychological consequences of IPV and domestic violence, the legal and forensic dimensions of the phenomenon, the economic aspects of the problem as well as the protection of victims (often from family members).

Protocols and facilities should be in place at community level for individuals identified by family members to be routinely psychologically-assessed by health services.

In the Legal and Judicial Sphere

Key stakeholders include the Ministry pertaining to Law and Order, the National Authority for the Protection of Victims and Witnesses of Crimes, Sri Lanka Police, Crime Investigators, Forensic Experts, Judges, Lawyers and the Judicial Services Commission.

The practice of advising victims of domestic violence and asking them to return to the scene of violence (home) by the police must be prohibited with the implementation and monitoring of strict 'Standard Operational Procedures' for complaints of intimate partner and domestic violence.

Police stations should maintain histories of domestic and intimate partner violence (including evidence of violence: photographs, diaries, victim accounts and statements, etc.). Surveillance and monitoring programmes should be implemented for repeat offenders and victims at community level. This could include software apps that can alert authorities of any continuing violence.

Magistrates of the Area and Police Units should be trained simultaneously on the Domestic Violence Act (DVA) so as to ensure that both authorities are on the same page (for instance, they should encourage victims to record all details of violence, however minute, in diaries so as to reflect the severity and frequency of the violence and to ensure that minor violations are not forgotten).

The Prevention of Domestic Violence Act should be implemented by trained police officers so as to make use of the provision to ask pertinent questions, obtain restraining orders and provide compulsory family counselling sessions.

The Victims of Crime and Witness Protection Act should be publicised and implemented with the full backing of the government.

Re-train and train police officers on the relevant laws pertaining to media coverage and on media interactions.

There is a need to strengthen the resources and avenues of accessing legal aid services and legal protection at the level of towns and villages.

Ensure that the traffic police are held accountable for the stringent implementation of road rules and regulations in rural areas (by the strict enforcement of laws prohibiting the overloading of trishaws, the wearing of helmets on bicycles as well as motorcycles etc.)

Institute and improve forensic laboratories performing autopsies and histopathologies, as well as tests on toxicology, DNA and serology.

The main stakeholders of the death investigation system include investigating officials of the Ministry of Justice, Police, Forensic Medicine Experts and Forensic Scientists. Time-based and time-bound coordination between all stakeholders must be ensured throughout the death investigation to speed up the current delays in the process. There is a need to adhere to gender-sensitive and ethical codes of conduct and to maintain strict impartiality.

Further, there is a need to establish guidelines and institutional Standard Operational Procedures (SOPs) for the investigation of and hearings on unnatural deaths; promote the accreditation of laboratories; establish deadlines for report submission; establish annual/ regular audits; and collate feedback from the public.

A special police support mechanism for crime investigation and recording needs to be established. This mechanism should make use of digital technology for report writing, record keeping, and presentation of information to courts by establishing an e-record system. Thereafter, the Ministry of Justice could use this system to track the progress of cases to ensure their quick resolution.

The courts should adhere to a strict policy of not granting bail to those accused of femicide and grave sexual abuse. Rather, such cases should be expedited through the establishment of Special Courts for Sexual and Gender-based Violence.

The courts should not perpetuate existing socio-cultural and gender unequal norms, prejudices and stereotypes when giving judgments.

The foremost challenge to the delivery of justice in Sri Lanka is the delay in the legal machinery. There is a need for the expansion of judicial services based on the population structure, demography and statistics on unnatural fatalities and any changes addressed on an ongoing basis.

In the capacity building of judicial services:

- increase human resources
- provide quality training and regular Continuous Professional Development (CPD) activities
- improve infrastructure such as new courts for SGBV, additional court rooms, decentralised courts, and mobile courts
- use modern digital information systems to expedite cases and improve record keeping
- ensure the methodical management of the court houses and para-judicial services
- augment the managerial skills of judicial officers.

Hold the police and the judicial system accountable for ensuring that media institutions conform to the existing laws pertaining to newspaper reportage such as the prohibition of sub judice topics and the identification of victims, witnesses and law enforcement authorities etc.

At the Level of Legislation and Policy

Key stakeholders include Members of Parliament, Parliamentary Select Committees, Parliamentary Oversight Committees, and Ministries pertaining to Law and Order, Justice and Women.

The Criminal Procedure Code, Evidence Ordinance, Judicature Act, and the Protection of Victims of Crime and Witnesses Act are the main procedural laws that deal with unnatural fatalities. Some areas of these acts need revision specially to assure their quality and timely implementation.

Improve legislation on intimate partner violence to respond to the realities of the ground situation as evidenced by this research. This would include acknowledging, however sacrosanct, the threats to the lives of women and girls from members of their own family, within the sanctity of their own homes during daylight hours.

Put in place legislation that prohibits perpetrators of known or reported intimate partner violence from exploiting the concepts of provocation and mental illness to mitigate their pleas.

Strengthen governmental policies on the mitigation of human safety, accidents and emergencies by targeting precautionary and preventive strategies relating to motor traffic accidents, drownings, and animal, reptile and insect attacks at rural levels (such as enhanced licensing and monitoring of bus and three-wheeler drivers).

In the event of irresponsibility and negligence contributing to an accidental fatality (due to fault-based or state liability), ensure that those who are responsible are held legally accountable by prohibiting any settlements out of court. Alternative measures could include the suspension/ cancellation of driving licenses, mandatory community service, guided self-reflection classes etc. Families of victims should be compensated on realistic terms.

Put in place decentralised mechanisms at rural levels to identify, test and direct possible cases of mental illness (including depression, anxiety, anger and those with suicidal tendencies) to counselling and medical services in schools and at local government levels.

Research indicates the need to establish a criminal registry of paedophiles, criminals convicted of sexual offences, and those with pending cases relating to SGBV etc.

At the Level of Infrastructure and Institutions

Key stakeholders include the Ministries pertaining to Health, Education, Highways, Women, and Law and Order.

Given the significance of the risk to women from family members and intimate partners in particular, bolster the provision of safety in public institutions (such as hospitals) and safe houses and shelters such as those provided by the government and NGOs.

Put in place road safety measures such as clearly defined pedestrian crossings in rural areas, bridges and safety railings, speed limits and the strict implementation of road rules on driving, etc.

Augment accountability of those responsible for accidents by instituting monitoring measures such as CCTV cameras on road networks, active and comprehensive enforcement of road traffic laws by police, etc.

At the Level of the Media

Key stakeholders include Government and Private Media Institutions, Ministries pertaining to Mass Media, Education and Higher Education, Owners of Newspaper Organisations, Editors and Sub-editors, Court Reporters/ Provincial and Area Correspondents, Professional Guilds (Editors, Reporters and Newspaper Owners) and Teachers of Journalism Courses.

After an unnatural death, families may be in shock as well as experiencing trauma and grief. Intruding and exploiting grief during times of stress is an issue not only of ethics but also of humaneness. In addition to media and newspaper reportage adhering to the 'do no harm' principle, they should also formulate progressive and sensitive methods of reportage.

Ensure that family members are not interviewed during times of stress; or if family members do reach out to the media, ensure that they are quoted accurately sans distortions and misrepresentations.

Avoid identifying victims, perpetrators, and their families through direct or indirect references or details (on no account should names and addresses be publicised). In particular, abolish the journalistic practice of implying that victims are being identified by the police for the benefit of the investigation.

Avoid a speculative reconstruction of the incident in reportage before the forensic conclusions are made available as this could interfere with the investigation, cause confusion, construct a false reality in the minds of the public and influence the judiciary.

Desist from insinuations in reportage (including headlines) regarding the sexuality or sexual behaviour of victims as this may augment the suffering of family members. In particular, do not sexualise or sexually objectify victims and associated personages by the use of provocative language.

Despite the heavy competition between newspaper agencies, avoid melodramatic and provocative headlines when it comes to unnatural deaths. Further, avoid sensationalism through newspaper layouts and graphics as well as by emphasising the dramatic and tragic, as this could lead to the glorification of unnatural deaths and the perpetrator/s.

Keep in mind that there may be vulnerable people who may be affected by shallow news coverage that disrespect the dead. Do not speculate on or attribute singular or trivial causes to the unnatural fatalities of women that can normalise trauma and violence.

Make sure that news content justifies news headings so as to safeguard the integrity of the newspaper.

The bereaved are especially vulnerable to negative coverage. Refrain from publishing pictures of mangled corpses or other images that may create terror or revulsion or ignite communal hatred.

People are composite human beings. Avoid identifying men and women in relation to their gender roles, age, relationships and family details. Do not include references and images that gender stereotype men and women.

Good journalism involves being gender aware. Avoid attributing irresponsible behaviour to women or insinuating that the victims are responsible for their deaths. Avoid taking a moral line that condemns the victims – women and girls.

As per standard ethical practice, actively maintain high journalistic standards by abstaining from reportage that is obscene, vulgar or offensive to public good taste.

Update, prepare and conform to global guidelines on ethical media coverage by informing the general public of available means and resources that can offer forms of redress to those undergoing conflicts and personal violence (such as counselling centres, legal remedies, support groups, hotlines and helplines, etc.). Include messages relating to prevention when it comes to accidents, suicides and femicides as well as messages that condemn and protest against femicides.

At the Level of Women's Individual Empowerment and Independence

Key stakeholders include individual women, Ministries pertaining to Women, Education and Higher Education, INGOs and NGOs, and CBOs.

Women's intense vulnerability and lack of personal protection become evident from our case studies especially in instances of IPV. There is a need to educate and motivate women on personal strategies and available remedies that can be used to alleviate SGBV. This should include knowledge and training on:

- human rights,
- women's rights,
- legal rights and remedies,
- emotional management
- conflict resolution,
- tools for personal protection,
- self-defence skills, etc.

The low economic status of women is a critical factor in perceptions relating to one's self and life options in situations of crisis (including that of escaping SGBV). Therefore, it is important to ensure that women are economically empowered so that they can make critical decisions that could mean life or death for themselves and their families.

National Helplines

Ministry of Women & Child Affairs and Social Security - 24-hour hotline - 1938

National Mental Health Hotline - 1926

National Child Protection Authority - 1929

Police Emergency Hotline - 119

Sri Lanka Police Child and Women Bureau 011 2 444 444

Ambulance Service 1990

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