Eurasian Research Unit
Eurasian Campus - Sri Lanka

EURASIAN JOURNAL OF EDUCATION AND PSYCHOLOGY

2026; I (II): 101-114
Published online 23.10.2026 (https://eurasiancampus.edu.journals.lk/)

Psychological Impacts of Sexual Violence in the Context of Domestic Violence: A Qualitative Study in Negombo Divisional Secretariat Division, Sri Lanka

U.K.D.N.T. Udugama

Department of Social Sciences and Social Work, Faculty of Humanities and Social Sciences, Eurasian Campus affiliated with Nile University of Science and Technology

Email address:
bavajanmsw@gmail.com

To cite this article:
Udugama, U. K. D. N. T. (2026). Domestic violence: A qualitative study in Negombo Divisional Secretariat Division, Sri Lanka. Eurasian Journal of Education and Psychology, 1(2), 101-114. https://doi.org/10.68283/ejep.v1.i2.a09

DOI: 10.68283/ejep.v1.i2.a09

Received : 25. 08. 2026; **Accepted**: 25. 09. 2026; **Published**: 23. 10. 2026

Abstract: Sexual violence within domestic and intimate-partner relationships is an underreported concern in Sri Lanka, with important psychological and social consequences. This qualitative study explored the reported psychological experiences, coping responses, and support needs of adult female survivors of sexual violence in the context of domestic violence in the Negombo Divisional Secretariat Division in 2024. Researchers purposively selected ten participants from survivors referred to the Mithuru Piyasa Centre at Negombo District General Hospital. Data were collected through semi-structured, in-depth interviews using a researcher-developed interview guide and analysed thematically using Braun and Clarke's six-phase approach. Four interconnected themes were developed: loss of bodily autonomy and coercive sexual experiences; reported psychological and emotional consequences; coping and barriers to help-seeking; and emerging agency and empowerment through supportive relationships and disclosure. Participants described emotional distress, fear, sadness, anger, low self-esteem, social withdrawal, and difficulties in intimate relationships. These are reported experiences and should not be interpreted as clinical diagnoses because no standardized diagnostic assessment was undertaken. The findings highlight the importance of confidential, trauma-informed, survivor-centred psychological and social support within local domestic-violence services.

Keywords: Sexual violence, Domestic violence, Psychological impact, Coping, Help-seeking

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

1. Introduction

1.1 Background

Sexual violence in domestic and intimate-partner relationships is a significant social and public-health concern. Sexual violence may involve sexual acts or attempts to obtain sexual acts without freely given consent, including coercion and other forms of non-consensual sexual behaviour. Within an intimate relationship, the closeness of the perpetrator to the survivor can make disclosure, separation and access to support particularly difficult (World Health Organization, 2013).

Research conducted internationally has associated sexual violence with a range of psychological difficulties, including anxiety, depression, post-traumatic stress symptoms, fear, self-blame and social withdrawal (Campbell et al., 2009; Dworkin et al., 2017). However, symptoms in a qualitative account do not establish a psychiatric diagnosis. The present study therefore focuses on participants' reported experiences rather than clinical diagnosis.

The social context in which violence occurs also matters. Cultural expectations concerning gender roles, family privacy, sexuality and marital relationships can affect disclosure and help-seeking. Research involving Sri Lankan communities has identified the influence of patriarchal socialisation, stigma and silence on responses to sexual violence (Sathasivam-Rueckert, n.d.). Negative responses to disclosure, including blame or minimisation, may further discourage survivors from seeking support, whereas supportive responses can facilitate psychological adjustment (Carlson et al., 2002; Littleton, 2010).

Sexual violence is not experienced in isolation from the relationships and social conditions surrounding a survivor. A person may need to make sense of the incident while also considering housing, income, children, family expectations, reputation and the possibility of further conflict. These concerns can influence whether a survivor speaks about the experience, whom they approach, and what kind of help feels safe. For this reason, an account of psychological impact should consider both the immediate emotional response and the wider circumstances in which the person is living.

Consent is central to understanding sexual violence. Being married or being in an intimate relationship does not remove a person's right to decide whether to participate in sexual activity. Consent needs to be freely given and may not be inferred solely from relationship status, previous sexual activity or silence. Pressure, intimidation, coercion and unwanted sexual behaviour can undermine a person's sense of choice and bodily autonomy. When such experiences occur within a relationship that is otherwise expected to provide safety and care, the contradiction may be especially distressing. Survivors may experience not only fear or anger about an incident but also confusion about the meaning of the relationship and the reliability of a partner.

The term psychological impact in this study refers to experiences described by participants, such as sadness, fear, anger, distress, changes in self-esteem, withdrawal and difficulty expressing feelings. It is used descriptively rather than diagnostically. Psychological responses vary between individuals and over time. Some people may experience intense distress immediately, while others may find it difficult to identify or communicate their reactions. The same person may also experience several emotions at once, including anger toward a partner, concern about the future, shame imposed by social judgement, and a wish to preserve important relationships. A qualitative approach makes it possible to explore these meanings without assuming that every survivor follows the same emotional course.

The study is also situated within a service environment. Mithuru Piyasa provides a relevant setting because the participants had been referred to a service connected with responses to domestic violence. Service-based accounts can illuminate the needs of people who reach support, although they cannot represent all survivors. People who do not disclose violence or who cannot access services may have different experiences and barriers. This distinction is important when interpreting the findings and translating them into recommendations.

Sri Lankan research has examined domestic violence and the role of community-based services. For example, Panadare et al. (2021) examined cases referred to a Mithuru Piyasa counselling centre in Gampola and highlighted the importance of integrating counselling, legal support and public awareness. Such evidence demonstrates the relevance of local support services but does not provide a detailed qualitative account of

© Eurasian Campus - Sri Lanka 2026, All Rights Reserved

survivors' lived experiences of domestic sexual violence in Negombo.

1.2 Research Gap and Rationale

Existing literature provides substantial evidence on the psychological consequences of sexual violence internationally and some evidence on domestic violence in Sri Lanka. Nevertheless, the literature reviewed for this study provides comparatively limited qualitative evidence focused specifically on how adult female survivors in the Negombo Divisional Secretariat Division describe the psychological consequences of sexual violence within domestic relationships, how they cope, and how they experience or perceive available support. The present study addresses this contextual gap by examining survivor narratives from a local service setting.

The rationale for a locally situated study is not that international findings are irrelevant, but that general findings do not fully explain how distress is interpreted and managed in a particular community. The language used to describe an experience, the people considered trustworthy, the practical options available to a survivor, and the anticipated consequences of disclosure may all be shaped by context. A local qualitative study can therefore contribute detailed descriptions that complement broader epidemiological and review evidence.

The present inquiry concentrates on four connected areas: experiences of coercion and bodily autonomy; reported psychological and emotional consequences; coping and help-seeking; and the role of supportive relationships in restoring a sense of agency. These areas are connected rather than separate. For example, a survivor's emotional response may influence whether she withdraws from others, while the response of a trusted person may affect whether she feels able to seek professional assistance. Similarly, the availability of a confidential service may influence whether distress can be discussed safely. Examining these relationships allows the study to consider the experience as a process embedded in daily life rather than as a single event.

The study is significant because it preserves the local context of survivors' experiences while avoiding assumptions that the findings represent all Sri Lankan women. Its purpose is to generate context-specific qualitative insight that can inform counselling, healthcare, community support and future research.

1.3 Research Problem

There is limited context-specific qualitative evidence describing how adult female survivors of sexual violence within domestic relationships in the Negombo Divisional Secretariat Division experience psychological distress, respond to those experiences, and perceive sources of support. Without such accounts, local counselling and support services may have insufficient survivor-informed information for understanding barriers to disclosure, coping needs and pathways toward recovery.

1.4 Research Questions

- How do adult female survivors describe the psychological and emotional effects of sexual violence within domestic relationships?
- How do survivors describe how they cope with these experiences?
- What social, cultural, relational or service-related factors do survivors describe as influencing disclosure and help-seeking?
- What forms of interpersonal, professional or community support do survivors perceive as helpful?

1.5 Research Objectives

Main objective

To explore the psychological and emotional experiences of adult female survivors of sexual violence within domestic relationships in the Negombo Divisional Secretariat Division, Sri Lanka.

Specific objectives

- To explore survivors' reported psychological and emotional experiences following sexual violence.
- To understand the coping responses described by survivors.
- To examine social, cultural, relational and service-related influences on disclosure and help-seeking.
- To describe the forms of support survivors perceive as helpful and identify implications for survivor-centred services.

1.6 Significance

Academically, the study contributes qualitative evidence from a specific Sri Lankan setting and extends discussion beyond prevalence to survivors' descriptions

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

of psychological experience, coping and support. Practically, the findings may assist counsellors, healthcare providers and community support services in developing confidential, culturally responsive and survivor-centred approaches. The findings should be interpreted as context-specific rather than statistically generalizable.

The academic value of this study lies in giving attention to survivors' own descriptions and in distinguishing their accounts from assumptions made by professionals or researchers. Qualitative evidence can help identify questions that require further investigation, reveal gaps in service provision as perceived by participants, and provide language that is meaningful to the people receiving support. It cannot establish the frequency of particular experiences in the wider population, nor can it determine that sexual violence alone caused every reported emotional or physical response.

The practical value is similarly bounded but important. Services may use the findings as a prompt to examine how privacy is protected, how questions are asked, how survivors are offered choices, and how referrals are explained. The study does not evaluate the effectiveness of a particular intervention. Instead, it identifies participant-described experiences and support needs that can inform reflective practice and future service evaluation.

2. Literature Review

2.1 Psychological Consequences of Sexual Violence

International evidence consistently indicates that sexual violence is associated with substantial psychological distress. Dworkin et al. (2017), in a meta-analysis of sexual assault victimisation and psychopathology, reported elevated psychological distress across a range of outcomes. Campbell et al. (2009) similarly described associations between sexual assault and post-traumatic stress, depression, anxiety, substance-related problems and suicidality. These studies provide a background for understanding why participants in the present study may describe emotional and psychological consequences; they do not, however, establish that any individual participant has a particular disorder.

Longitudinal and epidemiological studies have also documented fear, anxiety and depressive symptoms following sexual assault (Kilpatrick et al., 1981; Kessler et al., 1995). For a qualitative study, the value of this literature is primarily interpretive: it provides a context against which participants' accounts can be considered while retaining a clear distinction between reported experiences and clinical assessment.

The psychological consequences of sexual violence should not be reduced to a single expected response. Emotional reactions can include fear, sadness, anger, shame, numbness, confusion, self-blame or a sense of betrayal. Some survivors may report changes in sleep, concentration, motivation or social participation. Others may focus first on practical concerns, such as safety, family responsibilities or financial stability, and only later find space to describe emotional consequences. Such differences do not indicate that one response is more authentic than another. They underline the need for careful listening and individualised assessment.

A further consideration is the relationship between an event and the meaning assigned to it. When unwanted sexual behaviour occurs within a close relationship, the survivor may be responding to the behaviour itself and to what it signifies about trust, respect and control. A partner may previously have been an important source of companionship or material support. The experience of coercion can therefore complicate the survivor's understanding of the relationship and of her own decisions. Where a relationship continues, distress may be affected by whether unwanted behaviour persists, whether the partner acknowledges the harm, and whether the survivor has access to safety and support. The current study does not measure these processes independently, but they provide useful context for interpreting participants' narratives.

It is important to distinguish association from causation. The cited literature reports relationships between sexual violence and psychological difficulties, but the present study is not designed to isolate causes or compare exposed and unexposed groups. Participants' accounts may reflect multiple experiences and circumstances. Accordingly, the findings are presented as experiences reported in the context of sexual violence rather than proof that a particular incident caused a particular symptom or disorder.

2.2 Domestic and Intimate-Partner Sexual Violence

Domestic violence can involve physical, emotional and sexual forms of abuse. Sexual violence within an intimate relationship may be particularly difficult to

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

disclose because the perpetrator may be a spouse or partner and because survivors may face economic, relational or social pressures. The literature therefore supports examining sexual violence not only as an individual event but also within the relationship and social environment in which it occurs.

Panadare et al. (2021) found that domestic-violence cases presenting to a Mithuru Piyasa counselling service in Gampola involved multiple forms of violence and highlighted the value of coordinated counselling and legal responses. The present study extends this local service perspective by concentrating specifically on survivors' narratives concerning sexual violence and psychological experience in Negombo.

2.3 Sociocultural Influences and Help-Seeking

Disclosure is shaped by social responses and cultural expectations. Research on Sri Lankan immigrant communities suggests that gender norms and stigma can encourage silence around sexual violence (Sathasivam-Rueckert, n.d.). Research on social responses to sexual-assault disclosure further indicates that blame, minimisation and unsupportive reactions may worsen psychological distress, while supportive responses may facilitate adjustment (Carlson et al., 2002; Littleton, 2010). These findings support the inclusion of help-seeking and social support as central components of the present study.

Help-seeking is not simply a matter of knowing that a service exists. A person also needs to believe that the service will respond respectfully, protect private information and offer useful options. Previous negative encounters, uncertainty about confidentiality, fear of being judged, or difficulty travelling to a service may all influence willingness to seek help. These are possible contextual considerations rather than barriers that can automatically be attributed to every participant in this study.

Informal support can be valuable, but the response of relatives or friends is not always predictable. Listening without interruption, believing the person, acknowledging that coercion is not the survivor's fault, and asking what assistance is wanted may support disclosure. By contrast, minimising the experience, asking accusatory questions, insisting on a particular decision or spreading information without permission may increase distress and discourage further help-seeking. The studies cited above provide a basis for considering social responses as relevant to adjustment, although the current sample is too small to establish the effect of any one response.

Cultural responsiveness should not mean treating culture as fixed or assuming that all Sri Lankan families share the same values. People differ by generation, religion, economic circumstances, education, family structure and personal belief. Culture may provide sources of connection and meaning as well as expectations that constrain disclosure. Spiritual practice, for example, was described by some participants as a source of comfort. A sensitive service response should ask what matters to the individual rather than assume that religious, family or community involvement will always be either helpful or harmful.

2.4 Sri Lankan Evidence and Research Gap

A useful distinction in reviewing local evidence is the difference between research that estimates the extent of violence and research that explores the meanings attached to it. Both forms of evidence are valuable, but they answer different questions. Quantitative studies can help describe patterns and associated factors across larger samples, while qualitative interviews can show how people understand particular events, how they decide whether to disclose them, and what support they consider acceptable. The present study contributes to the second purpose. It should not be read as a substitute for population-level research or as evidence that the ten participants represent all women in the district.

Local service settings are also important because they are places where personal experiences meet institutional responses. A service may offer a route to counselling or referral, yet the person's willingness to use it can depend on privacy, trust, practical access and expectations about how staff will respond. Research based on service users can therefore help identify questions about the accessibility and acceptability of support. However, people who never reach a service may face different constraints, and their experiences are not captured here. Future work could explore this gap through ethically designed community research that does not expose participants to additional risk.

The literature reviewed for this manuscript also points to the need for careful terminology. Domestic violence, intimate-partner violence and sexual violence overlap but are not interchangeable terms. Domestic violence may include physical, psychological, economic and

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

sexual abuse; sexual violence refers to non-consensual sexual acts or behaviours and may occur within or outside an intimate relationship. Using these terms precisely helps prevent the psychological consequences of sexual violence from being obscured within a broader category of domestic conflict. It also avoids suggesting that coercion is merely a disagreement between partners. The present study focuses specifically on sexual violence within domestic relationships while acknowledging the broader context of domestic violence.

Sri Lankan research has documented intimate-partner violence and the role of counselling services (Jayatilleke et al., 2015; Panadare et al., 2021), while regional and international studies provide broader evidence concerning psychological consequences. However, the reviewed literature does not sufficiently illuminate the lived experiences of adult female survivors of domestic sexual violence in the Negombo Divisional Secretariat Division. The present qualitative study therefore focuses on the meanings participants attach to their experiences, their coping responses and their perceptions of support.

3. Methods

3.1 Research Design

A qualitative descriptive design was used to explore survivors' lived experiences of sexual violence within domestic relationships. A qualitative approach was considered appropriate because the study sought detailed accounts of emotions, meanings, coping responses and support experiences rather than numerical estimates or clinical diagnoses.

3.2 Study Setting and Participants

The study was conducted in the Negombo Divisional Secretariat Division of Sri Lanka. Participants were adult female survivors of sexual violence within domestic relationships who had been referred to the Mithuru Piyasa Centre at Negombo District General Hospital. The final sample comprised 10 participants. detailed individual profiles have been removed from the revised manuscript to strengthen anonymity.

Inclusion criteria:

Adult women with lived experience of sexual violence within a domestic or intimate-partner relationship, referred to the study setting, and willing and able to provide informed consent.

Exclusion criteria:

Should not have severe mental instability before the interview, Inability to convey consent, Not relevant expertise in the current study.

Depending on consent rates and data saturation, a sample of 10 respondents is anticipated. To preserve the depth and richness of qualitative data rather than their numerical representation, recruitment will continue until subject saturation occurs.

3.3 Sampling

Purposive sampling was used because participants were selected for their direct experience of the phenomenon under investigation. Ten participants were ultimately included. The sample size was considered adequate for the present focused qualitative inquiry because the interviews generated recurring patterns across participants; however, the study does not claim saturation in a quantitative sense.

Recruitment was undertaken through the service context described above. Taking part in this study is completely voluntary. If the client decides to participate, they will be asked to sign an informed consent form before the interview begins. Participants are free to withdraw from the study at any time without giving a reason. Choosing not to participate or withdrawing from the study will not affect any services, treatment, or support that the client receives. If the client agrees to participate, will be invited to take part in a one-to-one semi-structured interview. The interview will: Take approximately 30-60 minutes. Be conducted in a private and comfortable setting. Focus on the client's experiences, thoughts, and feelings related to the research topic. Be audio-recorded only with the client's permission to ensure accurate data collection. Participants may decline to answer any question that makes them uncomfortable. Some interview questions may involve discussing sensitive or emotional experiences. This may cause temporary emotional discomfort or distress. If the client feels uncomfortable at any time, they may: Take a break. Skip any question. Stop the interview. Withdraw from the study without any consequences. If needed, appropriate counselling or psychological support services will be made available.

The small, purposively selected sample is consistent with the exploratory purpose of the research. In qualitative work, sample adequacy is assessed in relation to the focus of the question, the specificity of the

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

participant group, the depth of interviews and the richness of the data, rather than by statistical representativeness alone. Ten interviews can provide detailed accounts for a focused study, but the number does not guarantee that every possible perspective has been captured. The findings should therefore be understood as an account of these participants' narratives within this setting.

Consent should be informed and ongoing: participants need to understand the purpose of the research, what participation involves, how the information will be used, and the limits of confidentiality. The opportunity to decline questions or stop the interview helps preserve control. These choices are particularly relevant when the research topic itself concerns a loss of control over personal boundaries. Participation should never be treated as a condition for receiving clinical or social support.

Privacy during recruitment and interviewing is also important. Information about participation should not be disclosed to partners or other family members without permission, and identifying details should be excluded from reports wherever possible. Audio files, transcripts and consent records should be stored securely with access limited to authorized person.

3.4 Data Collection

Primary data were collected through one-to-one, semi-structured, in-depth interviews conducted at the Mithuru Piyasa counselling unit. Interviews lasted approximately 30–60 minutes, were conducted in the participants' preferred/native language, and were audio-recorded only with permission. Interviews were transcribed verbatim. Field notes were used to record relevant contextual and non-verbal observations.

The former heading "Data Mining" has been replaced with "Data Collection" because the study involved qualitative interviewing rather than data mining.

The researcher-developed interview guide was informed by the study objectives and literature concerning sexual violence, psychological consequences, coping and help-seeking.

3.5 Interview Guide

The demographic questions were separated from the substantive interview questions. The revised guide focuses on the research questions and avoids unnecessary or overly specific questions about sexual practices unless those details are volunteered and are necessary to understand the phenomenon.

- Please tell me, in your own words, about your experience of sexual pressure, coercion, or non-consensual sexual behaviour within your relationship.
- How did you feel emotionally and psychologically after these experiences?
- How have these experiences affected your sense of self, relationships or everyday life?
- What did you do to cope with the emotional effects of these experiences?
- Who, if anyone, did you turn to for support, and what made it easier or more difficult to seek help?
- What types of professional, family, community, or other support do you think would be helpful?
- Is there anything else about your experience that you would like to add?

Demographic information (for example, age range, employment status and other characteristics necessary for the study) was collected separately and is not treated as a research question.

3.7 Data Analysis

The interview data were analysed using thematic analysis following the six phases described by Braun and Clarke (2006). First, the researcher became familiar with the transcripts through repeated reading. Second, meaningful segments were assigned initial codes. Third, related codes were grouped into candidate themes. Fourth, candidate themes were reviewed against the coded extracts and the full dataset. Fifth, themes were defined and named to capture their central organising concepts. Sixth, the findings were written by presenting participant-derived evidence first and interpretation second.

Coding was conducted manually. Field notes were used as contextual material rather than as independent evidence that could 'validate' interview themes. The analysis therefore does not claim triangulation unless a systematic triangulation procedure was actually conducted.

An illustrative analytical pathway was: participant statement → initial code → focused code → candidate theme → reviewed theme. Examples include: "I find it difficult to express the psychological impact..." → difficulty expressing distress → emotional

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

distress/communication difficulty → reported psychological and emotional consequences; "I talk to my sister" → disclosure to trusted person → informal support → coping and support; "This is the first time I've talked about it" → first disclosure → disclosure as a form of agency → emerging agency and empowerment.

3.8 Reflexivity

Because the topic is sensitive and the researcher collected and interpreted the interviews, reflexivity is important. The researcher should explicitly describe their professional/clinical relationship to the study setting, any prior relationship with participants, assumptions about sexual violence, and steps taken to reduce interpretive bias.

3.9 Trustworthiness

The reporting of qualitative findings benefits from a clear connection between the research questions, the interview guide, the coding process, and the final themes. Readers should be able to understand why each theme is relevant to the study objectives and how the interpretation was derived from participants' descriptions. In this manuscript, the four themes align with the questions about experiences, psychological effects, coping, and support. This alignment provides a coherent structure, although it does not mean that the themes are exhaustive or mutually exclusive.

The use of verbatim transcription supports attention to participants' language, while repeated reading supports familiarity with the context of each account. If the researcher made analytic notes during coding, those notes can help document why a code was created or why two codes were grouped. If a supervisor or another researcher reviewed the analysis, the nature of that review should be described accurately. The current manuscript does not establish that independent coding or participant checking occurred, so neither should be claimed unless supported by records. Methodological transparency is preferable to adding procedures simply because they are commonly recommended in qualitative research.

Transferability requires a balance between context and privacy. Readers need sufficient information about the service setting, the participant group and the focus of the interviews to judge whether the findings may be relevant elsewhere. At the same time, detailed personal profiles can make a participant identifiable, especially in a small local sample. The decision to omit detailed combinations of age, occupation and location is therefore consistent with protecting confidentiality. The findings can be useful to practitioners in similar settings without being presented as universal conclusions.

Trustworthiness was considered in relation to credibility, dependability, confirmability and transferability. Credibility was supported by in-depth interviewing, verbatim transcription, and repeated engagement with the transcripts during analysis. Dependability and confirmability require a transparent record of coding and theme development. Transferability is limited because participants were recruited from one service setting in one geographical area and the sample was small.

4. Results

Ten adult female participants contributed to the analysis. To protect anonymity, individual combinations of age, occupation, location and detailed experience are not reproduced. The analysis produced four interconnected themes. Theme 1 concerns the experience of coercion and loss of bodily autonomy. Theme 2 concerns reported psychological and emotional consequences. Theme 3 integrates coping with barriers and facilitators of help-seeking. Theme 4 concerns emerging agency and empowerment through disclosure, supportive relationships and recognition of personal needs.

4.1 Themes

Theme 1: Loss of Bodily Autonomy and Coercive Sexual Experiences

Participants described experiences involving sexual pressure, coercion and non-consensual sexual behaviour within intimate relationships. Several accounts included repeated unwanted sexual acts, pressure to engage in particular sexual activities, unwanted exposure to sexual material, or recording/photographic behaviour without consent. Participants' descriptions conveyed a loss of control over their bodies and sexual boundaries.

The findings are presented here as participants' accounts rather than as evidence of a specific psychological disorder or attachment style. The repeated description of unwanted sexual behaviour suggests that bodily autonomy and consent were central concerns across the narratives. In the context of the present study, these accounts are consistent with literature describing sexual violence as an experience that can undermine safety,

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

trust and psychological wellbeing (Campbell et al., 2009).

Theme 2: Reported Psychological and Emotional Consequences

Participants described a range of emotional and psychological experiences, including sadness, fear, anger, emotional exhaustion, low self-esteem, distress, social withdrawal, reduced interest in sexual activity and difficulty expressing emotions. Some participants described headaches or other physical experiences alongside emotional distress. One participant reported receiving psychiatric treatment, while another had accessed psychological counselling.

The accounts also included expressions of self-directed anger, crying, sleeping for extended periods, feelings of being unwanted, and uncertainty about what type of support would be helpful. These descriptions are best understood as reported symptoms and experiences. Because the study did not use standardized diagnostic instruments or clinical diagnostic interviews, terms such as PTSD, depression, dissociation, complicated PTSD, hypervigilance, and avoidant attachment should not be presented as established diagnoses or participant characteristics.

Participant 4 stated, “I find it difficult to express the psychological impact of repeated coercion and exposure to pornography.” This statement illustrates difficulty articulating emotional consequences. Participant 10 described feelings of disgust and emotional collapse, while other participants described crying, anger, or withdrawal. These narratives suggest substantial emotional burden without establishing causality or diagnosis.

Theme 3: Coping, Help-Seeking and Support Systems

Participants used a range of coping responses. These included psychological counselling, talking to a trusted person, seeking support from a sister, prayer or church involvement, crying, sleeping, isolation, and verbal expression of anger. Some responses appeared to provide immediate emotional release, whereas others may have reduced opportunities for social connection or formal support. The study does not classify these responses as clinically adaptive or maladaptive unless participants themselves described their meaning.

Help-seeking varied across participants. Some had accessed professional support, whereas others had not sought formal assistance. The accounts suggested the importance of confidentiality and trust. Participant 6 stated, “I talk to my sister,” indicating the importance of an available trusted relationship. Participant 5 expressed a need for “someone trustworthy who I can talk to in confidence.” Participant 7 stated, “This is the first time I’ve talked about it,” highlighting the significance of disclosure itself.

The findings therefore indicate that support is not limited to formal services. Trusted family relationships, spiritual resources and professional counselling all appeared in the narratives. At the same time, limited trust, uncertainty about available support, social concerns and reluctance to disclose may create barriers to help-seeking. These observations are consistent with literature emphasising the role of social responses in survivors’ adjustment (Carlson et al., 2002; Littleton, 2010).

Theme 4: Emerging Agency and Empowerment

Although participants described experiences of coercion and distress, their narratives also contained examples of agency. Seeking counselling, speaking about the experience for the first time, identifying a trusted person, using spirituality for meaning, and recognising the need for confidential support were all forms of action described by participants.

Participant 1 linked counselling with regaining a degree of mental peace. Participant 4 described prayer and church involvement as sources of comfort. Participant 5 identified the need for a trustworthy person, and Participant 7 described the significance of speaking about her experience for the first time. These accounts suggest that empowerment in this setting may be understood as a gradual process involving voice, recognition of personal needs, supportive relationships, and access to services.

The findings do not demonstrate post-traumatic growth or recovery in a clinical sense. Rather, they show that participants retained or developed forms of agency despite difficult circumstances.

4.2 Themes-by-Participant Matrix

The matrix provides a compact view of the distribution of thematic material across the ten interview accounts. It is an aid to transparency rather than a statistical table.

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

The check marks indicate that the account contributed material to the theme, not that the participant experienced every possible aspect of the theme to the same degree. Similarly, a dash should be interpreted cautiously: it indicates that the available source material did not provide a sufficiently clear example for the analysis, not necessarily that the participant never experienced the issue.

The matrix also demonstrates why thematic analysis should not be confused with counting prevalence. A theme can be analytically important because of the meaning of an account, even if the available material is brief or appears in fewer interviews. Conversely, the presence of a theme across several interviews does not indicate its frequency in the wider population. The matrix is included to show coverage within the dataset and should be interpreted alongside the narrative descriptions and the study's limitations.

Theme	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P10
1. Bodily autonomy /coercion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. Psychological/emotional consequences	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. Coping/help-seeking/support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. Agency/empowerment	✓	—	—	✓	✓	✓	✓	—	—	✓

Note. The matrix indicates where the participant narratives contributed evidence to a theme in the revised analysis. A dash indicates that the available source material did not provide a sufficiently clear example for that theme. The matrix is based on the participant accounts contained in the original manuscript and is intended to show analytical coverage, not prevalence.

5. Discussion

5.1 Psychological and Emotional Consequences

The participants' descriptions of sadness, anxiety-like distress, fear, anger, low self-esteem, withdrawal, and emotional exhaustion are broadly consistent with international literature linking sexual violence with psychological distress (Campbell et al., 2009; Dworkin et al., 2017). The contribution of the present study is contextual rather than causal: participants described these experiences within ongoing or past domestic relationships in a specific Sri Lankan service setting. The findings therefore add local qualitative detail to a broader evidence base. The study did not undertake standardized diagnostic assessment. The present interpretation therefore uses the participants' reported experiences rather than assigning diagnoses.

5.2 Coping and Support

The range of coping responses identified in the present study is consistent with the importance of social and relational support described in previous research. Carlson et al. (2002) and Littleton (2010) emphasised the consequences of social responses to disclosure. In the present study, trusted interpersonal relationships, counselling and spiritual practices were described as sources of support, while isolation, uncertainty and limited disclosure were also evident.

This finding has practical relevance for local services. A survivor-centred response should not assume that all survivors will immediately seek formal psychological care. Confidentiality, trust, culturally responsive communication and the availability of safe disclosure pathways may be important conditions for engagement.

5.3 Sri Lankan Context

The findings also correspond with literature describing the influence of gender norms, stigma and cultural expectations on responses to sexual violence in Sri Lankan communities (Sathasivam-Rueckert, n.d.). Panadare et al. (2021) similarly highlighted the role of Mithuru Piyasa counselling services and the importance of coordination with legal and public-awareness mechanisms. The present study contributes by showing how these broader issues are experienced at the level of individual narratives in Negombo.

At the same time, the study does not establish that stigma or patriarchal norms affected every participant in

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

the same way. Such factors should be understood as contextual influences that may shape disclosure and coping rather than as universal explanations for participants' experiences.

5.4 Theoretical Interpretation

The ecological perspective also helps avoid placing responsibility for the effects of violence on the survivor. Individual emotions and coping responses are connected to interpersonal conditions and to the opportunities or constraints present in the surrounding environment. For example, the availability of a trusted person may create a pathway to disclosure, while fear of judgement may make the same disclosure more difficult. These contextual factors do not determine every individual's response, but they help explain why support needs to be considered at more than one level.

A trauma-informed approach is consistent with the study's emphasis on safety, choice, collaboration and respect. In practice, this means explaining what will happen during an interview or service contact, asking permission before sensitive questions, avoiding unnecessary repetition, and allowing the person to decide how much detail to share. It also means recognising that a person may not be ready to make decisions about the relationship while still needing support for immediate distress. The concept is used here to inform service implications, not to infer a diagnosis from the interview material.

The findings also invite reflection on agency. Participants' descriptions of counselling, trusted relationships, spirituality and disclosure suggest that responses to violence include efforts to find support and regain a sense of control. Agency should not be equated with complete recovery or with making a particular decision, such as ending a relationship or taking legal action. It may instead involve identifying a need, choosing whom to tell, asking for confidentiality, or considering available options. This understanding is compatible with a survivor-centred approach because it recognises the participant as an active person whose choices should be respected.

Ecological Systems Theory, Attachment Theory and Trauma Theory could apply simultaneously. Ecological Systems Theory asis the primary contextual lens. It helps situate participants' experiences within relationships, family/community support, and wider social systems. Trauma-informed concepts and attachment perspectives are used only as supporting interpretive perspectives and are not used to diagnose attachment styles or trauma disorders.

This approach is more proportionate to a small qualitative study and keeps participant accounts central to the analysis.

An ecological perspective is useful because the narratives concern more than individual emotional reactions. At the interpersonal level, the partner's behaviour and the availability of trusted relatives may shape the experience. At the service level, confidentiality, access to counselling and coordination among professionals may influence help-seeking. At the broader social level, expectations about marriage, gender and privacy may affect what survivors anticipate after disclosure. These levels can interact, but the study does not establish the relative contribution of each one.

Trauma-informed concepts provide a complementary reminder that experiences of coercion may affect a person's sense of safety, trust, choice and control. Applying these concepts does not mean diagnosing trauma-related disorders. Similarly, attachment theory may raise questions about trust and close relationships, but the study did not assess attachment patterns and therefore does not classify participants by attachment style. The theories are used as interpretive lenses to organise reflection, not as tests of individual participants.

6. Implications

6.1 Counselling and Mental Health Services

- Strengthen confidential, survivor-centred counselling pathways for people disclosing domestic sexual violence.
- Use trauma-informed communication and allow survivors control over the pace and content of disclosure.
- Provide clear referral pathways for psychological, medical, legal and social support.
- Develop staff training on consent, domestic sexual violence, confidentiality and responding to distress.

6.2 Healthcare and Local Support Systems

- Improve coordination between hospital-based services, counselling services and relevant community or legal support systems.
- Provide private spaces for disclosure and assessment.

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

- Ensure that participation in research or support services does not compromise confidentiality or access to care.

6.3 Community and Future Research

- Develop culturally responsive awareness programmes addressing consent, respectful relationships and available support.
- Conduct qualitative research in additional Sri Lankan districts to examine similarities and differences across settings.
- Future studies should include clearly documented ethical procedures, reflexivity and trustworthiness strategies and may include male survivors and other underrepresented groups where ethically appropriate.

7. Limitations

- The study involved 10 participants recruited through one service setting in Negombo; therefore, findings are not statistically generalisable to Sri Lankan women as a whole.
- Recruitment through a counselling service may have introduced selection bias because participants who access services may differ from survivors who do not seek support.
- The subject matter is sensitive, and participants may have withheld information or experienced distress, resulting in partial accounts.
- Findings are based on self-reported experiences and researcher interpretation.

- The study was conducted in one local context, limiting transferability to other regions and populations.

- The limitations should guide how the results are used. Because participants were recruited through a service, the study may over-represent women who were able or willing to reach that service and under-represent those who remained undisclosed or faced barriers to access. The accounts are self-reported and may be shaped by memory, the interview relationship, privacy concerns and the participant's readiness to discuss the experience. These factors are not unusual in sensitive qualitative research, but they mean that the findings should be read as situated accounts rather than complete records of every event.

- The small sample and single geographical setting also limit the range of experiences represented. The study does not provide a comparison group, a prevalence estimate, or longitudinal follow-up. It therefore cannot determine how common each experience is, whether reported distress changes over time, or which support approaches produce the best outcomes. Future research could address these questions using designs appropriate to each aim, while maintaining careful ethical safeguards.

- The manuscript also has reporting limitations that should be addressed before publication. The ethics approval details, the researcher's reflexive procedures, and any formal steps used to review or verify the coding should be reported only if they were actually undertaken and documented. Some references in the reference list are marked for verification; their bibliographic details should be checked against the original publications. Expanding the manuscript should not replace these checks or be used to imply methods or evidence that the study did not have.

- An additional priority for future research is to describe service pathways from the survivor's perspective. Studies could explore what information people receive at first contact, whether they understand their choices, and which practical barriers affect continued engagement. Such work should not presume that all survivors want the same outcome. Rather, it could identify how services can provide a range of options while respecting autonomy and confidentiality. Evaluation research would be needed before claiming that a particular service model improves psychological outcomes.

- Researchers should also consider how language and translation affect interviews. Participants may express distress through everyday phrases that do not map neatly onto clinical terminology. If interviews are conducted in a preferred language and then translated for publication, the process should preserve the intended meaning and avoid making the accounts sound more clinical or certain than they were. Where translation procedures were used, they should be described in the methods section. The current manuscript does not provide

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

detailed translation procedures, so these should be added only if they can be verified from the research records.

- Finally, the ethical responsibilities of research continue after the interview ends. A participant may feel comfortable during the conversation but experience distress later, or may have questions about how the information will be used. Clear contact information, appropriate referral arrangements and careful handling of data can help ensure that participation is not treated as an isolated event. These considerations are particularly relevant when interviewing people who have experienced violations of personal boundaries and trust.

7. Conclusion

The study's contribution is therefore twofold. First, it documents how a small group of women accessing a local service described sexual coercion and its emotional significance within domestic relationships. Second, it highlights the importance of the conditions surrounding disclosure and support, including trust, confidentiality, supportive relationships and culturally responsive practice. These contributions are modest in scope but relevant to local counselling and healthcare practice.

Future studies could build on this work by recruiting participants from more than one service setting, documenting the researcher's reflexive process in greater detail, and exploring how support needs change over time. Research could also examine the experiences of survivors who have not approached formal services, provided that recruitment and participation can be undertaken safely and confidentially. Any larger or comparative study should preserve the distinction between participants' self-described experiences and clinically assessed outcomes.

Overall, the findings support a careful, respectful response to domestic sexual violence. Services should listen without blame, protect privacy, explain options, and recognise that coping and disclosure occur at different paces. The study does not establish prevalence, causality or treatment effectiveness; instead, it offers contextual qualitative insight that can inform practice and guide further research.

This qualitative study explored the reported psychological and emotional experiences of 10 adult female survivors of sexual violence within domestic relationships in the Negombo Divisional Secretariat Division. Four interconnected themes were identified: loss of bodily autonomy and coercive sexual experiences; reported psychological and emotional consequences; coping, help-seeking and support systems; and emerging agency and empowerment. Participants described substantial emotional distress, difficulties in intimate relationships, low self-esteem, withdrawal, anger, sadness and uncertainty about support, alongside counselling, spiritual practices, trusted relationships and disclosure as sources of coping or assistance.

The findings provide context-specific qualitative evidence and should not be interpreted as establishing clinical diagnoses or causal relationships. They nevertheless indicate the importance of confidential, survivor-centred and culturally responsive support. Strengthening local counselling pathways, safe disclosure processes, inter-service coordination and trauma-informed practice may help services respond more effectively to survivors' stated needs.

References

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., & Stevens, M. R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. Basic Books.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Harvard University Press.

Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. Trauma, Violence, & Abuse, 10(3), 225–246. https://doi.org/10.1177/1524838009334456

Carlson, B. E., McNutt, L. A., Choi, D. Y., & Rose, I. M. (2002). Intimate partner abuse and mental health. Violence Against Women, 8(6), 720–745. https://doi.org/10.1177/10778010222183249

Eurasian Campus - Sri Lanka 2026, All Rights Reserved

Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Sexual assault victimization and psychopathology: A review and meta-analysis. Clinical Psychology Review, 56, 65–81. https://doi.org/10.1016/j.cpr.2017.06.002

Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000). The sexual victimization of college women (NCJ 182369). U.S. Department of Justice, National Institute of Justice.

Herman, J. L. (1992). Trauma and recovery: The aftermath of violence—from domestic abuse to political terror. Basic Books.

Jayasundara-Smits, S. (2011). A different kind of war trauma: The psychological impact of sexual violence in Sri Lanka. Journal of Peacebuilding & Development, 6(3), 45–59. https://doi.org/10.1080/15423166.2011.621015

Jayatilleke, A. C., Yoshikawa, K., Yamamoto, E., & Saw, Y. M. (2015). Experience of intimate partner violence among married women in Sri Lanka. International Journal of Women's Health, 7, 303–309.

Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., & Kendler, K. S. (1999). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. Archives of General Psychiatry, 56(1), 49–56. https://doi.org/10.1001/archpsyc.56.1.49

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. Archives of General Psychiatry, 52(12), 1048–1060. https://doi.org/10.1001/archpsyc.1995.03950240066012

Kilpatrick, D. G., Resick, P. A., & Veronen, L. J. (1981). Effects of a rape experience: A longitudinal study. Journal of Social Issues, 37(4), 105–122. https://doi.org/10.1111/j.1540-4560.1981.tb01074.x

Littleton, H. L. (2010). The impact of social support and negative disclosure reactions on sexual assault survivors. Journal of Aggression, Maltreatment & Trauma, 19(6), 647–668. https://doi.org/10.1080/10926771.2010.495032

Panadare, U., Jayathilake, A., & Medagama, T. (2021). Domestic violence and its impact on women in Sri Lanka with special reference to Gampola, Kandy. SSRN Electronic Journal. https://doi.org/10.2139/ssrn.3811583

Sathasivam-Rueckert, N. M. (n.d.). Attitudes towards sexual violence in a Sri Lankan immigrant population: The influence of culture and context [Unpublished manuscript]. [VERIFY SOURCE DETAILS BEFORE SUBMISSION]

Semahegn, A., & Mengistie, B. (2015). Domestic violence against women and associated factors in Ethiopia: Systematic review. [VERIFY JOURNAL, VOLUME, PAGES AND DOI AGAINST ORIGINAL SOURCE]

World Health Organization. (2013). Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. World Health Organization. https://www.who.int/publications/i/item/9789241548595

Eurasian Campus - Sri Lanka 2026, All Rights Reserved