

Mental ill health in structural
pathways to women's experiences
of intimate partner violence

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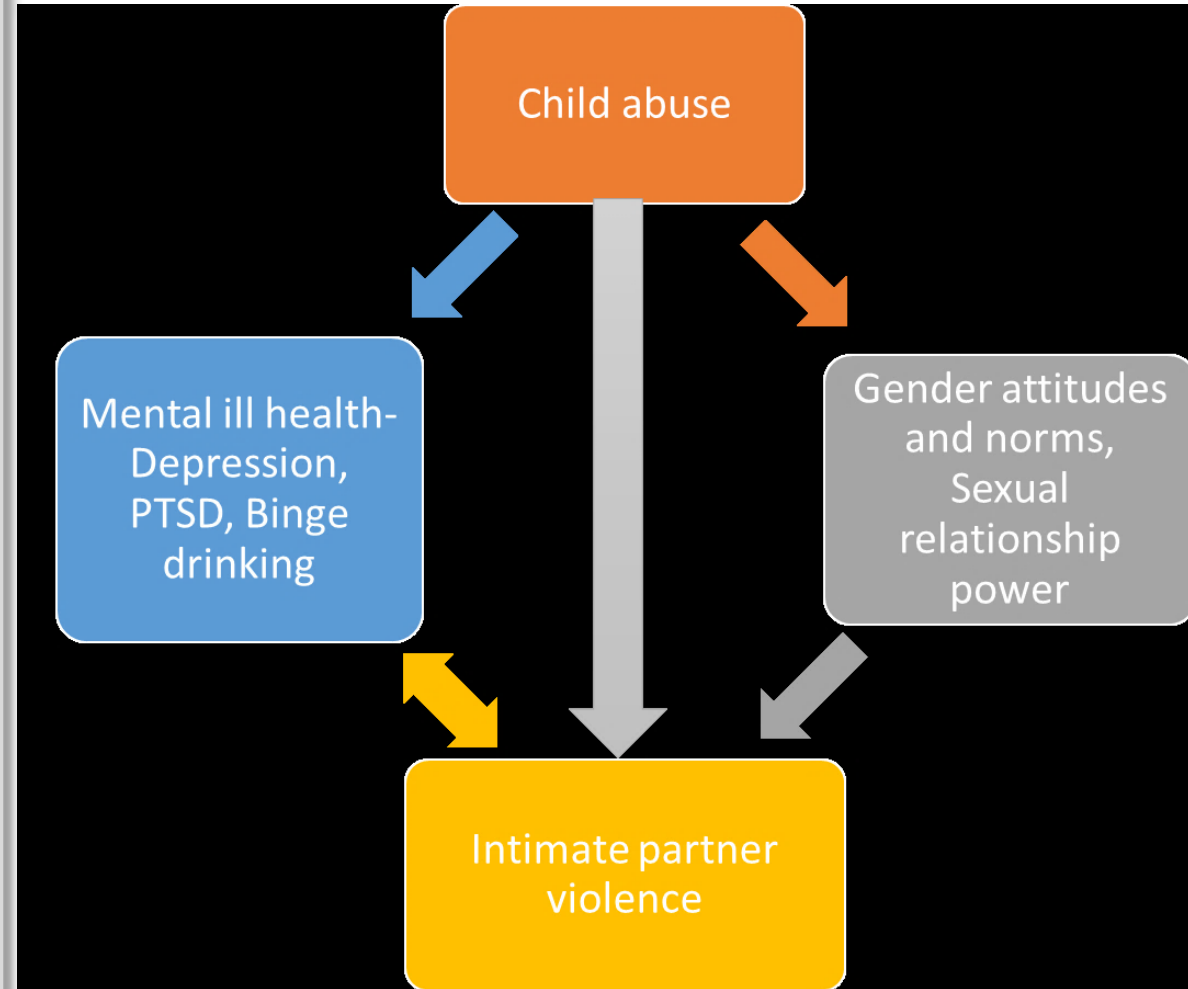


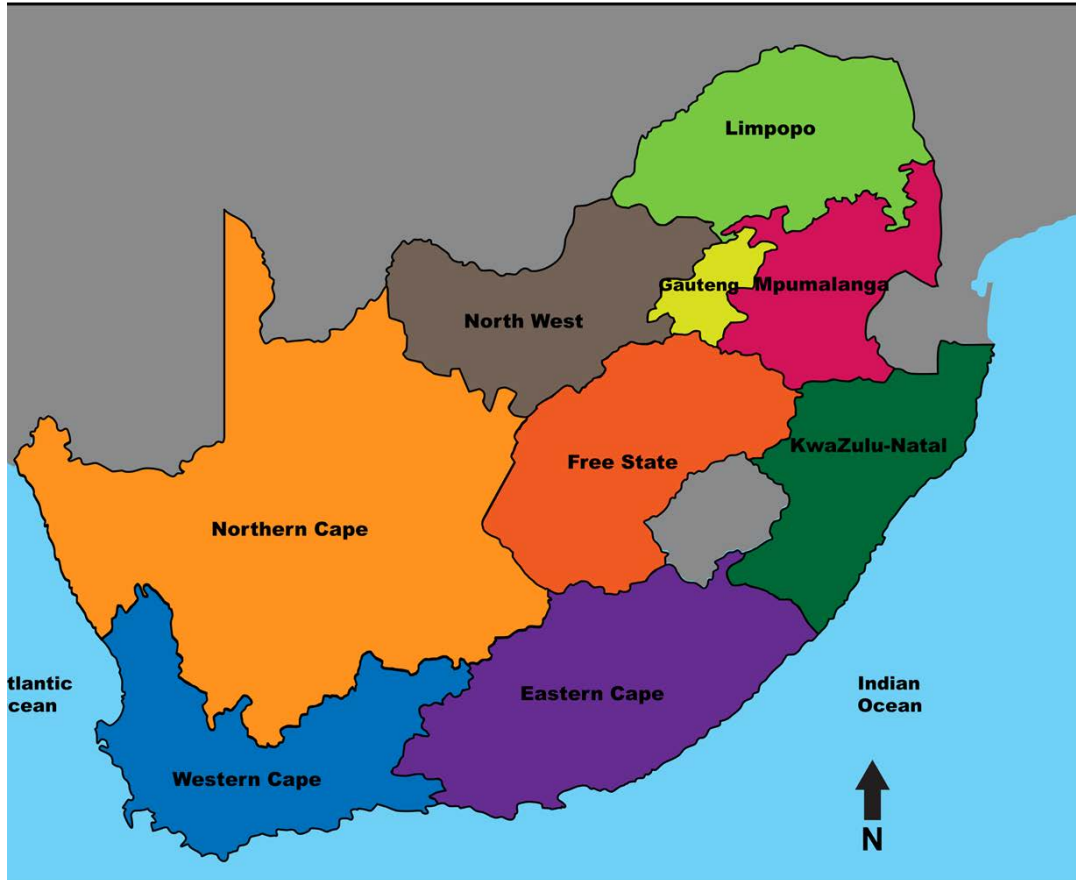
Introduction

- There is global evidence that there are mental health effects of experiencing intimate partner violence (IPV) , child abuse and other violence exposures.
- Mental ill health could play a mediating role in the relationship of child abuse and IPV.
- Evidence of the bidirectional relationship of IPV and mental ill health among women is emergent in the South African context.
- There is need to generate more evidence through investigating pathways between child abuse, mental ill health and IPV victimisation

Study objectives

- Determine the associations and underlying pathways between child abuse as a primary exposure and IPV experiences as an outcome and mental ill health measures as potential mediators of the relationship.
- A-priori hypothesis
 - Direct and indirect pathways from child abuse to IPV experiences mediated by PTSD, depression and alcohol abuse.
 - Mental ill health symptoms in women are comorbid and associated with each other
 - Mental ill health symptoms associated with IPV experiences.
 - A possibility of bi-directionality between mental ill health and IPV





Methods

- Study design: Household survey employing a multi-stage random sampling approach
- Inclusion criteria
 - 18+ years
 - Resident in selected household
 - Ever in heterosexual intimate relationship
- Sample size: **501** women
- Location: Gauteng, South Africa.
- Data analyses
 - STATA 13 Software
 - Cross-tabulations
 - Regression modelling
 - Structural equation modelling

Key variables and measurement

Child abuse
Childhood trauma
questionnaire

Other life trauma
Life events checklist

Sociodemographic and
partner characteristics

Depression
CESD Scale

PTSD
Harvard trauma questionnaire

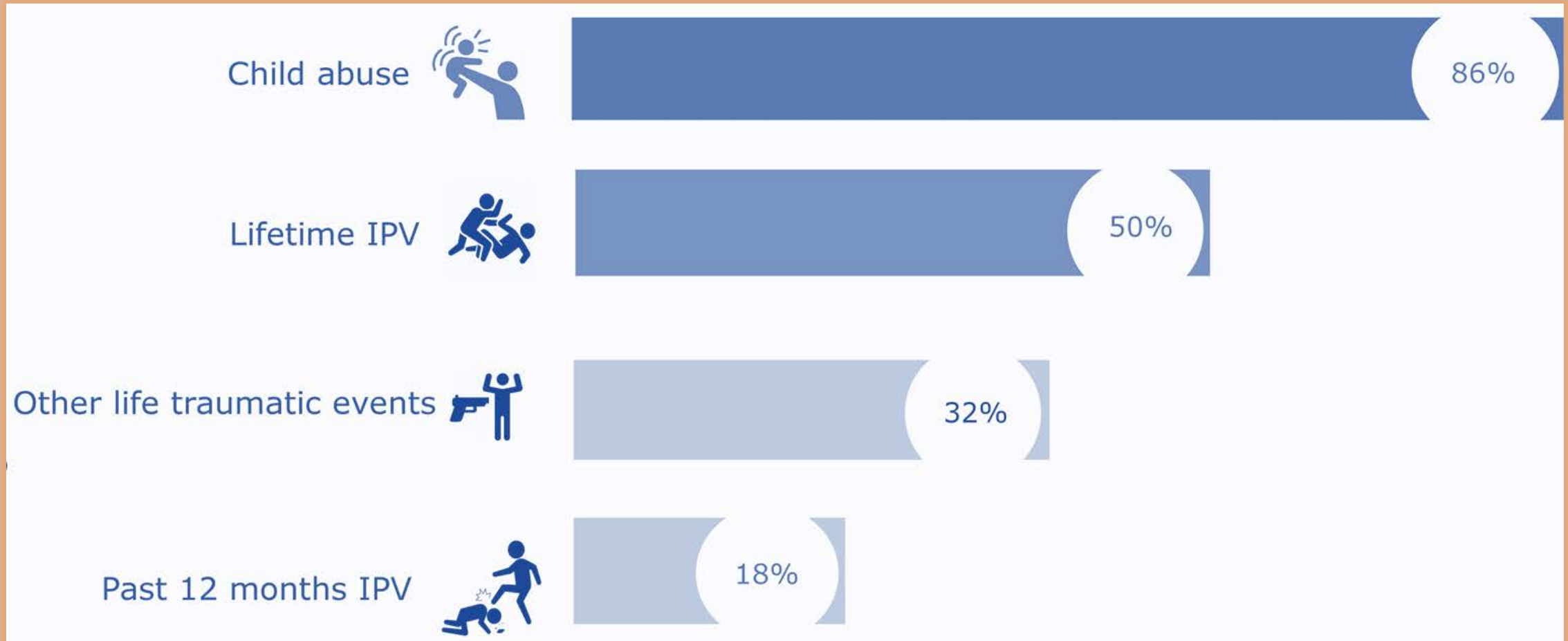
Binge drinking
Audit scale

Sexual relationship power
SRPS scale

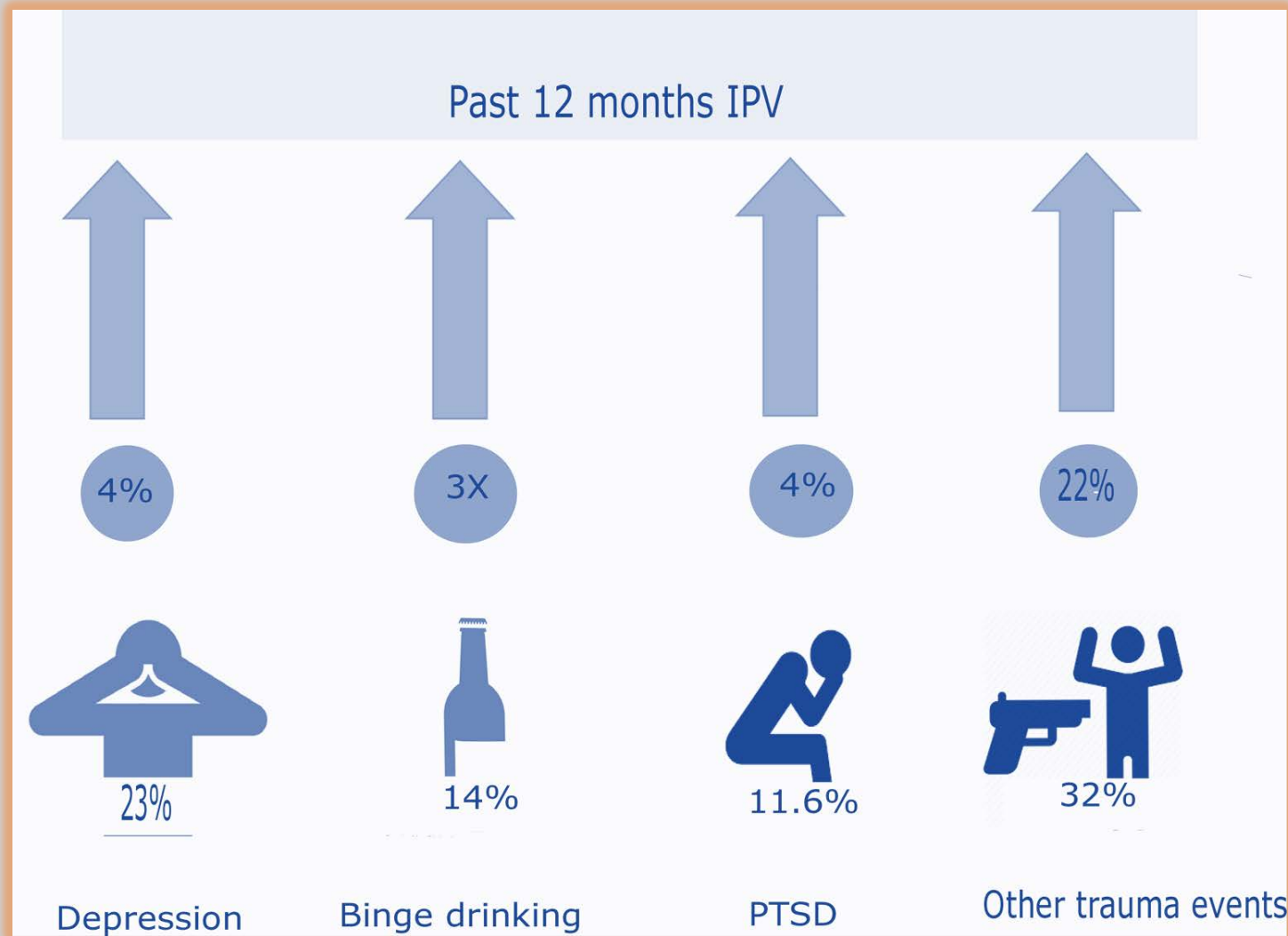
Gender Equity
GEMScale

Lifetime & Past year intimate partner violence
WHO Domestic violence

Women's violence exposures



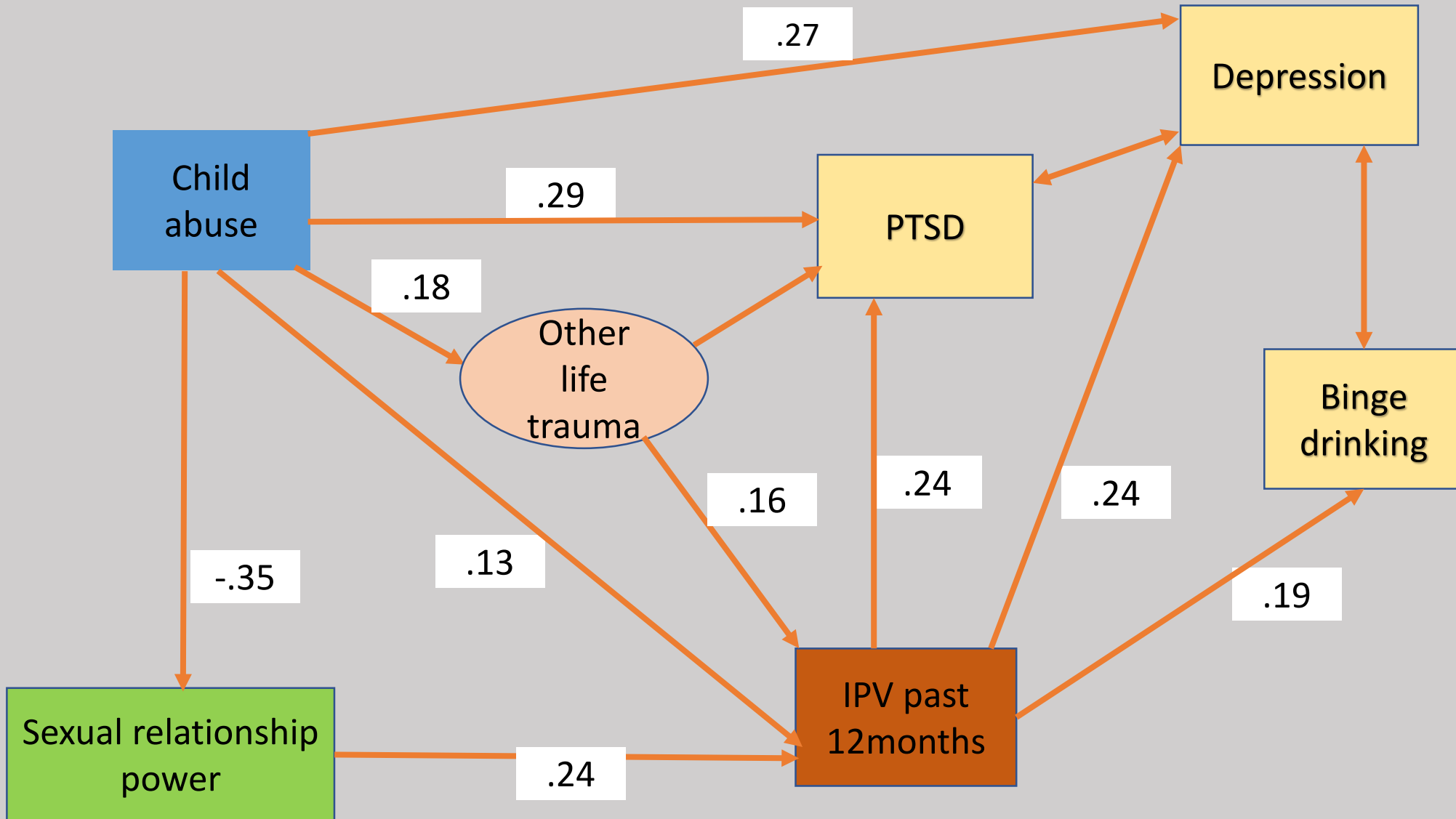
Mental ill health and factors associated with IPV



Other factors

- Younger age
- Foreign nationality
- Lower relationship power
- A partner who regularly consumed alcohol
- Other life traumatic experiences

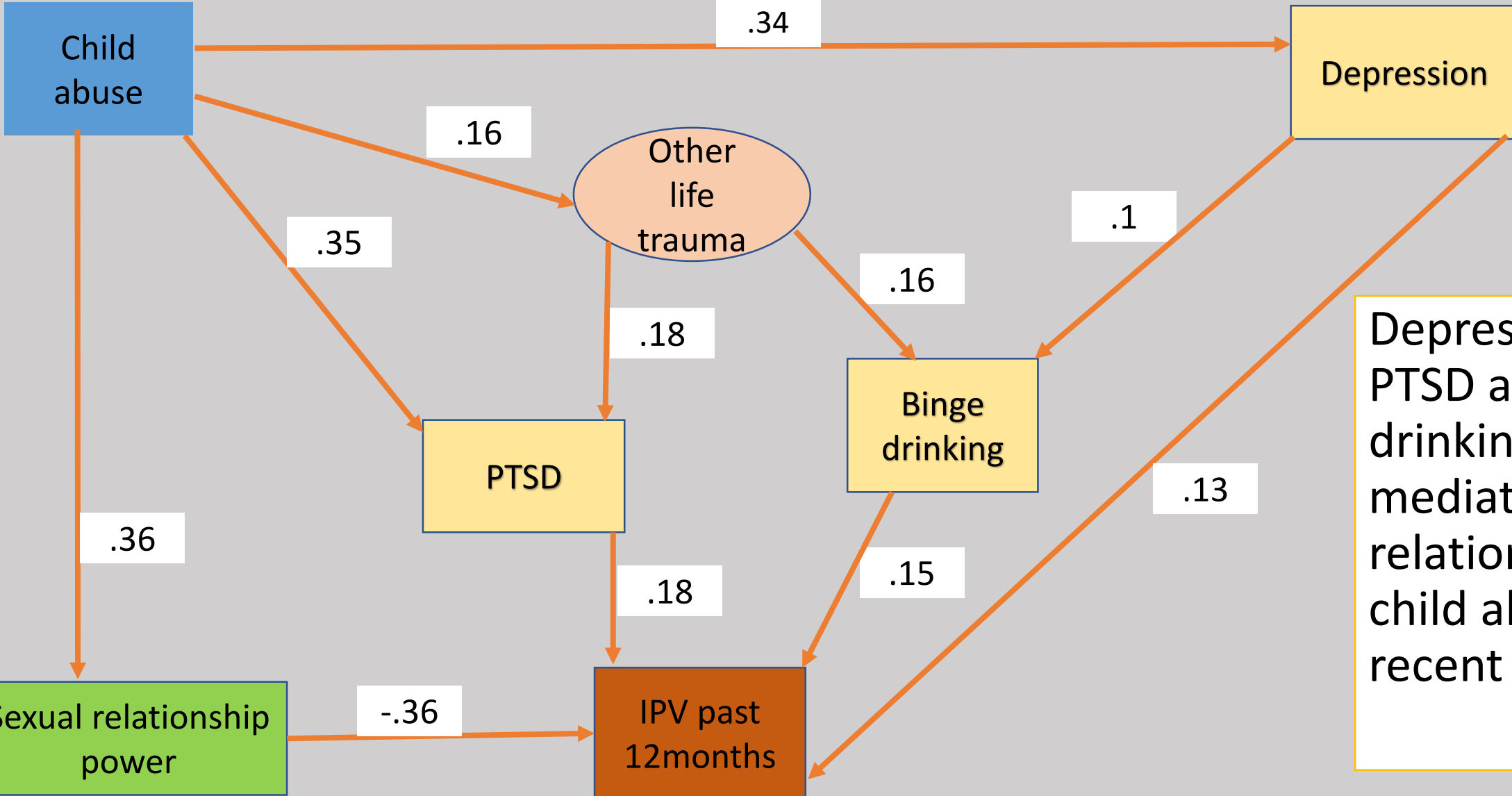
Mental ill health effects of IPV experiences



Depression, PTSD and binge drinking were effects of recent IPV.

Fit indices: $p > \chi^2 < 0.0001$; RMSEA=0.04; CFI=0.92; TLI=0.91

Mental ill health in pathways to IPV experiences



Depression, PTSD and binge drinking mediated the relationship of child abuse and recent IPV

Fit indices: $p > \chi^2 < 0.0001$; RMSEA= 0.04; CFI=0.92; TLI=0.91

Conclusions



Mental health associations with social problems.



Significant contribution of other life trauma on mental ill health women's of IPV.



Multiple pathways from child abuse to adult women's experiences of IPV



Evidence of bi-directionality in the relationship of IPV and mental ill health



Persistence of undetected and untreated mental ill health associated with exposures of violence

Implications for research and practice

- IPV reduction interventions should tackle:
 1. Detection and treatment of mental ill health
 2. Stronger community based psychosocial support and effective referrals to health facilities
 3. Alcohol reduction programmes
 4. Child abuse prevention
- Mental health interventions should address social risk factors

Limitations

- Cross-sectional data
- Self report measures of mental ill health

Future Research

- Longitudinal studies
- Clinical mental health measures
- Poverty and socio-economic measures
- Resilience research

Acknowledgements

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