Untangling the associations of mental ill health symptoms and sexual violence among young women in South African higher education settings

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Background

➢ There is limited evidence that shows the prevalence, drivers and effects of sexual violence experience by young women in South African higher education settings.

➢ Population based studies have found mental ill health to be an important risk factor and effect of women’s victimisation.

➢ Multiple, frequent and or severe traumatic exposures are key risk factors for mental ill health symptoms.

➢ Establishing the relationships of mental ill health and sexual violence in any setting is important in informing provision of services and prevention.

➢ This presentation will:
  o Provide details about the research context, design, measurement tools and data analysis methods
  o Describe the prevalence of sexual violence and overlaps
  o Describe the prevalence of PTSD, depression, alcohol abuse and suicide
  o Provide evidence of the associations of mental ill health and sexual violence
  o Discuss the implications for research and practice.
Project overview

- Formative research: Survey, Focus Groups, In-depth interviews
- Data analysis & Identifying modifiable risks
- Developing Theory of Change
- Building & adapting: sessions
- Peerreviews & revising draft sessions
- Recruitment and training facilitators
- Revisions
- Final facilitator training
- Piloting in 8 sites
- Data collection: acceptability and feasibility
- Finalisation of manual

Current
Survey design and settings

**Study design:** Convenient sampling on selected campuses

**Location:** Survey in 2 universities, 2 colleges (9 campus sites) in Mpumalanga, Eastern Cape, Limpopo, KZN

**Recruitment:** Participants were invited through adverts posted on campuses and social media pages

**Inclusion criteria**
- Female
- 18-30 years
- Enrolled student

**Sample size:** 1272 women
- 87.3% ages 18-24 years
- 59.9% university vs 40.1 colleges

**Data collection:** Structured electronic questionnaire self-administered

**Data analysis:** Bivariate analysis, Confirmatory analysis, regression modelling and structural equation modelling.
Key variables and measurement

- Child sexual abuse
  Childhood trauma questionnaire
- Depression
  CESD Scale
- Sexual relationship power
  SRPS scale
- Other life trauma
  Life events checklist
- PTSD
  Harvard trauma questionnaire
- Risky sexual behaviours
  Transectional sex, multiple sexual partners
- Sociodemographic
  Food, money/funding, family background, employment
- Binge drinking
  Audit scale
- Gender Equity
  GEM Scale
- Lifetime & Past year intimate partner violence & non-partner rape
- WHO Domestic violence
Prevalence and overlaps of sexual violence experiences

➢ Definition of sexual violence is restricted to include child sexual abuse, non-partner rape and sexual IPV
  o 46% reported child sexual abuse
  o 30% reported sexual IPV in lifetime
  o 19.6% reported rape by a non-partner in lifetime

➢ Data indicate multiple exposures over life course
  o 15% reported child sexual abuse and non-partner rape lifetime
  o 10% reported sexual IPV and non-partner rape lifetime
  o 19.6% reported sexual IPV and child sexual abuse

➢ 20% reported sexual IPV and/or non-partner rape in past year

➢ Significantly higher proportion of women in colleges reported violent experiences compared to universities (27% in colleges vs 15% in universities past year).
Prevalence of mental ill health symptoms and co-variance

- **Substance abuse**
  - 7.5% reported regular binge drinking in the past year
  - 27% occasional binge drinking past year
  - 10.4% reported using an illicit drug in past year

- **21% had suicidal thoughts in past month**

- **PTSD symptoms past month**
  - 21.6% mild (HTQ score 30-44)
  - 11.5% moderate (HTQ score 45-59)
  - 7% severe (HTQ score 60+)

- **Depression past month**
  - 37.7% mild (CESD 21-40)
  - 5.7% moderate to severe (CESD 41+)

- **Confirmatory factor analysis of MH measurement model showed covariance between**
  - PTSD and depression
  - PTSD and alcohol abuse
  - Depression and alcohol abuse
  - Depression and suicidal thoughts
  - Alcohol abuse and using drugs
Associations of violence experiences & mental health

➢ Childhood sexual abuse has direct effect on violent exposures later in life
➢ Violent exposures across lifespan i.e child sexual abuse, traumatic life events and sexual violence in adulthood directly impact on mental health
➢ Lower socio-economic status directly impacts negatively on mental health
➢ Lower socio-economic status is indirectly associated with sexual violence and relationship is mediated by risky sexual behaviors

Fit indices: p>chi2<0.0001; RMSEA= 0.042; CFI= 0.954; TLI=0.922
Summary of data

➢ Prevalence of mental ill health and sexual violence is high, indicating the need for interventions targeted at students in higher education.

➢ Qualitative data shows that campus mental health and support services are poorly resourced, inadequately staffed and students have low confidence in them and prefer to access out of campus services.

➢ Qualitative data shows systemic gaps in the response to sexual violence which impede utilization of services by victims, which compromises mental health.
Implications

➢ Addressing mental ill health is important for improving educational outcomes and this requires risk factor reduction.

➢ Combinations of mental health and sexual assault risk reduction and resistance interventions for young women are needed.
  o We have developed and piloted the Ntombi Vimbela intervention a sexual assault risk reduction intervention that has a mental health module and promotes utilisation of available services.

➢ Co-occurrent mental ill health symptoms need to be addressed using transdiagnostic and therapeutic approaches.

➢ Campus-based support services must be resourced and referral systems must be strengthened.

➢ There is need for greater focus on holistic violence prevention strategies if these intersecting problems are to be addressed. These should include interventions working with men. High levels of MH have been reported amongst men.
YOU ARE INVITED

Side event: “Demonstrating sexual assault resistance strategies”

Time: Thursday lunch time

Venue: Exhibition hall 8.1

THANK YOU