

Violence against women by their intimate partner and common mental disorders[☆]

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Abstract

The World Health Organization considers gender violence a cause of anxiety, depression and suicidal thoughts among women. This study investigated the association between violence committed against women by their intimate partners, defined by psychologically, physically and sexually abusive acts, and common mental disorders, assessed by using the Self Reporting Questionnaire (SRQ-20). A population-based household survey was carried out among women aged 15–49 years in two sites: São Paulo, the largest Brazilian city, and Zona da Mata of Pernambuco, a region with both urban and rural areas in the Northeast of the country. A large proportion of women reported violence (50.7%). The most frequent forms were psychological violence alone (18.8%) or accompanied by physical violence (16.0%). The prevalence of mental disorders was 49.0% among women who reported any type of violence and 19.6% among those who did not report violence ($p < 0.0001$). After adjustment for demographic and socioeconomic characteristics, the nature of the relationship, stressful life events and social support, all the forms of violence studied, with the exception of sexual violence alone or accompanied by either physical or psychological violence ($p = 0.09$), were significantly associated with mental disorders: physical violence alone (OR 1.91; CI 95% 1.2–3.0), psychological violence alone (OR 2.00; CI 95% 1.5–2.6), sexual violence alone or accompanied by either physical or psychological violence (OR 1.80; CI 95% 0.9–3.6), both psychological and physical violence (OR 2.56; CI 95% 1.9–3.5) and all three forms of violence (OR 2.68; CI 95% 1.8–4.0). This is the first population-based study on the association between intimate partner violence and mental health in Brazil. It contributes to the existing body of research and confirms that violence, frequently experienced by women in the country, is associated with mental disorders. Policies and strategies aimed at reducing gender-based violence are necessary for preventing and reducing anxiety and depression among women.

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Introduction

Violence against women encompasses a broad range of kinds of abuse with geographical and cultural features (Watts & Zimmerman, 2002). The WHO multi-country study on women's health and domestic violence (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006) corroborates the variation in prevalence between and within countries and found high rates of violence committed against women by their intimate partners (hereafter called simply "violence").

Violence against women is not only a manifestation of gender inequality, but also serves to perpetuate injustice against women. According to Watts and Zimmerman (2002), in some cases, aggressors deliberately use violence as a means of subordination, as in the case of an intimate partner who demonstrates and reinforces his position of greater power, while also being head of the household or family.

The coexistence of psychological, physical and sexual violence among women abused by their intimate partner is high. Studies around the world have shown rates of physical violence perpetrated by intimate male partners occurring at least once in a lifetime varying from 10% to 56%. Between 10% and 30% of the women in these studies also reported that they had experienced sexual violence (Heise & Garcia-Moreno, 2002; Kumar, Jeyaseelan, Suresh, & Ahuja, 2005; Watts & Zimmerman, 2002). Ellsberg (1997) found that 94% of the women who were experiencing physical violence also reported verbal insults and humiliations, while 36% were commonly forced to have sex while being beaten.

In Brazil, research conducted nationally among women aged 15 years and older has shown that 43% stated they had been subject to violence committed by a man in their lifetime, with a third reporting some form of physical violence, 13% sexual and 27% psychological (Venturi, Recamán, & Oliveira, 2004). This study also revealed that husbands, ex-husbands, boyfriends and ex-boyfriends were the principal aggressors, varying from 88% of the instigators of punches and pushes to 79% of the perpetrators of forced sexual relations.

Many authors (Ellsberg, Caldera, Herrera, Winkvist, & Kullgren, 1999; Kumar et al., 2005; Nicolaidis, Curry, McFarland, & Gerrity, 2004; Ruiz-Perez & Plazaola-Castaño, 2005) point out diverse threats to women's mental health caused by violence. The World Health Organization (WHO, 2000) considers violence to be the principal gender-related cause of depression among women. It also gives rise to anxiety and increased use of tranquilizers and antidepressants (Ruiz-Perez & Plazaola-Castaño, 2005). Long-lasting mental suffering

is part of "battered women syndrome" (McCauley et al., 1995), this being a major predictive factor of visits to the doctor and increased use of general health services.

For Ruiz-Perez and Plazaola-Castaño (2005), different kinds of abuse could have different effects on women's mental health. In their study, carried out in public family practices in Spain, women reporting sexual plus psychological violence were more likely to have increased use of alcohol, while those who experienced physical plus psychological violence reported worse self-perceived health than women who had not been abused or who reported other types of violence. Furthermore, higher levels of severity, intensity and duration of the aggression imply in greater impact on women's mental health. Also, effects of violence seem to last, possibly remaining for many years after the event (Ellsberg et al., 1999; Ruiz-Perez & Plazaola-Castaño, 2005).

The majority of studies on the association between violence and mental health have been performed on non-representative samples of women, usually convenience samples of women presenting to general internal medicine clinics (Nicolaidis et al., 2004) or to public family practices (Ruiz-Perez & Plazaola-Castaño, 2005). Since this information is based on women who have sought help, it surely does not present a full picture of female victims of violence (Ellsberg et al., 1999) and anxiety or depression within the population. Furthermore, most studies have only considered physical or sexual violence (Kumar et al., 2005; Nicolaidis et al., 2004), having neglected psychological violence.

This paper contributes to the existing literature by investigating the association between psychological, physical and sexual violence committed against women by their intimate partners and common mental disorders in a population-based survey carried out in Brazil as part of the WHO multi-country study on women's health and domestic violence (Garcia-Moreno et al., 2006).

Methods

Study design and sampling

The WHO multi-country study on women's health and domestic violence compared 15 sites in 10 countries, including Brazil. In most of the larger countries, the study obtained data from two contrasting settings: the capital (or a large city) and one representative region with both rural and urban characteristics. Full details of the study are reported elsewhere (Garcia-Moreno et al., 2006).

In Brazil, a population-based household survey was carried out among women aged 15–49 years, between

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