

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

Project overview



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

Other life trauma
Life events checklist

Sociodemographic
Food, money/funding, family
background, employment

Depression
CESD Scale

PTSD
Harvard trauma questionnaire

Binge drinking
Audit scale

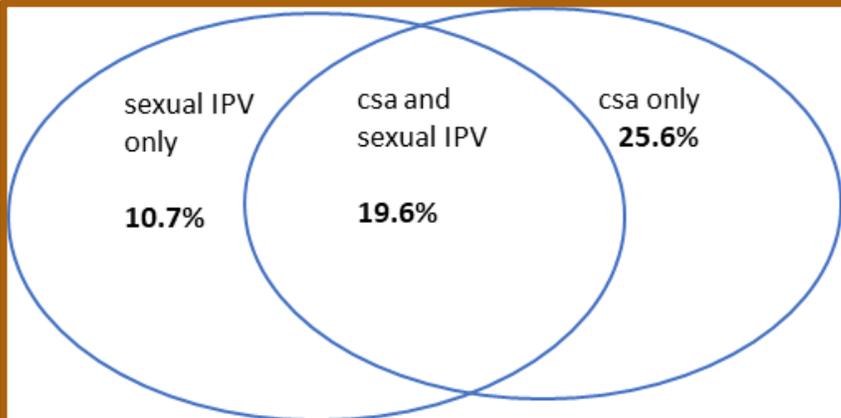
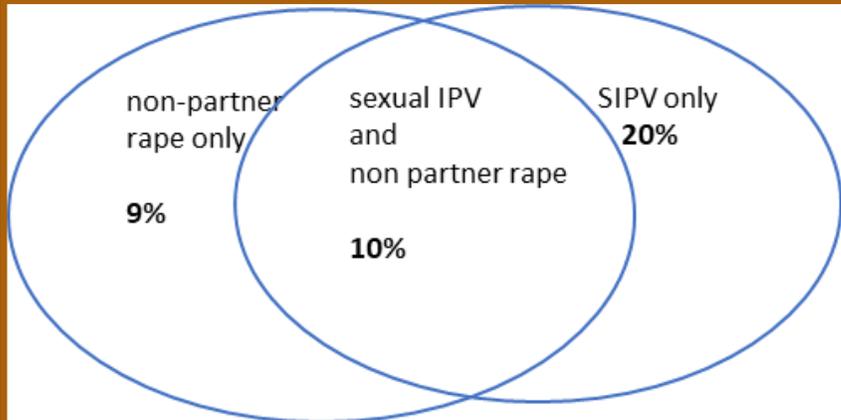
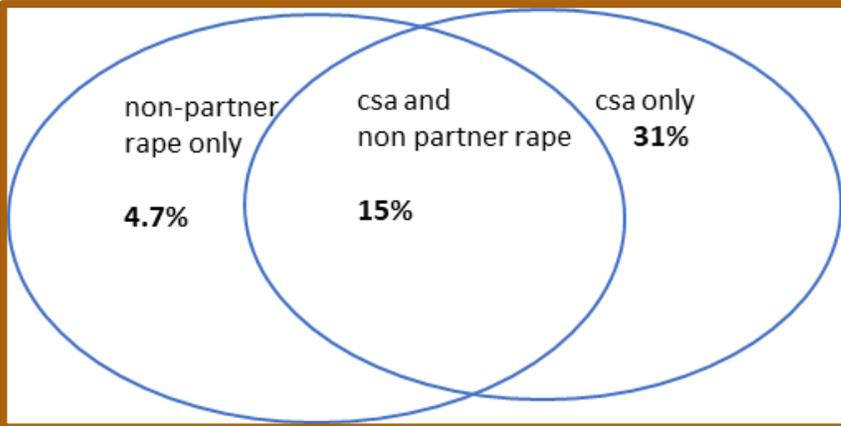
Sexual relationship power
SRPS scale

Risky sexual behaviours
Transectional sex, multiple
sexual partners

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
 - 46% reported child sexual abuse
 - 30% reported sexual IPV in lifetime
 - 19.6% reported rape by a non-partner in lifetime
- Data indicate multiple exposures over life course
 - 15% reported child sexual abuse and non-partner rape lifetime
 - 10% reported sexual IPV and non-partner rape lifetime
 - 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 covariance

➤ 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

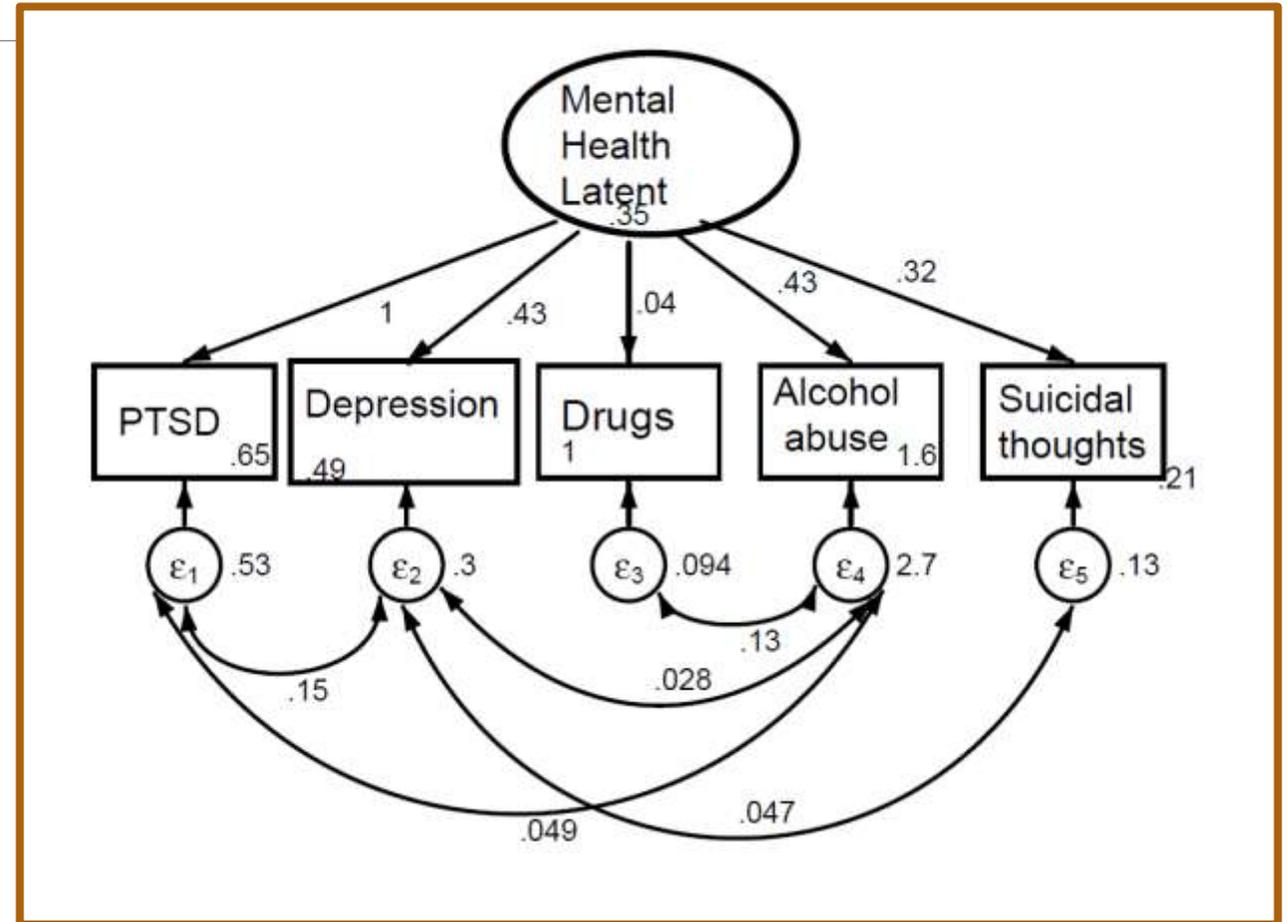
- 21.6% mild (HTQ score 30-44)
- 11.5% moderate (HTQ score 45-59)
- 7% severe (HTQ score 60+)

➤ Depression past month

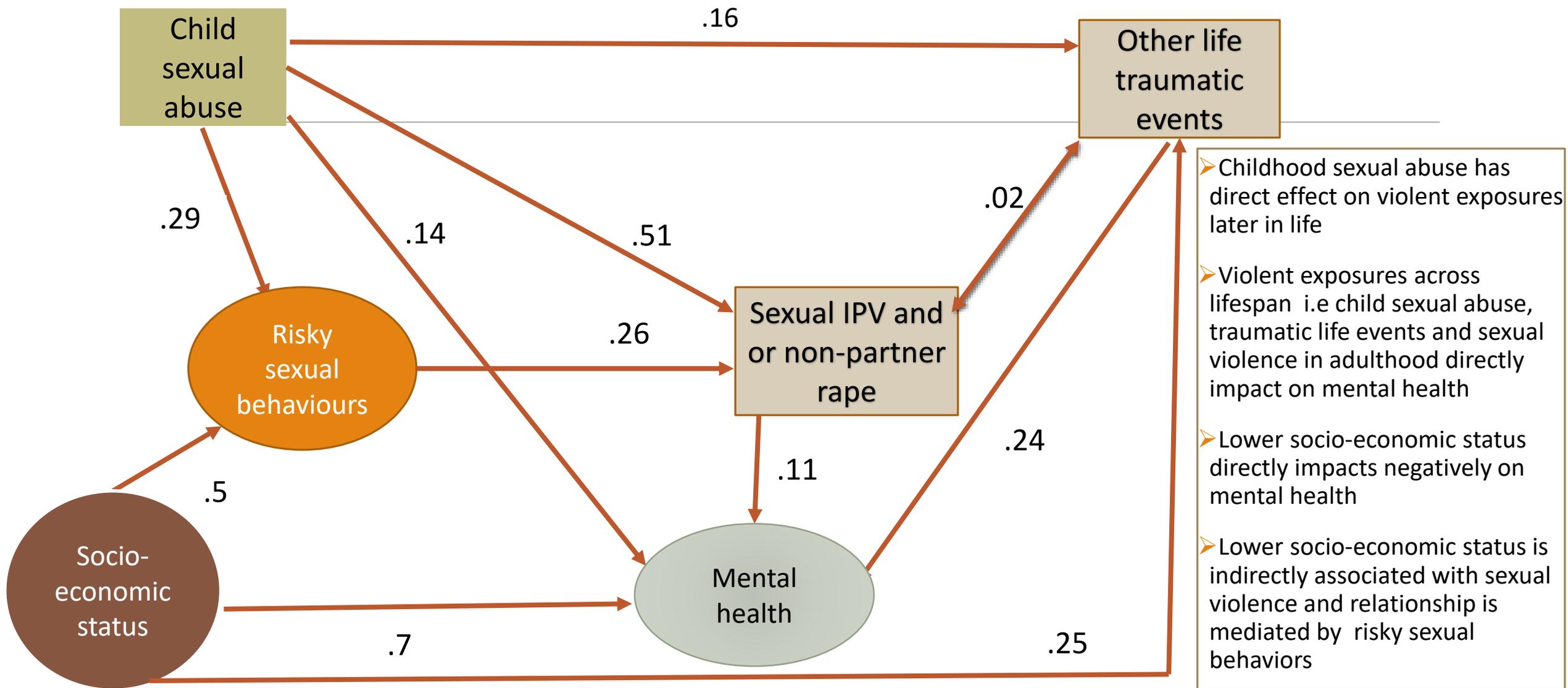
- 37.7% mild (CESD 21-40)
- 5.7% moderate to severe (CESD 41+)

➤ 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: $p > \chi^2 < 0.0001$; 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.
 - 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

Ntombi Vimbela!

Sexual violence risk reduction and resistance programme in South African Colleges and Universities

WHAT IS IT?

- NTOMBI VIMBELA! IS A SEXUAL VIOLENCE RISK REDUCTION AND RESISTANCE PROGRAMME.
- NTOMBI MEANS “GIRL OR WOMAN” IN ZULU OR XHOSA.
- VIMBELA IS A ZULU WORD WHICH MEANS PREVENT, RESIST, RESTRAIN, BLOCK, HINDER, LIMIT, AVERT, OBSTRUCT, DETER, BAR AND RESTORE.
- NTOMBI VIMBELA! AIMS TO BUILD YOUNG WOMEN'S RESILIENCE, CONFIDENCE AND TO REDUCE SEXUAL ASSAULT RISK

HOW LONG DOES IT TAKE?

- NTOMBI VIMBELA! CONSTITUTES A SERIES OF TEN SESSIONS EACH RUNNING FOR 1.5 HOURS.
- SESSIONS ARE RUN OVER 5-10 WEEKS, A MAXIMUM OF TWO SESSIONS PER WEEK.
- FOR SELF CARE, BREAKS ARE TAKEN IN BETWEEN THE EXERCISES AND REFRESHMENTS ARE PROVIDED.

WHO CAN PARTICIPATE?

- YOUNG WOMEN AGE 18-30
- ENROLLED FOR FIRST YEAR.
- EXPRESSED INTREST TO LEARN ABOUT SEXUAL VIOLENCE AND HOW TO PREVENT IT IN RESPONSE TO CAMPUS ADVERTS
- WRITTEN CONSENT FOR PARTICIPATION

WHO ARE THE FACILITATORS?

- PASSIONATE AND ENTHUSIASTIC ABOUT GENDER ISSUES
- WOMEN AGE 18-30
- TRAINED ON MANUAL CONTENT AND WENDO SELF DEFENCE
- WORK IN TEAMS TO ALLOW FOR CO-FACILITATION

WHAT IS SEXUAL VIOLENCE?

SEXUAL VIOLENCE MEANS ANY SEXUAL ACT, ATTEMPT TO OBTAIN A SEXUAL ACT, UNWANTED SEXUAL COMMENTS OR ADVANCES, OR ACTS TO TRAFFIC, OR OTHERWISE DIRECTED AGAINST A PERSON'S SEXUALITY USING COERCION, BY ANY PERSON REGARDLESS OF THEIR RELATIONSHIP TO THE VICTIM, IN ANY SETTING INCLUDING BUT NOT LIMITED TO HOME AND WORK. THIS DEFINITION INCLUDES RAPE, DEFINED AS THE PHYSICALLY FORCED OR OTHERWISE COERCED PENETRATION OF THE VULVA OR ANUS WITH A PENIS, OTHER BODY PART OR OBJECT (WORLD HEALTH ORGANISATION)

WHAT METHODS ARE USED?

- PARTICIPATORY
- BRAINSTORMING
- DISCUSSION
- WORKING IN PAIRS
- SMALL GROUP ACTIVITIES
- ROLE PLAYS
- SELF REFLECTION
- GAMES AND ENERGISING ACTIVITIES



WHAT DO THE EXERCISES COVER?

- NTOMBI VIMBELA! BROADLY FOCUSES ON:
- SEXUAL RIGHTS, VIOLENCE AGAINST WOMEN AND GIRLS AND THE
 - DRIVERS OF THESE FORMS OF VIOLENCE:
 - GENDER INEQUALITY AND BUILD MORE GENDER EQUITABLE BELIEFS
 - SEXUAL ASSAULT RISK AND TRAINING ON SEXUAL ASSAULT RESISTANCE
 - PERSONAL RESILIENCE AND SOCIAL AND MATERIAL PRESSURES IN THE TERTIARY ENVIRONMENT
 - ACCESSING HEALTH, PSYCHO-SOCIAL AND JUSTICE SERVICES
 - MENTAL HEALTH AND COPING SKILLS
 - RELATIONSHIP BUILDING AND COMMUNICATION SKILLS

WHAT ARE OUR VALUES?

- SISTERHOOD
- WOMEN TO WOMEN EMPOWERMENT
- RESPECT
- EMBRACE DIVERSITY
- CONFIDENTIALITY
- COURAGE
- YOU ARE ENOUGH
- PARTICIPATORY
- COOPERATION
- SELF CARE

PROGRAMME REACH

- SELECTED COLLEGES AND UNIVERSITIES
- SIX TVETS, TWO UNIVERSITIES
- EIGHT CAMPUSES ACROSS FIVE PROVINCES - KZN, GAUTENG, MPUMALANGA, EASTERN CAPE, LIMPOPO

