



**Karolinska  
Institutet**

Department of Public Health Sciences  
Division of Social Medicine  
Karolinska Institutet, Stockholm, Sweden.

**Women as victims and perpetrators of intimate partner  
violence (IPV) in Maputo City, Mozambique:  
Occurrence, nature and effects.**

ACADEMIC DISSERTATION

For the degree *Doctor of Philosophy in Medical Science* at the Karolinska  
Institutet, to be publicly defended at Hall 1 & 2, 3<sup>rd</sup> Floor, Norrbacka,  
Karolinska Institutet, on:

**Monday 19th November, 2012, 09:00 – 12:00**

by

**António Eugénio Zacarias**

*Main supervisor:*

Dr Diddy Antai  
Karolinska Institutet  
Institutionen för Folkhälsovetenskap

*Co-supervisor:*

Professor Leif Svanström  
Karolinska Institutet  
Institutionen för Folkhälsovetenskap

*Faculty Opponent:*

Professor Soraya Seedat  
Stellenbosch University  
Department of Psychiatry  
South Africa.

*Examination Committee:*

Associate professor Tom Palmstierna  
Karolinska Institutet  
Institutionen för klinisk neurovetenskap

Associate professor Ingela Danielsson  
Landstinget Västernorrland  
Länssjukhuset Sundsvall- Härnösand

Associate professor Bo Bergman  
Karolinska Institutet - Psychiatry  
Stockholm South

## ABSTRACT

**Background:** Intimate partner violence (IPV) against women is a widespread bad behavior, and its effects on women's lives encompass injuries, mental ill-health, decreased intimacy, and a financial burden. Growing evidence indicates that women also abuse their intimate male partners. The role of controlling behaviors in IPV remains controversial, but data, mainly from Western countries, indicate that both women and men use them. The situation (e.g., health condition) of women who have been victims or perpetrators of IPV indicates that they may fare poorly in various areas (e.g., have poorer mental health). The overall aim of this thesis is to investigate women's experiences of IPV as both victims and perpetrators, the associated risk and protective factors, and the effects (including poor mental health).

**Methods:** Data were collected between April 1, 2007 and March 31, 2008. They consist in consecutive cases of 1,442 women aged 15-49 years-old visiting Forensic Services at the Maputo Central Hospital (Maputo City, Mozambique) after IPV abuse. Interviews were conducted by trained female interviewers, and the data collected included demographic and life style factors, and previously validated in sub-Saharan Africa (SSA) Revised Conflict Tactics Scale (CTC2) scores, Controlling Behavior Scale Revised (CBS-R) scores, and Symptoms Check List (SCL-90-R) scores. Further, Schedule for Social Interaction scores which had not been validated in SSA. Statistical analyses included chi-square tests, and applications of bivariate and multivariate techniques.

**Results:** Study I: Overall experienced IPV during the past 12 months was 70.2% and chronicity was 85.8 times; 55.3% were severe acts of violence. Co-occurring victimization across all types was 26.8%. Having a middle/high educational level, divorce/separation, children at home, controlling behaviors, being a perpetrator oneself with co-occurring victimization, and childhood abuse were important factors in explaining sustained IPV. Study II: Overall inflicted IPV during the past 12 months was 69.4% and chronicity was 44.8 times; 48.9% were severe acts of violence. Co-occurring perpetration of IPV across all types was 14.5%. Having a middle/high educational level and a liberal profession/own business, divorce/separation, children at home, and high BMI, smoking, controlling behaviors (in particular, over one's partner), co-occurring perpetration, being a victim oneself, and abuse as a child were important factors in explaining the inflicting of IPV. Study III: During the 12 past months, the numbers of women and men who had directed any kind of physical assault at their partner were similar, but there was divergence concerning the use of an act of sexual coercion. The most common type of relationship was non-violent, followed by situational couple violence (SCV). Childhood abuse was associated with mutual violent control (MVC). Study IV: Victims and perpetrators of IPV by type (psychological aggression, physical assault, sexual coercion, and physical assault with injury) scored higher on symptoms of depression, anxiety and somatization than their unaffected counterparts during the previous 12 months. Controlling behaviors, mental health comorbidity, childhood abuse, social support, smoking, sleep difficulties, age and lack of education were important factors in explaining mental health problems in women who were both victims and perpetrators of IPV across all types. Victimization and perpetration were not associated with poor mental health across all types of IPV.

**Conclusions:** The thesis demonstrates that women seeking help for IPV abuse are widely victimized, but they also use violence against their male partners. In both cases, the rate of severe IPV and the chronicity level are high. The most violent relationship involves situational couple violence, but mutual coercive violence and intimate terrorism are fairly common. Victims and perpetrators report greater symptoms of mental health. The factors related to the different dimensions of symptoms of mental health are in general similar. Overall, the situation of help-seeking women is a source of great concern for many groups, e.g., care providers, since their suffering is extensive and deep, ranging from complex IPV experiences as victims and perpetrators to greater symptoms of mental health. This thesis may have important implications for the development of interventions to decrease sustained and inflicted IPV in Mozambique and to prevent its associated outcomes, e.g., mental ill-health.