

Effects of Intimate Partner Violence on Women Mental Health: A Case Study of Hopley, Harare.

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Abstract

Intimate partner violence (IPV) remains a pervasive issue affecting women globally, with significant mental health consequences. This study examines the impacts of IPV on the mental health of women residing in Hopley, a socio-economically disadvantaged settlement in Zimbabwe characterised by poverty, unemployment, and limited healthcare access. Employing a qualitative research design, the study investigates the underlying causes of IPV, its psychological effects, and the coping mechanisms utilised by affected women. Findings indicate that economic dependency, entrenched cultural norms, and resource scarcity contribute to the prevalence of IPV in Hopley. The associated mental health impacts include heightened anxiety, depression, post-traumatic stress disorder (PTSD), and substance abuse. Despite these challenges, the affected women adopted coping strategies such as seeking social support and engaging in spiritual-related practices. The study concludes with recommendations for culturally sensitive, context-specific interventions aimed at supporting IPV survivors in similar low-resource communities.

Keywords: intimate partner violence, mental health, Hopley, Zimbabwe, coping strategies, qualitative research, socio-economic factors

Introduction

Intimate partner violence (IPV) is a critical public health concern that transcends geographic, cultural and socio-economic boundaries, affecting millions of individuals worldwide. IPV is defined as any form of physical, psychological, sexual, or emotional abuse perpetrated by one partner against the other within the context of an intimate relationship. Evidence shows that IPV disproportionately impacts women, making it one of the most pervasive violations of human rights and a significant gender-based health disparity (Ellsberg et al., 2014). Manifestations of IPV include physical aggression, psychological manipulation, coercive control, sexual violence, and reproductive coercion, each of which leaves both visible and invisible scars (Heise & Garcia-Moreno, 2019).

Globally, the prevalence of IPV highlights its systemic and deep-rooted nature. Factors such as patriarchal societal norms, economic dependency, and cultural acceptance of violence as a means of asserting dominance or resolving conflicts contribute to the perpetuation of IPV (Kimerling et al., 2017). In many settings, the normalisation of violence within relationships reinforces gender-based inequalities and discourages victims from seeking formal support due to fear of stigmatisation or retaliation.

The repercussions of IPV extend beyond immediate physical harm to long-lasting mental health consequences, particularly for women. Studies consistently link IPV exposure to high rates of depression, anxiety, post-traumatic stress disorder (PTSD), substance abuse, and diminished self-esteem (Mowbray et al., 2019). These mental health impacts can impair daily functioning, strain social relationships, and perpetuate cycles of violence by affecting the victim's ability to make autonomous decisions or leave abusive situations (Campbell et al., 2020).

The complexity of the relationship between IPV and mental health is further compounded by socio-economic disparities, cultural norms, and the availability of support services. In low-resource settings such as Hopley, a peri-urban settlement in Zimbabwe, women face additional challenges, including poverty, limited access to mental health care, and inadequate social protection mechanisms. Socio-economic vulnerability often exacerbates the likelihood of IPV occurrence while simultaneously constraining victims' coping options and access to legal or psychological support services (WHO, 2021).

Hopley represents a community shaped by urban poverty, unemployment, housing insecurity, and strained health infrastructure. These socio-economic stressors create an environment where IPV is both prevalent and difficult to address effectively. Understanding how women in Hopley experience IPV and its associated mental health impacts is crucial for informing policy, intervention design, and support systems that are culturally sensitive and responsive to local realities. This study therefore seeks to contribute to the growing body of research on IPV by examining the specific causes, psychological effects, and coping strategies employed by women in this marginalised community.

By situating the discussion within the broader context of IPV and mental health, this study underscores the urgent need for comprehensive, context-specific interventions that address the socio-cultural and economic determinants of IPV. It also emphasises the importance of

empowering women through economic support, mental health services, and community-based initiatives designed to foster resilience and challenge harmful societal norms.

Problem statement

While there is growing awareness and research on IPV globally, there remains a significant gap in understanding its mental health impacts on women in specific socio-economic contexts, such as Hopley in Zimbabwe. Hopley is a low-income settlement characterised by poverty, unemployment, and inadequate access to healthcare and social services. These factors create a fertile ground for IPV, exacerbating its prevalence and intensifying its mental health consequences. The unique socio-economic and cultural conditions in Hopley necessitate a focused study to understand the specific challenges faced by women in this community and to develop appropriate interventions that can address these challenges effectively.

Research questions

The study is guided by the following research questions:

- 1) What are the primary causes of intimate partner violence among women in Hopley?
- 2) What are the psychological and emotional impacts experienced by women in Hopley as a result of intimate partner violence?
- 3) What coping strategies do women in Hopley use to deal with the trauma of intimate partner violence?

Research methodology

Research approach

This study adopts a qualitative research approach emphasising the lived experiences of women in Hopley who have endured intimate partner violence (IPV). A qualitative approach is particularly suited for investigating the complex and deeply personal nature of IPV as well as the psychological and emotional consequences that arise from these experiences. By focusing on subjective narratives, this approach enables an in-depth exploration of how IPV shapes women's mental well-being, coping strategies, and daily lives within their socio-cultural context.

To ensure consistency with the qualitative nature of the study, the language used in the topic and research questions avoided terms such as "impact", which often imply a quantitative lens.

Instead, this study sought to understand the mental health experiences of IPV survivors as shaped by their socio-economic and cultural realities. The case study design focusing specifically on Hopley provides a detailed exploration of how poverty, unemployment, cultural norms, and limited access to support services contribute to both the occurrence of IPV and its consequences for mental health.

This approach allows for a nuanced understanding of IPV, highlighting the voices of women as key informants and capturing the context-specific challenges and resilience strategies they employ.

Participants

Participants in this study were women from Hopley who experienced intimate partner violence. Purposive sampling was used to select 20-30 participants who could provide rich, detailed insights into their experiences with IPV and its mental health consequences. This sample size was sufficient for achieving data saturation, where no new themes or insights emerged from the data.

Data collection methods

Data was collected through in-depth interviews and focus group discussions. In-depth interviews allowed for the exploration of participants' subjective experiences with IPV, focusing on the emotional and psychological impacts. Semi-structured interviews were used to provide flexibility in exploring various aspects of participants' experiences while ensuring that key research questions were addressed. Focus group discussions were conducted to gather collective insights and facilitate the sharing of experiences among participants, which revealed common themes and coping strategies.

Data analysis

Thematic analysis was employed to analyse the data. This method involved identifying, analysing, and reporting patterns within the data, with a focus on the causes of IPV, its mental health effects, and the coping strategies employed by women in Hopley. The thematic analysis process included familiarisation with the data, coding, searching for themes, reviewing and defining themes, and producing a final report. This approach allowed for a comprehensive understanding of the complex dynamics of IPV and its mental health impacts in the specific context of Hopley.

Ethical considerations

Given the sensitive nature of the study, ethical considerations were paramount. Participants were fully informed about the study's purpose, and informed consent was obtained from participants before their participation. Confidentiality was maintained by assigning pseudonyms to participants and ensuring that identifying information is removed from the data. Participants were assured of their right to withdraw from the study at any time without negative consequences. Additionally, the study would provide referrals to support services for participants who may need assistance with IPV-related issues.

Results and discussion

The results of this study revealed a complex interplay of socio-economic and cultural factors that contributed to the prevalence of intimate partner violence (IPV) in Hopley. The findings highlighted that economic dependency, entrenched cultural norms, and limited access to resources significantly exacerbated women's vulnerability to IPV. The study identified several mental health consequences faced by women, including high levels of anxiety, depression, post-traumatic stress disorder (PTSD), and substance abuse. These findings are consistent with global and regional patterns of IPV-related effects.

The discussion interpreted these findings in the context of existing literature on IPV and mental health. This reinforces that socio-economic hardship and cultural acceptance of violence play a critical role in perpetuating IPV and its associated mental health burdens. The findings underscored the need for policy interventions that address not only the immediate safety of IPV survivors, but also the broader structural factors contributing to their continued vulnerability.

The study also emphasised the importance of developing community-based interventions tailored to the socio-economic and cultural realities of Hopley. These interventions should prioritise culturally appropriate and sustainable support mechanisms such as accessible mental health services, economic empowerment programmes, and community advocacy initiatives aimed at challenging harmful gender norms. Additionally, the results suggested that strengthening informal support systems such as peer support networks and community-based counselling could provide IPV survivors with crucial coping resources in low-resource settings like Hopley.

Contribution to extant knowledge

This study contributes to the understanding of the mental health impacts of intimate partner

violence in the specific context of Hopley, Zimbabwe. By exploring the experiences of women in this community, the research provides valuable insights into the socio-economic and cultural factors that influence IPV and its mental health consequences. The findings underscore the importance of developing targeted interventions that are culturally and contextually appropriate, aimed at supporting women who experience IPV in low-resource settings. The study also highlights the need for improved access to mental health services and support systems in Hopley, to address the profound psychological impacts of IPV and enhance the overall well-being of women in this community.

Findings of the study

The findings of this study revealed that intimate partner violence (IPV) in Hopley was driven by a combination of socio-economic, cultural, and structural factors, which collectively shaped the experiences of women and influenced their mental health outcomes. Economic dependency emerged as a significant factor contributing to IPV, with many women reporting that their lack of financial independence prevented them from leaving abusive relationships. Unemployment limited economic opportunities, and the absence of formal support systems exacerbated this dependency, fostering a cycle of abuse where women remained trapped in violent relationships due to their inability to provide for themselves and their children. Cultural norms and beliefs also played a crucial role in perpetuating IPV as many women reported that societal expectations normalised male dominance and the use of violence as a way for men to assert control. Some participants shared that they had internalised these cultural narratives, believing that enduring abuse was part of their role as wives or partners, which further delayed their attempts to seek help.

In terms of mental health consequences, the study found that IPV survivors in Hopley experienced a range of psychological and emotional challenges. Anxiety and depression were the most commonly reported symptoms, with many women describing persistent feelings of fear, sadness, and hopelessness. These feelings were often accompanied by sleep disturbances, nightmares, and chronic fatigue, indicating prolonged emotional distress. Several women also exhibited symptoms consistent with post-traumatic stress disorder (PTSD), including flashbacks of violent incidents, emotional numbness, and heightened startle responses. Substance abuse emerged as another coping mechanism for some survivors, who turned to alcohol or other substances in an attempt to numb their emotional pain. However, this often compounded their vulnerability and led to further social isolation

and financial strain.

Despite these challenges, the findings also highlighted the resilience and resourcefulness of the women in Hopley. Many women coped with their experiences by seeking social support from friends, neighbours, and family members who offered emotional comfort and practical assistance. Others relied heavily on spiritual practices such as prayers and participation in religious gatherings, which provided them with a sense of hope and community belonging. However, formal support services, such as counselling and mental health care, were severely limited in the area, leaving many survivors without access to professional psychological support. The absence of easily accessible legal and protective services further compounded their vulnerability, as most women felt that reporting incidents of IPV to the authorities would not lead to meaningful protection or justice.

Overall, the findings demonstrated that IPV in Hopley was both a deeply personal and systemic issue, with economic hardship, cultural norms, and institutional gaps reinforcing the cycle of violence and its mental health impacts. These results underscore the need for comprehensive interventions that address the socio-economic drivers of IPV, challenge harmful cultural narratives, and expand access to culturally sensitive mental health and legal support for women in low-resource settings.

Recommendations

Based on the findings of the study, several recommendations can be made:

- i) **Development of culturally appropriate interventions:** There is a need for interventions that are sensitive to the cultural context of Hopley, including community-based programmes that involve local leaders and stakeholders in addressing IPV.
- ii) **Improvement of mental health services:** Enhancing access to mental health services in Hopley is crucial. This could involve training local healthcare providers in mental health care and establishing support networks for IPV victims.
- iii) **Economic empowerment programs:** Programs aimed at improving the economic independence of women in Hopley could reduce their vulnerability to IPV by addressing the power imbalances that often underpin abusive relationships.
- iv) **Community education and awareness:** Raising awareness about the harmful effects of IPV and challenging cultural norms that condone violence against women is essential.

Educational campaigns ought to focus on promoting gender equality and healthy relationships.

- v) Strengthening legal frameworks: Advocating for stronger legal protections for IPV victims in Zimbabwe, including better enforcement of existing laws and policies, could provide women with the necessary tools to escape abusive relationships.

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