

Intimate Partner Violence, Loneliness and Depression among Women

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ABSTRACT

The study examines intimate partner violence on depression and loneliness among 186 women. Conflict tactics scale 2, UCLA loneliness scale and Beck depression inventory were used. MANOVA was used to analyse the data at 0.05. The study revealed that women who experience emotional abuse suffer more loneliness than those who suffered physical abuse, 40.574, 44.702, $F(1, 184) = 5.279$, $P = 0.023$, and 41.437, 43.838, $F(1, 184) = 1.587$, $P = 0.209$. While women who suffered physical abuse experienced more depression than those women who suffered emotional abuse: 9.580, 14.626, $F(1, 187) = 6.225$, $P = 0.013$; and 11.081, 13.125, $F(1, 184) = 1.151$, $P = 0.209$. More so, women who experience sexual abuse did not experience more depression and loneliness than those who experience physical abuse. For depression, 11.556, 12.578, $F(1, 184) = 4.15$, $p = 0.042$, and means, 9.105, 15.029, $F(1, 184) = 11.408$, $p = 0.001$, and for loneliness; 41.953, 43.087, $F(1, 184) = 5.63$, $p = 0.045$ and 40.260, 44.779, $F(1, 184) = 7.318$, $p = 0.007$. Women with physical abuse had more depression and loneliness. And a significant interaction effect exist between emotional abuse and sexual abuse on the level of loneliness, 43.493, 40.248, 42.868, 47.575, $F(1, 179) = 3.870$, $p = 0.050$. Recommendations were proffered.

KEY WORDS:

Intimate Partner
Violence, (Physical,
Sexual and Emotional)
Loneliness and
Depression

Introduction

Intimate partner violence, (IPV) also known as domestic abuse, spousal abuse: is defined as a pattern of abusive behaviors by one partner against another in an intimate relationship (Ship Way, 2004) these includes marriage, dating family or cohabitation. It has also been defined in many forms, including physical aggression or assault or threats thereof; sexual abuse, emotional abuse controlling or domineering; intimidation; stalking and economic deprivation (Siemieniuk; Kents; Gish & Gill, 2010). Defined by the WHO as "any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship (Krug, Dahlberg, Mercy, Zwi & Hozano, 2002). Some researchers argue for three major types of intimate partner violence (Johnson, 1995, 2006, and Leone; Johnson; Cohan, ; Lloyd, 2004): Emotional, Physical, and Sexual abuse.

Physical: Physical abuse is abuse involving contact intended to cause feelings of

intimidation, pain, injury or other physical suffering or bodily harm. (Us department of justice, 2007)

Sexual:- is 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. (World Health Organization, 2002).

Emotional: can include humiliating the victim privately or publicly, or controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family or denying the victim access to money or other basic resources and necessities (Follingstad & Dehart, 2000)

Depression: is a mood state of sadness, gloom, and pessimistic ideation, with loss of interest or pleasure in normally enjoyable activities accompanied in severe cases by anorexia and consequent weight loss, insomnia or hyper-somnia, feeling of worthlessness or guilt, diminished ability to think or concentrate or recurrent thoughts of death or suicide. (Colman, 2003).

Loneliness: is defined as the unpleasant experience that occurs when a person's network of social relationships is significantly deficient in either quality or quantity, is seen as a painful warning signal that a person's social relationships are deficient in some important ways. Peplau and Perlman (2002)

Prevalence .By the early twentieth Century, it was common for police to intervene in cases of domestic violence in the United States but arrests remained rare (Feder, & Lynette, 1999). Modern attention to domestic violence began in the women's movement of 1970s' particular within the contexts of feminism and women's rights as concern about wives being beaten by their husbands gained attention. The first known use of the expression "domestic violence" in a modern context meaning " Spousal abuse, violence in the home " was in an address to the parliament of the united kingdom in 1973. The United Nations Development fund for women estimates that at least one of every three women globally will be beaten, raped or otherwise abused during her lifetime (United Nations Development fund for women, 2003) .A 2005 world health organization study found that 15 sites in ten countries representing diverse cultural settings. The proportion of ever - partnered women who had experience physical or sexual intimate partner violence in than lifetime ranged from 15 percent in Japan to 71 percent in Ethiopia (Moreno, 2005). On the average, more than three women a day are murdered by their husbands or boyfriends in the United States. In 2005, 1,181 women are murdered by an intimate partner (Shannan, 2007). The Center for Disease Control and Prevention, finds out that two million women experience injuries from intimate partner violence each year (Morbidity and Mortality Weekly Report February, 2008). In a study carried out by US Aid (2008) on intimate partner violence among couples in 10 DHS countries; predictors and health outcomes, there is a wide variation across countries in the prevalence of physical or sexual violence experienced by women and perpetuated by their current husbands / partner from 75 percent in Bangladesh to 16 percent in the Dominican Republic. The highest reported rates of physical violence were in Bangladesh (71 percent), Bolivia (52 percent) and Zambia (45 percent). The lowest reported rates were in Haiti (12 percent)

and the Dominican Republic (15 percent). The highest rates of sexual violence were reported in Bangladesh (26 percent) Kenya (15 percent) and Bolivia (14 percent), while as the lowest rates were reported in Moldova (3 percent) The Dominican Republic (5 percent) and Zambia (6 percent). Bangladesh, where men rather than women were ask about (perpetrating) intimate partner violence stands out as having the highest rates of both physical and sexual violence. All forms of domestic abuse have one purpose: To gain and maintain control over the victim. Abusers use many tactics to exert power over their spouse or partner: dominance, humiliation, Isolation, threats, intimidation, denial and blame. (Help Guide Org, 2007).

In a study by Rhodes; Lauderdale; Hanerdale; and Levinson (2002) Controlling for demographic factors, disclosure of victimization and perpetration were associated with multiple psychosocial risks. Peralta and Fleming (2003). CTS results revealed racial identity, marital status and depression influence the likelihood of IPV

Khosla; Dua; and Devi (2005) found that when the male partner was less educated, has the habit of taking alcohol, Opium or tobacco and in socially unsupported women, The level of education and employment of the women had no effect on the incidence of abuse. Burazeri; Rosh; Jewkes; Jordan; Bjegovic and Laaser (2005) carried out study to describe "the prevalence of intimate partner violence and associated factors among married women in Albania". Results show that more than a third (37%) of women had experienced violence. Risk was greatest among aged 25- 34, to women with tertiary education, women in white collar Jobs, women with less educated husbands and women married to men raised in rural areas women were at higher risk if they were more educated than their husbands. In a similar study on prevalence of intimate partner violence: findings from WHO multi-country study on women's health and domestic violence by Toreno; Ellsbery; Heise; and Watts (2006), found that men who were more controlling were likely to be violent against their partners in all but one setting women were at far greater risk of physical or sexual violence by a partner than from any violence by other people..

In the same year, Salam and Noguchi (2006) carried a study to assess the association between spousal violence and women's reproductive health; the results indicated that spousal violence was significantly higher amongst the group of less educated women who had been in several marriages. In another study, to assess the magnitude and determinants of intimate partner violence before and during pregnancy and attitude regarding domestic violence among a cohort of recently delivered women in Karachi Pakistan. By Fikree; Jafarey; Korejo; Afshan and Durocher (2006), Concluded that, annually, an estimated one million pregnant Pakistan women were physically abused at least once during pregnancy.

The effect of spousal violence on women's health by Chowdhary, Sangath and Patel (2008). The cross-sectional data showed an association between violence and a range of self-reported gynecological complaints; low body mass index depressive disorder and attempted suicide. Johnson; Klingbeir; Humphreys; Scanlon and Simpson (2009) carried out a study to measure how participation in a curriculum about screening parents for intimate partner violence at a pediatric hospital affects a nurse's knowledge, attitudes, behaviors, and self-efficacy for intimate partner violence screening. Participation in 30 minutes curriculum on while 60% of domestic violence

victims turn to family member; in three - quarter of the cases, they are told to keep quiet and endure the beatings. The report also reveal that a law passed in the Senegalese penal code punishing domestic violence with prison sentences and fines is poorly enforced due to religious and cultural resistance.

In Nigeria, reports reveal shockingly high level of violence against women (Afro news 2007 as cited in Achie, 2009) reports that a third (and in some cases two thirds), of women are believed to have subjected to physical sexually and psychological violence carried out primarily by husbands partners and fathers while girls are often forced into early marriage and are at risk of punishment if they attempt to escape from their husband's. More pathetic is the revelation of gross under reporting and non documentation of domestic violence due to cultural factors. Project alert 2001 as cited in Aihie (2009) in a survey on violence against women conducted interviews with women working in the market and other places of work and girls and young women in secondary schools and universities, in Lagos state, Nigeria. 64.4% of 45 women interviewed in the work place said they had been beaten by a partner (boyfriend or husband), 56.6% of 48 interviewed market women admitted experiencing such violence. Similar interviews carried out in Oyo state and other parts of Nigeria, yielded similar results. The incidence of domestic violence is high.

In a study carried out by obi and Ozumba (2007), on the factors associated with domestic violence in South East, Nigeria, 70% of respondents reported abuse in their family with 92% of the victims being female partners and the remaining 8% being male. The common forms of abuse reported were shouting at a partner (93%) slapping or pushing (77%) and punching and kicking (40%). It is however disturbing to note that many women do not know if they had been abused or not. This could be due to the acceptance of some abusive behaviors as "normal". Davies; Kishor; Johnson; Stockl; Bacchus; Moreno and Watts (2010) in another study to describe the prevalence of intimate partner violence (IPV) during pregnancy across 19 countries. In most setting prevalence was relatively constant in the younger age groups (age 15-35) and then appeared to decline very slight after age 35. On the prevalence of two forms of spousal violence: physical and sexual violence; Alo; Odusina and Babatunde (2012) and its correlation among the people of southwest Nigeria. The experience of spousal violence varied substantially with number of living children, educational levels of women, union status and women's union status and women's attitude towards wife beating.

Intimate partner violence and depression

According to studies conducted in clinical or facility based settings, IPV is associated with depression and attempted suicide (Gleason ; 1993, Gayford, 1975 and Danielson; Moffitt ; Caspi & Silva , 1998). Community based studies have also reported severe forms of partner violence to be associated with increased rates of depression (Danielson ; Moffitt ; Caspi ; Silva 1998 and Haji- Yahia 2002). A possible explanation for why violence against women generates adverse mental health consequences including depression is recurrent fear and learned helplessness.

Hegarty; Gunn; Chodros & Small (2004) in a study to explore the association between depressions, physical, emotional and sexual abuse by partners or ex-partners of women attending general practice .Results show that depressed women were

significantly more likely to have experienced severe combined abuse than women who were not depressed. Houry, Kaslow and Thomson (2005) on depressive symptoms in women experiencing intimate partner violence. Over all there were no demographic differences between cases and controls. Attempters reported statistically significant higher scores on all 21 BDI-11 items than did non attempters four BDI-11 items had effect size value in the medium range: sadness, self-dislike, suicidal thoughts, and feeling of worthlessness.

In another study by Martin; Li; Casanueva; Britt; Kupper and Cloutier (2006). On intimate partner violence and women's depression before and during pregnancy, women who were victims of psychological aggression during the year before pregnancy were not at elevated risk of depression except when the psychological aggression was very frequent. However, during pregnancy, psychological aggression was more closely tied to women's depression levels, regardless of its frequency. In addition, women who experience any level of physical assault or sexual coercion by their intimate partners (before and during pregnancy) had higher levels of depressive symptoms compared to non victims. Deyessa (2009) researched on intimate partner violence and depression among women in rural Ethiopia. Results show abuses by their partners were independent associated with depressive episode, even after adjusting for socio-economic factors.

Further study on the prevalence of intimate partner violence of women attending general practice, and to assess the association between IPV and depression. By Prossman; Jansen; Wong and Janssen (2011). A significant association between IPV and depression was found; half of the abused women were suffering from a depression more than three quarter of depression women ever experience IPV.

Intimate partner violence and Loneliness

Most of what I will review here are co-morbidity because little or no research is available in the study on area of loneliness and IPV only.

Loneliness may lead to serious health related consequences. It is one of the 3 main factors leading to depression (Green, 1992) and an important cause of suicide and suicide attempts. (Mechanic; Weaver; Resick 2008 as cited in Zackrias; Mecassa; Joaguim, Svanstrom and Antai 2012)

Coping variable that mediate the relation between intimate partner violence and mental health outcomes among African American women were investigated by Mitchell; Hangrove; Collins; Thompson; Reddick and Kaslow (2006). Results indicated that IPV Status - depressive symptoms link was mediated by multiple ways of coping, spiritual well-being and social support. b. The IPV status- anxiety symptoms link was mediated by multiple ways of coping, social support and ability to access resources and c. The IPV status - parenting stress link was mediated by multiple ways of coping spiritual well-being and social support.

Singh et al (2009), in a study on loneliness depression and sociability in old age. The results revealed a significant relationship between depression and loneliness. Zacarias et al, (2012) in a study on symptoms of depression, anxiety and somatization in female victims and perpetrators of intimate partner violence in Maputo city, Mozambique over a 12 months prior to the study Multiple regressions

revealed that controlling behaviors, mental health co-morbidity social support, smoking, childhood abuse, sleep difficulties, age and lack of education were more important in explaining symptom of mental health than demographics/ socio-economic or life – style factors. Victimization and perpetration across all types of IPV were not association with symptoms of mental health.

Hypotheses

1. Women who experience emotional abuse will likely experience more depression and loneliness than those who experience physical abuse.
2. Those who experience sexual abuse will likely have more symptoms of depression and loneliness than those who experience physical abuse.
3. There will be an interaction effect among all the three types of abuse
4. Women who are employed will suffer less IPV depression and loneliness than those that are not employed.

Method

Participants: The participants of the study were 187 woman legally married or cohabating, between the ages of 18 and above. Drawn from the staff of Jos university teaching hospital, and at social (wedding receptions) and religious gatherings (women fellowship)

Research Design: The study is a multivariate design mainly with the use of descriptive and inferential statistics, with intimate partner violence consisting of three levels namely: sexual, emotional and physical violence and then Depression with low and high levels and loneliness with low and high level.

Instruments: The study used a self report questionnaire which composed of three different questionnaires labeled A,B,C and demographic section labeled D.

CTS2: This section is a paper and period self administer questions using the conflict tactics scales (CTS2).Straus; Hamby; Boney-Mecoy & Sugarman (1996) is the version measuring violence against a partner in a dating or marital relationship.

UCLALS: The section uses the UCLA loneliness scale (UCLA LS Version 3) Russell 1996). The initial version of the UCLA loneliness scale consisted of 20 statements that reflected how lonely individuals describe their experiences (Russell, Peplau, & Ferguson 1978).

BDI: The Beck Depression Inventory (BDI) the cognitive, emotional and vegetative symptoms associated with depression. The Beck Depression inventory was design to dictate and analyst the intensity of depression in individuals. Oladimeji (2005)

Results:

The results are outlined and discussed mainly with the use of descriptive and inferential statistics. The Multivariate Analysis of variance (MANOVA) statistical tool was used to analyze the hypotheses in the study. The 0.05 significance level was adopted for hypothesis testing in the study. The summary the descriptive and inferential results are presented below:

Hypothesis One: Women who experience emotional abuse will experience more depression and loneliness than those who experience physical abuse.

Table 1: ANOVA Source table for emotional and physical abuse

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	Loneliness	1307.448 ^a	2	653.723	7.710	.001
	Depression	1509.047 ^b	2	754.524	7.904	.001
Intercept	Loneliness	253482.713	1	253482.713	2989.758	.000
	Depression	20424.603	1	20424.603	213.953	.000
Emotional abuse	Loneliness	447.600	1	447.600	5.279	.023
	Depression	109.839	1	109.839	1.151	.285
Physical abuse	Loneliness	134.512	1	134.512	1.587	.209
	Depression	594.223	1	594.223	6.225	.013
Error	Loneliness	15600.201	184	84.784		
	Depression	17565.220	184	95.463		
Total	Loneliness	334873.000	187			
	Depression	39492.000	187			
Corrected Total	Loneliness	16907.647	186			
	Depression	19074.267	186			

^a. R Squared = .077 (Adjusted R Squared = .067)

^b. R Squared = .079 (Adjusted R Squared = .069)

Table 2: Estimated Marginal Means for Emotional Abuse

Dependent Variable	Emotional abuse	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Loneliness	low	40.574	1.131	38.343	42.806
	high	44.702	1.245	42.245	47.158
Depression	low	11.081	1.200	9.713	13.449
	high	13.125	1.321	10.519	15.732

Table 3: Estimated Marginal Means for Physical Abuse

Dependent Variable	Physical abuse	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Loneliness	low	41.437	1.000	39.464	43.411
	high	43.838	1.426	41.026	46.651
Depression	low	9.580	1.062	7.485	11.674
	high	14.626	1.513	11.642	17.611

Results from the tables above shows that women who experience emotional abuse experience more loneliness than those who experience physical abuse, means, 40.574, 44.702, $F(1, 184) = 5.279, p = 0.023 (p < .05)$, and means for physical abuse 41.437, 43.838, $F(1, 184) = 1.587, p = 0.209 (p > .05)$. While women who suffered physical abuse experienced more depression than those who suffered emotional abuse; means, 9.580, 14.626, $F(1, 184) = 6.225, p = 0.013, (p < .05)$; and 11.081, 13.125, $F(1, 184) = 1.151, p = 0.209 (p > .05)$. Women with emotional abuse experienced more loneliness but did not experience more depression. The hypothesis was supported for more loneliness, but did not support more depression.

Hypothesis Two: Those who experience sexual abuse will have more depression and loneliness than those who experience physical abuse.

Table 4: ANOVA Source table for sexual abuse and physical abuse

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	Loneliness	908.817 ^a	2	454.408	5.226	.006
	Depression	1435.984 ^b	2	719.492	7.507	.001
Intercept	Loneliness	252251.236	1	252251.236	2901.101	.000
	Depression	20316.690	1	20316.690	211.977	.000
Sexual abuse	Loneliness	48.971	1	48.971	.563	.454
	Depression	39.776	1	39.776	.415	.520
Physical abuse	Loneliness	636.344	1	636.344	7.318	.007
	Depression	1093.347	1	1093.347	11.408	.001
Error	Loneliness	15998.831	184	86.950		
	Depression	17635.283	184	95.844		
Total	Loneliness	334873.000	187			
	Depression	39492.000	187			
Corrected Total	Loneliness	16907.647	186			
	Depression	19074.267	186			

a. R Squared = .054 (Adjusted R Squared = .043)

b. R Squared = .075 (Adjusted R Squared = .065)

Table 5: Estimated Marginal Means for Sexual Abuse

Dependent Variable	Sexual abuse	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Loneliness	low	41.953	1.041	39.900	44.006
	high	43.087	1.143	40.833	45.341
Depression	low	11.556	1.093	9.400	13.712
	high	12.578	1.200	10.211	14.945

Table 6: Estimated Marginal Means for Physical Abuse

Dependent Variable	Physical abuse	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Loneliness	low	40.260	.865	38.554	41.966
	high	44.779	1.378	42.064	47.494
Depression	low	9.105	.908	7.314	10.897
	high	15.029	1.445	12.178	17.879

Results from tables above showed that women who experience sexual abuse did not experience more depression and loneliness than those who experience physical abuse. For depression, means, 11.556, 12.578, $F(1, 184) = .415$, $p = 0.520$, ($p > .05$), and means, 9.105, 15.029, $F(1, 184) = 11.408$, $p = 0.001$ ($p < .05$), and for loneliness; means, 41.953, 43.087, $F(1, 184) = .563$, $p = 0.454$ ($p > .05$), and 40.260, 44.779, $F(1, 184) = 7.318$, $p = 0.007$ ($p < .05$). Women with physical abuse had more depression and loneliness, the hypothesis was not supported.

Hypothesis Three: There will be an interactive effect among all the three types of abuse

Table 7: ANOVA Source table for interactive effect among the three types of abuse

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	Loneliness	1755.993	7	250.858	2.964	.006
	Depression	1912.341	7	273.192	2.849	.008
Intercept	Loneliness	157177.978	1	157177.978	1856.884	.000
	Depression	14502.568	1	14502.568	151.263	.000
Emotional abuse*Physical abuse	Loneliness	195.186	1	195.186	2.306	.131
	Depression	284.610	1	284.610	2.969	.087
Emotional abuse*Sexual abuse	Loneliness	327.571	1	327.571	3.870	.050
	Depression	12.986	1	12.986	.135	.713
Physical abuse*Sexual abuse	Loneliness	112.277	1	112.777	1.326	.251
	Depression	4.700	1	4.700	.049	.825
Emotional*Physical*Sexual abuse	Loneliness	11.606	1	11.606	.137	.712
	Depression	8.440	1	8.440	.088	.767
Error	Loneliness	15151.654	179	84.646		
	Depression	17161.927	179	95.877		
Total	Loneliness	334873.000	187			
	Depression	39492.000	187			
Corrected Total	Loneliness	16907.647	186			
	Depression	19074.267	186			

Table 8: Estimated Marginal Means for Interaction of Emotional and Physical Abuse

Dependent Variable	Emotional abuse	Physical abuse	Mean	Std. Error	95% Confidence Interval	
					Lower Bound	Upper Bound
Loneliness	low	low	39.151	.971	37.235	41.068
		high	44.589	2.983	38.900	50.279
	high	low	45.571	2.129	41.369	49.774
		high	44.871	1.596	41.721	48.021
Depression	low	low	8.394	1.034	6.355	10.434
		high	17.304	3.069	11.248	23.359
	high	low	12.857	2.266	8.385	17.329
		high	14.355	1.699	11.002	17.707

Table 9: Means for Interaction of Emotional and Sexual Abuse

Dependent Variable	Emotional abuse	Sexual abuse	Mean	Std. Error	95% Confidence Interval	
					Lower Bound	Upper Bound
Loneliness	low	low	43.493	2.351	38.853	48.133
		high	40.248	1.931	36.437	44.058
	high	low	42.868	1.772	39.372	46.364
		high	47.575	1.986	43.666	51.493
Depression	low	low	11.853	2.502	6.915	16.790
		high	13.845	2.055	9.790	17.900
	high	low	13.401	1.885	9.680	17.122
		high	13.811	2.113	9.640	17.981

Table 10: Estimated Means for Interaction of Physical and Sexual Abuse

Dependent Variable	Physical abuse	Sexual abuse	Mean	Std. Error	95% Confidence Interval	
					Lower Bound	Upper Bound
Loneliness	low	low	40.932	1.323	38.222	43.442
		high	43.890	1.931	40.080	47.701
	high	low	45.529	2.630	40.339	50.719
		high	43.932	1.986	40.013	47.850
Depression	low	low	10.263	1.408	7.486	13.041
		high	10.968	2.055	6.933	15.043
	high	low	14.990	2.799	9.467	20.514
		high	16.568	2.113	12.497	20.838

Table 11: Estimated Marginal Means for Interaction of Emotional, Physical and Sexual Abuse

Dependant Variable	Emotional abuse	Physical abuse	Sexual abuse	Mean	Std Error	95% Confidence Interval	
						Lower Bound	Upper Bound
Loneliness	low	low	low	39.236	.975	37.312	41.160
			high	39.067	1.880	35.752	42.381
		high	low	47.750	4.600	38.672	56.828
			high	41.429	3.477	34.587	48.291
	high	low	low	42.429	2.459	37.578	47.281
			high	48.714	3.477	41.852	55.575
		high	low	43.308	2.552	38.272	48.343
			high	46.435	1.918	42.648	50.220
Depression	low	low	low	7.955	1.038	5.907	10.003
			high	8.833	1.788	5.308	12.361
		high	low	15.750	4.895	6.089	25.411
			high	18.857	3.701	11.554	25.160
	high	low	low	12.571	2.617	7.407	17.735
			high	13.143	3.701	5.840	20.445
		high	low	14.231	2.718	8.872	19.590
			high	14.478	2.042	10.448	18.507

Results from the tables above indicated there was a significant interaction between emotional abuse and sexual abuse on the level of loneliness, means, 43.493, 40.248, 42.868, 47.575, $F(1, 179) = 3.870$, $p = 0.050$ ($p < .05$); however, there was no significant interaction between emotional abuse and sexual abuse on the level of depression, means, 11.853, 13.845, 13.401, 13.811, $F(1, 179) = 0.135$, $p = 0.713$ ($p < .05$). There was no significant interaction between emotional abuse and physical abuse on the level of depression, means, 8.394, 17.304, 12.857, 14.355, $F(1, 179) = 2.969$, $p = 0.087$ ($p > .05$), and on the level of loneliness, means, 39.151, 44.589, 45.571, 44.871, $F(1, 179) = 2.306$, $p = 0.131$ ($p > .05$). Also, there was no significant interaction between physical abuse and sexual abuse on the level of depression, means, 10.263, 10.988, 14.990, 16.668, $F(1, 179) = 0.049$, $p = 0.825$ ($p > .05$), and on the level of loneliness, means, 40.832, 43.890, 45.529, 43.932, $F(1, 179) = 1.326$, $p = 0.251$ ($p > .05$). There was no significant interaction between emotional, physical, and sexual abuse on the level of depression, $F(1, 179) = 0.088$, $p = 0.767$ ($p > .05$), and on the level of loneliness, $F(1, 179) = 0.137$, $p = 0.712$ ($p > .05$).

Discussions

Hypothesis one. Women who experience emotional abuse will likely experience more depression and loneliness than those who experience physical abuse. Looking at the mean for depression and loneliness for emotional and physical abuse. Our findings was statistically significant for loneliness but not for depression. This findings is not supported by the work of Deyessa (2009),, so the implication of our study is that the culture in which an abuse takes place is significant in the understanding of the type of abuse because it seems in Nigeria we tend to place more emphasis on the physical abuse and then the emotional is not even perceived as a form of abuse. That's a possible explanation for been more lonely than depressed.

Hypothesis two. Women who experience sexual abuse will have more depression and loneliness than those who experience physical abuse. The study by Tobreno, Zansen, Heise and watts (2006) confirmed that physical and sexual partner violence against women is wide spread and must be addressed. Meanwhile looking at the mean for

depression and loneliness of sexual abuse and the physical abuse, our idea is not supported by the statistics, rather says that the physically abused are more depressed and lonely, than those who are sexually abused. but the findings of Hegarty, Gunn, Chodross and small (2004) in a study to explore the association between depression, physical, emotional and sexual abuse by partners or ex-partners of women found that women who experience any level of physical assault or sexual coercion by their intimate partners (before and during pregnancy) had higher levels of depressive symptoms compared to non victims. the effects of spousal violence on women's health by Chowdhary, Sangath and Patel (2008) examined married women which were assessed at baseline with a structured interview for the assessment of the exposure of spousal violence (Verbal, Physical sexual) over two periods (lifetime, recent in the past three months). The cross sectional data showed an association between violence and a range of self reported gynecology complaints; low body mass index depressive disorder and attempted suicide. The above implies that physical abuse can lead to depression.

In supporting physical abuse as the most prevalent within the Nigerian culture, Alo, Odusina and Babatunde (2012) in a study on prevalence of two forms of spousal violence and its correlation among the people of southwest Nigeria, found that the most common form of physical violence are kicking/pushing, slapping and arm twisting and for sexual violence is forced intercourse with physical abuse having a higher percentage and that the experience of spousal violence varied substantially with number of living children, educational levels of women, union status and women's attitude towards wife beating. The implication of this for our study is that, since our country been a patriarchal society, and women are mostly seen as commodity that are owned by their husbands, so they handle their wives as such, therefore beating them is not seen as a problem.

Hypothesis Three: There will be an interactive effect among all the three type of abuse. Looking at our mean score for interaction effect, it was really not significant. The interaction means that the three scores have no much significant effect on loneliness and depression, though at a level one may have a significant effect on either depression or loneliness. This was supported by the work of Zacarias et al (2012) On symptoms of depression, anxiety & somatization in female victims and perpetrators of intimate partner violence in Maputo city, Mozambique

Hypothesis Four: Women who are employed will suffer less I P V depression and loneliness than those that are not employed. Looking at our mean value critically, our hypothesis was not significant. Our finding is supported by the work of Khosla, Dua, Devi (2005). On the incidence of domestic violence in pregnancy, North India women and the demographic features put women at high risk. The incidence of domestic violence was more when the husband was educated up to class 10 or lower, was habituated to alcohol or to chewing tobacco. The incidence of domestic violence was drastically high in women who were socially unsupported, the level of education and employment of the women had no effect on the incidence of the abuse. The implication for our study is that even women who are employed is not a guarantee for not to experience any abuse, thus depression and loneliness. Possibly because some men see their wives employment as a source of threat to them, therefore they will want to prove to them that they are the 'boss' in the house.

Recommendations:

The finding in this study has some critical implication for clinical practice (mental health workers) which is.

- Firstly, there should be more awareness on all the forms of intimate partner violence and its relationship with depression and loneliness because
- Secondly, clinicians need to go into the study of intimate partner violence and its relationship with other clinical disorders. So, more findings in this area will help address some mental illnesses common among women in this country.
- Thirdly, Government should have strong agencies that women going through intimate partner violence in the country should be able to report and be documented, so that the perpetrators don't go unpunished, this will enable women open up and speak.
- Lastly, most empirical reviewed studies shows that, most intimate partner violence cases was dictated by medical doctors in the hospital settings, which looking at our hospitals, women are rarely screened for intimate partner violence but just goes into treatment without proper understanding of the main cause so digging deep by a clinician will help address this issue.

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