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Psychological and Social Impacts of Gender-Based Violence and Coping Strategies among Survivors Attending Mai Talle Tara Sexual Assault Referral Centre, Kebbi State Teaching Hospital Kalgo, Nigeria

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ABSTRACT

Gender-based violence is associated with substantial psychological and social consequences, yet survivors may adopt different strategies to manage its effects. This study assessed the psychological and social impacts of gender-based violence and identified coping strategies among survivors attending Mai Talle Tara Sexual Assault Referral Centre, Kebbi State teaching Hospital Kalgo, Nigeria. A descriptive cross-sectional survey design was used among survivors attending the centre. From a target population of 120, a sample size of 92 was calculated using Slovin's formula at a 0.05 margin of error, and 87 completed questionnaires were analysed, giving a response rate of 94.6%. Data were collected with a structured Likert-scale questionnaire and analysed using frequencies, percentages and mean scores in the Statistical Package for Social Sciences version 26.0. Respondents strongly agreed that gender-based violence was associated with psychological consequences, including anxiety, depression, low self-esteem, emotional distress, post-traumatic stress symptoms, fear and insecurity, and poor mental well-being, with a grand mean of 4.32. Social consequences, including isolation, stigma, discrimination, strained relationships, reduced participation and weakened support networks, recorded a grand mean of 4.30. Coping strategies also received strong agreement, with a grand mean of 4.26; religious or spiritual activities and access to healthcare services were the highest-rated strategies. The study concludes that gender-based violence has profound psychological and social effects, while survivor coping is supported by family, professional, spiritual, healthcare, legal and empowerment resources. Survivor-centred, multidisciplinary care and stronger psychosocial support are recommended.

INTRODUCTION

Gender-based violence (GBV) remains a major public health and human rights concern with consequences that extend beyond physical injury to psychological wellbeing, social relationships and everyday functioning. Survivors may experience anxiety, depression, post-traumatic stress symptoms, fear, shame, low self-esteem and social isolation. Evidence from sub-Saharan Africa also indicates substantial physical, emotional and social consequences among survivors and emphasizes the need for survivor-centred and comprehensive psychosocial support (Kuupiel *et al.*, 2024).

The psychological burden of violence can persist beyond immediate events. Survivors of sexual assault may experience trauma-related symptoms and difficulties in coping, particularly where counselling and social support are limited (Pohane *et al.*, 2020). Social stigma, victim-blaming, rejection and weakened support networks may further discourage disclosure and help-seeking, thereby complicating recovery and reintegration (Sinko *et al.*, 2022).

Sexual Assault Referral Centres (SARCs) are important points of care because they can bring medical treatment, counselling, psychosocial support, forensic services and referrals together. However, the needs of survivors do not end with the initial clinical response. Understanding the psychological and social consequences experienced by clients and the coping strategies they use is therefore important for strengthening nursing care and referral services.

In Kebbi State, Mai Talle Tara Sexual Assault Referral Centre at Kebbi Medical Centre, Kalgo, provides services to survivors of sexual assault and GBV. The present study was designed to assess the psychological impacts of GBV, assess its social impacts, and identify coping strategies adopted by survivors attending the centre. The study provides local evidence that can inform survivor-centred nursing care, psychosocial support and community-based responses.

Psychological impacts of gender-based violenc: Psychological consequences of GBV include anxiety, depression, post-traumatic stress symptoms, emotional distress, low self-esteem and fear. Survivors may also experience sleep disturbance, intrusive memories, avoidance, emotional instability and impaired interpersonal functioning. Sexual violence is particularly associated with trauma-related psychopathology, while prolonged or repeated exposure may intensify psychological distress (Decker *et al.*, 2021; Dworkin *et al.*, 2021).

Depressive and anxiety symptoms may coexist with post-traumatic stress and can interfere with education, employment, relationships and quality of life. The mental

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health effects are also influenced by access to social support and professional services. Social support and appropriate counselling may therefore act as protective resources during recovery (Machisa *et al.*, 2021; Oram *et al.*, 2022).

Social impacts of gender-based violence: GBV can disrupt family and interpersonal relationships and may lead to social isolation, stigma, discrimination and reduced participation in community activities. Survivors may fear being blamed or rejected, which can reduce disclosure and access to support. These effects can extend to employment and economic stability, particularly when psychological distress, injury or social discrimination interferes with daily functioning (Akinyemi *et al.*, 2021; Pfitzner *et al.*, 2022).

Family relationships and social support networks are especially important in recovery. Where families and communities respond negatively, survivors may experience further isolation and difficulties in rebuilding their social roles. Conversely, supportive relationships and survivor-centred services can facilitate social reintegration and improve wellbeing.

Coping strategies among survivors: Coping strategies include cognitive, emotional and behavioural responses used to manage the demands associated with traumatic experiences. Survivors may seek support from family members, professional counsellors, peer groups, healthcare providers, religious communities and legal services. Other strategies include education, economic empowerment and efforts to improve personal safety. However, some survivors may also use avoidance, denial, withdrawal or other maladaptive responses when formal support is limited.

Studies from Nigeria and other African settings have reported substantial reliance on informal social and religious support, while access to structured psychosocial services can encourage more adaptive recovery approaches (Olatunji *et al.*, 2021; Kariuki *et al.*, 2022; Musa & Bello, 2023). The availability and acceptability of support services therefore remain important considerations in survivor recovery.

The study was guided by Callista Roy's Adaptation Model. The model views the individual as a biopsychosocial being who continuously interacts with the environment and responds to internal and external stimuli through coping mechanisms. It identifies four adaptive modes: physiological-physical, self-concept, role function and interdependence (Roy, 2009; Roy & Andrews, 2009).

Applied to GBV survivors, the violent experience can be understood as a major stimulus that may disturb psychological, social and physiological equilibrium. Feelings of fear, anxiety, low self-esteem and trauma relate to the self-concept mode; disruption of family, occupational and social roles relates to role function; and social isolation or seeking support relates to interdependence. Positive coping strategies such as counselling, family support, spiritual engagement and participation in support systems can be interpreted as adaptive responses. The model therefore provides a nursing-oriented framework for understanding the relationship between traumatic experiences, coping and recovery.

MATERIALS AND METHODS

A descriptive cross-sectional survey design was used to examine the psychological and social Impact of gender based violence and coping strategies among survivors attending Mai Telle Tara Sexual Assault Referral Center, Kalgo, Kebbi State Teaching Hospital, Kalgo, Nigeria. Center as having been established in 2020 and providing support to survivors, Including counseling, psychological and referral services. The ethical approval was obtain from Kebbi state Health Research Ethic Committee (KHSREC: 107:026/2026). The target population comprised 120 survivors attending the centre. A sample size of 92 was obtained using Slovin's formula with a 0.05 margin of error. Simple random sampling was reported as the sampling technique. Of the 92 questionnaires distributed, 87 were correctly completed and returned, giving a response rate of 94.6%, and these 87 responses formed the basis of analysis.

Data were collected using a structured Likert-scale questionnaire. Section A obtained sociodemographic information, while subsequent sections addressed psychological impacts, social impacts and coping strategies related to GBV. The questionnaire was self-developed and administered by the researcher with assistance from a trained research assistant over one week.

Validity, reliability and ethical considerations: The instrument was face-validated by the research supervisor for relevance, structure and clarity. The source document reports that a pilot study was conducted to assess the consistency of responses. Ethical approval was obtained from the study setting, and respondents were informed about the purpose of the study and assured that information would be treated confidentially and used for academic purposes.

Data were analysed using the Statistical Package for the Social Sciences version 26.0. Descriptive statistics, including frequencies, percentages and mean scores, were used. Responses were rated on a five-point Likert scale: strongly agree = 5, agree = 4, undecided = 3, disagree = 2 and strongly disagree = 1. A mean score above the decision benchmark of 3.00 was interpreted as agreement.

RESULTS AND DISCUSSION

Table 1 shows the sociodemographic characteristics of the 87 respondents. Most respondents were female (90.8%), and the largest age group was 20–25 years (34.5%). The mean age was 27.3 years (SD = 5.8), with a range of 18–40 years. More than half were married (51.7%), most practiced Islam (85.1%), and Hausa respondents constituted the largest ethnic group (64.4%). Housewives represented the largest occupational category (49.4%).

The results in Table 2 indicate strong agreement that GBV is associated with multiple psychological consequences. All seven items had mean scores above 4.00, and the grand mean was 4.32. Fear and insecurity had the highest

Table 1: Sociodemographic characteristics of respondents (n = 87).

Characteristic	Frequency (n)	Percentage (%)
Below 20 years	11	12.6
20–25 years	30	34.5
26–30 years	24	27.6
31–35 years	13	14.9
36–40 years	9	10.4
Mean age (SD)	27.3 (5.8)	
Age range	18–40	
Female	79	90.8
Male	8	9.2
Married	45	51.7
Single	35	40.2
Divorced	7	8.1
Islam	74	85.1
Christianity	11	12.6
Others	2	2.3
Hausa	56	64.4
Fulani	18	20.7
Yoruba	5	5.7
Igbo	4	4.6
Others	4	4.6
Farmer	15	17.2
Housewife	43	49.4
Civil servant	29	33.3

Table 2: Psychological impacts of gender-based violence among survivors (n = 87).

No.	Item	SA	A	UN	SD	D	Mean
1	Anxiety is a common psychological consequence of GBV.	46 (52.9%)	31 (35.6%)	5 (5.7%)	2 (2.3%)	3 (3.4%)	4.32
2	Depression is prevalent among survivors of GBV.	42 (48.3%)	33 (37.9%)	6 (6.9%)	3 (3.4%)	3 (3.4%)	4.24
3	Survivors frequently experience low self-esteem.	39 (44.8%)	36 (41.4%)	5 (5.7%)	4 (4.6%)	3 (3.4%)	4.20
4	GBV contributes to emotional distress.	50 (57.5%)	28 (32.2%)	4 (4.6%)	2 (2.3%)	3 (3.4%)	4.37
5	Survivors are at increased risk of post-traumatic stress symptoms.	45 (51.7%)	30 (34.5%)	6 (6.9%)	3 (3.4%)	3 (3.4%)	4.28
6	Fear and insecurity are common among survivors.	54 (62.1%)	24 (27.6%)	4 (4.6%)	2 (2.3%)	3 (3.4%)	4.43
7	GBV negatively affects mental wellbeing.	52 (59.8%)	27 (31.0%)	3 (3.4%)	2 (2.3%)	3 (3.4%)	4.41

mean score (4.43), followed by negative effects on mental wellbeing (4.41) and emotional distress (4.37). These findings indicate that respondents perceived psychological consequences as prominent among survivors attending the centre.

The psychological findings are consistent with previous evidence. Ganiyu *et al.* (2021) reported severe anxiety symptoms among 86.7% of GBV survivors in Lagos, while 69.5% met a screening threshold for depressive symptoms. Mutiso *et al.* (2022) similarly reported PTSD

symptoms among 81.4% of survivors in Kenya. The present study extends these observations to the SARC population in Kebbi State and shows that fear, insecurity and impaired mental wellbeing were particularly strongly perceived consequences.

Table 3 shows that respondents also strongly agree that GBV has important social consequences. The grand mean was 4.30. The highest-rated social impact was adverse effects on family relationships (mean = 4.36), followed by community stigma (4.33) and difficulty

Table 3 : Social impacts of gender-based violence among survivors (n = 87).

No.	Item	SA	A	UN	SD	D	Mean
1	GBV contributes to social isolation.	44 (50.6%)	32 (36.8%)	5 (5.7%)	3 (3.4%)	3 (3.4%)	4.27
2	Survivors often experience community stigma.	48 (55.2%)	28 (32.2%)	5 (5.7%)	3 (3.4%)	3 (3.4%)	4.33
3	GBV negatively affects interpersonal relationships.	46 (52.9%)	30 (34.5%)	5 (5.7%)	3 (3.4%)	3 (3.4%)	4.30
4	Survivors may experience discrimination in social settings.	43 (49.4%)	31 (35.6%)	7 (8.0%)	3 (3.4%)	3 (3.4%)	4.24
5	Family relationships are adversely affected.	49 (56.3%)	28 (32.2%)	4 (4.6%)	3 (3.4%)	3 (3.4%)	4.36
6	GBV reduces social participation.	45 (51.7%)	31 (35.6%)	5 (5.7%)	3 (3.4%)	3 (3.4%)	4.29
7	Survivors may have difficulty maintaining support networks.	47 (54.0%)	29 (33.3%)	5 (5.7%)	3 (3.4%)	3 (3.4%)	4.31

maintaining social support networks (4.31). The findings suggest that the consequences of GBV extend beyond individual psychological distress to the survivor's family and community environment.

The findings are comparable with Akinyemi *et al.* (2021), who reported social isolation among 78.2% of survivors and withdrawal from community and religious activities among 69.4%. Banda and Phiri (2022) also identified marital instability, loss of social support and community stigma among survivors in Zambia. The strong agreement observed in the present study highlights the importance of addressing stigma and family relationships alongside clinical care.

As presented in Table 4, respondents agreed that survivors use several coping strategies, with a grand mean of 4.26. Religious or spiritual activities received the highest mean

Table 4: Coping strategies adopted by survivors following experiences of gender-based violence (n = 87).

No.	Strategy	SA	A	UN	SD	D	Mean
1	Seeking support from family members.	46 (52.9%)	29 (33.3%)	6 (6.9%)	3 (3.4%)	3 (3.4%)	4.29
2	Seeking professional counselling is effective.	43 (49.4%)	31 (35.6%)	6 (6.9%)	4 (4.6%)	3 (3.4%)	4.23
3	Participation in support groups helps survivors cope.	40 (46.0%)	33 (37.9%)	7 (8.0%)	4 (4.6%)	3 (3.4%)	4.18
4	Religious or spiritual activities are commonly used.	53 (60.9%)	24 (27.6%)	4 (4.6%)	3 (3.4%)	3 (3.4%)	4.40
5	Accessing healthcare services assists coping.	49 (56.3%)	28 (32.2%)	5 (5.7%)	2 (2.3%)	3 (3.4%)	4.36
6	Legal assistance supports coping and recovery.	41 (47.1%)	31 (35.6%)	8 (9.2%)	4 (4.6%)	3 (3.4%)	4.18
7	Educational/economic empowerment supports recovery.	42 (48.3%)	30 (34.5%)	8 (9.2%)	4 (4.6%)	3 (3.4%)	4.20

score (4.40), followed by access to healthcare services (4.36) and family support (4.29). Professional counselling, support groups, legal assistance and educational or economic empowerment were also rated positively.

These findings correspond with Olatunji *et al.* (2021), who found that informal social support and religious or spiritual practices were commonly used by survivors in Lagos. Kariuki *et al.* (2022) reported substantial use of counselling and psychosocial support as well as economic coping strategies in Kenya. Musa and Bello (2023) similarly found high use of religious coping and legal redress among survivors in northern Nigeria. The present findings therefore reinforce the value of combining formal services with culturally meaningful sources of support, while ensuring that spiritual and informal coping complements rather than replaces professional care.

Discussion

According to the findings from this study, the majority of the respondents, 79 (90.8%), were female, while 30 (34.5%) were within the 20–25 years age group. Most respondents, 45 (51.7%), were married, and the majority, 74 (85.1%), practiced Islam. In terms of ethnicity, 56 (64.4%) of the respondents were Hausa, while 43 (49.4%) were housewives, representing the largest occupational group among the study participants.

Psychological Impacts of Gender-Based Violence among Survivors attending Sexual Assault Referral Centre.

The finding from this study indicates that respondents generally agreed that the psychological impacts itemized in Table 4.2 are common consequences experienced by survivors of gender-based violence, as reflected by the high level of agreement across all the items. The result from this study shows that anxiety, depression, low self-esteem, emotional distress, post-traumatic stress symptoms, feelings of fear and insecurity, and poor mental well-being are the major psychological impacts experienced by survivors. Overall, these psychological consequences were consistently acknowledged by the respondents as significant effects of gender-based violence, as reflected by the grand mean score of 4.32, which is well above the decision mean of 3.00.

The findings correlate with a cross-sectional study conducted by Ganiyu *et al.* (2021) among 420 female survivors of gender-based violence (GBV) attending selected family support units in Lagos, Nigeria, reported that 86.7% of respondents experienced severe anxiety symptoms following exposure to violence, while 74.3% reported persistent feelings of fear and hypervigilance. In addition, 69.5% met the screening threshold for depressive symptoms using a standardized psychological assessment tool. The study emphasized that psychological distress was significantly higher among survivors exposed to intimate partner violence compared to non-partner violence, indicating the strong emotional burden associated with prolonged abusive relationships (Ganiyu *et al.*, 2021).

Similarly, a hospital-based study by Mutiso *et al.* (2022) in Kenya involving 312 GBV survivors found that 81.4% reported symptoms consistent with post-traumatic stress disorder (PTSD), including flashbacks and emotional numbing, while 67.9% experienced sleep disturbances. Furthermore, 58.6% of participants indicated difficulty concentrating on daily tasks, which significantly affected their occupational and academic performance. The authors concluded that psychological trauma remains one of the most prevalent consequences of GBV, often persisting long after physical injuries have healed (Mutiso *et al.*, 2022).

Social Impacts of Gender-Based Violence among Survivors attending Sexual Assault Referral Centre.

The result from this study shows that gender-based violence has significant social consequences for survivors, as reflected in Table 4.3. The finding from this study indicates that survivors commonly experience social isolation, community stigma, strained interpersonal relationships, discrimination in social settings, disrupted family relationships, reduced social participation, and difficulties in maintaining social support networks following experiences of gender-based violence. Overall, the findings demonstrate that gender-based violence profoundly affects the social well-being and integration of survivors, resulting in weakened family and community relationships and reduced social functioning, as reflected by the grand mean score of 4.30, which is well above the decision mean of 3.00.

This results is in alignment with a study by Akinyemi *et al.* (2021) involving 390 female GBV survivors in southwestern Nigeria reported that 78.2% experienced social isolation following abuse, while 69.4% indicated withdrawal from community and religious activities due to stigma. Additionally, 61.7% reported breakdown in family relationships, particularly with extended family members who either blamed or distanced themselves from the victim. The study concluded that GBV significantly disrupts survivors' social integration and community participation (Akinyemi *et al.*, 2021).

Likewise, Banda and Phiri (2022) in a Zambian survey of 280 survivors found that 74.5% experienced marital instability or divorce following abuse, while 66.8% reported loss of social support networks. Furthermore, 59.3% indicated that they were subjected to community gossip and stigma, which worsened their reintegration into society. The study highlighted that social consequences of GBV are often reinforced by cultural norms that normalize or silence violence (Banda & Phiri, 2022).

Coping Strategies Adopted by Survivors Following Experiences of Gender-Based Violence at Sexual Assault Referral Centre.

The finding from this study indicates that survivors generally adopt a wide range of effective coping strategies following experiences of gender-based violence, as demonstrated in Table 4.4. The result from this study shows that survivors commonly cope by seeking support from family members, accessing professional counselling, participating in support groups, engaging in religious or

spiritual activities, utilizing healthcare services, seeking legal assistance, and participating in educational or economic empowerment programmes. Among these, religious or spiritual activities and accessing healthcare services were the most highly adopted coping strategies. Overall, the findings suggest that survivors employ multiple psychosocial, spiritual, healthcare, legal, and economic approaches to facilitate recovery and resilience after experiencing gender-based violence, as reflected by the grand mean score of 4.26, which is well above the decision mean of 3.00.

This findings corresponds with a study by Olatunji *et al.* (2021) among 350 GBV survivors in Lagos found that 72.5% relied on informal social support such as friends and family as their primary coping mechanism, while 61.3% engaged in religious or spiritual practices such as prayer and church participation. Additionally, 54.8% reported avoidance coping strategies, including emotional suppression and distancing themselves from perpetrators. The study concluded that informal coping strategies dominate due to limited access to formal psychological services (Olatunji *et al.*, 2021).

Similarly, Kariuki *et al.* (2022) in Kenya reported that among 290 survivors, 68.9% sought counseling or psychosocial support from healthcare facilities or NGOs, while 57.6% engaged in economic coping strategies such as seeking employment or financial independence. However, 49.2% still depended heavily on family support systems. The study emphasized the importance of structured psychosocial interventions in improving adaptive coping among survivors (Kariuki *et al.*, 2022).

In another study by Musa and Bello (2023) in northern Nigeria involving 400 survivors, 76.4% used religious coping mechanisms, while 63.7% engaged in denial or minimization of the abuse experience as a short-term coping strategy. Furthermore, 52.1% reported seeking legal redress as a form of empowerment and recovery. The findings highlight the coexistence of both adaptive and maladaptive coping strategies among survivors of GBV (Musa & Bello, 2023).

CONCLUSION

This study found that gender-based violence was strongly associated with psychological and social consequences among survivors attending Mai Talle Tara Sexual Assault Referral Centre, Kebbi Medical Centre, Kalgo. Anxiety, depression, low self-esteem, emotional distress, post-traumatic stress symptoms, fear and insecurity, and impaired mental wellbeing were strongly perceived psychological consequences, while social isolation, stigma, discrimination, strained interpersonal and family relationships, reduced social participation and weakened support networks represented important social consequences. Survivors also reported a broad range of coping approaches, particularly religious or spiritual activities, healthcare utilization and family support, alongside counselling, support groups, legal assistance and empowerment programmes. Because the study used a descriptive cross-sectional design at a single referral centre, the findings should be interpreted within that setting and design. The results nevertheless have practical relevance for nursing and multidisciplinary care: healthcare facilities should strengthen routine psychosocial assessment, counseling, referral and survivor-centered support; nurses should encourage safe and adaptive coping; and government and community stakeholders should address stigma and improve access to legal, social and economic support. These measures can strengthen recovery, wellbeing and social reintegration among survivors.

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