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Effect of GBV on Mental Health: A Case Study of Survivors in Maiduguri Borno State

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Abstract **Original Research Article**

This research examines the impact of gender-based violence (GBV) on the psychological well-being of survivors in Maiduguri, Borno State. Using a mixed-method approach, data were gathered through structured questionnaires and in-depth interviews. Statistical analysis revealed a moderate but significant link between experiences of GBV and adverse mental health outcomes. The study recommends expanding future research to include male survivors, non-displaced populations, and longitudinal designs. Furthermore, incorporating digital interventions and qualitative tools can provide deeper insights into survivor experiences and improve mental health responses.

Keywords: Gender, Survivors, Violence, IDP, Mental Health.

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INTRODUCTION

1.1 Background to the Study

Gender-based violence (GBV) encompasses acts that inflict physical, psychological, or sexual harm rooted in gender-based power imbalances and cultural norms. It manifests across diverse environments, homes, institutions, conflict zones and targets individuals due to societal perceptions of gender roles (Djamba & Kimuna, 2015). While anyone can be affected, women and girls remain disproportionately impacted, often facing these violations in both public and private settings (Lawrenz et al., 2019).

GBV contributes to long-term physical and mental health complications, such as reproductive issues, stigma, trauma, and reduced autonomy (García-Moreno et al., 2005). In Nigeria, forms of GBV including child marriage, female genital mutilation (FGM), rape, and intimate partner violence are deeply entrenched and driven by socio-cultural dynamics and power inequalities. With over 20 million reported survivors, the country faces one of the highest prevalence rates globally, particularly in its northern regions.

In Maiduguri, Borno State, a conflict-affected region, GBV is compounded by displacement, insecurity, and infrastructural collapse. This study seeks to examine how GBV in this context impacts the mental health of survivors and to identify the support systems available to them.

1.2 Statement of Problem

The persistent occurrence of GBV in Maiduguri has emerged as a critical concern for public health and human rights. Women and girls, in particular, are increasingly subjected to physical, sexual, and psychological abuse, both within conflict zones and in displacement camps. Despite the growing visibility of the issue in humanitarian settings, the psychological effects on survivors remain under-explored. Many experience serious mental health consequences such as depression, anxiety, and post-traumatic stress disorder (PTSD) but receive minimal support due to inadequate mental health infrastructure, cultural stigmatization, and lack of trained personnel (Amnesty International, 2018; WHO, 2021).

Stigmatization often prevents survivors from seeking help, compounding trauma and social isolation. Moreover, the absence of detailed, localized research in Maiduguri hampers the development of effective interventions tailored to the community's unique socio-cultural dynamics. Without a nuanced understanding of the mental health impact of GBV and the barriers to care, survivors remain vulnerable, and cycles of violence are left unbroken.

1.3 Objectives of the Study

1. To determine the range and frequency of gender-based violence encountered by survivors in Maiduguri.
2. To assess the mental health outcomes (e.g., depression, PTSD, anxiety) associated with GBV.
3. To explore the barriers survivors face in accessing mental health care and support.
4. To provide actionable recommendations for improving mental health services for GBV survivors.

1.4 Research Questions

1 What are the most prevalent forms of gender-based violence experienced by survivors in Maiduguri, Borno State?
2 What are the mental health outcomes (e.g., depression, PTSD, anxiety) associated with GBV among survivors in the region?
3 What factors influence the accessibility and utilization of mental health services by GBV survivors in Maiduguri?
4 What interventions can be recommended to improve mental health outcomes for GBV survivors in Maiduguri?

2.0 LITERATURE REVIEW

2.1 Definition of Gender-Based Violence

Gender-based violence (GBV) refers to acts of harm that arise due to gender norms and power inequalities, targeting individuals primarily based on their gender identity. These acts span physical, emotional, sexual, and economic dimensions and may include coercion, threats, and violations of liberty, often reinforced by societal expectations (Johnson, 2007).

GBV can manifest in several forms: physical assault, psychological abuse, sexual coercion, and denial of access to essential services. Emotional abuse may involve threats, intimidation, and social isolation, while economic forms may include controlling a person's finances or denying them opportunities for employment and education (Kawuki et al., 2022). These actions not only infringe on the victim's dignity but also severely impact their psychological and physical well-being. Global statistics indicate that one in three women will experience GBV during her lifetime, making it both a human rights and public health crisis (Banda et al., 2005).

2.2 Types of Gender-Based Violence

2.2.1 Physical Violence: Physical violence involves actions that inflict bodily harm, such as hitting, choking, or burning. Often occurring in intimate relationships, these acts are used to assert control over victims and result in severe physical and emotional trauma (Heise et al., 2019). Beyond injuries, victims frequently report chronic pain and psychological effects like anxiety and depression.

2.2.2 Sexual Violence: Sexual violence includes any form of coerced or non-consensual sexual act, ranging from harassment to rape. It occurs in both domestic and conflict settings and is particularly underreported due to fear of stigma and retaliation (UN Women, 2020). Survivors often experience PTSD, unwanted pregnancies, and sexually transmitted infections.

2.2.3 Psychological Violence: Psychological abuse encompasses emotional manipulation, threats, verbal aggression, and coercive control. While less visible than physical harm, its long-term impact includes self-esteem erosion, social withdrawal, and mental health deterioration (Garcia-Moreno et al., 2015).

2.2.4 Economic Violence: Economic abuse restricts an individual's access to financial resources and employment, reinforcing dependence and vulnerability. In many cases, perpetrators withhold income or deny educational opportunities, thereby disempowering victims and impeding their autonomy (UNFPA, 2021).

2.3 Behavioral Consequences of Gender-Based Violence

Gender-based violence has long-lasting effects on survivors' emotional well-being and social functioning. Many struggle to rebuild relationships due to trauma, trust issues, and societal stigma. Survivors frequently experience social withdrawal, alienation from family, and diminished self-worth (Hailonga, 2024; Taiebine, 2025).

These experiences interfere with employment, education, and community participation. Moreover, survivors often face discrimination or skepticism when disclosing abuse, further deepening their psychological wounds. Peer support, counseling, and community-based interventions can serve as effective coping mechanisms for regaining emotional stability and reintegration (Bloomer et al., 2024).

2.4 Patterns of Gender-Based Violence in Conflict Zones and among Displaced Populations

In conflict-affected regions, GBV becomes increasingly prevalent, often used strategically to destabilize communities. Rape, forced marriage, and trafficking are common, particularly among displaced populations who lack protective infrastructure (De la Parra-Guerra et al., 2025; Singh et al., 2025).

Displacement disrupts community support systems, leaving women and girls more vulnerable to intimate partner violence and sexual exploitation. In areas such as Syria and northern Nigeria, armed groups have institutionalized practices like abduction and coercive marriage, exacerbating psychological trauma and reinforcing gendered power imbalances.

2.5 The Stigmatization of Survivors and Its Mental Health Implications

Stigma remains a major barrier to recovery for GBV survivors. Social rejection, institutional negligence, and internalized shame often lead to chronic mental health issues such as depression and anxiety (Heise & Kotsadam, 2019; Campbell et al., 2020).

Survivors may be blamed or ostracized for their experiences, especially in conservative cultures. This stigma discourages help-seeking and reinforces isolation. Secondary victimization

when institutions dismiss or disbelieve survivors further intensifies psychological harm (Murray et al., 2019).

3.0 METHODOLOGY

3.1 Study Area

The study was conducted in Maiduguri, the capital city of Borno State, located in the northeastern region of Nigeria with average annual temperature ranging between 28°C to 32°C**,** with temperatures often rising above 40°C during the peak of the dry season. Maiduguri serves as the administrative and economic hub of Borno State and is known for its diverse population and unique socio-cultural dynamics. The choice of this location was influenced by the prevalence of the study phenomenon and accessibility to data. The geographical and social context of Maiduguri provides a suitable environment for data collection and analysis, aligning with the objectives of the research.

3.2 Study Population

The study population consisted of survivors of gender-based violence located in Maiduguri, Borno State. This includes individuals who have experienced physical, sexual and emotional and are at risk of mental health consequences such as depression, anxiety, and post-traumatic stress disorder ensuring relevance to the research objectives. A total of 100 participants were included in the study, representing diverse age groups, gender distribution, educational backgrounds, and occupational statuses, which provided a proper understanding of the research variables.

3.3 Study Duration

The Study was conducted over a period of five months, January to May allowing sufficient time for data collection and analysis.

3.4 Sampling Method

A combination of purposive, stratified, and simple random sampling techniques was employed to achieve a representative and diverse population. In the first stage, purposive sampling was used to intentionally select participants with relevant knowledge and experience to address the research objectives. Next, stratified sampling was applied to group participants into distinct subcategories based on age, gender, occupation, and educational background, ensuring adequate representation of key subpopulations. Finally, simple random sampling was conducted within each stratum to provide equal selection opportunities, enhancing the objectivity of the findings.

3.5 Sample Size

To arrive at our participants, we will use Cochran's Sample Size Formula,

$$n = Z^2 . p . (1-p) / e^2$$

Sample size thus;

$n = (1.96)^2 \times 0.5 \times (1-0.5) / (0.1)^2$

$n = 3.8416 \times 0.5 \times 0.5 / 0.01$

$n = 0.9604 / 0.01$

$n = 96.04$

Approximately 100 Participants

3.6 Study Tools

The study employed various structured data collection tools. Structured questionnaires, in-depth interview guides, and focus group discussion schedules were utilized to gather both quantitative and qualitative data. An observation checklist was used to monitor participant behaviors and responses, ensuring consistency in data recording. A data collection timeline was established to ensure systematic and timely execution of fieldwork. Ethical considerations were upheld through the use of informed consent forms, guaranteeing that participants fully understood their rights and the study's objectives before participation. Confidentiality checklists were implemented to protect sensitive information, ensuring compliance with ethical standards.

3.7 Collection of Data Method

This Study used structured questionnaires to measure the prevalence of gender-based violence, its mental health consequences such as depression, anxiety and its socioeconomic impact. The questionnaire will include key components such as demographic information, history and patterns of GBV, validated mental health assessments, coping mechanisms, and access to medical and psychosocial support services. To ensure ethical data collection, trauma-informed enumerators administered the surveys while maintaining confidentiality and anonymity. The use of digital tools enhanced the accuracy, efficiency, and security of data collection and management. The Qualitative aspect of this study involved semi-structured interviews, key informant interviews with professionals including mental health practitioners, social workers, and NGO representatives and in-depth interviews with survivors. These interviews provided deeper insights into personal experiences with GBV, mental health challenges, the availability and effectiveness of support systems, barriers to accessing healthcare and justice, and recommendations for intervention strategies. Data was collected through face-to-face interviews in secure and confidential environments, with audio recording conducted only with informed consent. A thematic analysis approach was employed, allowing for the triangulation of qualitative findings with quantitative survey data to enhance validity and reliability

4.0 DATA PRESENTATION AND ANALYSIS

4.2 Prevalence of Violence and Health Effects

The most prevalent type of violence was sexual (42%), followed by emotional violence (30%) and physical violence (20%). Economic violence was the least commonly reported type of violence (8%). Health effects reported include Post-Traumatic Stress Disorder (PTSD) (46%), depression (32%),

and anxiety or constant fear (22%). These results are consistent with findings from global studies such as the WHO Multi-Country Study on Women's Health and Domestic Violence (Garcia-Moreno *et al.*, 2005), which also identified PTSD and depression as common consequences of GBV.

4.3 REGRESSION ANALYSIS

4.3.1 GBV and Mental Health

Table 2: Linear Regression Analysis of Mental Health Impact on Experience of Gender-Based Violence
The table below displays the effect of gender-based violence on mental health

Independent Variable	Dependent Variable					
	Mental Health Impact					
Experienced GBV						
MODEL		R	R Square	Adjusted R Square	Std. Error of the Estimate	Sig
		.45	.20	.18	10.50	< 0.01

The results of the regression analysis in Table 2 shows there is a statistically significant relationship between experiences of GBV and mental health outcomes. The correlation coefficient ($R = 0.45$) indicates a moderate association, and $R^2 = 0.20$ suggests that 20% of the variance in mental health outcomes can be explained by GBV experience.

4.3.2 Effects of Demographics

Table 3: Effects of GBV and Demographics on Mental Health Outcomes

Independent Variable	Dependent Variable					
	Mental Health Impact					
Experienced GBV						
MODEL		R	R Square	Adjusted R Square	Std. Error of the Estimate	Sig
		.60	.36	.33	9.80	< 0.01

Predictors: (Constant), Demographics (Age, Gender, Marital status, Educational level, Occupation, Household status)

The regression analysis presented in Table 3 reveals that experiences of gender-based violence (GBV), combined with demographic factors such as age, gender, marital status, education level, occupation, and household status, have a statistically significant impact on mental health outcomes. The model demonstrates a moderate positive correlation ($R = 0.60$), with 36% of the variance in mental health outcomes explained by these predictors ($R^2 = 0.36$). After adjusting for the number of variables, the model still explains a substantial portion of the variance (Adjusted $R^2 = 0.33$), indicating a reliable relationship. The standard error of the estimate (9.80) reflects the average deviation of observed values from the predicted values, while the p-value (< 0.01) confirms that the model's findings are statistically significant.

4.3.3 Effects of Coping Mechanisms

Table 4: Effects of GBV and Coping mechanisms on Mental Health Outcomes

Independent Variable	Dependent Variable					
	Mental Health Impact					
Experienced GBV						
MODEL		R	R Square	Adjusted R Square	Std. Error of the Estimate	Sig
		.70	.49	.47	9.20	< 0.01

Predictors: (Constant), Coping mechanism

The regression analysis in Table 4 shows the combined effects of gender-based violence (GBV) and coping mechanisms on mental health outcomes. The model shows a stronger positive correlation (R = 0.70) than the previous model, indicating a stronger association between the predictors and mental health impact. It explains 49% of the variance in mental health outcomes (R^2 = 0.49), with an adjusted R^2 of 0.47, demonstrating that even after accounting for the number of predictors, the model remains highly reliable. The standard error of the estimate is 9.20, slightly lower than in the previous model, indicating improved predictive accuracy. The statistical significance ($p < 0.01$) confirms that there is a relationship between GBV, coping strategies, and mental health. It further indicates that coping mechanisms plays a role in mental health outcomes following experiences of GBV, enhancing the model's predictive power compared to demographics alone.

5.0 DISCUSSION

Statistical findings revealed a consistent and significant relationship between experiences of GBV and adverse mental health outcomes among survivors. The initial regression analysis (R = 0.45, R^2 = 0.20) indicated that GBV alone explains a substantial portion of the variance in reported mental health issues, aligning with global studies such as those by Garcia-Moreno et al. (2005).

The inclusion of demographic variables (e.g., age, marital status, and educational level) increased the model's explanatory power (R = 0.60, R^2 = 0.36), suggesting that individual background characteristics intensify vulnerability to psychological distress.

When coping mechanisms were factored in, the model demonstrated the strongest predictive capacity (R = 0.70, R^2 = 0.49), showing that spiritual, social, or clinical coping strategies significantly buffer the psychological impact of GBV. Survivors who reported regular engagement with faith communities, support groups, or counseling services experienced better mental health outcomes.

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