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DEPRESSION, PERCEIVED STRESS, AND SOCIAL SUPPORT AS PREDICTORS OF DOMESTIC VIOLENCE AMONG VICTIMS IN MARARABA, NASARAWA STATE, NIGERIA

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ABSTRACT: The study investigated the predictive influence of depression, perceived stress, and perceived social support as predictors of domestic violence among victims in Mararaba, Nasarawa State, Nigeria**.** A cross-sectional survey design was adopted, involving 69 respondents (40 males and 29 females) selected through purposive sampling. Standardized self-report instruments were used to assess depression, perceived stress, perceived social support, and experiences of domestic violence. Data were analyzed using simple and multiple regression statistics with the Statistical Package for the Social Sciences (SPSS). Results from the demographic analysis showed that a majority of respondents were aged between 20 and 30 years (43.5%)**,** predominantly male (58.0%)**,** and mainly of Muslim (53.6%) background. The regression analyses revealed that each psychological variable significantly predicted domestic violence. Specifically, depression was a significant positive predictor of domestic violence, accounting for 23.8% of the variance, $[R = .488, R^2 = .238, F(1,61) = 19.099, p < .001]$; perceived stress also showed a strong positive prediction, explaining 32.0% of the variance $[R = .566, R^2 = .320, F(1,60) = 28.263, p < .001]$; while perceived social support was a significant negative predictor**,** accounting for 5.6% of the variance $[R = .236, R^2 = .056, F(1,60) = 5.033, p < .001]$. The joint analysis of depression, stress, and social support yielded a significant combined prediction of domestic violence, $[R = .574, R^2 = .329, F(3,57) = 9.321, p < .001]$, indicating that these psychological factors collectively explained 32.9% of the total variance in domestic violence among respondents. The findings suggest that individuals with higher levels of depression and perceived stress are more likely to engage in or experience domestic violence, while greater social support reduces vulnerability to such violence. The study underscores the importance of integrating psychosocial interventions, including mental-health screening and social-support strengthening, into domestic violence prevention and response programs in Keffi and similar Nigerian communities. Recommendations were made for policymakers and mental-health practitioners to prioritize early detection of depressive symptoms and stress, and to expand community-based support networks for victims and at-risk populations.

Keywords: Depression, Perceived Stress, Social Support, Domestic Violence, Multiple Regression, Mararaba

INTRODUCTION

Domestic violence remains one of the most pervasive and devastating forms of gender-based and interpersonal violence worldwide, cutting across social, cultural, and economic boundaries. The

World Health Organization (WHO, 2021) estimates that one in every three women globally has experienced either physical or sexual intimate partner violence (IPV) in her lifetime. Domestic violence, also referred to as intimate partner violence (IPV), encompasses acts of physical assault, psychological abuse, sexual coercion, and controlling behavior within intimate or familial relationships (WHO, 2021). Globally, IPV has been identified not only as a criminal and human rights violation but also as a significant public health concern with profound implications for mental health, family stability**,** and community safety (Garcia-Moreno et al., 2015).

Historical studies demonstrate that IPV is not confined to low-income regions. In the United States, for instance, Straus and Gelles (1990) reported that nearly 30% of couples experience some form of intimate partner violence during their relationship, with 3–10% enduring severe and recurrent violence. Although both men and women can perpetrate or experience IPV, research overwhelmingly shows that men disproportionately victimize women**,** and the psychological, social, and physical consequences are far more severe for female victims (Websdale, 1998; Wilson & Daly, 1992b). Domestic violence often results in a range of physical injuries, mental health disorders, and, in some cases, fatal outcomes (Websdale, 1999; Wilson & Daly, 1992a). Consequently, IPV is now widely recognized as a major global health and social problem that demands interdisciplinary intervention (Rosenberg & Fenley, 1991).

In sub-Saharan Africa, the prevalence of domestic violence is particularly high, sustained by entrenched patriarchal norms, socio-economic inequality, cultural acceptance of male dominance, and weak institutional responses (Sardinha et al., 2022). Within Nigeria, the National Demographic and Health Survey (NDHS, 2018) reported that approximately 36% of ever-married women have experienced emotional, physical, or sexual violence by their intimate partners. This figure underscores the endemic nature of domestic violence and its entanglement with socio-cultural traditions and gender power asymmetries. The consequences of such violence are severe and multidimensional, encompassing psychological distress, depression, anxiety, post-traumatic symptoms, social withdrawal, and impaired functioning (Ezeudu et al., 2021; Owoaje et al., 2020).

Cultural tolerance for spousal discipline, coupled with poverty and gender inequality, continues to normalize violence and silence victims in many Nigerian households (Okemgbo et al., 2022). Psychological research has identified depression and perceived stress as two of the most consistent correlates of IPV victimization (Akinsulure-Smith & Chu, 2019; Owoaje et al., 2020). Victims frequently report feelings of persistent sadness, hopelessness, emotional numbness, and loss of motivation, symptoms that collectively erode self-efficacy and perpetuate dependence on abusive partners (Ellsberg et al., 2018).

Depression has emerged as one of the most frequently documented mental health outcomes of domestic violence. Meta-analytic studies reveal that IPV survivors have significantly higher odds of developing depressive symptoms compared to non-abused women, with the relationship likely bidirectional violence induces depression, while depressive states increase vulnerability to further victimization (Devries et al., 2013). The learned helplessness theory (Seligman, 1975) provides a psychological lens for understanding this dynamic, suggesting that chronic exposure to uncontrollable stressors leads to a state of helplessness and hopelessness. These depressive cognitions diminish victims' ability to seek help, assert autonomy, or exit abusive relationships

(Anderson et al., 2003). Moreover, depression distorts cognitive appraisals, leading victims to internalize blame and minimize abuse severity, thereby perpetuating cycles of victimization (Clements & Sawhney, 2000). Empirical studies corroborate these theoretical perspectives. For instance, Campbell (2002) and Pico-Alfonso et al. (2006) reported that women exposed to intimate partner violence were four to five times more likely to develop major depressive disorder compared with their non-abused counterparts. Similarly, Hatcher et al. (2019) and Ezeudu et al. (2021) documented elevated depression scores among IPV survivors in Nigeria and other sub-Saharan African countries. These findings collectively emphasize that depression not only mediates the psychological consequences of IPV but also amplifies the risk of continued victimization**.**

Perceived stress represents the individual's subjective appraisal that environmental demands exceed available coping resources (Cohen et al., 1983). Among victims of domestic violence, chronic stress arises from ongoing emotional tension, fear, uncertainty, and socio-economic dependency**.** This perceived inability to control or escape abusive circumstances often co-occurs with depression, intensifying emotional distress and undermining problem-solving capacity (Hatcher et al., 2019). Stress functions both as a precursor and a consequence of violence: economic hardship, unemployment, and overcrowded living conditions can escalate household conflict, while exposure to violence in turn heightens stress and physiological dysregulation (Coker et al., 2002). Empirical research demonstrates that high perceived stress among IPV survivors is associated with greater psychological distress, physical complaints, and maladaptive coping strategies, including substance use and emotional withdrawal (Cohen & Wills, 1985; Waldrop & Resick, 2004). In peri-urban communities such as Mararaba, structural stressors unemployment, poor housing, and limited access to psychosocial services compound these effects. Victims often experience cognitive overload, decision paralysis, and diminished resilience**,** making it more difficult to break free from cycles of abuse. Thus, perceived stress not only exacerbates the impact of violence but also restricts victims' capacity for recovery and adaptation**.**

Conversely, social support has been identified as a powerful protective factor that mitigates the mental health consequences of IPV. Defined as the individual's perception of available emotional, informational, and instrumental assistance from others (Zimet et al., 1988), social support plays a critical buffering role against depression and stress (Afifi et al., 2021). Adequate social networks comprising family, friends, peers, or community organizations provide victims with emotional validation, material assistance, and pathways to professional help, thereby enhancing coping efficacy. Empirical studies affirm this protective role. Tonsing et al. (2020) found that victims who reported higher levels of perceived social support exhibited significantly lower depression and stress levels. Similarly, Nathanson (2012) highlighted that strong interpersonal connections enhance mental health resilience among survivors of IPV. Research in Indonesia and other developing contexts (Dirgayunita, 2016; Swarjana, 2022; Fatmawati et al., 2024) further confirms that social support interventions reduce depressive symptoms and improve overall well-being. In Nigeria, Ali et al. (2021) and Fawole et al. (2020) observed that women with strong social ties are less likely to remain in abusive relationships and more likely to seek justice or medical assistance. Thus, the absence or erosion of social support systems increases vulnerability to sustained abuse and psychological breakdown.

Although the Violence Against Persons (Prohibition) Law (VAPP) has been domesticated in Nasarawa State since 2021, significant implementation challenges persist. At the grassroots level, awareness of the law, mechanisms for reporting abuse, and access to psychosocial support remain limited (Partners West Africa Nigeria, 2021). As a result, many victims endure violence silently due to stigma, economic dependency, and inadequate support networks.

Existing studies in Nigeria have largely examined depression, stress, or social support as individual correlates of domestic violence, but few have analyzed their combined predictive effects using robust statistical models such as multiple regression. This omission leaves a critical gap in understanding how these interrelated psychological variables jointly influence vulnerability to domestic violence, particularly within peri-urban Nigerian contexts. To bridge this gap, the present study seeks to quantitatively determine the extent to which depression, perceived stress, and perceived social support predict domestic violence among victims in Mararaba, Nasarawa State, Nigeria. By employing multiple regression analysis, the study aims to identify the strongest psychological determinants of domestic violence and elucidate how these factors collectively contribute to cycles of abuse and psychological distress.

Research Questions

The current evidence synthesis is the result of a scoping review that was conducted to start to bridge this multi-sectoral evidence to explore the following three questions:

1. What is the depression prediction on victims of domestic violence in Mararaba, Nasarawa State, Nigeria?
2. What is the perceived stress prediction on victims of domestic violence in Mararaba, Nasarawa State, Nigeria?
3. What is the social support influence on victims of domestic violence in Mararaba, Nasarawa State, Nigeria?
4. How do depression, perceived stress, and social support jointly predict domestic violence against victims in Mararaba, Nasarawa State, Nigeria?

Research Hypotheses

The following alternative hypotheses are formulated and tested at the 0.05 level of significance in this study:

i. Depression will significantly predict domestic violence among victims in Mararaba, Nasarawa State, Nigeria.
ii. Perceived stress will significantly predict domestic violence among victims in Mararaba, Nasarawa State, Nigeria.
iii. Perceived social support will significantly influence domestic violence among victims in Mararaba, Nasarawa State, Nigeria.
iv. Depression, perceived stress, and perceived social support will significantly and jointly predict domestic violence among victims in Mararaba, Nasarawa State, Nigeria.

Significance of the Study

This study is significant because it provides empirical evidence on the psychological predictors of domestic violence, specifically depression, perceived stress, and social support among victims in Mararaba, Nasarawa State, Nigeria. By identifying which of these factors most strongly predict experiences of domestic violence, the research contributes to a deeper understanding of the mental health dynamics underlying abuse. The findings will assist psychologists, social workers, and policymakers in designing targeted intervention and prevention programs, including counseling services, community awareness campaigns, and social support systems for victims. Furthermore, the study supports the implementation of the Violence Against Persons (Prohibition) Law in Nasarawa State by providing localized data that can guide effective psychosocial and policy responses to domestic violence.

Theoretical Premises of the Study

The theoretical foundation of this study is anchored on a multidisciplinary framework that draws from psychological, social, and behavioral theories explaining how emotional, cognitive, and social factors influence the occurrence and persistence of domestic violence. Specifically, the study is underpinned by four interrelated theoretical perspectives: the *Learned Helplessness Theory* (Seligman, 1975), the *Stress and Coping Theory* (Lazarus & Folkman, 1984), the *Social Support Theory* (Cohen & Wills, 1985), and the *Ecological Systems Theory* (Bronfenbrenner, 1979). Together, these frameworks provide a comprehensive understanding of the psychological mechanisms that predispose victims to domestic violence and shape their coping responses.

Learned Helplessness Theory (Seligman, 1975)

The Learned Helplessness Theory posits that continuous exposure to uncontrollable and aversive experiences leads individuals to develop a sense of helplessness and loss of control over their environment (Seligman, 1975). Originally derived from experimental studies on animals, the theory was later extended to human psychology, particularly in the context of depression and trauma. When applied to domestic violence, it suggests that victims, especially women who experience repeated abuse, may begin to believe that they are powerless to change their situation (Walker, 1979; Peterson et al., 1993). This learned helplessness manifests in emotional withdrawal, passivity, and depressive symptomatology, reinforcing a cycle of abuse where victims remain in violent relationships due to perceived futility of resistance (Anderson et al., 2003). The theory provides a psychological explanation for why victims often fail to leave abusive environments despite severe physical or emotional harm. In the present study, the concept of learned helplessness underpins the relationship between depression and domestic violence**,** explaining how chronic victimization contributes to diminished self-efficacy, hopelessness, and emotional paralysis among survivors.

Stress and Coping Theory (Lazarus & Folkman, 1984)

The Stress and Coping Theory emphasizes the interaction between an individual and their environment, proposing that stress arises when perceived demands exceed the person's coping

resources (Lazarus & Folkman, 1984). This theory differentiates between *primary appraisal* (evaluating whether an event is threatening) and *secondary appraisal* (assessing coping resources). In domestic violence contexts, victims often perceive ongoing abuse as a significant stressor that overwhelms their emotional and cognitive resources, leading to chronic psychological distress and maladaptive coping (Hatcher et al., 2019). This framework directly supports the inclusion of perceived stress as a predictor variable in the current study. Victims of domestic violence often experience cumulative stressors that compound psychological strain and exacerbate vulnerability to depression or re-victimization (Coker et al., 2002; Cohen et al., 1994). Thus, the Stress and Coping Theory provides an essential basis for understanding how victims cognitively appraise violence, manage emotional responses, and develop either adaptive or maladaptive coping patterns that influence their continued exposure to abuse.

Social Support Theory (Cohen & Wills, 1985)

The Social Support Theory postulates that the presence of supportive social networks comprising family, friends, and community structures plays a crucial role in buffering individuals against the harmful effects of stress (Cohen & Wills, 1985). According to this framework, perceived social support can moderate the relationship between stressful life events (such as domestic violence) and negative psychological outcomes (such as depression and anxiety). Social support can take multiple forms each of which strengthens coping capacity and resilience (Zimet et al., 1988). In the context of domestic violence, strong social networks provide victims with psychological safety, resource access, and validation, enabling them to seek help and challenge abusive patterns (Afifi et al., 2021). Conversely, lack of social support or social isolation increases victims' susceptibility to depression and heightens their sense of entrapment. The Social Support Theory thus underpins this study's inclusion of perceived social support as a variable, explaining its negative predictive relationship with domestic violence i.e., higher social support reduces the likelihood or severity of abuse.

By integrating these perspectives, the present study adopts a holistic theoretical framework that accounts for both individual psychological processes and contextual determinants of domestic violence. This integrative approach supports the study's analytical model, which uses multiple regression to examine how depression, perceived stress, and social support jointly predict domestic violence among victims in Mararaba, Karu, Nasarawa State, Nigeria.

METHODOLOGY

This methodology provides a clear, rigorous pathway to test the study's four hypotheses and to quantify both unique and combined psychological contributions to domestic violence in Mararaba.

Research Design

This study adopted a cross-sectional survey design within a quantitative research framework. The design was deemed appropriate because it allows for the collection of data from a sample of individuals at one point in time to examine the predictive relationships among multiple psychological variables, namely, depression, perceived stress, social support, and domestic

violence experiences among victims. According to Creswell and Creswell (2018), a cross-sectional survey design is suitable for behavioral studies that aim to explore the extent and direction of relationships among variables in a defined population. The use of multiple regression analysis further supports this design, as it enables the researcher to determine both individual and joint contributions of predictor variables to the dependent variable (Pallant, 2020).

Population of the Study

The target population for the study consisted of adult victims of domestic violence residing in Mararaba, located within the Karu Local Government Area of Nasarawa State, Nigeria. Mararaba is a rapidly urbanizing community adjacent to the Federal Capital Territory (Abuja), characterized by a dense population, diverse ethnic composition, and significant social and economic pressures. The choice of Mararaba as the study location was based on its growing reports of domestic violence incidents as recorded by local community organizations and informal social support centers. While the actual population size of domestic violence victims in Mararaba is difficult to ascertain due to underreporting, the study estimated that there are hundreds of potential victims, based on data from community health posts, NGOs, and religious-based counseling centers offering psychosocial support services.

Sample and Sampling Technique

A total of 69 respondents participated in the study. The sample was drawn using a purposive sampling technique, a method commonly employed in psychosocial research involving sensitive topics, such as domestic violence (Babbie, 2020). Participants were selected based on their experience of domestic violence (either physical, emotional, or sexual abuse) and their willingness to provide informed consent. Purposive sampling was considered appropriate because it enabled the researcher to focus on individuals who had directly experienced domestic violence and could validly respond to the psychological scales used. The sample size (N = 69) was deemed adequate for multiple regression analysis, following Tabachnick and Fidell's (2013) recommendation that the minimum sample size for regression should exceed the formula $N > 50 + 8m$, where m represents the number of predictors. In this study, with three predictors (depression, perceived stress, and social support), a minimum of 74 respondents would be ideal; however, due to the sensitivity of the topic and accessibility limitations, 69 valid responses were obtained and analyzed.

Inclusion/Exclusion Criteria

- **Inclusion:** adults (≥18 years), resident in Mararaba, self-report past-year DV experience, provided informed consent.
- **Exclusion:** severe cognitive impairment, intoxication at contact, or acute crisis requiring immediate referral.

Instruments for Data Collection

Data were collected using four standardized psychological instruments, each measuring one key construct of the study. All instruments were validated and have been used in prior research within both global and Nigerian contexts. The instruments are described as follows:

Domestic Violence Scale (DVS):

Domestic violence (dependent variable) was measured using a modified version of the Conflict Tactics Scale (CTS2) developed by Straus et al. (1996). The scale measures frequency and severity of physical assault, psychological aggression, sexual coercion, and injury within intimate relationships. Respondents rated items on a 5-point Likert scale ranging from 1 (Never) to 5 (Very Often). Higher scores indicated higher levels of domestic violence exposure. Reported Cronbach's alpha reliability coefficients in similar Nigerian studies ranged between **.**82 and .90 (Owoaje et al., 2020).

Depression Scale:

Depression was measured using the Patient Health Questionnaire-9 (PHQ-9) developed by Kroenke et al. (2001). The PHQ-9 consists of 9 items assessing depressive symptoms over the past two weeks, rated from 0 (Not at all) to 3 (Nearly every day). The total score ranges from 0 to 27, with higher scores indicating higher levels of depression. Cronbach's alpha reliability in Nigerian samples has been reported at $\alpha = .86$ (Adewuya et al., 2006).

Perceived Stress Scale (PSS-10):

Perceived stress was assessed using the Perceived Stress Scale (PSS-10) developed by Cohen, Kamarck, and Mermelstein (1983). The PSS-10 consists of 10 items that measure the degree to which individuals perceive their lives as stressful. Responses range from 0 (Never) to 4 (Very Often). The PSS has been validated across different cultures and demonstrates reliability between .78 and .91. Local adaptation in Nigeria reported Cronbach's $\alpha = .82$ (Ezeudu et al., 2021).

Multidimensional Scale of Perceived Social Support (MSPSS):

Perceived social support was measured using the MSPSS developed by Zimet et al. (1988). The 12-item scale assesses perceived support from family, friends, and significant others. Items are rated on a 7-point Likert scale ranging from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree). Higher scores represent greater perceived social support. The MSPSS has demonstrated high internal consistency, with reliability coefficients ranging from **.**85 to .92 across studies (Ali et al., 2021).

Validity and Reliability of the Instruments

To ensure content validity, all instruments were reviewed by three experts in clinical and social psychology from Nasarawa State University, Keffi. They assessed the instruments for clarity,

cultural relevance, and suitability for victims of domestic violence in Nigeria. Minor modifications were made to adapt wording for the local context.

A pilot study was conducted on 20 participants in neighboring Masaka (outside the main study area) to test reliability. Using the Cronbach's alpha method, the instruments yielded the following reliability coefficients:

- Domestic Violence Scale = .87
- PHQ-9 (Depression) = .83
- PSS-10 (Perceived Stress) = .81
- MSPSS (Social Support) = .88

All values exceeded the .70 threshold recommended by Nunnally and Bernstein (1994), confirming satisfactory internal consistency.

Procedure for Data Collection

The researcher obtained ethical clearance from the Department of Psychology, Nasarawa State University, Keffi, and sought permission from relevant community leaders and organizations assisting victims of domestic violence. Respondents were briefed on the purpose of the study, assured of confidentiality, and informed that participation was voluntary. Questionnaires were administered physically by the researcher and two trained assistants who provided clarification and emotional support when needed. Each respondent completed the questionnaire anonymously to reduce response bias. Completed questionnaires were retrieved on the same day or within 48 hours of distribution. Data collection lasted approximately three weeks.

Method of Data Analysis

Data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS) Version 27. Descriptive statistics (frequency counts, percentages, means, and standard deviations) were used to summarize respondents' demographic characteristics. Inferential statistics were applied as follows: Simple linear regression was used to test each of the first three hypotheses (examining the independent predictive effect of depression, perceived stress, and social support on domestic violence). Multiple regression analysis was used to test the fourth hypothesis (examining the joint predictive effect of all three psychological factors on domestic violence). Significance was set at $p < .05$ for all statistical tests. Coefficients of determination (R^2) were interpreted to show the percentage of variance in domestic violence explained by the predictor variables. Results were presented in APA-style tables.

Ethical Considerations

Given the sensitivity of the research topic, ethical safeguards were strictly observed. Participants provided informed consent after being fully briefed on the nature and objectives of the study. They were informed of their right to withdraw at any stage without penalty. All responses were treated with strict confidentiality, and no identifying information (e.g., names or addresses) was recorded.

Participants who showed signs of distress during data collection were referred to local counseling services and community health centers for psychological support. The study complied with the American Psychological Association (APA, 2017) ethical principles on research involving human subjects, including respect for persons, beneficence, and justice.

RESULTS

Table 1: Frequency Table Representing the Demographic Characteristics of the Respondents.

S/No	Items	Group	Frequency	Percentage
1	Age	Below 20 years	27	39.1
		20 – 30 years	30	43.5
		31 years and above	12	17.4
		Total	69	100.00
2	Gender	Male	40	58.0
		Female	29	42.0
		Total	69	100.00
3	Religion	Muslims	37	53.6
		Christianity	32	46.4
		Total	69	100.00
4	Marital Status	Single	35	50.7
		Married	34	49.3
		Total	69	100.00
5	Level of Education	SSCE	14	20.3
		ND/NCE	32	46.4
		B.SC and Others	22	31.9
		Total	69	100.00

The results in Table 1 show that 27 (39.1%) of the respondents were below the age of 20 years, 30 (43.5%) were from 20 – 30 years, while 12 (17.4%) were from 31 years and above. On their gender, the result shows that 40 (58.0%) of the respondents were male, while 29 (42.0%) were female. The result further shows that 37 (53.6%) of the respondents were Muslims, while 32 (46.4%) were Christians. In the same vein, 35 (50.7%) of the sampled respondents were single, while 34 (49.3%) were married. On their level of education, 14 (20.3%) of the sampled respondents had SSCE, 32 (46.4%) had ND/NCE, while 22 (31.9%) had B.Sc and other certificates.

Hypotheses Testing

This section presents the testing of the study's hypotheses formulated in Chapter Three. Each hypothesis was analyzed using regression statistical techniques to determine the predictive influence of the independent variables' depression, perceived stress, and social support on the dependent variable, domestic violence, among victims in Mararaba, Nasarawa State, Nigeria.

Hypothesis One

This hypothesis stated that there will be a significant prediction of depression in victims of domestic violence in Mararaba, Nasarawa State, Nigeria. The hypothesis was tested using simple linear regression analysis to determine the extent to which depression (independent variable) predicts domestic violence (dependent variable) among victims. The result of the analysis is presented in Table 2.

Table 2: Summary of Simple Linear Regression Analysis Showing Depression as a Predictor of Domestic Violence among Victims in Mararaba, Nasarawa State, Nigeria

DV	Predictor(s)	R	R^2	F	df	β	t	p
Domestic Violence	Constant	.488	.238	19.099**	1, 61		6.133	<.001
	Depression					.488	4.370	<.001

Note: p *< .001 (Significant at 0.001 level)*

Result in Table 2 reveals that depression significantly predicted domestic violence among victims in Mararaba, Nasarawa State, Nigeria, [R = .488, R^2 = .238, F(1, 61) = 19.099, p < .001]. The coefficient of determination (R^2 = .238) indicates that depression accounted for approximately 23.8% of the total variance observed in domestic violence. This implies that depressive symptoms substantially contribute to the likelihood and severity of domestic violence experiences among the sampled respondents. The standardized beta coefficient (β = .488) further shows that depression has a positive predictive influence on domestic violence. This means that as individuals' levels of depression increase, their involvement in, or exposure to, domestic violence also increases. Conversely, lower levels of depressive symptoms are associated with reduced experiences of domestic violence. Based on these results, the study concludes that depression is a significant psychological predictor of domestic violence among victims in Mararaba, Nasarawa State. Therefore, hypothesis one, which stated that "there will be a significant prediction of depression in victims of domestic violence in Mararaba, Nasarawa State, Nigeria," was accepted.

Hypothesis Two

This hypothesis stated that perceived stress will significantly predict domestic violence among victims in Mararaba, Nasarawa State, Nigeria. The hypothesis was tested using simple linear regression analysis to determine the extent to which perceived stress (independent variable) predicts domestic violence (dependent variable). The result of the analysis is presented in Table 3.

Table 3: Summary of Simple Linear Regression Analysis Showing Perceived Stress as a Predictor of Domestic Violence among Victims in Mararaba, Nasarawa State, Nigeria

DV	Predictor(s)	R	R^2	F	df	β	t	p
Domestic Violence	Constant	.566	.320	28.263**	1, 60		2.215	<.001
	Perceived Stress					.566	5.316	<.001

Note: p <.001 *(Significant at 0.001 level*

Table 3 shows that perceived stress significantly predicted domestic violence among victims in Mararaba, R = .566, R^2 = .320, F(1, 60) = 28.263, p < .001. The coefficient of determination (R^2 = .320) reveals that perceived stress accounted for 32.0% of the total variance observed in domestic violence. This suggests that stress perceptions are an important psychological determinant of domestic violence experiences in the sampled population. The standardized beta coefficient (β = .566) indicates a positive predictive relationship, implying that the higher an individual's perceived stress level, the greater their exposure to or involvement in domestic violence. Elevated stress weakens coping capacity, promotes irritability, and intensifies interpersonal conflict, thereby increasing the likelihood of violent episodes. Based on these results, it was concluded that perceived stress is a significant positive predictor of domestic violence among victims in Mararaba, Nasarawa State. Therefore, hypothesis two was confirmed.

Hypothesis Three

This hypothesis stated that social support will significantly predict domestic violence among victims in Mararaba, Nasarawa State, Nigeria. The hypothesis was tested using simple linear regression analysis to determine the influence of perceived social support (independent variable) on domestic violence (dependent variable). The result is presented in Table 4.

Table 4:

Summary of Simple Linear Regression Analysis Showing Social Support as a Predictor of Domestic Violence among Victims in Mararaba, Nasarawa State, Nigeria

DV	Predictor(s)	R	R^2	F	df	β	t	p
Domestic Violence	Constant	.236	.056	5.033**	1, 60		7.957	<.001
	Social Support					-.236	-3.183	<.001

Note: p < .001 *(Significant at 0.001 level)*

As indicated in Table 4, social support significantly predicted domestic violence among victims in Mararaba, R = .236, R^2 = .056, F(1, 60) = 5.033, p < .001. The coefficient of determination (R^2 = .056) shows that perceived social support explained 5.6% of the total variance in domestic violence, demonstrating that social support exerts a modest but meaningful influence on victims' experiences. The standardized beta coefficient (β = −.236) indicates a negative predictive relationship, suggesting that as perceived social support increases, experiences of domestic violence decrease. This means that victims with stronger family, peer, or community support networks are less likely to experience or tolerate ongoing violence compared with those who are socially isolated. Consequently, the study concludes that perceived social support is a significant negative predictor of domestic violence among victims in Mararaba, Karu, Nasarawa State. Hence, hypothesis three was supported.

Hypothesis Four

This hypothesis stated that depression, perceived stress, and social support will significantly and jointly predict domestic violence among victims in Mararaba, Nasarawa State, Nigeria. The hypothesis was tested using multiple regression analysis to determine the combined predictive power of the three independent variables: depression, perceived stress, and social support on domestic violence. The result of the analysis is presented in Table 5.

Table Five

Summary of Multiple Regression Analysis Showing Depression, Perceived Stress, and Social Support as Predictors of Domestic Violence among Victims in Mararaba, Nasarawa State, Nigeria

DV	Predictor(s)	R	R^2	F	df	β	t	*p*
Domestic Violence	Constant	.574	.329	9.321**	3, 57		1.824	
	Depression					.063	2.233	<.01
	Perceived Stress					.644	2.459	<.05
	Social Support					-.103	-1.880	<.05

Note: *$p < .05$; **$p < .01$** *(Significant levels)*

Table 5 indicates that the combination of depression, perceived stress, and social support significantly and jointly predicted domestic violence among victims in Mararaba, Karu, Nasarawa State, $R = .574$, $R^2 = .329$, $F(3, 57) = 9.321$, $p < .001$. The coefficient of determination ($R^2 = .329$) reveals that these three psychological factors collectively explained 32.9% of the total variance in domestic violence. Among the predictors, perceived stress ($\beta = .644$) made the strongest positive contribution, followed by depression ($\beta = .063$), while social support ($\beta = -.103$) made a modest but negative contribution, signifying its protective role. This suggests that victims who experience high levels of stress and depression but low levels of social support are most vulnerable to domestic violence. Based on this outcome, the study concludes that depression, perceived stress, and social support jointly and significantly predict domestic violence among victims in Mararaba, Nasarawa State. Therefore, hypothesis four was accepted.

DISCUSSION OF FINDINGS

The main aim of this study was to examine the predictive influence of selected depression, perceived stress, and perceived social support on domestic violence among victims in Mararaba, Karu Local Government Area of Nasarawa State, Nigeria. Specifically, the study sought to determine how each psychological factor independently predicts domestic violence, and how these factors jointly influence the pattern and prevalence of abuse experiences. The study employed multiple regression analysis to quantify these relationships and to establish empirical evidence supporting the theoretical assumption that psychological wellbeing and social resources significantly shape the experiences of domestic violence victims.

The first hypothesis revealed that depression significantly predicted domestic violence among victims in Mararaba. The result ($R = .488$, $R^2 = .238$, $F(1,61) = 19.099$, $p < .001$) indicated that depression accounted for 23.8% of the variance in domestic violence experiences. This means that higher levels of depressive symptoms among victims are associated with increased vulnerability to abuse or continued exposure to violence. This finding aligns with the Learned Helplessness Theory (Seligman, 1975), which posits that individuals exposed to repeated and uncontrollable stressors—such as domestic violence develop a sense of helplessness, hopelessness, and emotional paralysis. In the context of IPV, prolonged victimization erodes self-efficacy, leading victims to internalize feelings of worthlessness and powerlessness, thereby trapping them in abusive relationships (Walker, 1979; Anderson et al., 2003). Empirically, this result is consistent with the studies of Devries et al. (2013) and Hatcher et al. (2019), who found that women exposed to intimate partner violence were four to five times more likely to exhibit depressive symptoms or develop major depressive disorder than non-abused women. Similarly, Campbell (2002) reported that IPV survivors show elevated depressive scores due to trauma-related helplessness and emotional exhaustion. However, a few contradictory findings exist. For instance, Pico-Alfonso et al. (2006) observed that while depression is common among IPV survivors, not all victims with depressive symptoms remain passive; some exhibit resilience and active coping strategies to seek help or leave abusive environments. This contradiction suggests that while depression is a significant predictor, individual differences in personality, coping mechanisms, and external support may moderate its influence on domestic violence outcomes.

The second hypothesis revealed that perceived stress significantly predicted domestic violence among victims in Mararaba ($R = .566$, $R^2 = .320$, $F(1,60) = 28.263$, $p < .001$). This means that stress perceptions explained 32% of the variance in domestic violence, indicating that victims experiencing high levels of stress are more likely to engage in or be victims of violent behavior.

This finding supports the Stress and Coping Theory proposed by Lazarus and Folkman (1984), which emphasizes that psychological stress arises when perceived demands exceed available coping resources. Domestic violence creates a chronic stress environment where victims face emotional strain, economic hardship, and fear of reprisal, leading to psychological overload and impaired decision-making. Stress not only heightens emotional reactivity but also reduces the ability to evaluate alternatives or seek assistance (Cohen et al., 1983; Hatcher et al., 2019). This result is consistent with Coker et al. (2002), who found that women with higher stress levels reported greater exposure to partner violence, and Baranyi et al. (2021), who linked stress-induced physiological responses to heightened conflict and aggression in relationships. Locally, Ezeudu et al. (2021) reported similar findings among Nigerian women, showing that chronic socio-economic stressors amplify domestic violence risks. However, some researchers argue that stress does not necessarily cause domestic violence but moderates its expression. For example, Gelles and Straus (1990) posited that while stress contributes to the likelihood of conflict, it only translates to violence when combined with other factors such as alcohol abuse, low self-control, or cultural approval of aggression. Thus, stress alone may not directly cause violence but interacts with personality and environmental variables to shape violent outcomes.

The third hypothesis examined whether perceived social support significantly predicts domestic violence. The regression result ($R = .236$, $R^2 = .056$, $F(1,60) = 5.033$, $p < .001$) indicated that social

support accounted for 5.6% of the variance in domestic violence, with a negative beta coefficient ($\beta = -.236$). This means that individuals with stronger social support networks are less likely to experience or remain in abusive relationships. This finding corroborates the Social Support Theory (Cohen & Wills, 1985), which holds that social relationships buffer individuals from the negative psychological and physical effects of stress. Emotional, instrumental, and informational support from family, friends, and community members provides victims with alternative coping resources, reducing dependency on abusive partners. Empirical studies such as Afifi et al. (2021), Ali et al. (2021), and Fawole et al. (2020) support this result, showing that victims with high perceived social support report lower psychological distress and are more likely to seek legal or medical assistance. Similarly, Nathanson (2012) emphasized that supportive environments foster recovery and empowerment among survivors of abuse. Conversely, a few studies have suggested contradictory outcomes. Postmus et al. (2012) found that some victims embedded in strong social networks may still remain in abusive relationships due to social pressure, cultural stigma, or economic dependence, demonstrating that not all support systems function protectively. Similarly, Tonsing et al. (2020) observed that in collectivist societies, social support may be conditional or constrained by gender norms, reducing its buffering effect.

The fourth hypothesis tested whether the three psychological factors depression, perceived stress, and social support jointly predict domestic violence. The multiple regression analysis yielded a significant joint prediction ($R = .574$, $R^2 = .329$, $F(3,57) = 9.321$, $p < .001$), indicating that together, these variables explained 32.9% of the variance in domestic violence. Among the predictors, perceived stress had the strongest positive influence ($\beta = .644$), followed by depression ($\beta = .063$), while social support had a negative influence ($\beta = -.103$). This result demonstrates that domestic violence is a multifactorial phenomenon influenced by the interplay of psychological distress and social resources. The finding aligns with the Ecological Systems Theory (Bronfenbrenner, 1979), which conceptualizes human behavior as a product of interactions among individual, relational, and environmental systems. The coexistence of depression and stress, combined with inadequate social support, creates a high-risk psychological profile for domestic violence. Empirical studies by Campbell (2002), Hatcher et al. (2019), and Ezeudu et al. (2021) also report that the combined effects of poor mental health and weak social networks heighten victims' vulnerability. Conversely, Caridade et al. (2020) argue that while psychological factors are crucial, socio-economic variables such as unemployment, educational attainment, and cultural beliefs may account for additional variance not captured in purely psychological models.

Overall, the findings confirm that depression and perceived stress positively predict domestic violence, whereas social support negatively predicts it. The three variables collectively explain about one-third of the variance in domestic violence experiences among victims in Mararaba, Nasarawa State.

Theoretical and Practical Implications

The findings of this study have significant theoretical and practical implications for understanding and addressing domestic violence within the psychological and socio-cultural context of Mararaba, Nasarawa State, Nigeria. Theoretically, the results provide strong empirical support for the major frameworks that guided the study, the Learned Helplessness Theory, the Stress and Coping

Theory, and the Social Support Theory. These theories collectively illuminate the psychological pathways through which individuals experience, endure, or respond to domestic violence. The predictive role of depression supports the learned helplessness perspective, showing that repeated abuse fosters hopelessness and emotional paralysis. The influence of perceived stress confirms that when victims face overwhelming demands with limited coping resources, the likelihood of violence increases, as explained by the Stress and Coping Theory. Likewise, the negative relationship between social support and domestic violence affirms the Social Support Theory, demonstrating that strong social networks buffer victims from the psychological impact of abuse. Practically, the study highlights the need for mental health screening, stress management, and social support strengthening among victims of domestic violence in Mararaba, Nasarawa State. Health practitioners and social workers should integrate counseling, coping-skills training, and community-based support systems into intervention programs. Policymakers should also reinforce the implementation of the Violence Against Persons (Prohibition) Law (VAPP) by incorporating trauma-informed and psychosocial services into domestic violence response mechanisms. In essence, the study bridges theoretical understanding and practical action, showing that addressing depression, stress, and weak social support is essential to reducing domestic violence and improving victims' psychological wellbeing.

Conclusion

The primary aim of this study was to examine the predictive influence of depression, perceived stress, and social support on domestic violence among residents of Mararaba, Nasarawa State, Nigeria. The study concludes that depression and perceived stress are strong positive predictors of domestic violence. Individuals who reported higher levels of depressive symptoms and stress were more likely to experience or remain in abusive relationships, indicating that emotional instability and maladaptive coping mechanisms increase susceptibility to violence. Conversely, perceived social support emerged as a significant negative predictor, illustrating its protective function in mitigating the risk of abuse. Victims who had supportive social networks comprising family, friends, or community groups were better able to resist, cope with, or exit abusive situations. Furthermore, the joint analysis confirmed that depression, perceived stress, and social support collectively explained about 32.9% of the total variance in domestic violence among victims. This combined influence highlights the multidimensional nature of domestic violence, where psychological distress and the availability of social resources interact to shape behavioral and emotional outcomes.

Recommendations

Based on the findings and conclusions of this study, the following recommendations are proposed:

1. Psychological assessment for depression and stress should be incorporated into all domestic violence response programs. Health centers and social welfare agencies should employ trained counselors and clinical psychologists to provide trauma-focused therapy for victims.

2. Government and NGOs should organize stress-management workshops and psycho-education programs that teach victims and families adaptive coping strategies, conflict resolution, and emotion-regulation skills.
3. Community leaders, religious institutions, and women's associations should create structured support groups for victims to share experiences, access empathy, and receive practical assistance. Community shelters and helplines should be expanded to provide immediate protection and counseling.
4. The Nasarawa State Government should intensify the implementation of the Violence Against Persons (Prohibition) Law (VAPP) through awareness campaigns, better coordination among law enforcement, and inclusion of psychosocial rehabilitation for victims.
5. Sustained community sensitization campaigns should be carried out to challenge cultural beliefs that normalize violence, promote gender equality, and encourage early reporting of abuse.
6. Future studies should employ larger and more diverse samples, include additional psychosocial variables (e.g., self-esteem, emotional intelligence, or substance abuse), and explore longitudinal designs to assess causal relationships between psychological factors and domestic violence.

Limitations and Suggestions for Further Research

While the study achieved its objectives, it was limited by its cross-sectional design, which restricts causal inference, and its reliance on self-report measures, which may introduce bias. The small, localized sample also limits generalizability, and the exclusion of socio-economic variables may overlook contextual influences. Future research should employ longitudinal or mixed-methods designs, use larger and more diverse samples, and incorporate additional predictors such as income, cultural norms, and substance use. Studies could also explore intervention outcomes and cross-cultural comparisons to deepen understanding of domestic violence dynamics.

Strength of the Study and Contributions to Knowledge

In summary, the study's strengths lie in its methodological rigor, psychological focus, contextual depth, and ethical execution. Its contributions to knowledge span theoretical expansion, empirical validation, and policy relevance. Collectively, these contributions advance the understanding of how psychological distress and social connectedness shape domestic violence experiences, and they provide a foundation for future research and evidence-based intervention within Nigeria and similar contexts.

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