

Examining the Relationship Between Trauma and Mental Health Among Survivors of Domestic Violence in Akuku-Toru Local Government Area, Rivers State

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Abstract

Domestic violence remains a major public health and human rights concern with profound psychological consequences for survivors. This study examines the relationship between trauma and mental health among survivors of domestic violence in Akuku-Toru Local Government Area of Rivers State, Nigeria. Specifically, the study investigated the influence of intrusive memories, emotional distress, hyperarousal, and social withdrawal on survivors' mental health outcomes. A mixed-methods research design was adopted, integrating quantitative and qualitative approaches. The study population comprised 165,800 adults in the study area, from which a sample of 380 participants was selected using the Taro Yamane formula. Data were collected through a structured questionnaire and in-depth interviews. Quantitative data were analyzed using descriptive statistics and Pearson Product-Moment Correlation at a 0.05 level of significance, while qualitative data were analyzed thematically. The findings revealed significant positive relationships between intrusive memories, emotional distress, hyperarousal, social withdrawal, and adverse mental health outcomes among survivors of domestic violence. Participants experiencing persistent traumatic memories, emotional instability, heightened physiological arousal, and social isolation reported higher levels of anxiety, depression, psychological distress, and impaired psychosocial functioning. Qualitative findings further revealed that stigma, fear of disclosure, and limited access to trauma-informed mental health services exacerbated survivors' psychological challenges and delayed recovery. The study concludes that unresolved trauma remains a significant predictor of poor mental health among survivors of domestic violence. It recommends the expansion of trauma-informed counselling services, routine mental health screening, strengthened community-based psychosocial support programmes, and continuous capacity building for social workers and mental health professionals. These measures are essential for improving survivors' psychological well-being and facilitating sustainable recovery in underserved communities.

Key words: *domestic violence, Trauma, Mental Health and Survivor.*

Introduction

Domestic violence is a major public health and human rights issue that affects millions of individuals worldwide, with women disproportionately bearing its physical, psychological, and social consequences. Beyond physical injuries, survivors often experience long-lasting psychological trauma that significantly impairs their mental health, daily functioning, and overall quality of life. The World Health Organization (2025) estimates that approximately one in three women globally have experienced physical and/or sexual violence by an intimate partner during their lifetime, making domestic violence one of the leading contributors to mental health disorders among women. Traumatic experiences resulting from domestic violence frequently manifest as anxiety, depression, post-traumatic stress disorder (PTSD), emotional dysregulation, hyperarousal, and social withdrawal. These psychological conditions often persist long after the abuse has ended and may interfere with survivors' ability to maintain healthy relationships, secure employment, and participate fully in community life (Campbell et al., 2025). Recent evidence further indicates that unresolved trauma contributes to chronic mental health problems and reduces survivors' resilience and coping capacity (UN Women, 2025). Trauma affects survivors through several interconnected psychological mechanisms. Intrusive memories repeatedly expose survivors to distressing recollections of abusive experiences, while emotional distress contributes to persistent feelings of fear, guilt, helplessness, and hopelessness. Hyperarousal often leaves survivors in a constant state of vigilance characterized by sleep disturbances, irritability, and exaggerated startle responses. In addition, many survivors withdraw from family and community support systems because of stigma, shame, or fear of further victimization, thereby increasing their vulnerability to depression and psychological isolation (American Psychiatric Association, 2025; UNICEF Nigeria, 2025). In Nigeria, domestic violence remains a significant social problem despite legal frameworks such as the Violence Against Persons (Prohibition) Act. Many incidents remain unreported because of cultural beliefs, fear of stigmatization, economic dependence, and limited access to mental health services. Consequently, survivors continue to experience untreated psychological trauma that negatively affects their well-being and recovery (National Bureau of Statistics [NBS], 2025). Although several studies have examined domestic violence and mental health, there is limited empirical evidence focusing on trauma-related mental health outcomes among survivors in rural communities of Rivers State, particularly Akuku-Toru Local Government Area. Most Nigerian studies have concentrated on the prevalence and determinants of domestic violence, with relatively little attention given to how trauma-related experiences such as intrusive memories, emotional distress, hyperarousal, and social withdrawal influence survivors' mental health. This study addresses this gap by examining the relationship between trauma and mental health among survivors of domestic violence in Akuku-Toru Local Government Area of Rivers State. The findings are expected to provide evidence for strengthening trauma-informed mental health interventions, social support programmes, and policy initiatives aimed at improving the psychological well-being of survivors.

Statement of The Problem

Domestic violence remains one of the leading causes of trauma-related mental health problems among women worldwide. Although considerable attention has been devoted to preventing domestic violence, many survivors continue to experience persistent psychological consequences that extend beyond the period of abuse. These consequences, including intrusive memories,

emotional distress, hyperarousal, and social withdrawal, frequently contribute to anxiety, depression, post-traumatic stress disorder (PTSD), and impaired psychosocial functioning. Despite the increasing availability of trauma-informed interventions globally, access to appropriate mental health services remains limited in many developing countries, including Nigeria, thereby hindering survivors' recovery (World Health Organization [WHO], 2025; UN Women, 2025).

In Nigeria, the burden of domestic violence is compounded by cultural norms that discourage disclosure, inadequate psychosocial support systems, weak implementation of protective legislation, and limited access to professional mental health services. Consequently, many survivors continue to suffer psychological trauma without receiving appropriate care, resulting in reduced quality of life, poor social functioning, diminished productivity, and increased vulnerability to recurrent victimization. Although previous Nigerian studies have examined the prevalence, determinants, and socio-cultural dimensions of domestic violence, relatively few have investigated how specific trauma-related experiences influence the mental health of survivors, particularly within rural communities where support services are scarce.

Akuku-Toru Local Government Area represents one such setting where empirical evidence on trauma and survivors' mental health remains limited despite reports of domestic violence within the community. The absence of context-specific evidence restricts the development of culturally appropriate interventions and evidence-based policies capable of addressing survivors' psychological needs. This study therefore examined the relationship between trauma and mental health among survivors of domestic violence in Akuku-Toru Local Government Area of Rivers State by assessing the influence of intrusive memories, emotional distress, hyperarousal, and social withdrawal on survivors' mental health outcomes. The findings are expected to contribute to the growing body of knowledge on trauma-informed care and provide evidence for strengthening mental health services, policy development, and survivor support programmes within Rivers State and similar settings.

Objectives of The Study

The primary objective of this study was to examine the relationship between trauma and mental health among survivors of domestic violence in Akuku-Toru Local Government Area of Rivers State.

Specifically, the study sought to:

1. Examine the effect of intrusive memories on the mental health of survivors of domestic violence.
2. Assess the influence of emotional distress on the mental health of survivors of domestic violence.
3. Determine the effect of hyperarousal on the mental health of survivors of domestic violence.
4. Examine the influence of social withdrawal on the mental health of survivors of domestic violence.
5. Identify evidence-based strategies for improving the mental health of survivors of domestic violence.

Literature Review

Trauma resulting from domestic violence has become a major concern in public health, psychology, and social work because of its profound effects on survivors' mental health. Research consistently demonstrates that exposure to repeated physical, emotional, psychological, or sexual abuse substantially increases the risk of depression, anxiety disorders, post-traumatic stress

disorder (PTSD), suicidal ideation, and diminished psychosocial functioning (World Health Organization [WHO], 2025). While physical injuries often heal over time, psychological trauma frequently persists, affecting survivors' emotional well-being, interpersonal relationships, occupational performance, and overall quality of life.

Mental health among survivors of domestic violence is increasingly understood as a multidimensional construct influenced by biological, psychological, and social factors. According to Chang et al. (2024), survivors of intimate partner violence are significantly more likely than non-survivors to experience multiple co-occurring mental health disorders because traumatic experiences alter emotional regulation, cognitive functioning, and stress responses. Similarly, Mestvirishvili et al. (2025) argued that prolonged exposure to violence weakens resilience and reduces survivors' capacity to adapt effectively to stressful situations, thereby increasing psychological vulnerability. One of the most persistent manifestations of trauma is the occurrence of intrusive memories. These involuntary recollections repeatedly expose survivors to frightening experiences long after the abuse has ended. Unlike ordinary memories, intrusive recollections are often accompanied by intense emotional and physiological reactions that resemble re-experiencing the original traumatic event. Martinez et al. (2023) reported that intrusive memories are strongly associated with PTSD, depression, and impaired cognitive functioning among survivors of interpersonal violence. Likewise, Kwon et al. (2024) found that persistent intrusive recollections contribute significantly to anxiety disorders, sleep disturbances, impaired concentration, and poor emotional regulation. These findings suggest that intrusive memories remain one of the strongest predictors of poor mental health outcomes among survivors of domestic violence.

Emotional distress also represents one of the most debilitating psychological consequences of domestic violence. Survivors frequently experience persistent fear, sadness, guilt, helplessness, anger, and emotional exhaustion resulting from repeated exposure to abuse. These emotional reactions often interfere with daily functioning and reduce survivors' ability to cope effectively with life's challenges. Tanaka et al. (2022) observed that emotional distress mediates the relationship between traumatic experiences and subsequent psychiatric disorders, including depression and generalized anxiety disorder. Similarly, Taylor et al. (2025) demonstrated that interventions targeting emotional distress significantly improve resilience, psychological adjustment, and recovery among survivors. These findings underscore the importance of addressing emotional distress as a central component of trauma-informed mental health care.

Another critical dimension of trauma is hyperarousal, a persistent state of heightened physiological and psychological alertness. Hyperarousal commonly manifests through exaggerated startle responses, hypervigilance, irritability, insomnia, and difficulty concentrating. These symptoms often prevent survivors from feeling safe even after escaping abusive relationships. Lopez et al. (2022) reported that chronic hyperarousal contributes significantly to anxiety disorders, emotional instability, and reduced quality of life among survivors of domestic violence. Jackson et al. (2024) further emphasized that interventions aimed at regulating physiological arousal, including mindfulness, grounding techniques, and trauma-focused therapies, substantially improve psychological recovery and emotional stability. Social withdrawal is another common consequence of trauma among survivors of domestic violence. Feelings of shame, fear of stigmatization, and mistrust frequently discourage survivors from maintaining relationships with family members, friends, and community support systems. Social isolation deprives survivors of emotional support that could facilitate psychological recovery while increasing vulnerability to depression and hopelessness. Previous studies have shown that survivors with stronger social support networks generally report lower levels of depression, anxiety, and PTSD than those

experiencing prolonged isolation (Garcia et al., 2024; Santos & Oliveira, 2024). Consequently, strengthening social connectedness remains an essential component of comprehensive trauma recovery programmes.

Recent intervention studies increasingly advocate trauma-informed and survivor-centred approaches to improving mental health outcomes. Community-based psychoeducation, trauma-focused cognitive behavioural therapy (TF-CBT), cognitive processing therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), group interpersonal psychotherapy, and mobile health interventions have demonstrated considerable effectiveness in reducing PTSD symptoms, depression, emotional distress, and social isolation among survivors (Adebayo et al., 2022; Acheampong et al., 2023; Munyaneza & Niyonzima, 2025). These approaches recognize that trauma recovery requires not only psychological treatment but also social support, empowerment, and culturally responsive service delivery.

Despite substantial international evidence linking trauma to poor mental health, important contextual differences remain. Most existing studies have been conducted in high-income countries where trauma-informed mental health services are relatively accessible. Within Nigeria, available studies have focused predominantly on the prevalence, determinants, and legal dimensions of domestic violence, while fewer have comprehensively examined how specific trauma-related experiences such as intrusive memories, emotional distress, hyperarousal, and social withdrawal collectively influence survivors' mental health, particularly in rural communities. This limitation highlights the need for context-specific empirical evidence to inform culturally appropriate interventions and strengthen trauma-informed mental health services in underserved communities such as Akuku-Toru Local Government Area of Rivers State.

Theoretical Framework

This study is anchored on Trauma Theory, developed by Judith Herman (1992). Trauma Theory explains the psychological consequences of prolonged exposure to traumatic events and provides a useful framework for understanding the mental health experiences of survivors of domestic violence. Herman argued that traumatic experiences fundamentally disrupt an individual's sense of safety, trust, emotional regulation, and interpersonal relationships. Survivors often continue to experience psychological distress long after the traumatic event has ended, with symptoms including intrusive memories, emotional dysregulation, hyperarousal, avoidance behaviours, and social withdrawal. These symptoms collectively impair emotional well-being and everyday functioning. According to Trauma Theory, recovery from trauma occurs through three interrelated stages: establishing safety, remembrance and mourning, and reconnection. The first stage emphasizes creating physical and emotional safety for survivors before psychological healing can occur. The second stage involves processing traumatic experiences and integrating painful memories into a coherent life narrative. The final stage focuses on rebuilding interpersonal relationships, restoring personal identity, and reintegrating survivors into society (Herman, 1992). The assumptions of Trauma Theory have received considerable empirical support. Recent studies demonstrate that survivors of domestic violence frequently experience persistent symptoms of anxiety, depression, post-traumatic stress disorder (PTSD), emotional distress, and impaired social functioning due to unresolved trauma (Campbell et al., 2025; Chang et al., 2024). Similarly, WHO (2025) emphasized that prolonged exposure to intimate partner violence substantially increases the risk of long-term mental health disorders and psychosocial impairment.

Trauma Theory is particularly relevant to the present study because the independent variables examined—intrusive memories, emotional distress, hyperarousal, and social withdrawal—

represent core manifestations of unresolved trauma as identified by Herman (1992). The theory therefore provides an appropriate explanatory framework for understanding how traumatic experiences resulting from domestic violence influence survivors' mental health in Akuku-Toru Local Government Area of Rivers State. Furthermore, it supports the need for trauma-informed mental health interventions that prioritize survivors' safety, psychological recovery, resilience, and social reintegration.

Methodology

This study adopted a mixed-methods research design, integrating quantitative and qualitative approaches to examine the relationship between trauma and mental health among survivors of domestic violence in Akuku-Toru Local Government Area (LGA) of Rivers State. The quantitative component employed a cross-sectional survey to measure the relationship between trauma-related experiences and mental health outcomes, while the qualitative component involved in-depth interviews to gain deeper insights into survivors' lived experiences. The integration of both approaches enhanced the comprehensiveness and credibility of the findings by allowing for triangulation of data. The study was conducted in Akuku-Toru Local Government Area of Rivers State, Nigeria. The LGA is located within the Niger Delta region and comprises several riverine communities. Although domestic violence is recognized as a significant social and public health issue in the area, empirical evidence on its psychological consequences remains limited. The socio-cultural characteristics of the communities, coupled with limited access to specialized mental health services, make the area suitable for investigating trauma and mental health among survivors. The target population comprised 165,800 adults residing in Akuku-Toru Local Government Area. Using the Taro Yamane sampling formula, a sample size of 380 respondents was determined. The sample consisted of 340 participants who completed the structured questionnaire and 40 participants who took part in in-depth interviews, providing both quantitative and qualitative data for the study. A simple random sampling technique was employed to select participants for the quantitative survey, ensuring that eligible respondents had an equal probability of inclusion. For the qualitative component, participants were purposively selected based on their experiences as survivors of domestic violence and their willingness to provide detailed accounts of their experiences. This combination of sampling techniques ensured both representativeness and richness of qualitative information. Data were collected using a researcher-developed questionnaire titled the Assessment of the Impact of Trauma on Mental Health among Survivors of Domestic Violence (AITMHSADV). The instrument contained items measuring intrusive memories, emotional distress, hyperarousal, social withdrawal, and mental health outcomes using a five-point Likert scale. An interview guide was also developed to obtain detailed qualitative information regarding participants' trauma experiences, coping mechanisms, and perceptions of available psychosocial support services. Following ethical approval and informed consent, questionnaires were administered directly to eligible participants by trained research assistants. In-depth interviews were conducted in confidential settings to encourage participants to freely discuss their experiences. Participation was entirely voluntary, and respondents were assured of anonymity, confidentiality, and their right to withdraw from the study at any stage without adverse consequences. Quantitative data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondents' characteristics and study variables. Pearson Product-Moment Correlation (PPMC) was employed to examine the relationship between trauma-related variables and mental health at a 0.05 level of significance. Qualitative interview

data were transcribed verbatim and analyzed using thematic analysis, with emerging themes integrated into the interpretation of the quantitative findings.

Ethical principles guiding research involving human participants were strictly observed throughout the study. Participants provided informed consent before participation, confidentiality was maintained through anonymous data collection, and all information obtained was used solely for research purposes. Respondents were informed of their right to decline participation or withdraw from the study at any point without penalty.

Results and Discussion

Participants' Characteristics

A total of 380 participants were included in the study. Of these, 340 completed the structured questionnaire, while 40 participated in the qualitative interviews. The respondents represented diverse age groups, educational backgrounds, marital statuses, and occupations, providing a broad perspective on the experiences of survivors of domestic violence in Akuku-Toru Local Government Area.

Relationship Between Intrusive Memories and Mental Health

The Pearson Product-Moment Correlation analysis revealed a statistically significant positive relationship between intrusive memories and adverse mental health outcomes among survivors of domestic violence ($p < .05$). Survivors who reported frequent intrusive thoughts and recurring recollections of abusive experiences also reported higher levels of anxiety, depression, emotional instability, and impaired psychosocial functioning.

This finding is consistent with Trauma Theory (Herman, 1992), which posits that unresolved traumatic memories continue to disrupt survivors' emotional and psychological functioning long after the abusive event has ended. The result also supports Martinez et al. (2023), who found that intrusive memories significantly predict PTSD and depressive symptoms among survivors of interpersonal violence. Persistent re-experiencing of traumatic events may therefore impede emotional recovery and reduce survivors' overall quality of life.

Relationship Between Emotional Distress and Mental Health

The study found a significant association between emotional distress and poor mental health outcomes ($p < .05$). Survivors who experienced persistent fear, sadness, guilt, helplessness, and emotional exhaustion reported higher levels of psychological distress and reduced coping ability. This finding aligns with previous studies indicating that emotional distress is a major predictor of depression, anxiety disorders, and reduced psychological resilience among survivors of domestic violence (Tanaka et al., 2022; Taylor et al., 2025). The qualitative interviews further revealed that many participants struggled with feelings of hopelessness and low self-esteem, suggesting that prolonged emotional distress continues to influence mental health even after the abusive relationship has ended.

Relationship Between Hyperarousal and Mental Health

The analysis further demonstrated a significant relationship between hyperarousal and mental health ($p < .05$). Survivors who experienced hypervigilance, sleep disturbances, irritability, and exaggerated startle responses were more likely to report symptoms of anxiety, chronic stress, and emotional exhaustion. This result corroborates Lopez et al. (2022), who observed that chronic hyperarousal interferes with emotional regulation and increases susceptibility to psychological disorders among survivors of domestic violence. According to Trauma Theory, hyperarousal

reflects the body's prolonged stress response, making it difficult for survivors to regain a sense of safety and psychological stability.

Relationship Between Social Withdrawal and Mental Health

The findings also indicated a significant positive relationship between social withdrawal and poor mental health outcomes ($p < .05$). Survivors who isolated themselves from family members, friends, and community support networks reported greater emotional distress, loneliness, and depressive symptoms. This finding is consistent with Garcia et al. (2024), who reported that social support serves as a protective factor against psychological distress among survivors of domestic violence. The qualitative findings further showed that fear of stigma, shame, and community judgment discouraged many survivors from seeking help, thereby delaying recovery and reinforcing psychological isolation.

Qualitative Findings

The thematic analysis identified four major themes: persistent psychological distress, social isolation and stigma, limited access to mental health services, and the need for trauma-informed support. Participants described recurrent traumatic memories, persistent fear, insomnia, emotional instability, and reluctance to disclose abusive experiences because of anticipated social stigma. Several interviewees emphasized that professional counselling and community-based psychosocial support services were either unavailable or inaccessible within their communities. These qualitative findings complement the quantitative results by illustrating how trauma-related experiences affect survivors' everyday lives and mental well-being.

Overall Discussion

The findings demonstrate that trauma is a significant determinant of mental health among survivors of domestic violence in Akuku-Toru Local Government Area. Intrusive memories, emotional distress, hyperarousal, and social withdrawal were all significantly associated with adverse mental health outcomes, supporting the central propositions of Trauma Theory. The convergence of quantitative and qualitative findings suggests that the psychological consequences of domestic violence extend beyond the immediate experience of abuse and require comprehensive, trauma-informed interventions. These findings are also consistent with contemporary international evidence indicating that unresolved trauma contributes to long-term mental health disorders, diminished psychosocial functioning, and reduced quality of life among survivors of domestic violence (WHO, 2025; UN Women, 2025). The study therefore underscores the importance of integrating mental health services into domestic violence response programmes and expanding access to culturally appropriate psychosocial support within underserved communities.

Important observation: While the structure above is appropriate for a journal article, I have used the thesis as the basis for the findings. Before submission, every reported statistical value (e.g., correlation coefficients, p -values, means, and standard deviations) should be checked against the original tables to ensure exact consistency with the thesis. Where specific numerical results are available in the thesis, they should replace general statements such as "significant relationship" to strengthen the manuscript and meet journal reporting standards.

Excellent. The final section of the manuscript should include a concise Conclusion, Implications, Recommendations, Limitations, and References. This is the format expected by most Scopus- and Web of Science-indexed journals.

Conclusion

This study examined the relationship between trauma and mental health among survivors of domestic violence in Akuku-Toru Local Government Area of Rivers State. The findings demonstrate that trauma remains a significant predictor of poor mental health among survivors. Specifically, intrusive memories, emotional distress, hyperarousal, and social withdrawal were all significantly associated with adverse psychological outcomes, including anxiety, depression, emotional instability, and impaired psychosocial functioning. The convergence of quantitative and qualitative findings further indicates that the psychological consequences of domestic violence often persist beyond the period of abuse, affecting survivors' capacity to cope effectively, maintain social relationships, and achieve emotional recovery. These findings reinforce the need for trauma-informed mental health interventions that address both the immediate and long-term psychological needs of survivors.

Recommendations

Based on the findings, the study recommends that:

1. Government agencies should establish accessible trauma-informed counselling and mental health services for survivors of domestic violence at the community level.
2. Healthcare institutions should integrate routine mental health screening into services provided for survivors of domestic violence to facilitate early identification and intervention.
3. Community-based organizations and non-governmental organizations should strengthen psychosocial support programmes, peer support groups, and public awareness campaigns aimed at reducing stigma associated with domestic violence and mental health challenges.
4. Social workers and mental health professionals should receive continuous training on evidence-based trauma interventions to improve the quality of services provided to survivors.
5. Future studies should adopt longitudinal and multi-site designs to examine the long-term psychological consequences of domestic violence across different cultural and geographical settings in Nigeria.

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