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# Moderating Role of Resilience in the Relationship of Intimate Partner Violence and Depressive Symptoms Among Women in Enugu state, Nigeria

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**ABSTRACT**

Intimate Partner Violence (IPV) is a pervasive global public health challenge that affects millions of women and has severe mental health consequences such as depressive symptoms. Existing research has largely focused on the direct effects of intimate partner violence on women's mental health, with insufficient attention to resilience as a potential protective factor that may alter the IPV and depression relationship. This study investigated the moderating role of resilience in the relationship of IPV and depressive symptoms of women. Participants in the study were 417 women in intimate partner relationships drawn from Enugu state, southeast Nigeria. Purposive sampling technique was employed in the selection of participants. The authors used the Centre for Epidemiological Studies-Depression Scale, Abusive Behaviour Inventory, and the Brief Resilience Scale for data collection. PROCESS macrofor SPSS multiple regression was used to analyze the data. Findings showed that physical violence and psychological violence were positively associated with depressive symptoms. Resilience moderated the relationship between psychological violence and depressive symptoms. Interventions for persons experiencing IPV should include programmes designed to empower them, especially those women experiencing psychological violence, to develop resilience as a strategy for coping with and overcoming their challenges.

## Introduction

Depression represents one of the most pervasive mental health concerns facing women worldwide, with its global burden disproportionately concentrated in low- and middle-income countries (LMICs) where health systems remain under-resourced and mental health care is poorly integrated into routine services (Boakye et al., 2024; Watson & Bitsika, 2025; White et al., 2023). The World Health Organization has consistently identified depression as a major contributor to disability globally and a significance public health concern among women, particularly those of reproductive age, emphasizing its importance beyond the individual level (World Health Organization, 2025). In sub-Saharan Africa, the intersection of poverty, gender inequality, and limited mental health infrastructure creates conditions that heighten women's vulnerability to depressive episodes (Boakye et al., 2024; Machisa & Shamu, 2022). Nigeria, the most populous country in Africa, is no exception; estimates suggest that depressive symptoms affect between 14% and 52% of women across various Nigerian subgroups, depending on the population examined and the instrument used (Nwoga, 2024; Ogungbemi et al., 2024; Oboro et al., 2022; Sekoni et al., 2022).

Despite the indicated high figures, mental health research in Nigeria remains comparatively limited, and the specific pathways through which psychosocial stressors contribute to depression among Nigerian women are not well understood. Enugu State, located in South-Eastern Nigeria and characterised by predominantly Igbo cultural norms, represents an important but underexplored setting in which to examine these questions. The present study was conducted in this context, where patriarchal structures may shape both the experience of intimate partner violence (IPV) and the psychological resources available to women who experience it.

Depression is a disorder is characterised by persistent low mood, loss of interest or pleasure, fatigue, cognitive impairment, and in severe cases, suicidal ideation, sustained over a minimum of two weeks (American Psychiatric Association, 2013). Its consequences extend across psychological, physical, and social domains: psychologically, depression erodes self-esteem and increases the risk of post-traumatic stress and anxiety (Lortkipanidze et al., 2025; Spencer et al., 2022); physically, it is associated with poor immune function, chronic pain, and elevated rates of somatic complaints

(Ford-Gilboe et al., 2022); and socially, it disrupts occupational functioning, parenting capacity, and interpersonal relationships (Iverson et al., 2022; Watson & Bitsika, 2025). Among women in intimate relationships, the consequences of depression are compounded by the relational context in which symptoms develop, often implicating partners, children, and wider family systems (Mohammed et al., 2025; Arinze et al., 2025). Research consistently demonstrates that children raised by mothers experiencing depression are at elevated risk of developmental, emotional, and behavioural difficulties, extending the burden of the condition well beyond the individual (Fu et al., 2025; Zeng et al., 2022).

While the association between IPV and depression has been extensively documented in Western and high-income settings, the evidence base from sub-Saharan Africa, and Nigeria in particular, remains limited (Antabe et al., 2025; Muchemwa et al., 2025; White et al., 2023). Much of the existing literature draws on samples from Europe, North America, and East Asia, where cultural, economic, and structural factors differ substantially from the Nigerian context (Watson & Bitsika, 2025; White et al., 2023). This geographic concentration of research restricts the generalisability of theoretical models and limits the development of culturally responsive interventions for women in African settings (Machisa & Shamu, 2022; Ramsoomar et al., 2023). More critically, beyond the direct IPV-depression association, the moderating role of resilience in this relationship has received very limited empirical attention across all cultural contexts.

The few studies that have examined resilience as a moderator have done so in North American or European samples (Crapolicchio et al., 2023; Parnell et al., 2022), and no study identified in the available literature has tested this moderation within an African female sample or distinguished between physical and psychological IPV as separate predictors in this regard. This gap extends beyond the question of cultural context alone; it reflects a broader absence of evidence on whether and how personal psychological resources condition the mental health consequences of different IPV sub-types, a question with direct implications for intervention design across diverse settings. The present study therefore sought to address this gap by examining the associations between physical violence, psychological violence, and depressive symptoms among women in intimate partner relationships in Enugu State, Nigeria, while additionally exploring the moderating role of resilience in these associations.

**IPV and Depressive Symptoms**

IPV is broadly understood as a pattern of abusive behaviour enacted by one partner against another within an intimate relationship, encompassing physical, psychological, sexual, and economic forms of abuse (Shepard & Campbell, 1992; White et al., 2023). Originating from feminist and ecological theoretical frameworks, IPV research has conceptualised violence not as isolated incidents but as part of a continuum of coercive control in which power imbalances between partners are maintained through force, threat, and humiliation (Ford-Gilboe et al., 2022; Lortkipanidze et al., 2025). Following Shepard and Campbell's(1992)operationalisation, two sub-components of primary relevance to the present study are physical violence and psychological violence, which, while often co-occurring, carry distinct pathways to mental health outcomes.

Physical violence in intimate relationships refers to acts intended to cause bodily harm, including hitting, kicking, choking, and the use of weapons (Shepard & Campbell, 1992). It is the most visibly recognised form of IPV and the most assessed in epidemiological research (White et al., 2023). Theoretical accounts grounded in stress and trauma frameworks posit that exposure to physical violence activates the hypothalamic-pituitary-adrenal axis, producing chronic physiological dysregulation that predisposes survivors to affective disorders (Watson & Bitsika, 2025). Physical violence is also associated with acute injury and chronic physical pain, both of which independently elevate depression risk (Ford-Gilboe et al., 2022). From a cognitive perspective, repeated physical victimisation may foster learned helplessness, a state in which women come to perceive their circumstances as uncontrollable, thereby increasing susceptibility to depressive cognitions (Watson & Bitsika, 2025; White et al., 2023).

Psychological violence, sometimes referred to as emotional or mental abuse, encompasses a broader range of controlling and demeaning behaviours, including verbal threats, humiliation, isolation from support networks, surveillance, and financial control (Lortkipanidze et al., 2025; Muchemwa et al., 2025). Theoretical frameworks such as the Power and Control Wheel emphasise that psychological abuse functions to erode the victim's sense of agency and identity over time, even in the absence of physical harm (Shepard & Campbell, 1992). This erosion of self-worth and autonomy is thought to be particularly injurious to mental health because it operates continuously rather than episodically, producing a pervasive experience of threat and inadequacy (Crapolicchio et al., 2023; Lortkipanidze et al., 2025).

The mechanisms through which IPV exposure leads to depression are theorised to operate via multiple pathways. Chronic fear and hypervigilance associated with both physical and psychological abuse dysregulate the stress response, impair sleep, and reduce the capacity for positive affect (Watson & Bitsika, 2025; White et al., 2023). Social isolation, frequently imposed by abusive partners as a control tactic, reduces access to emotional support, itself a key buffer against depression (Luo et al., 2024; Yastibas-Kacar et al., 2023). Additionally, internalisation of shame and self-blame following victimisation has been theorised to deepen depressive cognitions (Bdier et al., 2024; Lortkipanidze et al., 2025).

Empirical evidence linking physical violence to depression in women is substantial. Large-scale meta-analyses have consistently reported odds ratios in the range of 2.31 to 3.14 for the association between physical IPV and depression across diverse settings (White et al., 2023). A 2025 meta-

analysis of longitudinal studies involving 118,544 women found that IPV exposure was associated with approximately twice the odds of developing subsequent depression, providing some support for a directional relationship (Watson & Bitsika, 2025). In African settings specifically, physical violence has been associated with elevated depressive symptoms among women in Mozambique (Antabe et al., 2025; Muchemwa et al., 2025), Zimbabwe (Machisa & Shamu, 2022), and Kenya (Chawiyah et al., 2024). Among Nigerian samples, physical violence has been identified as a significant correlate of antenatal depression (Oboro et al., 2022), further supporting the relevance of this association in the Nigerian context.

The empirical evidence linking psychological violence to depression is at least as strong, and in some analyses stronger, than that for physical violence. In a study of Mozambican women, emotional IPV was associated with three times the odds of depressive symptoms compared with non-exposed women (Muchemwa et al., 2025). Among women seeking help for IPV in Italy, psychological violence demonstrated a direct association with depressive symptoms that persisted even after controlling for physical violence (Crapolicchio et al., 2023). A study in Lesotho found that emotional IPV was the most consistent predictor of depression severity among IPV survivors (Myint et al., 2025). Crucially, the dominance-isolation subtype of psychological abuse, which involves restricting a woman's social contacts and monitoring her movements, has been identified as a particularly potent predictor of depressive symptoms (Lortkipanidze et al., 2025). These patterns are theoretically consistent with the observation that psychological abuse erodes the internal resources, such as self-efficacy and positive self-concept, that protect against depression (Crapolicchio et al., 2023; Watson & Bitsika, 2025).

Notwithstanding this growing evidence base, the majority of empirical studies have been conducted in Western or East Asian contexts, with limited representation of sub-Saharan African samples. Furthermore, research specifically examining both physical and psychological IPV as distinct predictors within Nigerian women remains sparse. Extension of this line of inquiry to Enugu State, where Igbo cultural norms around gender roles may shape both perpetration of IPV and women's responses to it, is therefore warranted.

**Resilience and Depressive Symptoms**

Resilience has been variably operationalised in the psychological literature but is most frequently understood as the capacity to adapt positively and recover functioning in the face of adversity, stress, or trauma (Smith et al., 2008). Survey and epidemiological evidence consistently identify lower resilience as a risk factor for depressive symptoms across diverse female populations. Among female urban slum dwellers in Ibadan, Nigeria, higher resilience was associated with significantly lower odds of common mental disorders including depression (Sekoni et al., 2022). Similarly, among women undergoing fertility treatment in China, resilience demonstrated a moderate negative correlation with depressive symptoms and mediated approximately 22% of the relationship between fertility stress and depression (Zhang et al., 2024). However, findings across studies are not entirely uniform: while some investigations report resilience as a direct predictor of fewer depressive symptoms (Lim et al., 2022; Song et al., 2024), others find that its protective effect is contingent on the severity of the stressor or the availability of external resources (Scandurra et al., 2023; Yastibas-Kacar et al., 2023). This inconsistency suggests that resilience may function less as a universal buffer and more as a variable whose protective value is contextually bound, justifying investigation of its role as a moderator rather than a simple correlate.

Researchers have increasingly argued that resilience ought to be examined within complex, interactive models rather than as a direct predictor alone (Hou et al., 2025; Parnell et al., 2022). In the IPV literature specifically, the moderating role of resilience has been identified as a theoretically important but empirically understudied question. Hou et al. (2025) demonstrated that low resilience partially mediated the association between violence against women and comorbid depression and anxiety among rural Chinese women, accounting for approximately 28% of the total indirect effect, but noted that the moderation component of this relationship was not statistically significant in their sample.

Parnell et al. (2022) found that resilience moderated the association between severe physical IPV and mood disorders among Black women in a nationally representative United States sample, though the pattern differed across African American and Caribbean Black subgroups, indicating that cultural context conditions the moderating function of resilience. Crapolicchio et al. (2023) examined positivity, a construct related to resilience encompassing optimistic self-perception and hopeful future orientation, as a moderator of the psychological IPV-depression relationship in Italian women and found significant buffering effects. What remains absent from the literature, however, is a direct examination of resilience as a moderator of both physical and psychological IPV on depressive symptoms within a Nigerian female sample, representing a notable gap that the present study sought to address.

**The Present Study**

The primary aim of the present study is to examine the associations between physical violence, psychological violence, and depressive symptoms among women in intimate partner relationships in Enugu State, Nigeria. The study built upon and extended existing work by focusing on a Nigerian sample, which is substantially underrepresented in the international IPV and mental health literature, and by distinguishing between physical and psychological forms of IPV as separate predictors rather than treating IPV as a unitary construct. On the basis of the theoretical and empirical evidence reviewed, the following hypotheses were advanced: (1) physical violence will be positively associated with depressive symptoms among women in intimate partner relationships. (2) psychological violence will be positively associated with

depressive symptoms among women in intimate partner relationships.(3) resilience will be negatively associated with depressive symptoms among women in intimate partner relationships. (4) resilience will moderate the relationships between both physical violence and depressive symptoms and between psychological violence and depressive symptoms. Specifically, it was expected that the positive associations between IPV sub-types and depression would be weaker at higher levels of resilience.

## Method

### Participants and Procedure

Participants in the present study were 417 women in intimate partner relationships residing in Enugu State, Nigeria. Eligibility was determined using two forced-choice screening questions: women were required to confirm both current or prior intimate relationship status and a history of abusive intimate relationship experience. Age ranged from 18 to 68 years ($M$ = 28.19, $SD$ = 8.09). Of the total sample, 231 participants (55.4%) were single and 186 (44.6%) were married. Educational attainment varied across the sample: 67 participants (16.1%) held a Senior School Certificate, 242 (58.0%) held an Ordinary National Diploma, Higher National Diploma, or undergraduate degree, 97 (23.3%) held a master's degree, and 11 (2.6%) held a doctoral qualification. In terms of ethnicity, majority of participants identified as Igbo ($n$ = 366; 87.8%), followed by Yoruba ($n$ = 15; 3.6%) and other ethnic groups ($n$ = 36; 8.6%).Religious affiliation was distributed across Catholic (36.9%), Protestant (10.6%), Pentecostal (45.3%), Muslim (2.9%), and other (4.3%) categories. Employment status indicated that 35.4% were employed, 37.4% were unemployed, and 26.0% were self-employed.

Enugu State, situated in the South-Eastern geopolitical zone of Nigeria, is predominantly inhabited by the Igbo ethnic group, whose cultural norms around gender roles, marriage, and family structure are highly pertinent to the study of IPV. National data indicate that IPV is prevalent across Nigeria, with physical, psychological, and sexual forms widely reported in both urban and rural settings (Oboro et al., 2022). Research conducted in Southern Nigeria has identified IPV as one of the strongest predictors of antenatal depression, with an adjusted odds ratio of 8.10 in one multicentre study (Oboro et al., 2022), underscoring the severity of its mental health consequences in this region.

Participants were recruited from their workplaces, institutions or community groups. The first author and trained research assistants approached potential participants in selected recruitment locations and briefly explained the purpose of the study. In community-based recruitment settings and meetings of Christian women in churches, all women attending the selected groups were considered potentially eligible and were invited to participate after being informed about the study. In workplaces and educational institutions, prospective participants were first approached and asked about their current relationship status to determine eligibility for the study. Women who met the inclusion criteria were provided with additional information about the study, assured of confidentiality and voluntary participation, and invited to provide informed consent before completing the survey. Those who expressed interest in participating were provided with copies of the questionnaire and received guidance on completion procedures. All participants provided verbal informed consent prior to participation and were assured of the confidentiality of their responses. Data from completed questionnaires were entered into the Statistical Package for the Social Sciences (SPSS), version 23 (SPSS Inc., Chicago, IL, USA).

### Measures

IPV was assessed using the Abusive Behaviour Inventory (ABI; Shepard & Campbell, 1992), a 30-item instrument designed to measure the frequency of physically and psychologically abusive behaviours experienced within intimate relationships. The ABI comprises two sub-scales: a 20-item psychological abuse sub-scale and a 10-item physical abuse sub-scale. Items are rated on a 5-point Likert-type scale ranging from 1 (never) to 5 (very frequently), with participants indicating how often each abusive behaviour occurred during a six-month reference period. Higher scores on each sub-scale indicate greater frequency of abusive experiences. Shepard and Campbell (1992) reported Cronbach's alpha values ranging from .70 to .92 across different sub-groups in their validation study. In the present study, internal consistency was high, with Cronbach's α of .95 for the full scale while psychological violence and physical violence dimensions had Cronbach's αs of .92 and .93 respectively.

Resilience was assessed using the Brief Resilience Scale (BRS; Smith et al., 2008), a six-item self-report instrument developed to measure the perceived ability to recover from stress and adversity. Items are rated on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Three items are positively worded and three are negatively worded, with the latter reverse-scored prior to averaging. Higher mean scores reflect greater resilience. Smith et al. (2008) reported Cronbach's α ranging from .80 to .91 across multiple validation samples. In the present study, an acceptable internal consistency coefficient of .67 was obtained, consistent with findings from other cross-cultural applications of the BRS in which brevity of the scale and cultural translation have been associated with somewhat attenuated reliability estimates.

Depressive symptoms were assessed using the Centre for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), a widely used 20-item self-report instrument measuring the frequency of depressive symptoms experienced during the preceding week. Items are rated on a 4-point scale from 0 (rarely or none of the time) to 3 (most or all of the time), with four positively worded items reverse-scored. Total scores range from 0 to 60, with higher scores indicating greater depressive symptomatology. Radloff (1977) reported internal consistency coefficients of .85 in general population samples and .90 in patient samples. In Nigerian samples, excellent psychometric

properties for the CES-Dhave been reported (Ifeagwaziet al., 2013; 2017; 2021; Kokou-Kpolouet al., 2022;2023). In the present study, the CES-D demonstrated excellent internal consistency, with a Cronbach's α of .95.

**Statistical Analyses**

Pearson's correlations were conducted to examine bivariate associations among demographic variables and the primary study variables. To test the moderation hypotheses, Hayes' (2022) PROCESS macro for SPSS was employed, which is widely regarded as the methodological standard for testing conditional indirect and direct effects in regression frameworks (Hou et al., 2025; Luo et al., 2024; Yastibas-Kacar et al., 2023). Two separate moderation analyses were conducted: the first entered physical violence as the independent variable, resilience as the moderator, and depressive symptoms as the dependent variable; the second entered psychological violence as the independent variable with the same moderator and dependent variable. Age, educational level, history of previous abuse, and current abuse status were included as covariates in both models to account for their potential confounding influence.

## Results

**Table 1**

*Pearson's correlations of demographic variables, physical violence, psychological violence, resilience, spirituality and depressive symptoms among women in intimate partner relationships*

| | Variables | Mean | *SD* | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Age | 28.19 | 8.08 | - | | | | | | | |
| 2 | Education | 2.12 | .70 | .39*** | - | | | | | | |
| 3 | Marital Status | - | - | .22** | -.04 | - | | | | | |
| 4 | Previous Abuse | 1.45 | .50 | .21*** | .13** | .12* | - | | | | |
| 5 | Current Abuse | 1.22 | .42 | .12* | .01 | .04 | .12* | - | | | |
| 6 | Physical violence | 1.03 | .21 | .15** | -.03 | .07 | .35*** | .09 | - | | |
| 7 | Psychological violence | 16.06 | 8.00 | .11* | .07 | .05 | .40*** | .10* | .80*** | - | |
| 8 | Resilience | 29.29 | 12.79 | -.01 | .13** | -.03 | -.11* | -.01 | -.14** | -.12* | - |
| 9 | Depressive Symptoms | 50.97 | 6.95 | -.14** | -.05 | -.11* | .22*** | -.02 | .43*** | .47*** | -.20*** |

Note. ***$p$<.001; **$p$<.01; *$p$<.05; Education (1 = O'level, 2 = Degree, 3 = M.Sc, 4 = PhD), Previous Violence (1 = No, 2 = Yes), Current Violence (1 = No, 2 = Yes), Marital Status (1= Single, 2 = Married)

Table 1 presents the bivariate correlations among demographic and study variables. Age showed a significant positive correlation with education and marital status, indicating that older participants were more likely to hold higher qualifications and to be married. Age was positively but weakly associated with previous abuse (, physical violence, and psychological violence, and negatively associated with depressive symptoms. Education was positively associated with previous abuse and resilience. Previous abuse was significantly related to current abuse, physical violence, and psychological violence. Physical violence and psychological violence were strongly intercorrelated, indicating substantial co-occurrence of these abuse forms. Physical violence demonstrated a moderate positive correlation with depressive symptoms, as did psychological violence. Resilience was negatively correlated with previous abuse, physical violence, psychological violence, and depressive symptoms, indicating that women with greater resilience reported fewer abusive experiences and lower depressive symptomatology. Multicollinearity was not a concern given the moderate magnitudes of the inter-predictor correlations.

**Table 2**

*Hayes PROCESS macro results for predicting depressive symptoms among women in intimate partner relationships by physical violence and resilience with age, education, previous abuse and current abuse as control variables*

| Variables | *B* | *t* | *p* | 95%*CI* | $R^2$ | *F* |
|---|---|---|---|---|---|---|
| Age | -.47 | -5.17 | .000 | [-.65, -.29] | .26 | 20.47*** (7, 409) |
| Education | 1.40 | 1.34 | .182 | [-.66, 3.45] | | |
| Previous Abuse | 4.18 | 2.43 | .015 | [.80, 7.56] | | |
| Current Abuse | -3.09 | -.96 | .339 | [-9.43, 3.25] | | |
| Physical Violence (PHV) | 1.07 | 2.65 | .008 | [.28, 1.87] | | |
| Resilience (RS) | -.30 | -.81 | .421 | [-1.02, .43] | | |
| PHVXRS | -.02 | -.72 | .470 | [-.06, .03] | | |

Table 2 presents the results of the Hayes PROCESS macro analysis for physical violence and resilience predicting depressive symptoms. Physical violence was a significant positive predictor of depressive symptoms, indicating that greater physical violence was associated with higher depressive symptomatology. Resilience was not a significant predictor of depressive symptoms in this model. The interaction term of physical violence and resilience was not significant, indicating that resilience did not moderate the relationship between physical violence and depressive symptoms in the present sample. The overall model was significant, $F(7, 409) = 20.47$, $R^2 = .26$, indicating that 26% of the variance in depressive symptoms was accounted for by the predictors collectively

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**Table 3**

*Hayes PROCESS macro results for predicting depressive symptoms among women in intimate partner relationships by psychological violence and resilience with age, education, previous abuse and current abuse as control variables*

| Variables | *B* | *t* | *p* | 95%*CI* | $R^2$ | *F* |
|---|---|---|---|---|---|---|
| Age | -.39 | -4.42 | .000 | [-.56, -.22] | .30 | 24.53*** (7, 409) |
| Education | .26 | .26 | .795 | [-1.73, 2.25] | | |
| Previous Abuse | 2.65 | 1.55 | .123 | [-.72, 6.02] | | |
| Current Abuse | -3.44 | -1.09 | .28 | [-9.64, 2.76] | | |
| Psychological Violence (PSV) | 1.16 | 4.84 | .000 | [.69, 1.63] | | |
| Resilience (RS) | .39 | 1.02 | .311 | [-.37, 1.16] | | |
| PSVXRS | -.03 | -2.64 | .009 | [-.06, -.01] | | |

Table 3 presents the results of the moderation analysis for psychological violence and resilience predicting depressive symptoms. Psychological violence was a significant positive predictor of depressive symptoms, indicating that increases in psychological violence were associated with corresponding increases in depressive symptomatology. Resilience was not a significant predictor of IPV. The interaction of psychological violence and resilience was significant, indicating that resilience moderated the relationship between psychological

violence and depressive symptoms. Simple slopes analysis indicated that psychological violence was positively associated with depressive symptoms at low resilience ($B$ = .62, 95% *CI* not reported in raw data, $t$ = 9.94, $p$< .001), at mean levels of resilience ($B$ = .49, $t$ = 8.47, $p$< .001), and at high resilience ($B$ = .39, $t$ = 5.01, $p$< .001). As depicted in Figure 1, the association between psychological violence and depressive symptoms was steepest for women with the lowest resilience and progressively attenuated as resilience increased, though the relationship remained significant at all levels. The overall model was significant, $F(7, 409) = 24.53$, $R^2 = .30$, accounting for 30% of the variance in depressive symptoms. The $R^2$ change associated with the interaction term was 1%.

The model was significant, $F(7, 409) = 20.47$, $R^2 = .26$. The $R^2$ of .26 indicated that 26% of the variance in depressive symptoms among women in intimate partner relationships was explained on account of the entire variables in the model.

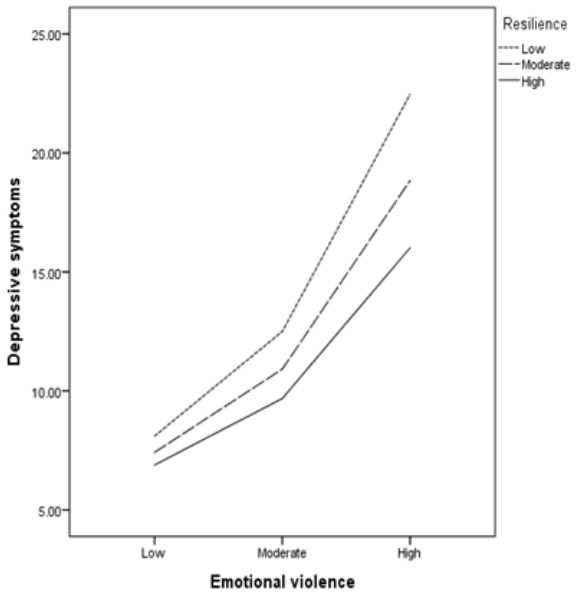


Figure 1*: Slope of the interaction effect of resilience and emotional violence on depressive symptoms*

## Discussion

The present study examined the associations between physical violence, psychological violence, and depressive symptoms among women in intimate partner relationships in Enugu State, Nigeria, and explored resilience as a potential moderator of these relationships. Both physical and psychological violence were positively associated with depressive symptoms, consistent with the study's hypotheses. Resilience moderated the association between psychological violence and depressive symptoms, though it did not significantly moderate the relationship between physical violence and depressive symptoms.

The finding that physical violence was positively associated with depressive symptoms confirms the first hypothesis which stated that physical violence would be positively associated with depressive symptoms among women in intimate partner relationships. This finding is consistent with a substantial international evidence base L (Watson & Bitsika, 2025; White et al., 2023) and existing literature in the African context (Antabe et al., 2025; Machisa & Shamu, 2022; Muchemwa et al., 2025; Oboro et al., 2022). The present finding therefore replicates and extends this pattern to a non-clinical Nigerian sample that includes both currently partnered and previously partnered women. Theoretically, the relationship may be understood through the lens of cumulative stress and learned helplessness: repeated exposure to physical assault undermines women's belief in their ability to control their circumstances, a cognitive state closely associated with the onset of depressive episodes (Watson & Bitsika, 2025). It is also noteworthy that the sample mean for depressive symptoms in this study was relatively elevated, suggesting a high burden of psychological distress consistent with the prevalence estimates reported elsewhere for Nigerian women (Obiageli, 2024; Ogungbemi et al., 2024; Oboro et al., 2022).

Clinically, the findings emphasize the need for regular assessment for IPV and depressive symptoms among women presenting in healthcare settings. Recent World Health Organization (WHO) guidance emphasizes that healthcare workers should be trained to identify signs of violence, investigate abuse appropriately, and establish referral pathways for survivors because IPV is strongly linked to depression and other mental health challenges (World Health Organization [WHO], 2024). The result further suggests that interventions for women exposed to physical violence should incorporate trauma-informed and survivor-centred psychological care. WHO recommends that mental health services adopt gender-sensitive, trauma informed approaches and address survivors' experiences of violence rather than focusing solely on psychiatric symptoms (World Health Organization [WHO], 2022; 2024).

The positive association between psychological violence and depressive symptoms confirms the second hypothesis which stated that psychological violence will be positively associated with depressive symptoms among women in intimate partner relationships. The finding aligns with growing evidence that emotional and psychological forms of IPV may be at least as, if not more, injurious to mental health as physical violence (Crapolicchio et al., 2023; Lortkipanidze et al., 2025; Muchemwa et al., 2025). The somewhat higher beta coefficient for psychological violence than for physical violence in the present study, though not compared statistically, may reflect the chronic and pervasive nature of psychological abuse, which operates continuously across daily interactions rather than in discrete episodes. Prolonged exposure to humiliation, threats, and social isolation likely produces a sustained erosion of self-esteem and a progressive narrowing of perceived options, processes that are closely aligned with cognitive models of depression (Crapolicchio et al., 2023; Watson & Bitsika, 2025).

In the Igbo cultural context, where gender hierarchies within marriage may normalise certain forms of verbal and

emotional control, women may encounter additional barriers to recognising psychological abuse as illegitimate and to seeking recourse, potentially intensifying its psychological impact. This highlights the need for psychoeducational and community-based interventions that increase awareness of psychological abuse, challenge customs that normalize emotional control and humiliation, and encourage help-seeking among victims of abuse. It also emphasizes the relevance of providing culturally sensitive mental health services focused on rebuilding self-esteem, strengthening coping resources, and addressing depressive symptoms among survivors of psychological violence.

Contrary to the earlier hypotheses what resilience would be negatively associated with depressive symptoms among women in intimate partner relationships, resilience did not demonstrate a significant direct association with depressive symptoms. This is somewhat inconsistent with findings from the Ibadan slum study where resilience independently reduced the odds of common mental disorders (Sekoni et al., 2022). One possible explanation is that when IPV is included as a primary predictor alongside control variables, the variance attributable to resilience alone becomes attenuated. It is also plausible that, in the context of ongoing or recent abuse, resilience as measured by the BRS reflects a relatively stable trait characteristic that may have limited salience as an independent predictor when situational stressors are severe and proximal. This interpretation is consistent with Scandurra et al.'s (2023) finding that coping strategies provided limited protection at higher levels of IPV exposure. The non-significant direct effect of resilience also points to the importance of contextual and relational resources, such as social support and economic autonomy, as potentially more proximal determinants of depression in this population (Yastibas-Kacar et al., 2023). This implies that resilience alone may not be enough to serve as a protective factor against depressive symptoms within the context of IPV, as other contextual resources such as social support and economic autonomy may play a more significant role in determining mental health outcomes.

The significant moderation of the psychological violence-depressive symptoms association by resilience represents the most theoretically meaningful finding of the present study. The simple slopes indicated that the positive association between psychological violence and depressive symptoms was steepest at low resilience and progressively attenuated as resilience increased, though the relationship remained statistically significant even at high resilience levels. This pattern is consistent with a stress-buffering model in which resilience reduces but does not eliminate the mental health impact of psychological abuse (Crapolicchio et al., 2023; Parnell et al., 2022). Practically, the finding suggests that women with greater capacity to recover from adversity may be somewhat insulated against the depressive sequelae of psychological violence, but that no level of resilience confers complete protection when psychological abuse is present.

For intervention design, our current finding implies that resilience-building programmes may be a valuable but insufficient response to the depression burden associated with IPV in this population; addressing the structural and relational conditions that permit psychological abuse to occur must remain a central objective (Sekoni et al., 2022; Watson & Bitsika, 2025). The non-significant moderation for physical violence may reflect the more acute, trauma-based nature of physical assault, which may overwhelm psychological coping resources in ways that psychological abuse, whilst chronic, does not always do in discrete episodes (Ford-Gilboe et al., 2022; Lortkipanidze et al., 2025).

The sample mean for depressive symptoms ($M = 50.97$ on the CES-D, range 0-60) indicates a high level of depressive symptomatology in this sample. While direct prevalence comparisons with the clinical cut-off literature are complicated by the continuous scoring approach adopted in this study, the mean score exceeds the CES-D threshold of 16 commonly used to indicate clinically significant depressive symptoms (Radloff, 1977; Vilagut et al., 2016) suggesting that the majority of participants were experiencing meaningful depressive burden. This pattern is broadly consistent with reports from IPV survivor samples in Africa (Chawiyah et al., 2024; Myint et al., 2025), The elevated scores in the present sample may reflect the cumulative effects of IPV exposure alongside economic disadvantage, limited access to mental health services in Enugu State, and the social stigma associated with disclosing abuse in Igbo communities. Internationally, research has shown that women in LMICs bear a disproportionately high burden of IPV-related depression compared with those in high-income countries (White et al., 2023), and the present finding is congruent with this pattern. These findings carry clear implications for Nigerian mental health policy, pointing to an urgent need for the integration of depression screening into health facilities that serve women, including gynaecological, obstetric, and general outpatient settings where IPV survivors are likely to present.

**Limitations and Suggestions for Further Research**

The present study makes a meaningful contribution to the understanding of IPV and depressive symptoms among Nigerian women; however, several limitations warrant acknowledgement. First, the cross-sectional design precludes the drawing of causal inferences: while physical and psychological violence were associated with depressive symptoms, the directionality of this relationship cannot be established from the present data, and it is plausible that pre-existing depressive symptoms may increase vulnerability to IPV, as has been documented in longitudinal research (Iverson et al., 2022). Second, all measures were administered via self-report, introducing the possibility of socially desirable responding, recall bias, and reporting inconsistencies, particularly for sensitive topics such as abuse and mental health in a context where stigma remains prevalent. Third, although the sample of 417 participants provides reasonable statistical power for the analyses conducted, it was drawn from Enugu State alone using purposive rather than probability sampling, limiting the generalisability of findings to the broader Nigerian

population and to women residing in rural areas or other geopolitical zones. Fourth, the age range of the sample, while spanning 18 to 68 years, was skewed towards younger women (*M* = 28.19), and a broader and more evenly distributed age sample might yield different patterns of association, particularly given that older age was negatively related to depressive symptoms in the present data.

Several potentially important variables were not assessed, including social support, economic autonomy, number of children, and duration of relationship, all of which have been identified as relevant to both IPV experience and depressive outcomes in the international literature (Luo et al., 2024; Yastibas-Kacar et al., 2023). The BRS yielded a Cronbach's alpha of .67 in the present sample, which, while acceptable, falls below the .70 threshold frequently applied in quantitative research, and future studies might consider alternative resilience measures validated specifically for Nigerian populations. The relatively small $R^2$ change of 1% associated with the significant interaction term for psychological violence also warrants caution in interpreting the practical magnitude of the moderation effect.

**Conclusion**

While the direct associations between IPV sub-types and depression have been documented in prior research, the moderating role of resilience in these relationships has received limited empirical attention, and no study identified in the literature has examined this moderation within an African female sample, representing the primary novel contribution of the present work. Notwithstanding the limitations of the study, the findings offer a rare empirical examination of IPV sub-types and resilience within a Nigerian context, contributing data that may inform the development of culturally grounded mental health interventions for women experiencing IPV in South-Eastern Nigeria. Interventions for persons experiencing IPV should include programmes designed to empower them, especially those women experiencing psychological violence, to develop resilience as a strategy for coping with and overcoming their challenges.

**Declarations**

**Conflict of Interest:** The authors declare no conflict of interest in relation to the conduct or reporting of this study.

**Ethical Approval:** Ethical approval for this study was obtained from the Psychology Research Ethics Committee of the University of Nigeria, Nsukka.

**Informed Consent** All participants provided written informed consent prior to their inclusion in the study.

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