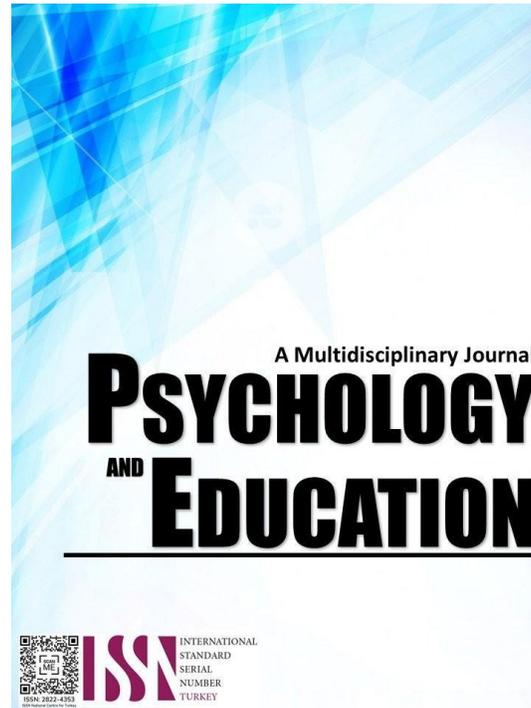


# SELF-EFFICACY AND PERCEIVED SOCIAL SUPPORT AS PREDICTORS OF QUALITY OF LIFE AMONG SURVIVORS OF GENDER-BASED VIOLENCE



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## Self-Efficacy and Perceived Social Support as Predictors of Quality of Life Among Survivors of Gender-Based Violence

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### Abstract

Gender-based violence remains a pervasive issue worldwide, affecting survivors' psychological well-being, social relationships, and overall quality of life. This study examined the role of self-efficacy and perceived social support as predictors of quality of life among survivors of GBV residing in a residential care facility. Using a predictive-correlational research design, the study collected data from 59 female survivors using standardized instruments: the General Self-Efficacy Scale (GSE), the Multidimensional Scale of Perceived Social Support (MSPSS), and the WHO Quality of Life-BREF (WHOQOL-BREF). Findings revealed that survivors generally exhibited high self-efficacy and strong perceived social support, particularly from friends and significant others. Quality of life was moderate, with higher scores in psychological health and social relationships compared to physical and environmental health. Correlation analyses showed that self-efficacy significantly predicted psychological health, indicating that survivors with greater confidence in their abilities had better mental well-being. Perceived social support, particularly from family and significant others, was found to be a strong predictor of environmental health, suggesting that a supportive social network contributes to a stable living environment. However, no significant predictive relationships were found between self-efficacy or social support and physical health or social relationships. These findings highlight the importance of fostering self-efficacy and strengthening social support systems in intervention programs for GBV survivors. Policies and programs should focus on enhancing psychological resilience and creating supportive environments to improve their quality of life and long-term recovery outcomes.

**Keywords:** *self-efficacy, perceived social support, quality of life, gender-based violence, survivors*

### Introduction

Gender-based violence refers to violence directed at individuals based on their gender, sexual orientation, or socially prescribed gender norms (Carpenter, 2006). It is a global crisis with profound social, psychological, and economic consequences, disproportionately affecting women (United Nations, 1993; World Health Organization, 2013). It takes various forms—physical, psychological, and sexual abuse—leaving survivors with long-term physical and mental health issues, impaired social functioning, and reduced overall well-being (Dillon et al., 2020).

According to the Council of Europe (2023), the terms "gender-based violence" and "violence against women" are often used interchangeably, as most violence against women stems from gender-based discrimination. Despite global initiatives aimed at eliminating gender-based violence, alarming statistics persist. In South Asia, over 30% of women experience intimate partner violence, while in Southeast Asia, one in three women (1/3) endure some form of gender-based violence (UN Women, 2022).

In the Philippines, gender-based violence remains a pressing concern, with the Philippine Statistics Authority (2022) reporting that one in every four Filipino women has experienced gender-based violence. Furthermore, 41% of victims do not seek help due to stigma, fear, and lack of support systems (Philippine Statistics Authority & ICF, 2018). The Philippine National Police (2023) recorded 2,949 cases of violence against women in the first quarter of 2023, a decrease from 4,814 cases in the previous year. However, experts anticipate that this number will rise in the coming months, as underreporting remains a significant challenge (Heise et al., 2019).

Recognizing the urgent need for intervention, the Philippine government has enacted laws and policies to protect women's rights and prevent gender-based violence. Republic Act 9262 (Anti-Violence Against Women and Children Act of 2004) criminalizes gender-based violence. It mandates protective measures, while Republic Act 7610 requires the Department of Social Welfare and Development (DSWD) to provide survivors with temporary shelter, psychosocial services, counseling, and livelihood programs. Currently, the Department of Social Welfare and Development operates 71 residential care facilities nationwide to assist survivors of gender-based violence (DSWD, 2022). Among these facilities, one specific residential care facility under the supervision of the DSWD - National Capital Region plays a crucial role in providing rehabilitative programs and interventions, including social services, psychological support, homelife care, educational assistance, healthcare, legal aid, and skills development.

Despite these efforts, gaps persist in understanding the long-term recovery process of survivors of gender-based violence. Research on gender-based violence in the Philippines remains limited, particularly in exploring factors that influence survivors' recovery and well-being. One of the most significant gaps in gender-based violence research is the interplay of self-efficacy, perceived social support, and quality of life among survivors.

Self-efficacy, or an individual's belief in their ability to manage and overcome challenges, is a significant predictor of resilience and psychological well-being (Sapkota et al., 2022). Studies have shown that individuals with high self-efficacy are more likely to engage

in recovery efforts actively, make positive life decisions, and successfully reintegrate into society (Tuliao & Velasquez, 2014). In the context of Gender-based violence survivors, self-efficacy may play a vital role in their ability to regain control over their lives and navigate the healing process.

Perceived social support, defined as the emotional, informational, and tangible assistance individuals receive from their family, friends, and significant others, has been widely recognized as a crucial factor in mental health recovery (World Health Organization, 2021). Social support systems provide survivors with a sense of belonging and security, mitigating the psychological distress caused by gender-based violence (Hechanova et al., 2018). Given the strong familial and community ties in Filipino culture, understanding the role of social support in the recovery of gender-based violence survivors is essential.

Quality of life, which encompasses physical health, psychological well-being, social relationships, and environmental conditions, serves as a comprehensive measure of an individual's overall well-being (World Health Organization, 2021). Examining how self-efficacy and perceived social support contribute to the quality of life of gender-based violence survivors can provide insights into their recovery trajectories and inform policies and interventions tailored to their needs.

While international studies suggest that self-efficacy and social support play a critical role in survivors' recovery, most of these studies are conducted in Western contexts (Sapkota et al., 2022; Tuliao & Velasquez, 2014; World Health Organization, 2021). Filipino survivors may experience recovery differently, as cultural values—such as strong family ties and community support—shape their healing process (Hechanova et al., 2018; World Health Organization, 2021).

Given these gaps, this study aims to examine the relationship between self-efficacy, perceived social support, and quality of life among Filipino survivors of gender-based violence in a residential care facility. Understanding these factors is essential for designing targeted interventions that align with Filipino cultural values and enhance the effectiveness of support programs for survivors of gender-based violence.

## Research Questions

The present study aimed to find out the level of general self-efficacy and perceived social support among survivors of gender-based violence and its predictive capacity for quality of life. Specifically, the researcher sought to answer the following questions.

1. What is the level of self-efficacy of the respondents?
2. What is the level of perceived social support of the respondents in terms of the following domains:
  - 2.1 family;
  - 2.2 friends; and
  - 2.3 significant other/spouse?
3. What is the level of quality of life of the respondents in terms of the following domains:
  - 3.1 physical health;
  - 3.2 psychological health;
  - 3.3 social relationships; and
  - 3.4 environment health?
4. Is there a significant relationship between self-efficacy and quality of life, and between perceived social support and quality of life of the respondents?
5. Do self-efficacy and perceived social support significantly predict the quality of life of the respondents?

## Methodology

### Research Design

The researcher employed a predictive-correlational research design to examine the relationship between self-efficacy, perceived social support, and quality of life among survivors of gender-based violence (GBV) in a residential care facility. This approach allowed for the assessment of statistical relationships among these variables while identifying how changes in one factor could predict variations in another without establishing direct causation (Walinga, 2023).

Specifically, the researcher used a predictive-correlational method. It aims to examine the relationship between variables and to make predictions about one variable based on knowledge of another. It involves measuring two or more variables and assessing their correlation or association. The purpose of this design is to understand the extent to which changes in one variable could predict or explain changes in another variable (Sousa et al, 2007). In this study, self-efficacy and perceived social support were treated as predictors, and quality of life was the outcome variable.

These methods were suitable for the study because they described the level of self-efficacy, perceived social support, and quality of life of survivors of gender-based violence, and their relationships with one another. The study also aimed to explore the predictive capacity of these factors regarding the respondents' quality of life.

## Respondents

The respondents of this study comprised 59 female residents of a residential care facility who are survivors of gender-based violence (GBV). The inclusion criteria required respondents to be women aged 19 to 59 years who were currently residing in the facility at the time of data collection. Participation in the study was entirely voluntary, ensuring that only those who provided informed consent were included.

This study employed purposive sampling, a nonprobability sampling technique in which respondents are deliberately selected based on specific characteristics relevant to the research objectives. Purposive sampling, also known as judgmental or selective sampling, is often used in research involving vulnerable populations because it allows the intentional selection of information-rich cases while maximizing the effective use of limited resources (Palinkas et al., 2015).

In this study, 59 out of 64 eligible residents were purposively selected based on recommendations from the resident psychologist. Five (5) potential respondents were excluded due to severe psychological symptoms, ensuring that participation would not pose any undue emotional distress or ethical concerns.

The respondents of this study were female residents of a residential care facility who were survivors of gender-based violence. The study specifically included women aged 19 to 59 years old who voluntarily agreed to participate. The residents in the facility had diverse backgrounds but shared everyday experiences of vulnerability and distress. They included victims of sexual abuse, individuals who had suffered various forms of violence, survivors of exploitation, homeless or vagrant women, stranded individuals, and those who had been abandoned.

## Instrument

The researcher used questionnaires adapted from standardized instruments to collect pertinent data. The researcher utilized three test questionnaires.

The General Self-Efficacy Scale (GSE), developed by Schwarzer and Jerusalem (1995), is a 10-item instrument. It was used to assess respondents' general sense of self-efficacy. Each item is scored on a 4-point ordinal scale, ranging from 1 to 4. The total score for an individual respondent can range from 10 to 40, with higher scores indicating greater self-efficacy. On average, respondents can complete the GSE in approximately 5 to 10 minutes.

The reliability and validity of this questionnaire were assessed by Farnia, V. et al. (2020), who obtained a commendable  $\alpha$  coefficient of 0.94. This robust reliability coefficient underscores the consistency of the GSES as a research instrument for assessing self-efficacy, instilling confidence in its utility.

Below is a tabular format presenting the numerical and verbal interpretation of scores on the GSE:

Table 1. *GSE Score Range*

<i>GSES Score Range</i>	<i>Interpretation</i>	<i>Verbal Interpretation</i>
10-20	Low	Significant lack of confidence in one's abilities to handle various situations.
21-30	Moderate	A moderate level of confidence in one's capabilities, but with room for improvement.
31-40	High	A strong belief in one's ability to deal with different challenges and tasks effectively.

The Multidimensional Scale of Perceived Social Support (MSPSS) is a widely used tool for assessing perceived social support across multiple dimensions. Initially developed by Zimet et al. in 1988, this instrument comprises 12 items distributed across three domains: significant other / spouse (4 items), family (4 items), and friends (4 items). Each item is rated on a 7-point ordinal scale from 1 to 7. The cumulative score for an individual respondent ranges from 12 to 84, with higher scores reflecting greater perceived social support. On average, respondents typically require approximately 5 to 10 minutes to complete the MSPSS.

The reliability and validity of this questionnaire were assessed by Mijung K. et al. (2022). The instrument assesses the perceived social support in three (3) broad areas: Significant other/spouse (Cronbach's alpha coefficient ( $\alpha$ )=0.96), family ( $\alpha$ =0.90), and friends  $\alpha$ =0.90).

Below is a tabular format presenting the numerical and verbal interpretation of scores on the MSPSS using the scale response descriptors:

Table 2. *MSPSS Score Range*

<i>MSPSS Mean Score Range</i>	<i>Interpretation</i>	<i>Verbal Interpretation</i>
1-2.9	Low	Low perception of social support.
3.0-5.0	Moderate	Moderate perception of social support.
5.1-7	High	High perception of social support.

The WHOQOL-BREF, developed by the World Health Organization (WHO) in 1995, serves as an assessment tool for evaluating quality of life across diverse domains. This instrument comprises 26 items across four key domains: physical health (7 items), psychological well-being (6 items), social relationships (3 items), and environmental health (8 items). Additionally, it includes items about the overall quality of life and general health.

Each item of the WHOQOL-BREF is scored from 1 to 5 on a five-point ordinal scale. On average, respondents may take 10 to 15 minutes to complete the WHOQOL-BREF. The overall score value for an individual respondent could range from 26–130, with higher scores indicating a better quality of life or a more favorable perception of one's quality of life (World Health Organization, 1997).

The reliability and validity of this questionnaire were assessed by Ross et al. (2017) among survivors of intimate partner violence. The instrument assesses quality of life in four (4) broad areas: physical health ( $\alpha = 0.79$ ), psychological health ( $\alpha = 0.74$ ), social relationships ( $\alpha = 0.74$ ), and the environment ( $\alpha = 0.80$ ). The construct validity is  $r = -0.55$ ,  $p < 0.01$ . Hence, there is a moderately strong correlation between the WHOQOL-BREF and the Depression Inventory.

Below is a tabular format presenting the numerical and verbal interpretation of scores on the WHOQOL-BREF:

Table 3. *WHOQOL-BREF Score Range*

<i>WHOQOL-BREF Score Range</i>	<i>Interpretation</i>	<i>Verbal Interpretation</i>
26-52	Very Low	Extremely low quality of life.
53-78	Low	low quality of life.
79-104	Moderate	Moderate quality of life.
105-130	High	High quality of life

These questionnaires aimed to determine how self-efficacy and perceived social support predicted an individual's quality of life. There were no right or wrong answers, and although there was a time limit for completing the questionnaire, an extension was granted if needed. Respondents were instructed to mark their desired answers within the provided checkboxes.

### Procedure

Formal requests for permission to employ standardized questionnaires were first directed to their respective authors to ensure the proper use of validated instruments. Upon securing approval, an official introductory letter from the School of Graduate Studies was obtained. This letter served as a crucial document in acquiring authorization from the management of the Department of Social Welfare and Development – National Capital Region (DSWD-NCR) and the Residential Care Facility, where the study was to be conducted. Following institutional approval, the researcher applied for and received Research Ethics Review Clearance. This certification, granted by the Ethics Committees, confirmed that the study adhered to ethical principles, particularly in protecting respondents' rights and welfare. With this clearance in place, preparations for administering the tests commenced.

Upon obtaining the necessary approvals, the facility's management provided a list of potential respondents. Additionally, the researcher formally communicated the intent to employ a purposive sampling approach to ensure the inclusion of respondents who met the study's eligibility criteria. A detailed briefing session was then conducted to inform prospective respondents about the research objectives, procedures, and ethical considerations. Those who voluntarily agreed to participate were requested to sign an informed consent document, with assurances that their participation was entirely voluntary and free from coercion. The researcher also explained the measures in place to protect respondents' confidentiality and anonymity, and emphasized that they were free to withdraw from the study at any time without consequences.

To facilitate a smooth, efficient data collection process, a sufficient number of questionnaires were reproduced, and clear instructions for their completion were provided. During the administration of the questionnaires, the researcher provided guidance to ensure respondents fully understood how to answer the test instruments. Respondents were encouraged to complete all items diligently, without omissions, to maintain data integrity. Additionally, the importance of returning the completed questionnaires promptly was emphasized. Upon retrieval, the responses were thoroughly reviewed to verify completeness and accuracy, ensuring that all necessary data had been recorded. Following data collection, the responses were systematically collated, and statistical treatments were applied to transform raw scores into standardized values for analysis.

Throughout this process, strict confidentiality protocols were observed. All collected data were anonymized to protect the respondents' identities, and the storage and handling of the questionnaires adhered to ethical standards to prevent unauthorized access. These procedures ensured the credibility, reliability, and ethical integrity of the study's data collection process.

### Data Analysis

To ensure the reliability and validity of data interpretation, the researcher utilized the following statistical tools:

**Percentage.** A simple calculation is used to describe the relationship between the part and the whole.

**Mean.** This was used to determine respondents' average responses across questionnaire options and to analyze the data by degree of agreement.

**Standard Deviation-** It was used to measure the dispersion or spread of data points within a dataset. Calculating the standard deviation for perceived social support and self-efficacy helped to assess how much individual responses or scores vary from the mean.

**Spearman Rank-Order Correlation.** It was used to determine the significant relationships among self-efficacy, perceived social support, and respondents' quality of life. Spearman's Rank-Order Correlation has been widely used in statistics to measure the relationship

between monotonic variables, making it suitable for data that may not follow a normal distribution.

Stepwise Regression Analysis. This statistical method was used to select the most significant variables in a regression model by automatically adding or removing predictors based on specific criteria. The goal is to identify the most significant variables that predict the dependent variable (Draper & Smith, 1998; Montgomery et al., 2021).

## Results and Discussion

This section presents the tabulated data collected from the study's respondents. The obtained data were evaluated and presented in tables, with statistical significance reported in the order and sequence of the problems highlighted in the statement of the problem.

### Level of Self-efficacy of the Respondents

Table 4 shows the general self-efficacy levels of the respondents, with a grand mean of 33.7 (SD = 4.63), indicating a high level of self-efficacy.

Table 4. *Level of General Self-Efficacy among the Respondents*

Variable	Mean	SD	Interpretation	Skewness	Shapiro-Wilk p
General Self-Efficacy	33.7	4.63	High	-0.716	0.003

This suggests that respondents generally perceive themselves as capable of handling challenges, achieving goals, and overcoming obstacles. The distribution of self-efficacy scores was slightly negatively skewed (skewness = -0.716), indicating that more respondents reported higher self-efficacy levels. However, the Shapiro-Wilk test ( $p = 0.003$ ) indicates that the data do not follow a normal distribution, suggesting some variability in respondents' perceived self-efficacy levels. These findings contrast with the study of Baz (2021), which indicated that survivors of gender-based violence often experience diminished self-efficacy, negatively affecting their recovery and overall well-being. However, the high self-efficacy levels observed in this study may indicate the presence of resilience factors, such as strong social support systems, coping mechanisms, or past experiences that have reinforced their belief in their abilities.

### Level of Perceived Social Support of the Respondents

Table 5 presents the levels of perceived social support among the respondents, assessed across three domains: family, friends, and significant others.

Table 5. *Level of Perceived Social Support among the Respondents*

Variable	Mean	SD	Interpretation	Skewness	Shapiro-Wilk p
Family	4.88	1.72	Moderate	-0.844	< .001
Friends	5.42	1.47	High	-1.3	< .001
Significant Others	5.51	1.35	High	-1.28	< .001
Overall Social Support	5.27	1.21	High	-1.33	< .001

The results indicate that family support had a mean score of 4.88 (SD = 1.72), corresponding to a moderate level. Support from friends was higher, with a mean score of 5.42 (SD = 1.47), while support from significant others was also high, with a mean score of 5.51 (SD = 1.35). Overall, perceived social support had a mean score of 5.27 (SD = 1.21), indicating a generally high level of support. All social support variables exhibited negative skewness, suggesting that more respondents reported higher levels of perceived social support. However, the Shapiro-Wilk test ( $p < .001$ ) across all categories indicated that the data did not follow a normal distribution, reflecting variability in perceived support levels among respondents.

These findings suggest that while family support is moderate, support from friends and significant others is generally high. This result aligns with studies conducted by Canoy et al. (2017) and Nargis et al. (2019), which highlight social support as a protective factor against gender-based violence. Family, friends, and community organizations provide survivors with a sense of belonging, validation, and empathy, helping to alleviate the psychological distress associated with violence.

### Level of Quality of Life of the Respondents

Table 6 displays respondents' quality-of-life levels across four domains: Physical Health, Psychological Health, Social Relationships, and Environmental Health.

Table 6. *Level of Quality of Life among the Respondents*

Variable	Mean	SD	Interpretation	Skewness	Shapiro-Wilk p
Physical Health	69.4	13	Moderate	0.347	0.119
Psychological Health	75.1	16.8	High	-1.3	< .001
Social Relationship	74.2	17.3	High	-1.14	< .001
Environmental Health	66.3	18.4	Moderate	0.0468	0.008

The findings indicate that Physical Health had a mean score of 69.4 (SD = 13), which falls within the moderate range. Psychological Health had a mean of 75.1 (SD = 16.8), indicating a high level. Social Relationships also scored high, with a mean of 74.2 (SD = 17.3).

Environmental Health was moderate, with a mean score of 66.3 (SD = 18.4).

The Shapiro-Wilk test results suggest that, except for Physical Health ( $p = 0.119$ ), which follows a normal distribution, all other domains deviate from normality ( $p < .05$ ).

Additionally, Physical Health exhibited a slight positive skew (skewness = 0.347), while Environmental Health showed minimal skew (skewness = 0.0468). These findings indicate that respondents generally report high levels of Psychological Health and Social Relationships while experiencing moderate levels of Physical and Environmental Health.

However, these findings contrast with studies by Hisasue et al. (2020), which demonstrate that intimate partner violence negatively affects quality of life and contributes to psychological distress among women in Finland. Similarly, De Lucena et al. (2016) found that domestic violence significantly impacts women's physical and mental health, disrupting social relationships and straining healthcare systems.

### **Significant Relationship between Self-Efficacy and Quality of Life of the Respondents**

General Self-Efficacy showed varying relationships with the four domains of quality of life.

**Table 7. Correlation Matrix Between General Self-Efficacy and Quality of Life**

Variable	Mean	SD	Interpretation	Skewness	Shapiro-Wilk p
General Self-Efficacy	1				
Physical Health	0.194	1			
Psychological Health	0.324*	0.162	1		
Social Relationship	0.015	0.115	0.370**	1	
Environmental Health	0.127	0.497***	0.301*	0.493***	1

Note. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

General Self-Efficacy received a low positive correlation with physical health ( $r = 0.194$ ,  $p > 0.05$ ), suggesting that individuals with higher self-efficacy may experience better physical well-being, but the relationship is not statistically significant. This implies that while self-efficacy can influence one's ability to maintain physical well-being, other factors may play a more dominant role.

Meanwhile, a moderate positive correlation is observed between general self-efficacy and psychological health ( $r = 0.324$ ,  $p < 0.05$ ), indicating that individuals with greater self-efficacy tend to have better psychological well-being. The p-values provide insight into the statistical significance of these correlations. For self-efficacy and psychological health, the p-value is less than 0.05, indicating significance at the established significance level. Therefore, the decision was to reject the null hypothesis as there is a significant relationship between self-efficacy and psychological health. The result indicates that individuals with higher self-efficacy are more likely to experience improved psychological well-being. The result is supported by the study conducted by Muo (2022), which reveals that higher levels of self-efficacy are linked to greater psychological resilience in sexual assault survivors.

Conversely, the correlation between general self-efficacy and social relationships is very weak and non-significant ( $r = 0.015$ ,  $p > 0.05$ ), indicating that self-efficacy does not have a substantial influence on individuals' perceived quality of their social relationships. This finding suggests that while self-efficacy fosters confidence in managing challenges, it may not directly shape how individuals evaluate the quality of their social interactions. Likewise, general self-efficacy shows a low positive correlation with environmental health ( $r = 0.127$ ,  $p > 0.05$ ), suggesting that individuals with higher self-efficacy may hold more favorable perceptions of their living conditions and available resources. However, the weak and non-significant nature of this relationship indicates that factors beyond self-efficacy may play a more dominant role in shaping perceptions of environmental health.

### **Significant Relationship between Perceived Social Support and Quality of Life of the Respondents**

Table 8 highlights the correlation matrix between perceived social support and quality of life. The relationships between social support (family, friends, and significant others) and the four quality-of-life domains.

**Table 8. Correlation Matrix between Perceived Social Support and Quality of Life**

Variable	Family	Friends	Significant Others	Physical Health	Psychological Health	Social Health	Environmental Health
Family	1						
Friends	0.037	1					
Significant Others	0.379**	0.691***	1				
Physical Health	0.053	0.293*	0.302*	1			
Psychological Health	0.195	0.202	0.302*	0.162	1		
Social Health	0.108	0.015	0.078	0.115	0.370**	1	
Environmental Health	0.340**	0.286*	0.333*	0.497***	0.301*	0.493***	1

Note. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Family support had a very weak, non-significant correlation with physical health ( $r = 0.053$ ,  $p > 0.05$ ), indicating that family support does not directly contribute to better physical well-being. However, support from friends showed a low positive correlation ( $r = 0.293$ ,



$p < 0.05$ ), suggesting that having supportive friends may be linked to better physical health, possibly through encouragement of healthy behaviors and lifestyle choices. Significant others' support, on the other hand, showed a weak, non-significant correlation with physical health ( $r = 0.145, p > 0.05$ ), suggesting that their support may not directly affect physical well-being.

In terms of psychological health, family support acquired a weak, non-significant correlation ( $r = 0.195, p > 0.05$ ), suggesting that while family support may be beneficial, it may not be the primary factor influencing psychological well-being. Likewise, support from friends obtained a weak, non-significant correlation ( $r = 0.202, p > 0.05$ ), indicating that friendships alone may not be a strong determinant of mental well-being. However, significant others' support showed a moderate positive correlation ( $r = 0.302, p < 0.05$ ), suggesting that emotional support from a significant other is associated with better psychological well-being.

Regarding social relationships, family support gathered a weak, non-significant correlation ( $r = 0.108, p > 0.05$ ), suggesting that perceived family support does not necessarily translate to better overall social interactions. Similarly, support from friends earned a very weak, non-significant correlation ( $r = 0.015, p > 0.05$ ), meaning that the level of perceived support from friends does not strongly influence the quality of social relationships. Likewise, significant others' support showed a weak, non-significant correlation ( $r = 0.078, p > 0.05$ ), suggesting that while a supportive partner may provide emotional support, it does not necessarily enhance the overall perception of social relationships.

In contrast, stronger relationships are observed between social support and environmental health. Family support showed a moderate positive correlation with environmental health ( $r = 0.340, p < 0.01$ ), suggesting that strong family support is associated with better perceptions of environmental well-being. Similarly, support from friends showed a low positive correlation with environmental health ( $r = 0.286, p < 0.05$ ), suggesting that supportive friendships may help individuals feel more secure in their surroundings. Additionally, significant others' support showed a moderate positive correlation with environmental health ( $r = 0.333, p < 0.05$ ), indicating that having a supportive partner is associated with a better perception of one's living conditions.

The findings from Yu et al. (2020) demonstrated that perceived social support positively influences mental health and well-being in domestic violence victims, with self-efficacy playing a mediating role. Interestingly, Dutton and Goodman (2020) highlighted how survivors of intimate partner violence (IPV) may develop a distorted perception of social support from their abuser. Their study found that emotional attachment and hope for change often cause victims to rationalize abusive behavior, perceiving isolated positive interactions as forms of support. This cognitive dissonance can trap survivors in a cycle of abuse, delaying their ability to seek help.

### Self-efficacy and Perceived Social Support as Predictors of Quality of Life

Table 9 shows that perceived social support from significant others and self-efficacy predict the psychological dimension of quality of life among victims of gender-based violence.

Table 9. *Self-efficacy and Perceived Social Support from Significant Others as Predictors of Psychological Health Dimension of Quality of Life*

Model Fit Measures									
Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	F	Overall Model Test	df1	df2	p	Durbin-Watson
1	0.414	0.171	0.157	11.766		1	57	.001	
2	0.477	0.227	0.200	4.064		1	56	.049	1.611

Model 1 predictors: Perceived Social Support – Significant Others  
 Model 2 predictors: Perceived Social Support – Significant Others, and Self-Efficacy  
 Dependent variable: Quality of Life – Psychological Health

Table 10. *Coefficients*

Model	Predictor	Standardized Coefficient ( $\beta$ )	t	Sig.	Collinearity Tolerance	VIF
1	Social support from Significant Others	0.414	3.430	0.001	1.000	1.000
2	Social support from Significant Others	0.334	2.694	0.009	0.898	1.113
	Self-Efficacy	0.250	2.016	0.049	0.898	1.113

Model 1 includes only perceived social support from significant others as a predictor.  $R^2 = 0.171$ , indicating that 17.1% of the variance in the psychological dimension of quality of life is explained by this predictor. The model is statistically significant at  $p = .001$ . Model 2 adds self-efficacy as a predictor. The  $R^2$  increased to 0.227, indicating that 22.7% of the variance in psychological quality of life is explained by both perceived social support and self-efficacy. The adjusted  $R^2 = 0.200$  suggests that after adjusting for sample size, the model still explains 20% of the variance.

The F-statistic for Model 2 is 4.064, with a p-value of .049, which is still statistically significant but weaker than for Model 1. The Durbin-Watson statistic of 1.611, which is close to 2, suggests no significant autocorrelation in the residuals, confirming the model's validity.

Furthermore, Table 10 reveals that perceived social support from significant others is a strong predictor in both models. In Model 1,  $\beta = .414$  ( $p = .001$ ) suggests that for every standard deviation increase in social support, the psychological quality of life increases by 0.414 standard deviations. In Model 2,  $\beta = .334$  ( $p = .009$ ), meaning that while still significant, the effect size is slightly reduced when

self-efficacy is added. Self-efficacy is also a significant predictor in Model 2. The beta coefficient ( $\beta = .250$ ,  $p = .049$ ) suggests that higher self-efficacy is associated with better psychological quality of life. While its effect is weaker than that of social support, it remains statistically significant.

Collinearity Tolerance and VIF values reveal that both predictors have tolerance values close to 1 and VIF values below 1.5, indicating no multicollinearity issues.

Table 11. *Perceived Social Support from Significant Others as a Predictor of Environmental Health Dimension of Quality of Life*

Model Fit Measures								
Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	F	Overall Model Test			Durbin-Watson
					df1	df2	p	
1	0.371	0.137	0.122	9.076	1	57	.004	2.229

Model 1 predictors: Perceived Social Support – Significant Others

Dependent variable: Quality of Life – Environmental Health

Table 12. *Coefficients*

Model	Predictor	Standardized Coefficient ( $\beta$ )	t	Sig.	Collinearity Tolerance	VIF
1	Social support from Significant Others	0.371	3.013	0.004	1.000	1.000

Table 11 presents the results of a stepwise multiple regression analysis, identifying perceived social support from significant others as the sole predictor of the environmental health dimension of quality of life. Other predictors, including self-efficacy and various domains of social support, as well as the physical, psychological, and social quality-of-life dimensions, were excluded from the model.

The correlation coefficient,  $R = 0.371$ , indicates a moderate positive relationship between social support from significant others and the environmental quality-of-life dimension. The  $R^2 = 0.137$  suggests that this predictor explains 13.7% of the variance in environmental quality of life. The adjusted  $R^2 = 0.122$ , which accounts for the number of predictors, still indicates a meaningful proportion of variance explained.

The ANOVA test for overall model fit yielded a statistically significant F-statistic of 9.076 ( $p = .004$ ), confirming that the model significantly predicts environmental quality of life. Additionally, the Durbin-Watson statistic = 2.229, which is close to 2, suggests no major autocorrelation concerns, ensuring the validity of the model.

Regarding the coefficients,  $\beta = 0.371$  indicates a moderate positive effect, and  $t = 3.013$ ,  $p = .004$  confirms statistical significance. The collinearity statistics (Tolerance = 1.000, VIF = 1.000) indicate no multicollinearity concerns.

## Conclusions

Based on the above-mentioned findings, the researcher has concluded the following:

The respondents exhibit a high level of general self-efficacy. The respondents have a high level of perceived social support from friends and significant others, while social support from family is moderately high. The respondents have a high quality of life in terms of psychological health and social relationships, whereas physical health and environmental health are at moderate levels. There is a significant relationship between generalized self-efficacy and respondents' psychological health, indicating that individuals with higher self-efficacy tend to have better mental well-being. There is a significant

Based on the conclusions drawn from the study, the following recommendations are hereby proposed:

Programs and interventions should be designed to maintain and further enhance individuals' high level of general self-efficacy. Residential care facilities, institutions, and support groups may develop initiatives such as skill-building workshops, goal-setting activities, and mentorship programs. These efforts can help individuals strengthen their confidence and improve their psychological well-being. Initiatives should be implemented to strengthen perceived social support, particularly from family members, while sustaining the high levels of support from friends and significant others. Family counseling programs, communication workshops, and structured bonding activities may be introduced to improve familial relationships. Likewise, peer support groups and mentorship programs can be developed to ensure that individuals have reliable social networks.

Comprehensive health and wellness programs should be introduced to sustain high-quality psychological health and social relationships while addressing moderate levels of physical and environmental health. Institutions may offer stress management workshops, mental health counseling, and recreational activities that foster social interaction. Additionally, workplace wellness programs and fitness campaigns can improve physical health. Policies and interventions should be developed to enhance the relationship between generalized self-efficacy and quality of life, particularly in psychological health. Resilience training programs, cognitive-behavioral therapy sessions, and self-confidence enhancement activities may be integrated into educational, workplace, and community settings to reinforce this connection.

Efforts should be made to strengthen the link between perceived social support and quality of life, particularly in psychological and

environmental health. Community-based support programs, peer mentoring, and mental health advocacy initiatives can be expanded to ensure individuals receive adequate support. Furthermore, institutions can enhance environmental health by improving access to wellness centers, relaxation areas, and green spaces that promote a supportive atmosphere. Programs and policies should be developed to strengthen self-efficacy and social support from significant others, as these factors positively influence psychological and environmental health. Organizations may incorporate self-efficacy training, mentorship programs, and structured support groups to enhance these aspects of quality of life. Meanwhile, since physical health and social relationships were not significantly predicted, additional research and interventions should explore alternative factors that may influence these dimensions. Initiatives such as health and wellness programs, social skills development, and community-building activities should be considered to improve overall well-being. Furthermore, efforts to enhance the role of family and friends in providing meaningful support should be prioritized to create a more comprehensive support system.

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