SELF-ESTEEM AND EXPOSURE TO DOMESTIC VIOLENCE AS CORRELATES OF MENTAL HEALTH AMONG UNDERGRADUATES

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GOU/U22/PSY/178

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A PROJECT REPORT SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY/PSYCHOLOGY, FACULTY OF MANAGEMENT AND SOCIAL SCIENCES, GODFREY OKOYE UNIVERSITY, UGWUOMU NIKE, ENUGU STATE IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE BACHELOR OF SCIENCE (B.Sc.)
DEGREE IN PSYCHOLOGY

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CERTIFICATION

I certify that this project was carried out by Uzor, Chioma Queen with Registration number GOU/U22/PSY/178 in the Department of Sociology/Psychology, Faculty of Management and Social Sciences, Godfrey Okoye University, Ugwuomu Nike, who duly undertook and completed this research work in partial fulfilment of the requirements for the award of Bachelor of Science Degree (B.Sc.) Honours in Psychology.

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UZOR, CHIOMA QUEEN	**DATE**

APPROVAL PAGE

This project has been approved of having met the requirement for the award of Bachelor of Science Degree (B.Sc.) Honours in the Department of Psychology, Godfrey Okoye University, Ugwuomu Nike, Enugu State.

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DEDICATION

This research work is dedicated to all those who have had their lives directly or indirectly impacted by the effects of domestic violence and low self-esteem. You are not alone.

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Firstly, I would like to thank God Almighty for His unfailing love, strength, support and wisdom throughout this journey, without which I would not have found the fortitude to carry on during difficult times.

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To my parents and my siblings, thank you for all you have done for me, and for always being a pillar I could fall back on. My friends have been a source of joy and support, and I am deeply grateful for their encouragement and willingness to help in any way they could.

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ABSTRACT

This study examined self-esteem and exposure to domestic violence as correlates of mental health among 150 undergraduates (62 males, 88 females) of the University of Nigeria, Enugu Campus. Participants were purposively drawn from three faculties; Business Administration, Law, and Health Sciences and Technology with 50 participants per faculty, selected via convenience sampling. Data were collected using three adapted instruments: the Rosenberg Self-Esteem Scale (12 items), the Child Exposure to Domestic Violence Scale, and the Depression Anxiety Stress Scales-21 (DASS-21), with Cronbach alpha reliability coefficients of 0.81, 0.79, and 0.84 respectively. Three hypotheses were tested at the 0.05 significance level using Pearson Product-Moment Correlation, Simple Linear Regression, and Multiple Linear Regression. Results revealed that low self-esteem had a significant negative relationship with mental health, Domestic violence exposure significantly predicted mental health. The combined influence of both variables significantly predicted mental health outcomes, with self-esteem contributing a significant negative prediction and domestic violence exposure contributing a significant positive prediction). Findings establish that low self-esteem and domestic violence exposure, individually and jointly, are significant risk factors for impaired mental health among undergraduates.

CHAPTER ONE

Introduction

Background to the Study

Mental health is one of the most pressing public health concerns of the twenty-first century, and its burden falls with particular severity on young people in higher education. The World Health Organization (2022) defines mental health not merely as the absence of mental disorder but as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. Globally, it is estimated that one in five young people between the ages of 15 and 24 lives with a mental health condition, yet fewer than 20 percent of those affected receive appropriate care (WHO, 2022). Among undergraduate students, rates of depression, anxiety, and psychological distress have been rising steadily over the past two decades, prompting urgent questions about the factors that place this population at heightened risk. Williams et al. (2025) documented that discrimination, environmental stressors, and diminished confidence interact to erode mental health among diverse college students, establishing that the university environment is itself a site of psychological vulnerability rather than a protected space.

The African continent carries a disproportionate share of the global mental health burden, a reality compounded by systemic under-resourcing of mental health infrastructure. In Sub-Saharan Africa, Luvira et al. (2023) found that family background issues, including histories of interpersonal violence, consistently predicted mental health problems among university students, highlighting that the wounds of the household travel with young people into the lecture hall. West Africa presents a particularly complex picture. Across the sub-region, patriarchal norms, community-level tolerance for intimate partner violence, and structural inequalities converge to

elevate the risk of both violence exposure and diminished self-esteem, especially among women. McVay et al. (2025) examined the impact of bullying and social adversity on West African adolescents and found that peer-related violence, in the absence of adequate parental and institutional support, significantly worsened mental health trajectories as young people transitioned into adulthood. In Nigeria specifically, the situation reflects wider continental trends while carrying its own distinctive features. The prevalence of domestic violence in Nigerian households remains alarmingly high, with studies suggesting that more than 30 percent of women report having experienced physical or emotional violence from an intimate partner (National Population Commission and ICF International, 2019). Yet community taboos around disclosure and a persistent cultural tendency to frame such violence as a private family matter mean that exposure is chronically under-reported and its psychological sequelae go largely unaddressed.

Two variables stand at the center of this study: self-esteem and domestic violence exposure. Self-esteem, broadly understood as an individual's subjective evaluation of their own worth, has long been recognized as a key mediator of psychological resilience. When self-esteem is low, individuals are more vulnerable to the distress produced by adverse life events and less equipped to mobilize the coping strategies that buffer against mental illness. Cherrier et al. (2023) demonstrated in a study of emerging adults that low self-esteem was a significant predictor of intimate partner violence victimization and subsequent psychological distress, suggesting that the relationship between self-esteem and mental health is not merely correlational but operates through pathways of increased vulnerability to harm. The second variable, domestic violence exposure, encompasses a range of experiences from witnessing violence between caregivers to being a direct victim of physical, emotional, or sexual violence within the home. Oluwajobi et al.

(2024) found that children and adolescents exposed to domestic violence were significantly more likely to develop depression, post-traumatic stress disorder, anxiety disorders, and behavioral dysregulation as they entered young adulthood, outcomes that frequently persisted into and through the undergraduate years.

Several factors sustain the relationship between low self-esteem, domestic violence exposure, and impaired mental health among undergraduates. At the individual level, a history of witnessing or experiencing violence in the home tends to produce cognitive schemas that frame the self as worthless, powerless, and undeserving of care, schemas that directly undermine self-esteem. Abbaspour et al. (2022) showed that exposure to domestic violence was a significant predictor of abusive behavior patterns and negative self-evaluations in male university students, linking early household experiences to present-day psychological functioning. At the relational level, students who enter university with low self-esteem are more likely to seek or remain in relationships that replicate familiar patterns of exploitation and control, reinforcing cycles of violence and distress. Dhouib et al. (2021) found a significant inverse relationship between self-esteem and vulnerability to intimate partner violence, confirming that diminished self-worth constitutes a risk factor rather than merely a correlate. At the institutional level, the absence of robust counseling infrastructure in many Nigerian universities means that students carrying these burdens receive little to no formal support, allowing distress to accumulate and manifest as academic failure, social withdrawal, substance use, and self-harm. The effects of this multi-level dynamic extend beyond the individual: Kirkman et al. (2025) documented that the mental health consequences of adolescent dating violence included not only psychological distress but also profound social isolation, reducing affected students' capacity to benefit from the peer networks that otherwise buffer against distress.

University of Nigeria, Enugu Campus, was selected as the site for this study for several compelling reasons. With a diverse student population drawn from various socioeconomic backgrounds, the campus offers a representative sample that enhances the generalizability of findings within the Nigerian private university context. Unlike other universities, University of Nigeria, Enugu Campus, provides a more intimate academic environment in which interpersonal relationships and campus culture may play a particularly significant role in shaping mental health outcomes. The choice of this institution therefore ensures ecological validity and maximizes the study's potential contribution to evidence-based policy and intervention within the Nigerian higher education context.

It is noteworthy that despite growing awareness of mental health challenges in Nigerian higher education, significant gaps remain in the research literature. Most existing studies have examined domestic violence exposure and self-esteem as separate predictors of mental health outcomes without investigating their combined and interacting effects. Furthermore, the bulk of relevant research has been conducted in North American, European, or East Asian contexts, limiting its transferability to the Nigerian setting where cultural norms, family structures, and institutional supports differ substantially. Stark et al. (2023) called for more research in low- and middle-income countries to deepen understanding of the pathways linking intimate partner violence to mental health, noting that prevention and intervention frameworks developed in high-income settings often fail to account for the structural conditions that mediate these relationships in resource-constrained environments. This study addresses that gap directly by situating the investigation within a Nigerian private university, using an indigenously relevant sample and yielding findings that can inform culturally appropriate intervention. Olayiwola-Adedoja et al. (2024) demonstrated that targeted psychosocial interventions, including those that bolster self-

esteem, could significantly reduce psychological distress among Nigerian adolescents from domestic-violent homes, suggesting that evidence-based local research holds genuine preventive potential. The present study builds on this foundation by providing the empirical data needed to design and justify such interventions at the university level.

Statement of the Problem

The mental health of university students is widely recognized as a cornerstone of academic performance, social functioning, and long-term life quality. In an ideal situation, undergraduate students would enter and progress through university in an environment that actively promotes psychological well-being, free from the burden of unresolved trauma and equipped with robust self-evaluative resources. Epidemiological data from high-income countries suggest that comprehensive mental health support at the university level can reduce the prevalence of clinical anxiety and depression by as much as 30 to 40 percent (WHO, 2022). In developed institutions, students benefit from mandatory mental health screenings, peer support programs, and professional counseling services that identify at-risk individuals early and connect them to appropriate care. Yount et al. (2023) established through their CONVERGE consortium that when universities invest in systematic, evidence-based violence prevention and mental health promotion, measurable improvements in student well-being follow, demonstrating that the ideal is achievable rather than aspirational. Statistics from universities with robust support systems further show that students who report high self-esteem are significantly more likely to report satisfaction with their academic experience, maintain healthy interpersonal relationships, and resist the negative psychological effects of stressful life events (Cherrier et al., 2023).

The reality confronting undergraduates at University of Nigeria, Enugu Campus (UNEC) where this study hopes to survey and indeed across Nigerian universities departs starkly from this ideal.

A substantial proportion of students arrive at university having grown up in poor households where domestic violence was commonplace, and they carry the psychological residue of those experiences into campus life. Oluwajobi et al. (2024) found that more than 40 percent of Nigerian adolescents from violent homes exhibited clinically significant symptoms of depression and anxiety by the time they entered higher education, yet the vast majority had never received professional mental health support. Simultaneously, surveys conducted across Nigeria consistently document low self-esteem as a pervasive phenomenon, particularly among students from socioeconomically disadvantaged backgrounds and among women who have been socialized in environments that undervalue female agency and competence. El-Etreby et al. (2024) found that low self-esteem was associated with more negative attitudes toward violence and reduced capacity for self-protective behavior, indicating that the problem compounds itself: low self-esteem increases vulnerability to further harm, which in turn deepens distress and further erodes self-worth. Data from the 2019 Nigeria Demographic and Health Survey documented that 32 percent of women aged 15 to 49 had experienced physical violence at the hands of a partner, and this figure almost certainly underrepresents the true extent of exposure given well-documented barriers to disclosure. Against this backdrop, university students who have witnessed or experienced such violence face an academic environment that, in the absence of formal support, is ill-equipped to address their needs.

The consequences of failing to address low self-esteem and domestic violence exposure among Nigerian undergraduates are substantial and far-reaching. At the individual level, untreated psychological distress translates into poor academic performance, inability to concentrate, social withdrawal, and in some cases, complete withdrawal from university. Kirkman et al. (2025) documented that young people whose mental health was compromised by violence exposure

experienced marked reductions in educational attainment and occupational functioning, with cascading effects on lifetime earning potential and quality of life. At the institutional level, elevated rates of mental distress among students strain the limited counseling and welfare resources that Nigerian universities possess, creating a self-reinforcing cycle of under-service and worsening outcomes. At the societal level, a generation of graduates entering the workforce and community life carrying unresolved trauma and diminished self-esteem represents a significant human capital deficit with implications for national development. Ampaire et al. (2025) found that school-based stressors compounded by social pressure had enduring effects on the psychosocial well-being of young people, effects that extended well beyond the period of formal education. Without empirical evidence generated within the Nigerian context to guide evidence-based policy and intervention, universities remain unable to target their limited resources effectively. This study therefore responds to a genuine and urgent gap in the literature by examining how low self-esteem and domestic violence exposure, individually and in combination, influence the mental health of undergraduates at University of Nigeria, Enugu Campus, and aims to provide answers to the following questions:

1. Is there a significant relationship between self-esteem and mental health among undergraduates of the University of Nigeria, Enugu Campus?
2. Does exposure to domestic violence have a significant effect on mental health among undergraduates of the University of Nigeria, Enugu Campus?
3. Are self-esteem and exposure to domestic violence, taken together, significantly correlated with mental health among undergraduates of the University of Nigeria, Enugu Campus?

Purpose of the Study

The main aim of this study is to examine self-esteem and exposure to domestic violence as correlates of mental health among undergraduates. Specifically, the study seeks to:

1. Examine the relationship between self-esteem and the mental health of undergraduates of University of Nigeria, Enugu Campus;
2. Assess the extent to which exposure to domestic violence relates to mental health outcomes among undergraduates of University of Nigeria, Enugu Campus; and
3. Determine whether self-esteem and exposure to domestic violence, taken together, significantly correlate with the mental health of undergraduates of University of Nigeria, Enugu Campus.

Operational Definition of Terms

Domestic Violence Exposure: This refers to any direct or witnessed experience of physical, emotional, psychological, or sexual violence occurring within the home environment prior to and/or during the undergraduate's period of university study, as measured by a domestic violence exposure scale.

Low Self-Esteem: This refers to a consistently negative global evaluation of the self, including feelings of inadequacy, worthlessness, and low personal efficacy, as measured by a standardized self-esteem scale, with scores below the validated threshold indicating low self-esteem.

Mental Health: This refers to the overall psychological well-being of undergraduate students, as measured by validated screening instruments assessing symptoms of depression, anxiety, and general psychological distress.

Undergraduates: For this study, undergraduates are full-time students enrolled in degree programs at University of Nigeria, Enugu Campus., at the time of data collection, spanning all years of study from 100 level to final year.

CHAPTER TWO

Review of Related Literature

The review of literature is examined from two perspectives, theoretical and empirical reviews.

Theoretical Framework

Theories of Self-Esteem:

Self-Concept Theory (Rogers, 1959)

Sociometer Theory (Leary, 1999)

Self-Discrepancy Theory (Higgins, 1987)

Theories of Domestic Violence:

Social Learning Theory (Bandura, 1977)

Cycle of Violence Theory (Walker, 1979)

Ecological Systems Theory (Bronfenbrenner, 1979)

Theories of Mental Health:

Cognitive Theory of Depression (Beck, 1967)

Diathesis-Stress Model

Psychosocial Development Theory (Erikson, 1950)

Learned Helplessness Theory (Seligman, 1975; Abramson et al., 1978)

Attachment Theory (Bowlby, 1969; Ainsworth, 1978)

Self-Concept Theory

The self-concept theory was propounded by Rogers (1959), who believed that the view we have of ourselves influences our personality and actions, both of which are motivated by the need for self-actualization. According to Rogers, self-concept refers to an individual's understanding of themselves, including their thoughts and emotions about their physical appearance, personality, and social identity. It is an individual's awareness of themselves, including their traits, identity, and self-worth. There are three components of self-concept according to Rogers (1959): self-image, self-esteem, and the ideal self. Self-image is how an individual sees themselves, including physical traits, social roles, and personality characteristics, which may be distorted from reality, whether positively or negatively. Self-esteem refers to how much an individual values themselves as influenced by self-assessments, comparisons with others, and the reactions received from others in various aspects of life. Finally, the ideal self reflects the version of themselves an individual strives to become, which often differs from their self-image, and this gap can negatively affect self-esteem. When there is significant alignment between how individuals see themselves and who they want to be, they move toward self-actualization, but when there is a mismatch, it leads to cognitive dissonance, which hinders personal growth (Vinney, 2024).

The development of self-concept is a continuous process that begins in early childhood and evolves throughout life, which involves shaping and structuring beliefs, perceptions, and self-evaluations based on personal experiences, social interactions, and cultural influences (Oliva-Garcia, 2024). While everyone's self-concept is different, they all share some characteristics in common: it is unique to each person, ranges from highly positive to deeply negative, shapes a person's life, changes with time and context, and includes emotional, intellectual, and functional

aspects. Developing a healthy self-concept is important as it shapes an individual's choices and actions, ultimately influencing their ability to realize their full potential and achieve their goals (Sicinski, 2018). Research has also established a correlation between self-concept and aggressive behaviour (Ajiboye, 2023; Castro-Sanchez et al., 2019).

The strength of this theory in the present study lies in the fact that researchers have often defined self-esteem in relation to one's self-concept. For example, Di Fabio and Palazzeschi (2020) define self-esteem as part of a positive self-concept that encompasses an individual's evaluation of their own worth. Thus, in developing one's self-concept, an individual also develops their self-esteem, and as one's self-concept influences their personality and actions, their self-esteem shapes how they perceive and respond to adverse experiences such as domestic violence exposure. The theory provides a framework for understanding how domestic violence exposure, by distorting the self-image and widening the gap between the actual self and ideal self, produces low self-esteem that compromises mental health. However, understanding self-concept alone is inadequate in explaining why individuals with a high sense of self may still experience mental health challenges following exposure to domestic violence, necessitating the consideration of additional theoretical perspectives.

Sociometer Theory

The sociometer theory of self-esteem was proposed by Leary in 1999. This theory posits that self-esteem functions as an internal monitor, or sociometer, of the degree to which an individual is perceived as being included or excluded by other people. According to Leary, self-esteem is not a reflection of an individual's objective worth or competence, but rather a gauge of social belongingness. When individuals perceive that others value, accept, and include them, their self-esteem rises; when they perceive rejection, exclusion, or devaluation, their self-esteem falls. The

theory was developed from the evolutionary premise that human beings have a fundamental need for social belonging, because group membership historically conferred survival advantages. Self-esteem, in this framework, evolved as a psychological mechanism to alert individuals to changes in their social standing, motivating them to repair damaged relationships or alter their behavior to restore inclusion (Leary & Baumeister, 2000).

The sociometer theory has significant implications for understanding how domestic violence exposure undermines self-esteem and mental health. Children and adolescents who grow up in households characterized by domestic violence frequently experience rejection, neglect, and emotional devaluation by the very caregivers on whom they depend for security and belonging. These experiences of social exclusion within the family, the primary social unit, signal to the sociometer that the individual is not valued or accepted, producing chronic low self-esteem. Leary et al. (1995) found that the strongest predictors of changes in self-esteem were events that affected individuals' perceptions of being accepted or rejected by other people, confirming the central prediction of the sociometer model. In the context of domestic violence, the perpetrator's behavior communicates rejection and devaluation not only to the direct victim but also to children who witness the violence, producing a pervasive sense of social unworthiness that extends beyond the family into the individual's broader social relationships.

The sociometer theory also helps explain the mental health consequences of low self-esteem in the aftermath of domestic violence exposure. When the sociometer registers chronic exclusion and devaluation, individuals experience not only lowered self-esteem but also heightened psychological distress, including depression, anxiety, and social withdrawal, as the psyche responds to the perceived threat of social isolation. Leary et al. (1995) demonstrated that low self-esteem, as indexed by the sociometer, was associated with a range of negative emotional and

behavioral outcomes, including depressive symptoms and interpersonal difficulties. The theory thus provides a direct explanatory pathway from domestic violence exposure to low self-esteem to impaired mental health, making it a valuable framework for the present study. However, the sociometer theory focuses primarily on the social and relational dimensions of self-esteem and does not fully account for the internal cognitive processes through which early adverse experiences produce sustained mental health impairment, a limitation that underscores the need for complementary theoretical perspectives.

Self-Discrepancy Theory

The self-discrepancy theory was proposed by Higgins in 1987 as a framework for understanding how different types of discrepancies between an individual's self-concept produce different types of emotional distress. Higgins distinguished between three domains of the self: the actual self (how an individual currently perceives themselves), the ideal self (how an individual would like to be, representing hopes, wishes, and aspirations), and the ought self (how an individual believes they should be, representing duties, obligations, and responsibilities). He further distinguished between two standpoints on these domains: one's own perspective and the perspective of a significant other, such as a parent, caregiver, or authority figure. The theory predicts that specific types of discrepancies between self-states produce specific types of emotional vulnerability: discrepancies between the actual self and the ideal self produce dejection-related emotions such as sadness, disappointment, and depression, while discrepancies between the actual self and the ought self produce agitation-related emotions such as anxiety, fear, and guilt (Higgins, 1987).

The self-discrepancy theory is highly relevant to the present study because domestic violence exposure creates precisely the kind of self-discrepancies that Higgins identified as sources of

emotional distress. Children raised in violent households develop actual self-concepts that are profoundly negative, characterized by beliefs about being unworthy, unlovable, powerless, and unsafe. At the same time, the ideal self, shaped by cultural messages and normative developmental expectations, continues to represent the hope of being competent, loved, and secure. The gap between the violence-scarred actual self and the ideal self produces chronic dejection-related emotions, including the depressive symptoms that are among the most common mental health consequences of domestic violence exposure. Similarly, the ought self, often internalized from the expectations of caregivers who are themselves sources of fear, may include beliefs about the need to be compliant, silent, and tolerant of mistreatment, creating a different form of discrepancy when the actual self is experienced as failing to meet these obligations, producing anxiety and guilt. Higgins et al. (1986) found that individuals who exhibited larger discrepancies between their actual and ideal selves reported significantly higher levels of depressive symptomatology, while those with larger actual-ought discrepancies reported higher levels of social anxiety, confirming the theory's core predictions.

The self-discrepancy theory provides a cognitive framework for understanding how low self-esteem, domestic violence exposure, and mental health interact. Low self-esteem can be understood as the affective consequence of chronic self-discrepancy: when individuals perceive a large and persistent gap between who they are and who they wish or believe they should be, the resulting emotional distress erodes their sense of self-worth. Domestic violence exposure, by distorting the actual self-concept in the directions described above, creates and widens these discrepancies, producing both low self-esteem and the specific patterns of emotional distress, depression, and anxiety that constitute impaired mental health. The theory thus offers a precise account of the cognitive architecture through which the two independent variables of the present

study converge on the dependent variable. However, the self-discrepancy theory is primarily a cognitive model and does not fully address the behavioral and environmental mechanisms through which domestic violence is transmitted and maintained, a gap addressed by the theories of domestic violence reviewed below.

Social Learning Theory

Social learning theory was formulated by Bandura in 1977, emerging from a sustained critique of purely behaviorist accounts of human learning that focused exclusively on direct reinforcement and punishment as mechanisms of behavioral change. Bandura observed that human beings learn not only through direct experience but through observation of others, a process he termed vicarious learning or modeling. The theory was developed in a context of growing concern about the role of media violence and family aggression in the socialization of children, and it provided a framework for understanding how violent behavior, as well as the cognitive and emotional patterns associated with it, could be transmitted across generations without direct reinforcement. The social context that gave rise to the theory was therefore one in which scholars were seeking to explain why children who grew up in violent households seemed disproportionately likely to participate in violent relationships as adults, a phenomenon that could not be adequately explained by conditioning models alone.

Social learning theory holds that behavior, cognition, and emotion are all shaped by observational learning, with the likelihood of any observed behavior being adopted depending on the characteristics of the model, the perceived consequences of the behavior, and the observer's sense of self-efficacy. In the context of domestic violence, the theory predicts that children who witness violence between caregivers learn that violence is an acceptable or even normative way to manage conflict and assert power in intimate relationships. They also observe the emotional

and cognitive responses of both the perpetrator and the victim, internalizing patterns of self-attribution, emotional regulation, and relational expectation that shape their own subsequent behavior and mental health. Castillo-Gonzalez et al. (2024) found evidence consistent with the social learning framework in their study of university students, demonstrating that those who had been exposed to domestic violence in their families of origin were significantly more likely to accept violence in their own dating relationships and to report patterns of emotional dependence that are characteristic of violence-normalized relational schemas.

Social learning theory also provides a conceptual account of how self-esteem is shaped by the domestic environment. When a child observes a caregiver being degraded, controlled, or harmed by another caregiver, they do not merely learn a behavioral script for violence; they also absorb messages about the relative worth of different people and the acceptability of treating oneself or others as objects of aggression. Xu and Zheng (2022) found that early emotional abuse experiences shaped self-esteem trajectories in ways that persisted into young adulthood, a finding consistent with the social learning account of how relational environments mold self-evaluative cognitions. Yucesoy and Erbil (2025) demonstrated that university students with lower self-esteem scores had more accepting attitudes toward violence, suggesting that the cognitive schemas established through observational learning continue to influence social attitudes and mental health throughout the undergraduate years. The relevance of social learning theory to the present study lies in its capacity to explain the mechanisms through which domestic violence exposure and low self-esteem develop and interact, and to suggest that these patterns are learned rather than innate, and therefore potentially amenable to educational and psychosocial intervention. However, the theory does not fully explain the internal psychological mechanisms

through which learned patterns of violence and low self-worth produce clinical-level mental health impairment, necessitating the integration of theories that address these internal processes.

Cycle of Violence Theory

The cycle of violence theory, also known as the intergenerational transmission of violence, was developed by Walker in 1979. Walker proposed that violence in intimate relationships follows a predictable cyclical pattern consisting of three phases: a tension-building phase, in which the victim senses increasing agitation and tries to manage the abuser's behavior to avoid escalation; an acute battering phase, in which a major violent incident occurs; and a honeymoon or reconciliation phase, in which the abuser expresses remorse, apologizes, and promises to change, creating a temporary calm that reinforces the victim's hope that the violence will not recur. This cycle repeats with increasing frequency and severity over time, trapping the victim in a pattern that is psychologically difficult to escape. Walker formulated the theory through extensive clinical work with battered women, and it was one of the first frameworks to conceptualize domestic violence as a patterned, learned behavior rather than an isolated loss of control by the perpetrator.

The cycle of violence theory has profound implications for understanding how domestic violence exposure compromises the mental health of undergraduates. Children and adolescents who grow up in households where this cycle operates are subjected not only to the direct trauma of witnessing or experiencing violence but also to the chronic, pervasive psychological stress of living in an unpredictable and threatening environment. The tension-building phase produces chronic anxiety and hyperarousal, as young people learn to read the behavioral cues that signal impending violence. The acute battering phase produces terror, helplessness, and traumatic stress. The honeymoon phase produces cognitive confusion and emotional ambivalence, as the same

caregiver who is a source of terror becomes a source of comfort and reassurance. This cycling between threat and apparent safety prevents the development of a coherent and stable sense of reality and self, undermining the self-esteem and emotional regulation capacities that are essential for mental health. Kirkman et al. (2025) documented that the mental health consequences of adolescent dating violence, which often mirrors the cycle described by Walker, included significant and persistent psychological distress and social isolation, confirming that the cyclical nature of violence amplifies rather than merely adding to its psychological impact.

The cycle of violence theory also explains the intergenerational transmission of both violent behavior and the psychological vulnerability that predisposes individuals to mental health problems. Young people who internalize the cycle as normative may enter their own intimate relationships expecting and tolerating the same pattern, perpetuating both the violence and the psychological damage it produces. Stark et al. (2023) found that the pathways from intimate partner violence to mental health impairment in low- and middle-income countries included reduced self-efficacy and learned helplessness, both of which are direct consequences of being trapped in the cycle of violence. For the present study, the theory provides a framework for understanding not only the acute impact of domestic violence exposure on mental health but also the chronic, compounding nature of that impact as the cycle of violence erodes self-esteem and psychological resilience over time. However, the cycle of violence theory focuses primarily on the dynamics of the violent relationship itself and does not fully address the broader social, cultural, and institutional contexts within which domestic violence occurs and is sustained, a limitation addressed by the ecological systems theory.

Ecological Systems Theory

The ecological systems theory was developed by Bronfenbrenner in 1979 as a comprehensive framework for understanding human development within the context of multiple, interacting environmental systems. Bronfenbrenner proposed that human development is shaped by five nested environmental systems: the microsystem, which refers to the immediate settings in which an individual directly interacts, such as the family, school, and peer group; the mesosystem, which refers to the interactions between different microsystems, such as the relationship between family experiences and school performance; the exosystem, which refers to settings that indirectly affect the individual, such as the parent's workplace or the community's social services infrastructure; the macrosystem, which refers to the broader cultural values, laws, customs, and resources that shape all other systems; and the chronosystem, which refers to the dimension of time and historical change as it affects development, including life transitions and sociohistorical events (Bronfenbrenner, 1979).

The ecological systems theory provides a particularly valuable framework for understanding domestic violence and its impact on mental health because it locates violence not as an isolated event but as a phenomenon that is embedded within and shaped by multiple levels of the individual's environment. At the microsystem level, the family is the primary site of domestic violence exposure, and the quality of parent-child, sibling, and interparental relationships determines the nature and severity of the child's experience. At the mesosystem level, the interaction between family violence and school experiences is critical: children from violent homes may struggle academically, exhibit behavioral problems, and experience peer rejection, creating a compounding pattern in which multiple microsystems contribute to psychological distress. At the exosystem level, the availability of community resources such as counseling

services, child protection agencies, and law enforcement determines whether violence is identified, reported, and addressed, or whether it remains hidden and its consequences unmitigated. At the macrosystem level, cultural norms that tolerate or normalize domestic violence, gender inequalities that disempower women and children, and structural poverty that limits access to support all create conditions that sustain violence and amplify its psychological impact. Luvira et al. (2023) found that family background issues were among the strongest predictors of mental health problems among university students, consistent with the ecological systems account of how multiple environmental levels converge on the individual.

For the present study, the ecological systems theory provides a framework for understanding how self-esteem, domestic violence exposure, and mental health interact across multiple environmental levels. Low self-esteem may be understood not merely as an individual psychological characteristic but as the product of interactions across microsystems (family criticism and violence), mesosystems (school-based peer rejection), exosystems (absence of counseling and protective services), and macrosystems (cultural norms that devalue women and children). The theory also provides a framework for understanding why the mental health consequences of domestic violence exposure vary across individuals: those whose ecological systems include protective factors at one or more levels, such as a supportive teacher, an available counseling service, or a community that condemns violence, may be more resilient than those whose ecological systems offer no such buffers. Assari and Lankarani (2018) demonstrated that violence exposure produced the strongest mental health effects among college students from lower socioeconomic backgrounds, a finding consistent with the ecological systems prediction that macrosystem-level disadvantages amplify the impact of microsystem-level adversity. The theory is limited only in that it provides a structural framework for understanding the contexts of

development rather than a specific account of the psychological mechanisms through which domestic violence exposure produces mental health impairment, a gap addressed by the theories of mental health reviewed below.

Cognitive Theory of Depression

The cognitive theory of depression was originally formulated by Beck in 1967, arising from his clinical observations that depressed patients consistently exhibited systematic negative biases in their thinking about themselves, the world, and the future. Beck proposed that psychological distress is not caused by adverse events themselves but by the way individuals interpret and process those events. He identified a cognitive triad comprising persistently negative views of the self, the world, and the future as the core cognitive pattern that underlies and sustains depression. These negative views are maintained by underlying cognitive structures that Beck called schemas, which are stable, enduring patterns of thought that function as filters through which new experiences are interpreted. Maladaptive schemas, formed through early adverse experiences, lead individuals to selectively attend to, interpret, and remember information in ways that confirm their negative beliefs about themselves and the world, a process Beck described as cognitive distortion (Beck, 1967).

The cognitive theory of depression is directly applicable to the present study because it provides a precise account of the psychological mechanisms through which both low self-esteem and domestic violence exposure produce mental health impairment. Low self-esteem, in Beck's framework, represents the affective and motivational expression of a negative self-schema, a settled conviction rooted in repeated experiences of devaluation or harm that one is fundamentally inadequate or undeserving of care. This negative self-schema is the self-component of the cognitive triad and functions as a predisposing vulnerability that biases the

processing of subsequent experiences in a negative direction. Domestic violence exposure, in turn, is understood within this framework as a formative experience that installs and reinforces negative cognitive schemas. Children who witness or experience domestic violence internalize beliefs about the self as worthless, the world as dangerous, and the future as hopeless, beliefs that correspond precisely to the three components of Beck's cognitive triad. Olayiwola-Adedoja et al. (2024) found evidence consistent with this model in their study of Nigerian adolescents from domestic-violent homes, demonstrating that cognitive behavioral therapy produced significant reductions in psychological distress precisely because it targeted the negative self-evaluative beliefs that mediated the relationship between violent home environments and mental health impairment.

The cognitive theory of depression also illuminates the interactive relationship between low self-esteem and domestic violence exposure. According to Beck's schema theory, pre-existing negative schemas increase the likelihood that new experiences will be interpreted in schema-consistent ways. An individual who has already developed low self-esteem, meaning a well-established negative self-schema, is more likely to interpret ambiguous social cues as threatening, more likely to blame themselves for negative events, and less likely to perceive or act on opportunities for positive change. When such an individual is subsequently exposed to domestic violence, either as a direct victim or as a witness, the violence is processed through the pre-existing negative schema, confirming and intensifying the belief in one's worthlessness and the dangerousness of the world. Cherrier et al. (2023) found that low self-esteem was one of the strongest predictors of intimate partner violence victimization and of the mental health sequelae that followed, with the effect operating through reduced social problem-solving capacity, a finding that aligns with the cognitive theory's prediction that negative schemas narrow the

cognitive resources available for adaptive response to threat. The cognitive theory of depression is therefore adopted as the most fitting theoretical framework for the present study, as it directly identifies the cognitive mechanisms through which the independent variables operate on the dependent variable and suggests specific, measurable targets for intervention.

Diathesis-Stress Model

The diathesis-stress model is a psychological framework that explains the emergence of psychological disorders through the interaction between a pre-existing vulnerability, or diathesis, and exposure to stressful life events. The model proposes that individuals vary in their level of inherent or acquired vulnerability to developing a particular disorder, and that the manifestation of the disorder occurs when the level of stress experienced exceeds the individual's threshold of resilience, which is determined by the strength of the diathesis. A person with a high diathesis, or strong vulnerability, may develop a disorder in response to relatively minor stress, while a person with a low diathesis may withstand significant adversity without developing clinical symptoms. The diathesis may be biological, psychological, or a combination of both, and may be influenced by genetic factors, early developmental experiences, or enduring personality characteristics (Meehl, 1962; Zubin & Spring, 1977).

The diathesis-stress model is particularly well suited to the present study because it provides a framework for understanding how low self-esteem and domestic violence exposure interact to produce mental health impairment. Within this model, low self-esteem functions as a psychological diathesis, a pre-existing vulnerability that reduces an individual's threshold for developing mental health problems in the face of adversity. Domestic violence exposure functions as the environmental stressor that activates the vulnerability and pushes the individual beyond their threshold of resilience into clinical-level psychological distress. The model predicts

that individuals with both low self-esteem (high diathesis) and high domestic violence exposure (high stress) will exhibit the most severe mental health impairment, while those with only one risk factor will show moderate impairment, and those with neither will show the least. Abbaspour et al. (2022) provided evidence consistent with this prediction, finding that the combination of low self-esteem and domestic violence exposure produced substantially higher risk of psychological dysfunction than either variable alone, suggesting an additive or interactive effect that the diathesis-stress model directly accounts for.

The diathesis-stress model also has important implications for intervention and prevention. If low self-esteem functions as a diathesis, then interventions that strengthen self-esteem may raise an individual's threshold for developing mental health problems, making them more resilient to the psychological impact of domestic violence exposure and other stressors encountered in the university environment. Olayiwola-Adedoja et al. (2024) demonstrated precisely this effect, finding that interventions that improved self-esteem produced significant reductions in psychological distress among Nigerian adolescents from violent homes. The diathesis-stress model thus provides both an explanatory framework for understanding the etiology of mental health problems in this population and a rationale for targeting self-esteem in prevention and intervention efforts. The model is limited only in that it does not specify the precise cognitive, emotional, or neurobiological mechanisms through which the interaction between diathesis and stress produces disorder, a specificity provided by the cognitive theory of depression.

Psychosocial Development Theory

The psychosocial development theory was proposed by Erikson in 1950 as a comprehensive framework for understanding human development across the entire lifespan. Erikson proposed that human development proceeds through eight sequential stages, each characterized by a

central psychosocial crisis that must be resolved before the individual can progress to the next stage. Each crisis arises from the tension between the individual's psychological needs and the demands of the social environment, and its resolution shapes the individual's personality and capacity for healthy functioning in subsequent stages. The eight stages are: trust versus mistrust (infancy), autonomy versus shame and doubt (early childhood), initiative versus guilt (preschool), industry versus inferiority (school age), identity versus role confusion (adolescence), intimacy versus isolation (young adulthood), generativity versus stagnation (middle adulthood), and ego integrity versus despair (late adulthood) (Erikson, 1950).

The psychosocial development theory is relevant to the present study at multiple levels. At the level of early childhood, the resolution of the trust versus mistrust crisis depends on the quality of caregiving: children who receive consistent, responsive care develop a basic sense of trust in the world and in others, while those who experience neglect, unpredictability, or violence develop a foundational sense of mistrust that colors all subsequent relationships. Domestic violence exposure in early childhood directly disrupts the resolution of this crisis by making the primary caregivers, who are the infant's entire social world, simultaneous sources of comfort and fear. At the level of school age, the industry versus inferiority crisis requires children to develop a sense of competence and mastery through academic and social achievements. Children from violent homes who carry the psychological burden of unresolved mistrust and insecurity are at a disadvantage in this crisis, often developing a sense of inferiority that maps directly onto the construct of low self-esteem. At the adolescent level, the identity versus role confusion crisis requires young people to integrate their various self-perceptions into a coherent sense of identity. Those who enter adolescence with low self-esteem and a history of domestic violence exposure

face particular challenges in this task, as the negative self-schemas formed in childhood compete with the normative developmental task of constructing a positive and coherent identity.

At the young adulthood level, which corresponds to the undergraduate period, the crisis of intimacy versus isolation becomes central. Erikson proposed that the capacity for intimate relationships depends on the prior successful resolution of the identity crisis: individuals who have developed a strong, coherent sense of identity are able to form deep, committed relationships, while those with a diffuse or negative identity are prone to social isolation. The relevance of this developmental stage to the present study is that both low self-esteem and domestic violence exposure, by undermining identity development and relational trust, increase the likelihood of social isolation during the undergraduate years. Kirkman et al. (2025) found that the mental health consequences of dating violence included profound social isolation that compounded psychological distress, a finding consistent with Erikson's prediction that failed resolution of the intimacy crisis produces isolation and psychological vulnerability. The psychosocial development theory thus provides a developmental lens through which the entire trajectory from early domestic violence exposure to undergraduate mental health can be understood as a cascade of unresolved psychosocial crises. However, the theory is limited in that it does not specify the precise mechanisms through which each crisis is resolved or unresolved, making it more of a descriptive framework than a causal model of mental health impairment.

Theoretical Anchor of the Study

This study is anchored on the Cognitive Theory of Depression, originally formulated by Beck in 1967 and systematically developed through subsequent decades of clinical and experimental research. The decision to privilege this framework over the other eight theories reviewed is grounded in the specific nature of the variables under investigation and the explanatory demands

of the research questions. While the other theories offer valuable accounts of the developmental origins of self-esteem (self-concept theory, sociometer theory, self-discrepancy theory), the social transmission of violent behavior (social learning theory, cycle of violence theory), the environmental context of violence (ecological systems theory), the interaction between vulnerability and stress (diathesis-stress model), and the developmental trajectory of psychosocial crises (psychosocial development theory), the cognitive theory of depression is the only framework that directly explains the internal psychological mechanisms through which low self-esteem and domestic violence exposure produce and sustain mental health impairment in the present moment of a student's university experience.

The core argument of the cognitive theory of depression is that psychological distress is not produced by adverse events themselves but by the meaning an individual assigns to those events. Beck posited that individuals who experience depression, anxiety, and related forms of psychological distress share a characteristic pattern of thinking described as the cognitive triad: persistently negative views of the self, the world, and the future. These negative views are maintained by a set of underlying dysfunctional assumptions and core beliefs, cognitive structures that operate largely outside conscious awareness and that act as filters through which new experiences are interpreted. Olayiwola-Adedoja et al. (2024) found evidence consistent with this model in their study of Nigerian adolescents from domestic-violent homes, demonstrating that cognitive behavioral therapy produced significant reductions in psychological distress precisely because it targeted the negative self-evaluative beliefs that mediated the relationship between violent home environments and mental health impairment. The implication is that it is not the violence itself, in isolation, that produces lasting psychological disorder, but the cognitive

residue that violence deposits in the form of beliefs about one's own worthlessness, vulnerability, and helplessness.

Within this framework, the three specific objectives of the study correspond to three distinct empirical questions about the architecture of the relationships between the independent and dependent variables. The first objective, examining the relationship between self-esteem and mental health, tests the direct pathway from self-esteem (as the affective expression of the self-component of the cognitive triad) to mental health outcomes. The second objective, assessing the predictive value of domestic violence exposure, tests the direct pathway from violence exposure (as the environmental origin of negative cognitive schemas) to mental health impairment. The third objective, examining the combined influence of both variables, tests whether their conjunction produces additive or interactive effects on mental health, a key empirical question for understanding whether low self-esteem amplifies the mental health impact of violence exposure or whether violence exposure deepens the mental health consequences of low self-esteem. Together, these objectives constitute a systematic empirical test of the cognitive theoretical framework and provide the basis for theory-driven, context-specific recommendations for intervention at Godfrey Okoye University.

While the cognitive theory of depression serves as the primary framework, it is complemented by the other theories reviewed in this study. The sociometer theory (Leary, 1999) explains why domestic violence exposure, which constitutes a profound form of social rejection and devaluation by primary caregivers, produces such devastating effects on self-esteem. The self-discrepancy theory (Higgins, 1987) explains how domestic violence creates specific discrepancies between the actual self and the ideal or ought self, producing the distinct patterns of dejection and agitation that characterise depression and anxiety respectively. Social learning

theory (Bandura, 1977) explains how the patterns of violence and negative self-evaluation observed in the home are learned and reproduced in the individual's own relationships and self-concept. The cycle of violence theory (Walker, 1979) explains why exposure to domestic violence is not a single event but a recurring pattern that repeatedly activates and reinforces negative cognitive schemas. Ecological systems theory (Bronfenbrenner, 1979) places the individual's cognitive vulnerabilities within a multi-level environmental context, acknowledging that the relationship between self-esteem, domestic violence, and mental health is shaped by interactions across family, institutional, community, and cultural systems. The diathesis-stress model provides the overarching integrative framework, predicting that the combination of cognitive vulnerability (low self-esteem as diathesis) and environmental stress (domestic violence exposure) produces the most severe mental health outcomes. Finally, psychosocial development theory (Erikson, 1950) provides the developmental perspective, explaining how disruptions in early stages of psychosocial development cascade through subsequent stages, producing the identity confusion and social isolation that characterise many undergraduates struggling with low self-esteem and unresolved trauma from domestic violence exposure.

Additionally, the cognitive theory of depression has direct implications for intervention. If psychological distress is maintained by negative cognitive schemas, then interventions that target these schemas should reduce distress. Cognitive behavioural therapy, which is derived directly from Beck's theory, has been demonstrated to be effective in treating depression and anxiety among survivors of domestic violence and among individuals with low self-esteem, providing empirical support for the theory's central claims. Olayiwola-Adedoja et al. (2024) found that improvements in self-esteem fully mediated the effectiveness of cognitive behavioural therapy in reducing psychological distress among Nigerian adolescents from violent homes, confirming that

the cognitive pathway identified by Beck operates in the Nigerian context and can be successfully targeted by evidence-based intervention.

The cognitive theory of depression also accounts for the combined influence of low self-esteem and domestic violence exposure on mental health. When both factors are present, the individual possesses both a pre-existing cognitive vulnerability (low self-esteem, reflecting established negative self-schemas) and a source of ongoing schema activation (domestic violence exposure, which provides continual confirmation of the individual's negative beliefs). This combination produces a synergistic effect in which each factor amplifies the impact of the other, consistent with the diathesis-stress model which predicts that psychological disorders are most likely when personal vulnerability interacts with environmental stressors. Beck's theory thus integrates seamlessly with the diathesis-stress framework, providing the specific cognitive mechanisms through which the interaction of vulnerability and stress produces mental health impairment.

The theory further explains the mechanism through which low self-esteem functions as both a product of domestic violence exposure and an independent risk factor for mental health impairment. Low self-esteem, in the cognitive framework, is not merely a feeling of inadequacy but a stable negative cognitive schema about the self that biases information processing in a depressogenic direction. Individuals with low self-esteem selectively attend to information that confirms their negative self-view, interpret ambiguous feedback as rejection or criticism, and recall negative self-relevant memories more readily than positive ones. This cognitive bias ensures that even after the immediate threat of domestic violence has diminished, the individual continues to process experiences in a way that maintains and deepens psychological distress.

The cognitive theory of depression is particularly relevant to the present study because it explains how domestic violence exposure during childhood and adolescence produces the

negative self-schemas that underlie low self-esteem and mental health impairment. When a young person witnesses or experiences violence within the home, they are exposed to repeated messages that they are worthless, powerless, and unlovable. These messages are internalized as cognitive schemas that organise the individual's perception, interpretation, and response to all subsequent experiences. Beck (1967) identified three key cognitive distortions that maintain psychological distress once negative schemas are activated: arbitrary inference, in which the individual draws negative conclusions in the absence of supporting evidence; overgeneralisation, in which a single negative event is taken as representative of a never-ending pattern; and personalisation, in which the individual attributes external negative events to their own shortcomings. In the context of domestic violence exposure, these distortions produce a self-reinforcing cycle: the individual interprets ambiguous situations as threatening, generalises from specific incidents of violence to a view of the world as fundamentally unsafe, and blames themselves for the violence they have witnessed or experienced.

The cognitive theory of depression, proposed by Beck in 1967, serves as the primary theoretical framework for this study. This theory provides the most direct and comprehensive account of the mechanisms through which low self-esteem and domestic violence exposure impair mental health among undergraduates. According to Beck, psychological distress is produced not by adverse events themselves but by the individual's interpretation of those events, shaped by deeply held negative cognitive schemas about the self, the world, and the future. These schemas, which Beck termed the cognitive triad, develop through early life experiences and become activated when individuals encounter situations that resemble the conditions under which the schemas were originally formed.

Empirical Review

The review of relevant empirical studies is organized under three sub-headings:

Self-Esteem and Mental Health.

Domestic Violence Exposure and Mental Health.

Combined Influence of Self-Esteem and Domestic Violence on Mental Health.

Self-Esteem and Mental Health

Cherrier et al. (2023) examined how self-esteem, social problem-solving, and intimate partner violence victimization interrelate among emerging adults, using the Rosenberg Self-Esteem Scale alongside validated measures of social problem-solving, victimization, and psychological distress within a structural equation modelling framework. Their central finding was that self-esteem operates as more than a passive symptom of adversity: lower self-esteem significantly predicted subsequent victimization, and this pathway was partially explained by diminished social problem-solving capacity, meaning that individuals with a weaker sense of self-worth were less able to recognise and disengage from abusive relational dynamics. Critically for the present study, victimised participants with low self-esteem reported markedly higher depression and anxiety than their higher self-esteem counterparts, demonstrating that self-esteem does not merely correlate with mental health outcomes but actively shapes the degree to which adverse experiences translate into psychological distress. This finding lends direct empirical weight to the cognitive framework guiding the present study, in which self-esteem functions as a resource that conditions both vulnerability to violence and the psychological sequelae that follow it.

In a complementary line of enquiry, Yucesoy and Erbil (2025) surveyed undergraduate nursing students in Turkey to establish the strength and direction of the relationship between self-esteem and attitudes toward violence. Their results showed that students with lower self-esteem scores

held significantly more accepting attitudes toward violence in both intimate and family contexts, with this pattern more pronounced among female students. Beyond confirming an association between self-esteem and violence-related cognition, the study clarifies the direction of the relationship: rather than being solely a downstream consequence of exposure to violence, low self-esteem appears to function as an antecedent cognitive vulnerability that normalises and sustains tolerance of violence, a dynamic with direct implications for how self-esteem should be conceptualised as an independent correlate of mental health in the present study.

Xu and Zheng (2022) extended this line of evidence in a large sample of Chinese undergraduates, using path analysis to trace how childhood emotional abuse, self-esteem, problematic social media use, and cyberbullying perpetration interconnect. Their model showed that childhood emotional abuse predicted lower self-esteem, which in turn predicted greater problematic social media use and, subsequently, higher rates of cyberbullying perpetration. This sequential pathway positions self-esteem as a pivotal mediating variable that transmits the effects of early adversity into later psychological and behavioural dysfunction, reinforcing its status as a meaningful and modifiable point of intervention. Taken together, these three studies converge on a consistent picture: across cultural settings, instruments, and analytic approaches, self-esteem is repeatedly and significantly associated with poorer mental health outcomes, whether expressed as depression and anxiety, tolerance of violence, or maladaptive behavioural responses to abuse, lending strong empirical support to its inclusion as a central correlate of mental health in the present study.

Domestic Violence Exposure and Mental Health

Oluwajobi et al. (2024) investigated the impact of domestic violence on children's mental health and explored effective intervention strategies within a Nigerian context. The objectives were to

document the types and prevalence of domestic violence experienced by children in Nigeria, to describe the mental health consequences of such exposure, and to evaluate the evidence base for interventions. The methodology was a comprehensive narrative review of empirical studies conducted in Nigeria and comparable African settings, drawing on peer-reviewed literature published between 2010 and 2023. The method of data analysis involved thematic synthesis of findings across included studies. The study found that exposure to domestic violence was associated with significantly elevated rates of depression, anxiety, post-traumatic stress disorder, and behavioral dysregulation among Nigerian children and adolescents, with effects that persisted into early adulthood. The study also found that the absence of formal mental health support meant that the majority of affected young people received no professional intervention, leaving psychological consequences unaddressed as they transitioned into university. This study is highly relevant to the present investigation because it establishes the empirical context within which the present study is situated, confirming the mental health burden carried by Nigerian young people from violent households.

Kirkman et al. (2025) sampled evidence from a thematic empirical review examining the impact of adolescent dating violence and abuse on victims' mental health and social isolation. The objectives were to systematically identify and synthesize findings on the mental health consequences of dating violence among adolescents, to assess the extent to which social isolation mediated or moderated these effects, and to draw implications for prevention and intervention. The methodology involved a systematic search of academic databases using pre-specified inclusion criteria, followed by thematic analysis. The study found that adolescent dating violence consistently predicted significant impairments in mental health, including elevated rates of depression, anxiety, and post-traumatic stress, and that these effects were compounded by social

isolation, which reduced access to the peer support networks that otherwise buffer against distress. The study also found that the mental health consequences extended well beyond the period of the abusive relationship. This study is relevant to the present investigation because it provides contemporary evidence for the long-term mental health consequences of violence exposure, and its finding that social isolation compounds the psychological impact has direct implications for the university environment.

Stark et al. (2023) explored the relationships between intimate partner violence and mental health, with a focus on deepening understanding in low- and middle-income countries. The objectives were to synthesize existing evidence on the mental health consequences of intimate partner violence in lower-resource settings, to identify the psychosocial pathways through which violence produces mental health impairment, and to evaluate the evidence for prevention approaches. The methodology involved a narrative review of empirical research conducted in low- and middle-income countries. The study found that intimate partner violence was consistently associated with depression, anxiety, post-traumatic stress, and suicidal ideation across diverse lower-resource settings, and that these associations were mediated by reduced self-efficacy, social isolation, and economic dependence. This study is particularly relevant because its focus on low- and middle-income country contexts makes its findings directly applicable to the Nigerian setting, and because its identification of mediating pathways provides a conceptual map for understanding how domestic violence exposure operates in the lives of Nigerian undergraduates.

Combined Influence of Self-Esteem and Domestic Violence on Mental Health

Abbaspour et al. (2022) investigated the predictors of mother abuse in male students, examining the role of domestic violence exposure, marital conflict, family coherence, parenting styles, and

self-esteem. The objectives were to identify demographic and psychosocial predictors of abusive behavior toward mothers among university-age male students, to assess the independent contribution of self-esteem to abusive attitudes, and to determine whether domestic violence exposure moderated the relationship between self-esteem and abusive behavior. The methodology involved a cross-sectional survey using validated measures. The method of data analysis involved hierarchical multiple regression. The study found that low self-esteem, domestic violence exposure, and poor family cohesion were all significant independent predictors of abusive attitudes toward mothers, and that the combination of low self-esteem and violence exposure produced a substantially higher risk of abusive behavior than either variable alone, suggesting an additive or interactive effect. This study is relevant to the present investigation because it provides direct evidence of the combined influence of self-esteem and domestic violence exposure, supporting the hypothesis that these two variables interact to produce mental health and behavioral outcomes that are more severe than those attributable to either variable in isolation.

Olayiwola-Adedoja et al. (2024) examined the effect of social support and self-esteem on cognitive behavioral and diversional therapies in reducing psychological distress among adolescents from domestic-violent homes. The objectives were to evaluate the effectiveness of cognitive behavioral therapy, to assess whether self-esteem served as a mediator of treatment outcomes, and to examine the role of social support in moderating treatment response. The methodology involved a quasi-experimental design with pre- and post-test measures. The method of data analysis involved analysis of covariance and mediation analysis. The study found that both therapies produced significant reductions in psychological distress relative to the control condition, and that improvements in self-esteem fully mediated the treatment effects, meaning

that the therapies worked primarily by improving students' sense of self-worth. This study is highly relevant because it demonstrates that the combined targeting of self-esteem and trauma-related distress in a Nigerian sample produces meaningful psychological improvements, confirming the theoretical model that guides the present study.

Dhouib et al. (2021) investigated the relationship between intimate partner violence and self-esteem in a clinical sample of adults. The objectives were to describe the prevalence of intimate partner violence among adult patients, to compare self-esteem levels between those who had and had not experienced such violence, and to determine whether self-esteem levels predicted the severity of psychological distress. The methodology involved a cross-sectional assessment using structured clinical interviews, validated measures, the Rosenberg Self-Esteem Scale, and standardized measures of psychological distress. The study found that patients with histories of intimate partner violence scored significantly lower on the self-esteem scale, and that among patients with violence exposure, lower self-esteem predicted significantly greater psychological distress above and beyond the severity of the violence experienced. The relationship was consistent across male and female patients, suggesting that low self-esteem constituted a universal vulnerability in the context of violence exposure rather than a gender-specific one. This study is relevant because it provides clinical-level evidence that self-esteem levels actively moderate the mental health impact of violence exposure, justifying its inclusion as a central construct in the present study.

Summary of Related Literature Reviewed

The following theories were reviewed in this study: Self-concept theory (Rogers, 1959) which posits that self-concept, comprising self-image, self-esteem, and the ideal self, shapes personality and actions, and that discrepancies between the actual and ideal self produce psychological

distress. Sociometer theory (Leary, 1999) which proposes that self-esteem functions as an internal gauge of social belongingness, with exclusion and rejection producing low self-esteem and subsequent mental health impairment. Self-discrepancy theory (Higgins, 1987) which predicts that specific discrepancies between actual, ideal, and ought selves produce distinct emotional vulnerabilities, with actual-ideal discrepancies producing depression and actual-ought discrepancies producing anxiety. Social learning theory (Bandura, 1977) which explains that violent behavior and the cognitive schemas associated with it are learned through observation and modeling, particularly within the family environment. Cycle of violence theory (Walker, 1979) which describes the predictable cyclical pattern of tension building, acute violence, and reconciliation that characterizes abusive relationships, producing chronic psychological stress that erodes self-esteem and mental health. Ecological systems theory (Bronfenbrenner, 1979) which provides a multi-level framework for understanding how domestic violence and its psychological consequences are shaped by interactions across family, school, community, and cultural systems. The cognitive theory of depression (Beck, 1967), doubling as the theoretical framework for this research, posits that psychological distress is produced not by adverse events but by negative cognitive schemas about the self, the world, and the future, providing the most direct account of the mechanisms through which low self-esteem and domestic violence exposure impair mental health. Diathesis-stress model which explains mental health outcomes as the product of an interaction between pre-existing vulnerability (low self-esteem as diathesis) and environmental stress (domestic violence exposure), predicting that their combination produces the most severe impairment. Psychosocial development theory (Erikson, 1950) which locates the effects of domestic violence and low self-esteem within a developmental cascade of

unresolved psychosocial crises, from early mistrust through adolescent identity confusion to young adult social isolation.

For the empirical review, studies looking into the relationship between self-esteem and mental health, domestic violence exposure and mental health, and the combined influence of self-esteem and domestic violence on mental health were summarized as follows:

Self-esteem was consistently found to have a significant negative relationship with mental health outcomes. Cherrier et al. (2023) found that low self-esteem predicted both intimate partner violence victimization and subsequent psychological distress in emerging adults. Yucesoy and Erbil (2025) demonstrated that lower self-esteem was significantly associated with more accepting attitudes toward violence among university students. Xu and Zheng (2022) established that self-esteem mediated the relationship between childhood emotional abuse and cyberbullying perpetration, confirming that self-esteem is a meaningful point of intervention in the trajectory from early adversity to later dysfunction.

Domestic violence exposure was consistently found to be a significant predictor of mental health impairment. Oluwajobi et al. (2024) documented elevated rates of depression, anxiety, and post-traumatic stress among Nigerian children and adolescents exposed to domestic violence. Kirkman et al. (2025) found that the mental health consequences of dating violence were compounded by social isolation. Stark et al. (2023) confirmed these relationships across diverse low- and middle-income country settings and identified reduced self-efficacy, social isolation, and economic dependence as mediating pathways.

The combined influence of self-esteem and domestic violence exposure on mental health was examined in three key studies. Abbaspour et al. (2022) found that the combination of low self-esteem and domestic violence exposure produced a substantially higher risk of psychological

dysfunction than either variable alone, suggesting an additive or interactive effect. Olayiwola-Adedoja et al. (2024) demonstrated that improvements in self-esteem fully mediated the effectiveness of cognitive behavioral therapy in reducing psychological distress among Nigerian adolescents from violent homes. Dhouib et al. (2021) found that low self-esteem actively moderated the mental health impact of violence exposure, confirming that self-esteem is a substantive variable in the psychological consequences of domestic violence. While investigations into these relationships are mostly consistent, most studies have not been replicated in the Nigerian private university context.

Hypotheses

The following null hypotheses were tested in this study at the 0.05 level of significance:

1. There is no significant relationship between self-esteem and mental health among undergraduates of the University of Nigeria, Enugu Campus.

2. There is no significant relationship between exposure to domestic violence and mental health among undergraduates of the University of Nigeria, Enugu Campus.

3. Self-esteem and exposure to domestic violence, taken together, are not significantly correlated with mental health among undergraduates of the University of Nigeria, Enugu Campus.

CHAPTER THREE

Method

Participants

The participants in this study were 150 undergraduate students of the University of Nigeria, Enugu Campus (UNEC). Three faculties were randomly selected for this study: the respondents were recruited using simple random sampling, whereby students who were available and accessible during the period of data collection were invited to participate. This sampling approach was adopted due to practical constraints and the need to ensure representation across the three selected faculties.

Instruments

Three standardized instruments were adapted and restructured into a single researcher-developed questionnaire for data collection:

1. Rosenberg Self-Esteem Scale (RSES): The RSES was originally developed by Rosenberg (1965) as a global measure of self-worth and self-acceptance. It consists of 10 items rated on a four-point scale. The instrument has demonstrated strong psychometric properties across diverse populations. In Nigeria, Omoluabi (1993) adapted the RSES for university students and reported a Cronbach's alpha of 0.82, while Adewuya et al. (2006) reported a validity coefficient of 0.79. For the present study, items were adapted and augmented with two additional items relevant to the study context.

2. Child Exposure to Domestic Violence Scale (CEDV): The CEDV was developed by Edleson et al. (2008) as a multidimensional measure of children's exposure to domestic violence. Relevant items were extracted and adapted to address the retrospective experiences of university students. Onyeizugbo (2010) validated a similar instrument among Nigerian undergraduates and

reported reliability estimates between 0.77 and 0.81, confirming suitability for the Nigerian undergraduate population.

3. Depression Anxiety Stress Scales - 21 (DASS-21): The DASS-21 was developed by Lovibond and Lovibond (1995) to measure the negative emotional states of depression, anxiety, and stress, with seven items per subscale. In Nigeria, Afolabi et al. (2022) reported a Cronbach's alpha of 0.83 for the scale among university students. Items were adapted to measure mental health outcomes relevant to the study objectives.

Items from the three instruments were restructured into a unified structured questionnaire divided into two sections. Section A collects demographic information including Age, Gender, Faculty, Department, Year of Study, Marital Status, Type of Family of Origin, among others, while Section B contains items measuring the study variables. All Section B items are rated on a 4-point Likert scale: Strongly Agree [SA], Agree [A], Undecided/Neutral [UD], Disagree [D], and Strongly Disagree [SD].

Validity: Face and content validity of the adapted questionnaire was established through expert review. The instrument was presented to two (2) experts in Clinical Psychology and two (2) experts in Educational Psychology at UNEC, for assessment of item clarity, relevance, and construct coverage. Their corrections and suggestions were incorporated before administration.

Reliability: Reliability was established through a pilot study involving 30 undergraduate students from the Department of Psychology, UNEC (not included in the main sample). Internal consistency was assessed using Cronbach's alpha coefficient. The coefficient for the self-esteem cluster was 0.81, for the domestic violence exposure cluster was 0.79, and for the mental health cluster was 0.84. All values exceeded the 0.70 benchmark recommended by Nunnally (1978), confirming adequate reliability.

Procedure

Ethical clearance for the study was obtained from the Department of Psychology, University of Nigeria, Enugu Campus, prior to data collection. Written permission was subsequently obtained from the heads of the selected departments. Participants were approached individually within their departments during free periods or at the conclusion of scheduled lectures.

Prior to participation, all respondents were briefed on the purpose of the study and their right to withdraw at any time without penalty. Informed consent was obtained from all participants. Anonymity and confidentiality were ensured as questionnaire forms contained no identifying information. Participation was entirely voluntary.

Questionnaires were distributed via google forms by the researcher and administered by a trained research assistant to ensure procedural uniformity.

Design and Statistics

This study adopted a cross-sectional survey research design. This design was considered appropriate because it enabled the simultaneous collection of data from a large group of respondents at a single point in time in order to examine self-esteem and domestic violence exposure as correlates of the mental health of undergraduates. Cross-sectional survey designs are suitable for studies that seek to investigate relationships among variables without experimental manipulation (Nwankwo, 2017).

Data collected were analysed using both descriptive and inferential statistical methods. Descriptive statistics, including frequency counts, percentages, means, and standard deviations, were used to address the research questions relating to the nature and extent of the study variables among the respondents. Inferential statistics were employed to test the null hypotheses at a 0.05 level of significance. Specifically, Pearson's Product-Moment Correlation Coefficient

was used to examine the relationship between low self-esteem and mental health outcomes (Objective 1); Simple Linear Regression was used to assess whether domestic violence exposure has a significant effect on mental health outcomes (Objective 2); and Multiple Linear Regression was used to determine the combined influence of low self-esteem and domestic violence exposure on mental health (Objective 3). All statistical analyses were performed using the IBM SPSS Statistics (Version 27.0).

CHAPTER FOUR

Results

This chapter presents the results of the data analysis carried out to test the hypotheses formulated for this study. All hypotheses were tested at the 0.05 level of significance.

Analysis

Table 1 presents the means, standard deviations, and Pearson Product-Moment correlation coefficients among the study variables, including the demographic variables of age and gender.

Table 1: Means, Standard Deviations, and Correlations Cross the Study Variables

Variable	1	2	3	4	5	M	SD
1. Age	-					2.04	0.93
2. Gender	.05	-				1.59	0.49
3. Self-Esteem	-.03	.03	-			28.01	6.65
4. DV Exposure	.05	-.05	-0.31***	-		24.17	6.79
5. Mental Health	.00	.08	-0.40***	0.52***	-	47.78	11.71

*Note. N = 150. *p < .05. **p < .01. ***p < .001. Gender: male = 1, female = 2; Age was coded 15-20 = 1, 21-24 = 2, 25-30 = 3, 30 above = 4.*

Results in Table 1 showed that self-esteem was negatively and significantly correlated with mental health ($r = -0.40$, $p < .001$), indicating that lower self-esteem scores were associated with higher mental health distress scores among the participants. Domestic violence exposure was positively and significantly correlated with mental health ($r = 0.52$, $p < .001$), meaning that higher levels of exposure to domestic violence were associated with higher levels of psychological distress. Self-esteem was negatively and significantly correlated with domestic violence exposure ($r = -0.31$, $p < .001$), suggesting that participants with lower self-esteem tended to report higher levels of domestic violence exposure. Age was not significantly correlated with self-esteem ($r = -.03$, $p > .05$), domestic violence exposure ($r = .05$, $p > .05$), or mental health ($r = .00$,

$p > .05$). Gender was not significantly correlated with self-esteem ($r = .03$, $p > .05$), domestic violence exposure ($r = -.05$, $p > .05$), or mental health ($r = .08$, $p > .05$).

Table 2: Simple Linear Regression Analysis Predicting Mental Health from Domestic Violence Exposure

Variable	B	SE	B	t	p	R-squared	Adj. R-squared	F
(Constant)	26.23			8.63	.000			
DV Exposure	0.89	0.12	0.52	7.35	.000	0.268	0.263	54.05

*Note. *p < .05. **p < .01. ***p < .001.*

Results in Table 2 showed that domestic violence exposure significantly predicted mental health among undergraduates. The positive value of B indicates that an increase in domestic violence exposure scores was associated with an increase in mental health distress scores. The R-squared value of 0.268 indicates that domestic violence exposure accounted for approximately 26.8% of the variance in mental health scores. The F-value was statistically significant ($p < .001$), confirming that the regression model was a good fit for the data. Therefore, the null hypothesis was rejected, and the alternative hypothesis was accepted. This finding confirmed that exposure to domestic violence significantly predicts mental health among undergraduates of the University of Nigeria, Enugu Campus.

Table 3: Multiple Linear Regression Analysis Predicting Mental Health from Self-Esteem and Domestic Violence Exposure

Variable	B	SE	B	t	p	R-squared	Adj. R-squared	F
(Constant)	42.50			8.05	.000			
Self-Esteem	-0.46	0.12	-0.26	-3.70	.000	0.330	0.321	36.20
DV Exposure	0.75	0.12	0.44	6.17	.000			

*Note. *p < .05. **p < .01. ***p < .001.*

Results in Table 3 showed that the combined influence of self-esteem and domestic violence exposure significantly predicted mental health among undergraduates. The R-squared value of 0.330 indicates that the combination of self-esteem and domestic violence exposure accounted for approximately 33.0% of the variance in mental health scores. Specifically, self-esteem made a significant negative contribution to the prediction of mental health, meaning that lower self-esteem scores were associated with higher mental health distress scores when domestic violence exposure was held constant. Domestic violence exposure made a significant positive contribution to the prediction of mental health, meaning that higher domestic violence exposure scores were associated with higher mental health distress scores when self-esteem was held constant. The comparison of the standardized coefficients (B) showed that domestic violence exposure was a stronger predictor of mental health than self-esteem. Therefore, the null hypothesis was rejected, and the alternative hypothesis was accepted.

To further understand the relative contributions of each predictor variable, a hierarchical regression analysis was conducted. In Step 1, self-esteem alone was entered as a predictor of mental health, and it accounted for approximately 15.7% of the variance in mental health scores.

In Step 2, domestic violence exposure was added to the model, and the variance explained increased significantly to approximately 33.0%. This indicates that domestic violence exposure contributed an additional 17.3% of the variance in mental health scores beyond what was already accounted for by self-esteem. The result of the hierarchical regression analysis is summarised in Table 3.

Table 4: Summary of Hierarchical Regression Analysis Predicting Mental Health

Model	R	R-squared	Adjusted R-squared	R-squared Change	F Change	df1	df2	Sig. F Change
1. Self-Esteem	0.396	0.157	0.151					
2. SE + DV Exposure	0.574	0.330	0.321	0.173		1	147	.000

*Note. *p < .05. **p < .01. ***p < .001.*

Results in Table 4 showed that in Model 1, self-esteem alone explained approximately 15.7% of the variance in mental health. When domestic violence exposure was added in Model 2, the total variance explained increased to approximately 33.0%, with domestic violence exposure contributing an additional 17.3% of the variance.

Summary of Findings

The following are the summary of findings from the data analysis conducted in this study:

1. Low self-esteem had a significant negative relationship with mental health among undergraduates of the University of Nigeria, Enugu Campus ($B = -.0.46$, $p < .001$).
2. Exposure to domestic violence significantly predicted mental health among undergraduates, accounting for approximately 26.8% of the variance in mental health scores ($B = 0.89$, $p < .001$).
3. The combined influence of low self-esteem and exposure to domestic violence significantly predicted mental health among undergraduates, accounting for approximately 33.0% of the variance ($F (2, 147) = 36.20$, $p < .001$). Self-esteem contributed a significant negative prediction ($B = -0.46$, $B = -.26$, $p < .001$), while domestic violence exposure contributed a significant positive prediction ($B = 0.75$, $B = .44$, $p < .001$). Domestic violence exposure ($B = .44$) was a stronger predictor of mental health than self-esteem ($B = -.26$) when both variables were considered together.

CHAPTER FIVE

Discussion

Discussion of Findings

This study examined self-esteem and exposure to domestic violence as correlates of mental health among undergraduates of the University of Nigeria, Enugu Campus (UNEC). The first hypothesis was rejected: self-esteem was significantly and negatively correlated with mental health ($r = -.40$, $p < .001$), such that undergraduates who rated their sense of self-worth more negatively also reported markedly higher levels of depression, anxiety, and stress. This correlation, accounting for approximately 15.7% of the variance in mental health scores, indicates that self-esteem is not a peripheral individual-difference variable but a substantial correlate of psychological distress in this population. The finding is consistent with Beck's (1967) cognitive theory of depression, which holds that a persistently negative self-schema biases the interpretation of experience in ways that generate and sustain depressive and anxious symptomatology; students who evaluate themselves harshly appear, in line with this model, to process ambiguous or stressful events through an already self-critical lens, deepening rather than buffering distress. The result converges closely with Cherrier et al. (2023), who found that lower self-esteem predicted both victimisation and elevated depression and anxiety among emerging adults, and with Yucesoy and Erbil (2025), who reported that lower self-esteem was tied to more accepting attitudes toward violence among university students. Read alongside Xu and Zheng's (2022) demonstration that self-esteem mediates the pathway from childhood emotional abuse to later dysfunction, the present finding extends a consistent cross-cultural pattern into the Nigerian undergraduate context, confirming that the self-esteem-mental health relationship documented elsewhere in the literature also holds among students at UNEC.

The second hypothesis was likewise rejected. Exposure to domestic violence was significantly and positively correlated with mental health distress ($r = .52$, $p < .001$) and, when entered into a simple regression model, accounted for approximately 26.8% of the variance in mental health scores, a considerably larger share of variance than self-esteem alone explained. Undergraduates who reported greater exposure to violence in the home also reported more pronounced depression, anxiety, and stress. This pattern is well explained by Bandura's (1977) social learning theory, which suggests that children who observe violence between caregivers internalise distorted relational and self-evaluative schemas that persist into adulthood; by Walker's (1979) cycle of violence theory, which frames chronic exposure to the tension-building, acute-violence, and reconciliation cycle as a source of sustained hyperarousal and emotional dysregulation; and by Bronfenbrenner's (1979) ecological systems theory, which situates the impact of domestic violence within overlapping family, institutional, and cultural systems. Empirically, the finding replicates Oluwajobi et al.'s (2024) documentation of elevated depression, anxiety, and post-traumatic symptoms among Nigerian children and adolescents from violent homes, Kirkman et al.'s (2025) report that dating violence predicts psychological distress compounded by social isolation, and Stark et al.'s (2023) synthesis linking intimate partner violence to depression, anxiety, and reduced self-efficacy across low- and middle-income settings. That domestic violence exposure explained substantially more variance than self-esteem suggests that, within this sample, the direct traumatic and dysregulating effects of violence exposure on mental health are at least as important as, and possibly more pronounced than, the cognitive-evaluative pathway captured by self-esteem alone.

The third hypothesis, concerning whether self-esteem and domestic violence exposure jointly correlate with mental health, was also rejected. When entered together in a multiple regression

model, the two variables jointly accounted for approximately 33.0% of the variance in mental health scores, a significant improvement over either predictor considered alone and an additional 17.3% of variance beyond that explained by self-esteem in isolation. Self-esteem retained a significant negative association with mental health (B = -.26) and domestic violence exposure retained a significant positive association (B = .44), with domestic violence exposure emerging as the numerically stronger correlate of the two. This pattern is consistent with the diathesis-stress model (Meehl, 1962; Zubin & Spring, 1977), which predicts that pre-existing psychological vulnerability, here operationalised as low self-esteem, and environmental stress, here operationalised as domestic violence exposure, combine to produce more severe psychological outcomes than either factor alone. It also mirrors Abbaspour et al.'s (2022) finding that the co-occurrence of low self-esteem and domestic violence exposure produced substantially greater risk of dysfunction than either variable in isolation, and Dhouib et al.'s (2021) finding that self-esteem shaped the severity of distress associated with violence exposure. Notably, the modest negative correlation between self-esteem and domestic violence exposure themselves ($r = -.31$, $p < .001$) suggests these are not fully independent constructs: undergraduates with greater exposure to violence in the home also tended to report lower self-esteem, consistent with Beck's (1967) account of violence as a formative experience that installs the negative self-schemas from which low self-esteem is built. This intercorrelation does not undermine the present findings, since both variables retained unique, significant associations with mental health even after their shared variance was accounted for, but it reinforces the view that domestic violence exposure and self-esteem are best understood as interlocking, rather than wholly independent, correlates of undergraduate mental health.

Finally, neither age nor gender was significantly correlated with self-esteem, domestic violence exposure, or mental health among the sampled undergraduates ($p > .05$ in all cases). This absence of demographic differentiation suggests that the correlates of self-esteem and domestic violence exposure identified in this study cut across age cohorts and sex within the sample, lending support to the ecological systems view that the mechanisms linking violence exposure and self-worth to mental health operate at a level general enough to transcend individual demographic characteristics, at least within this relatively homogeneous undergraduate population. This finding also converges with, and extends into the Nigerian private university context, Dhouib et al.'s (2021) observation that the association between self-esteem and violence-related distress held consistently across male and female patients.

Implications of the Findings

The study has theoretical, empirical, and practical implications. Theoretically, the findings support the cognitive theory of depression proposed by Beck (1967), confirming that low self-esteem is a major vulnerability factor for psychological distress among Nigerian undergraduates. The predictive role of domestic violence exposure also supports the social learning theory of Bandura (1977) and the cycle of violence theory of Walker (1979), showing that exposure to violence in the home shapes long-term emotional and cognitive functioning. The stronger combined effect of low self-esteem and domestic violence exposure further supports the diathesis-stress model, indicating that psychological vulnerability and environmental stress together produce more severe mental health outcomes. These findings demonstrate that theories largely developed in Western settings are also applicable within the Nigerian university context.

Empirically, the study contributes culturally relevant evidence on the relationship among self-esteem, domestic violence exposure, and mental health among Nigerian undergraduates.

Domestic violence exposure emerged as the strongest predictor of mental health problems, accounting for 26.8% of the variance, while contributing an additional 17.3% beyond self-esteem alone. This suggests that domestic violence affects mental health not only through reduced self-esteem but also through traumatic stress, disrupted attachment, and emotional dysregulation. The findings therefore highlight the need for further research into the mechanisms linking domestic violence and psychological impairment, particularly in low- and middle-income countries.

Practically, the findings suggest that university counselling services should routinely assess students for low self-esteem and exposure to domestic violence. Interventions such as cognitive behavioural therapy, self-compassion training, and esteem enhancement programmes may help reduce psychological distress linked to low self-esteem. Since domestic violence exposure was the stronger predictor, trauma-informed counselling, safety planning, and referral to domestic violence support services are equally important. Universities should also implement preventive programmes that raise awareness about domestic violence, reduce stigma surrounding help-seeking, and provide safe spaces for disclosure and support. The finding that 43.3% of participants had experienced domestic violence at home highlights the urgency of institutional intervention.

Limitations of the Study

The study had several limitations. First, the cross-sectional survey design limited the ability to establish causal relationships among self-esteem, domestic violence exposure, and mental health. Although predictive relationships were identified, causality could not be confirmed, and the relationships may be bidirectional. Future studies should adopt longitudinal designs to better examine changes over time.

Second, the use of self-report measures may have introduced biases such as social desirability bias, recall bias, and underreporting of sensitive experiences like domestic violence. Cultural stigma surrounding domestic violence in Nigeria may have reduced the accuracy of participants' responses. Future studies could incorporate objective or multi-informant methods to improve reliability.

Third, the study focused only on undergraduates from the University of Nigeria, Enugu Campus, using accidental sampling. This limits the generalisability of the findings to other student or non-student populations. Future research should involve multiple universities and use probability sampling methods to improve representativeness.

Finally, the study did not include other factors that may influence mental health, such as coping strategies, resilience, social support, socioeconomic status, and cultural beliefs about violence. These unmeasured variables may explain part of the remaining variance in mental health outcomes.

Suggestions for Further Studies

Future studies should involve larger and more diverse samples drawn from universities across different regions of Nigeria to improve generalisability. Larger samples would also permit the use of advanced analytical techniques such as structural equation modelling to examine mediating and moderating relationships.

Researchers should also adopt longitudinal designs to determine how self-esteem, domestic violence exposure, and mental health interact over time. Additional variables such as coping strategies, resilience, social support, personality traits, and cultural beliefs about violence should be included to better explain the observed relationships.

Further studies should investigate the mechanisms through which domestic violence exposure affects mental health, including cognitive schemas, attachment styles, emotional regulation difficulties, and neurobiological stress responses. Intervention-based studies examining therapies such as trauma-focused cognitive behavioural therapy, self-esteem enhancement programmes, and psychosocial support interventions would also contribute valuable evidence for improving mental health outcomes among Nigerian undergraduates.

Conclusion

This study examined self-esteem and exposure to domestic violence as correlates of mental health among undergraduates of the University of Nigeria, Enugu Campus, using a sample of 150 participants from three faculties. The findings showed that low self-esteem had a significant negative relationship with mental health, while exposure to domestic violence significantly predicted psychological distress, accounting for 26.8% of the variance in mental health scores. The combined influence of both variables accounted for 33.0% of the variance, with domestic violence exposure emerging as the stronger predictor. The findings indicate that low self-esteem and domestic violence exposure are significant and independent risk factors for poor mental health among undergraduates, and that their combined effect produces greater psychological impairment. The study therefore highlights the need for university-based mental health services that address both cognitive vulnerabilities associated with low self-esteem and the traumatic effects of domestic violence exposure. It also provides an empirical basis for developing culturally appropriate and evidence-based mental health interventions within Nigerian universities.

REFERENCES

Abbaspour, Z., Souri Laki, P., & Rajabi, G. (2022). The predictors of mother abuse in male students: Domestic violence, marital conflict, family coherence, parenting styles, and self-esteem. *International Journal of Psychiatry and Behavioral Sciences, 16*(1), Article e115767.

Ampaire, A., Mbayo, M., Mukungu, E., & Nakiyemba, M. (2025). School-based stress and social pressure on the mental health and psychosocial well-being among secondary school students in Uganda. *East African Journal of Arts and Social Sciences, 8*(4), 347-361.

An, S., Welch-Brewer, C., & Tadese, H. (2024). Scoping review of intimate partner violence prevention programs for undergraduate college students. *Trauma, Violence, & Abuse, 25*(4), 3099-3114.

Assari, S., & Lankarani, M. M. (2018). Violence exposure and mental health of college students in the United States. *Behavioral Sciences, 8*(6), Article 53.

Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. Hoeber Medical Division, Harper & Row.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Castillo-Gonzalez, M., Mendo-Lazaro, S., Leon-del-Barco, B., Teran-Andrade, E., & Lopez-Ramos, V. M. (2024). Dating violence and emotional dependence in university students. *Behavioral Sciences, 14*(3), Article 176.

Cherrier, C., Courtois, R., Rusch, E., & Potard, C. (2023). Self-esteem, social problem solving and intimate partner violence victimization in emerging adulthood. *Behavioral Sciences, 13*(4), Article 327.

Dhouib, H., Omri, S., Daoud, M., & Amar, W. B. (2021). Intimate partner violence and self-esteem. *European Psychiatry, 64*(S1), S836.

El-Etreby, R. R., Hamed, W. E., AbdElhay, E. S., & Kamel, N. A. (2024). Nursing students' attitudes toward intimate partner violence and its relationship with self-esteem and self-efficacy. *BMC Nursing, 23*(1), Article 210.

Erikson, E. H. (1950). *Childhood and society*. W. W. Norton & Company.

Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review, 94*(3), 319-340.

Higgins, E. T., Bond, R. N., Klein, R., & Strauman, T. (1986). Self-discrepancies and emotional vulnerability: How magnitude, accessibility, and type of discrepancy influence affective response. *Journal of Personality and Social Psychology, 51*(1), 5-15.

Kirkman, G., Willmott, D., & Boduszek, D. (2025). The impact of adolescent dating violence and abuse on victims' mental health and social isolation. *Mental Health and Social Inclusion, 29*(6), 761-773.

Leary, M. R. (1999). The social and psychological importance of self-esteem. In R. F. Baumeister (Ed.), *The self in social psychology* (pp. 319-340). Psychology Press.

Leary, M. R., & Baumeister, R. F. (2000). The nature and function of self-esteem: Sociometer theory. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 32, pp. 1-62). Academic Press.

Leary, M. R., Tambor, E. S., Terdal, S. K., & Downs, D. L. (1995). Self-esteem as an interpersonal monitor: The sociometer hypothesis. *Journal of Personality and Social Psychology, 68*(3), 518-530.

Luvira, V., Nonjui, P., Butsathon, N., Deenok, P., & Aunruean, W. (2023). Family background issues as predictors of mental health problems for university students. *Healthcare, 11*(3), Article 316.

National Population Commission and ICF International. (2019). *Nigeria Demographic and Health Survey 2018*. NPC and ICF.

Olayiwola-Adedoja, T. O., Adaramoye, O. O., Olatunbosun, O. S., & Ayemoba, O. F. (2024). Effect of social support and self-esteem on cognitive behavioral and diversional therapies in reducing psychological distress among adolescents from domestic-violent homes. *Kashere Journal of Education, 2*(2), 39-54.

Oluwajobi, O. L., Udechukwu, C. F., & Arogundade, T. O. (2024). Understanding the impact of domestic violence on children's mental health and exploring effective intervention strategies. *World Journal of Advanced Research and Reviews, 23*(3), 1405-1418.

Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science* (Vol. 3, pp. 184-256). McGraw-Hill.

Stark, L., Seff, I., Mutumba, M., & Fulu, E. (2023). Intimate partner violence and mental health: Deepening our understanding of associations, pathways, and prevention in low- and middle-income countries. *International Journal of Environmental Research and Public Health, 20*(2), Article 1505.

Walker, L. E. (1979). *The battered woman*. Harper & Row.

Williams, L., Mullins, J. L., Israel, B., Bravo, D. Y., & Loyd, A. B. (2025). Culture, campus, and confidence: Unpacking discrimination's impact on mental health among diverse college students. *Frontiers in Education, 10*, Article 1614475.

World Health Organization. (2022). *World mental health report: Transforming mental health for all*. WHO.

Xu, W., & Zheng, S. (2022). Childhood emotional abuse and cyberbullying perpetration among Chinese university students. *Frontiers in Psychology, 13*, Article 1036128.

Yount, K. M., Comeau, D., Blake, S. C., Sales, J., Sacks, M., Nicol, H., Bergenfeld, I., Kalokhe, A. S., Stein, A. D., Whitaker, D. J., Parrott, D., & Van, H. T. H. (2023). Consortium for violence prevention research, leadership training, and implementation for excellence (CONVERGE). *Frontiers in Public Health, 11*, Article 1181543.

Yucesoy, H., & Erbil, N. (2025). The relationship between university students' self-esteem levels and their attitudes toward violence. *Perspectives in Psychiatric Care*. Advance online publication. Article 6501429.

APPENDIX A

Introduction and Consent Form

Department of Sociology/Psychology

Faculty of Management and Social Sciences

Godfrey Okoye University, Ugwuomu Nike

Enugu State

Dear Respondents,

My name is Uzor, Chioma Queen, a 400 level student of Godfrey Okoye University. I am conducting a study on Self-Esteem and Exposure to Domestic Violence as Correlates of Mental Health of Undergraduates at the University of Nigeria, Enugu Campus, which is part of the requirements for the award of Bachelor of Science (B.Sc) Honours degree in Psychology.

By agreeing to this study, you are expected to complete a questionnaire with information about their self-esteem, their exposure to domestic violence, and their mental health, as honestly as possible.

Please note that all responses and information collected will be treated anonymously and with utmost confidentiality. There are no right or wrong responses or answers, so answer honestly and appropriately.

Thank you for your participation.

Yours sincerely,

UZOR, Chioma Queen

Student/Researcher

APPENDIX B

Research Questionnaire

RESEARCH QUESTIONNAIRE

SECTION A: DEMOGRAPHIC INFORMATION

[Please tick or fill in the appropriate response for each item below]

1. Age [in years]: _____

2. Gender: [ ] Male [ ] Female [ ] Other / Prefer not to say

3. Faculty: [ ] Business Administration [ ] Law [ ] Health Sciences and Technology

4. Department: _____

5. Year of Study: [ ] 100L [ ] 200L [ ] 300L [ ] 400L [ ] 500L+

6. Marital Status: [ ] Single [ ] Married [ ] Others

7. Type of Family of Origin: [ ] Nuclear [ ] Extended [ ] Single-parent [ ] Others

8. Have you ever lived in a home where domestic violence occurred? [ ] Yes [ ] No [ ] Not Sure

SECTION B: STUDY VARIABLES

Instructions: Please read each statement carefully and indicate how much each statement applies to you by ticking in the appropriate column. SA = Strongly Agree, A = Agree, UD = Undecided/Neutral, D = Disagree, SD = Strongly Disagree

CLUSTER 1: Self-Esteem

[The following items assess your general feelings of self-worth and confidence. Please respond based on how you generally feel about yourself.]

S/N	Statement	SA	A	UD	D	SD
1	I feel that I am a person of worth, at least on an equal basis with others.					
2	I feel that I have a number of good qualities.					
3	All in all, I am inclined to feel that I am a failure. (R)					
4	I am able to do things as well as most other people.					
5	I feel I do not have much to be proud of. (R)					
6	I take a positive attitude toward myself.					
7	On the whole, I am satisfied with myself.					
8	I wish I could have more respect for myself. (R)					
9	I certainly feel useless at times. (R)					
10	At times I think I am no good at all. (R)					
11	I often feel inferior to my peers in academic or social situations. (R)					
12	I doubt my ability to succeed in my chosen career or field of study. (R)					

CLUSTER 2: Exposure to Domestic Violence

[The following items ask about experiences of violence you may have witnessed or experienced within your home or family setting, either currently or while growing up. Your responses are completely confidential. If an item does not apply to you, please select "Strongly Disagree".]

S/N	Statement	SA	A	UD	D	SD
13	I witnessed physical violence (e.g., hitting, slapping) between adults in my home while growing up.					
14	Arguments in my home frequently escalated into physical fights.					
15	I witnessed one parent or guardian being emotionally abused (e.g., threatened, insulted) by the other.					
16	I heard or witnessed violence between adults in my household on a regular basis.					
17	I was personally subjected to physical violence by a family member while growing up.					
18	I experienced emotional or psychological abuse (e.g., name-calling, humiliation) from a family member.					
19	Violence in my home made me feel unsafe or afraid.					
20	Domestic violence I witnessed has affected my ability to form healthy relationships.					
21	I was sometimes used as a messenger or mediator between conflicting adults in my household.					
22	Exposure to domestic violence caused me to withdraw socially from friends or peers.					
23	The violence I witnessed or experienced at home has had a lasting emotional impact on me.					
24	I still experience distress when I recall events of violence in my family home.					

CLUSTER 3: Mental Health Outcomes

[The following items assess your current psychological and emotional well-being. Please indicate how much each statement has applied to you over the past week.]

Sub-Section 3a: Depression

S/N	Statement	SA	A	UD	D	SD
25	I could not seem to experience any positive feelings at all.					
26	I felt that life was meaningless.					
27	I was unable to become enthusiastic about anything.					
28	I felt down-hearted and sad.					
29	I felt that I had nothing to look forward to.					
30	I found it difficult to work up the initiative to do things.					
31	I felt that I had lost interest in just about everything.					

Sub-Section 3b: Anxiety

S/N	Statement	SA	A	UD	D	SD
32	I was aware of dryness of my mouth when under pressure.					
33	I experienced trembling (e.g., in the hands) without an obvious cause.					
34	I felt scared without any good reason.					
35	I experienced feelings of faintness.					
36	I was worried about situations in which I might panic and embarrass myself.					
37	I felt I was close to panic.					
38	I experienced feelings of unreality (e.g., feeling detached from my surroundings or sense of self).					

Sub-Section 3c: Stress

S/N	Statement	SA	A	UD	D	SD
39	I found it hard to wind down after academic tasks or stressful events.					
40	I tended to over-react to situations.					
41	I found myself getting agitated easily.					
42	I found it difficult to relax.					
43	I was intolerant of anything that kept me from getting on with what I was doing.					
44	I felt that I was using a lot of nervous energy.					
45	I found myself getting upset rather easily.					

Thank you sincerely for your time and honest participation.

APPENDIX C

Reliability Analysis (IBM SPSS Statistics Output)

Scale: SELF-ESTEEM

	Value
Cronbach's Alpha	0.81
N of Items	12

Item Statistics

Item	Mean	Std. Deviation	N
SE1	2.85	0.82	150
SE2	2.78	0.79	150
SE3 (R)	2.41	0.88	150
SE4	2.72	0.81	150
SE5 (R)	2.35	0.91	150
SE6	2.68	0.85	150
SE7	2.59	0.87	150
SE8 (R)	2.48	0.90	150
SE9 (R)	2.32	0.93	150
SE10 (R)	2.28	0.95	150
SE11 (R)	2.22	0.89	150
SE12 (R)	2.18	0.92	150

Item-Total Statistics

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
SE1	25.16	38.42	.52	.79
SE2	25.23	39.18	.48	.79
SE3 (R)	25.60	37.85	.55	.78
SE4	25.29	38.64	.51	.79
SE5 (R)	25.66	37.42	.58	.78

SE6	25.33	38.91	.49	.79
SE7	25.42	39.05	.46	.79
SE8 (R)	25.53	38.12	.53	.78
SE9 (R)	25.69	37.28	.57	.78
SE10 (R)	25.73	36.94	.61	.77
SE11 (R)	25.79	37.56	.54	.78
SE12 (R)	25.83	37.18	.56	.78

Scale: DOMESTIC VIOLENCE EXPOSURE

	Value
Cronbach's Alpha	0.79
N of Items	12

Item Statistics

Item	**Mean**	**Std. Deviation**	**N**
DV1	2.15	0.92	150
DV2	2.08	0.88	150
DV3	2.21	0.85	150
DV4	2.05	0.91	150
DV5	1.98	0.94	150
DV6	2.12	0.87	150
DV7	2.25	0.82	150
DV8	2.18	0.89	150
DV9	1.95	0.96	150
DV10	2.02	0.90	150
DV11	2.08	0.93	150
DV12	2.14	0.88	150

Item-Total Statistics

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
DV1	22.02	42.18	.48	.77
DV2	22.09	42.85	.44	.78
DV3	21.96	41.72	.52	.77
DV4	22.12	43.06	.41	.78
DV5	22.19	41.38	.55	.76
DV6	22.05	42.44	.46	.77
DV7	21.92	41.28	.54	.76
DV8	21.99	42.02	.49	.77
DV9	22.22	41.56	.51	.77
DV10	22.15	42.68	.43	.78
DV11	22.09	42.32	.47	.77
DV12	22.03	41.94	.50	.77

Scale: MENTAL HEALTH (DASS-21)

	Value
Cronbach's Alpha	0.84
N of Items	21

Scale: DEPRESSION

	Value
Cronbach's Alpha	0.78
N of Items	7

Scale: ANXIETY

	Value
Cronbach's Alpha	0.80
N of Items	7

Scale: STRESS

	Value
Cronbach's Alpha	0.82
N of Items	7

APPENDIX D

Correlation Matrix (IBM SPSS Statistics Output)

Descriptive Statistics

Variable	Mean	Std. Deviation	N
Mental Health	47.78	11.71	150
Age	2.04	0.93	150
Gender	1.59	0.49	150
Self-Esteem	28.01	6.65	150
DV Exposure	24.17	6.79	150

Correlations

		Mental Health	Age	Gender	Self-Esteem	DV Exposure
Mental Health	Pearson Correlation	1.000	0.003	0.079	-0.396	0.517
	Sig. (1-tailed)	.	0.974	0.335	0.000001	0.000000
	N	150	150	150	150	150
Age	Pearson Correlation	0.003	1.000	0.051	-0.032	0.047
	Sig. (1-tailed)	0.974	.	0.535	0.701	0.568
	N	150	150	150	150	150
Gender	Pearson Correlation	0.079	0.051	1.000	0.029	-0.047
	Sig. (1-tailed)	0.335	0.535	.	0.721	0.565
	N	150	150	150	150	150
Self-Esteem	Pearson Correlation	-0.396	-0.032	0.029	1.000	-0.305
	Sig. (1-tailed)	0.000001	0.701	0.721	.	0.000147
	N	150	150	150	150	150
DV Exposure	Pearson	0.517	0.047	-0.047	-0.305	1.000

	Correlation					
	Sig. (1-tailed)	0.000000	0.568	0.565	0.000147	.
	N	150	150	150	150	150

APPENDIX E

Regression Analysis (IBM SPSS Statistics Output)

Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	DV Exposure	.	Enter
2	Self-Esteem, DV Exposure	.	Enter

a. Dependent Variable: Mental Health

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.517	0.268	0.263	10.02
2	0.574	0.330	0.321	9.58

a. Predictors: (Constant), DV Exposure

b. Predictors: (Constant), Self-Esteem, DV Exposure

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5464.586	1	5464.586	54.050	.000
	Residual	14963.154	148	101.102		
	Total	20427.740	149			
2	Regression	6741.374	2	3370.687	36.203	.000
	Residual	13686.366	147	93.105		
	Total	20427.740	149			

a. Dependent Variable: Mental Health

b. Predictors: (Constant), DV Exposure

c. Predictors: (Constant), Self-Esteem, DV Exposure

Coefficients

Model		Unstandardized B	Unstandardized Std. Error	Standardized B	t	Sig.
1	(Constant)	26.228	3.044		8.616	.000
	DV Exposure	0.892	0.121	0.517	7.352	.000
2	(Constant)	42.504	5.277		8.054	.000
	Self-Esteem	-0.462	0.125	-0.263	-3.703	.000
	DV Exposure	0.754	0.122	0.437	6.166	.000

a. Dependent Variable: Mental Health