

Domestic violence, Depression and Substance Abuse among ongoing Students at Makerere
University

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and Social Sciences of Makerere University.

November, 2022

Declaration

I Nangendo Saluwah, declare that this research dissertation is my original work not copied from any one and all sources of information used in this dissertation have been fully acknowledged has never been submitted to any university.

Signature .....

Date. 21/11/2022....

Nangendo Saluwah

Approval

This is to certify that this research dissertation has been written under the guidance and supervision of my supervisor and it meets the minimum requirements for the award of a degree in bachelors of industrial and original psychology.

Signature.....

Date..... 31/11/2022

Dr. Nyende Paul

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Abstract

Different people may drink for different reasons and among which is to escape from depression causing problems/pressures of life. Society under the legal aspects is divided into two, one legalizing the local brew or drugs such as Malwa and other the legalizing of conventional or industrially manufactured drug such as whiskies, beer, though both categories have some effect of dependency. Substance abuse has led to breaks ups of families and suffering children due to lack of basic commodities of life. Drug dependence is a substance related disorder in which an individual is addicted to Drug either physically or psychologically. There is need to increase awareness on drugs and give the students, the youth and other stake holders basic facts on what drugs are and there effects. There is also need to do a campaign on where to get help if one is faced with depression.

Chapter One

Introduction

This chapter will mainly focus on the; background of the study, statement of the problem, objectives of the study, research questions, scope of the study, and the significance of the study.

Background of the Study

The link between domestic violence, depression and substance abuse is a controversial issue which has been the subject of much debate and research. This research provides a brief overview of the dynamics and consequences of domestic violence in relationships where there is depression substance abuse.

Domestic violence is a gender-based crime often accompanied by stigma and shame. The presence of drugs adds an additional dimension to this and has an effect of blurring understandings of blame. Research into popular perceptions of domestic abuse indicates that increased blame is attributed to victims of abuse who have been taking drugs than those who have not. On the other hand, perpetrators who have been taking drugs receive less blame (Harrison and Willis 2000).

Globally, there are serious drug problems in the world today. The main substances being abused are marijuana, alcohol, and hard drugs. Drug abuse is real and is a growing Today the use of marijuana by many people is becoming out of control. Some of drug abusers are using every day, which is disgusting. Generally drug abuse harms everybody and does good to none. Government, society, families, the individual drug user and the publically suffer because it is a social problem.

In Africa, According to the United Nations office on drugs and crime (UNODC) Report 2005 some 200 million people or 5 percent of the world's population age 14 to 64 abuse drugs at

least once in the last 12 month, 15 million people more than the previous years were estimated. Likewise according to the world drug report (2005) the use illicit drugs have increased in the recent years. The report goes to note that increasing availability of the drugs to an over widening socio-economic spectrum of customers is disconcerting although the main problem at the global level continues to be opiate (notably heroine) for most of Europe, Asian, Opiates accounted for 62 percent of all drug treatment sought in 2003. While 3.3 to 4.1 1 drugs, the most worrisome trend for the IJNDPCP executive's director is the younger and younger ages of which people are becoming addicted.

In Pakistan for example, the share of those who started heroin use at 15-20 years of age has doubled to almost 24 percent. Drug use among the Ugandan's population has been majorly cited in many parts of the regions and the key challenge among others is the negligence of parents over their children and the drivers of HIV/AIDs epidemic yet no efforts have been made to address this problem as a matter of urgency. The victims of drug consumption on domestic violence show signs of cultural influence. Most tribes have a culture of dealing and brewing drugs in homes thus exposing the youth to such drugs at an early'age. As young people reach adolescence, drug consumption increases due to peer pressure. Young people prefer strong local spirit which is easily assessable in miniature sachets at very low prices and other drugs like cannabis, tobacco, khat "Mairungi" heroin and other medically prescribed gangsters. Addition levels begin to emerge at the age of 21 and highly associated with other stressors and peer coping skills among young people. Drug consumption increases by age among the youth in Uganda.

In Kikamula Nakaseke district, drug abuse is at a very high rate and it shows up young people between the ages of 12 to 25. The main factors that perpetuate drug abuse amongst the youth in Kikamula are their affordability and easy accessibility. Other reasons like the need 'for

courage to do certain things, lack of physical strength, sleeplessness, loss of appetite, poor diet and nutrition also precipitate drug use among the youth. Young people like to taking drugs to feel high, relieve stress, relax, prove their maturity, for adventures sake and to go through periods of cold weather.

Statement of the Problem

Domestic violence on depression and substance abuse in Uganda has been majorly cited in Kikamula and the consumption tremendously increases all the time. Nevertheless, the victims of drug consumption show signs of cultural influence. Most tribes have a culture of dealing and brewing drugs in homes thus exposing many people to such drugs at an early age. As young people reach adolescence, drug consumption increases due to peer pressure. Both married and unmarried people prefer strong local spirit which is easily put in miniature sachets at very low prices and other drugs like cannabis, tobacco, khat “Mairungi” heroin and other medically prescribed thugs. Other causes include; high illiteracy levels, high degree of unemployment, extreme poverty, peer groups, among others.

Consequently, the married people have ended up spoilt, imprisoned, raped, homeless, jobless, early and forced marriages, unwanted pregnancies, prostitutes and others have died of the HIV/AIDS. Due to this problem the future of Uganda is not only at the state of doubt but also in a terrible dilemma since the youth are looked at as the parents and leaders of tomorrow. All this problems are occurring without government strict measures to curb this problem. It is therefore upon this background that the researcher finds it necessary to investigate the possible causes and the impacts of domestic violence on depression and substance abuse to learners at Makerere University in central Uganda.

Purpose of the Study

The purpose of the study was to assess the influence of domestic violence on depression and substance use among ongoing students at Makerere University.

Objectives of the Study**General objective**

To assess the influence of domestic violence on depression and substance abuse among ongoing students at Makerere University.

Specific objectives

1. To establish the relationship between domestic violence and depression among ongoing students at Makerere University.
2. To identify whether depression affects substance abuse among ongoing students at Makerere University.
3. To identify the effects of domestic violence and depression among ongoing students at Makerere University.
4. To identify the possible measures put forward to control domestic violence on depression and substance abuse among ongoing students at Makerere University.

Research Questions

1. Is there a relationship between domestic violence and depression among ongoing students at Makerere University?
2. What are the likely causes of substance abuse on depression among ongoing students at Makerere University?

3. What effects are there emanating from the abuse of domestic violence and substance abuse among ongoing students at Makerere University?
4. What possible strategies can be drawn to curb down the issue of substance abuse among ongoing students at Makerere University?

Scope of the Study

The study focused on the Influence of domestic Violence depression and substance abuse among ongoing students at Makerere University. The relationship between drug abuse and domestic violence plus the effects and strategies to curb down these consequences emanating herein. The scope of the study was under three major aspects; geographical, content and time scope. Each of these is discussed in turn.

Subject Scope

The study was about; “Influence of domestic Violence depression and substance abuse among ongoing adolescent students at Makerere University.” The study based on the domestic violence as an independent variable and depression mediating variable and substance abuse as a dependent variable.

Geographical Scope

The study was carried out among ongoing adolescent students at Makerere University.

Time scope

The study was conducted in one month, that is to say November, 2022. Reference was made to the university holiday break that commenced on November, 2022 thus guaranteeing ample time for the researcher to carry out her study without much stress.

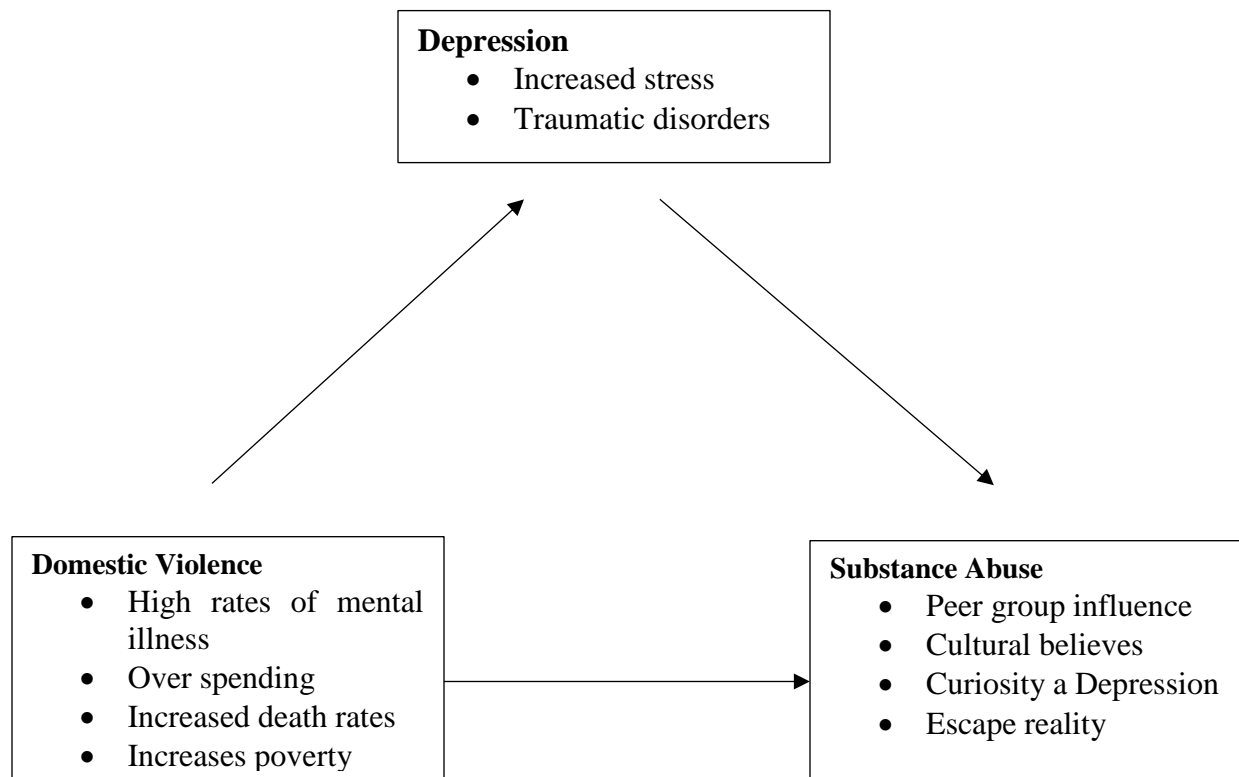
Significance of the Study

The study findings may be beneficial to policy makers as it acted as a tool in formulating the right policies that enhanced community awareness on the negative effects of domestic violence, depression and substance abuse.

The study may benefit the local communities around Makerere on strategies of avoiding substance abuse, so as to reduce domestic violence and depression.

This study may benefit academicians because it provided them with Literature Review which can be used by academicians.

Conceptual Framework the Figure 1 below shows the conceptual framework between the two variables



Sources: Researcher's formulation 2015

The figure above explains the variables used in the study that is independent variable, dependent variable and intervening variables. Independent variable such Peer group influences, Cultural believes, Curiosity, Depression, and Escape reality affects domestic Peer group influence Cultural believes a Curiosity a Depression escape reality a High rates of illness a Mental illness over spending ~ Loss of jobs increased death rates a Increases poverty a High crime rates a Sensitization on the dangers of drugs a Formulation of strict laws a Guidance and counseling services Total ban of drugs Peer education Rehabilitation Provision of employment opportunities 5 violence negatively which dependent variable such impacts leads to High rates of illness, Mental illness, Over spending, Loss of jobs, Increased death rates, Increases poverty, and High crime rates. Therefore for such impacts to solved intervening variables intervened to minimize, avoid and reduce the rate of domestic violence such as Sensitization on the dangers of drugs, Formulation of strict laws, Guidance and counseling services, Total ban of drugs, Peer education, Rehabilitation and Provision of employment opportunities all these measures can help to reduce the rate of domestic violence occurrence. They can be implemented by government agencies such police, and Military and NGO's.

Chapter Two

Literature Review

Relationship between Domestic Violence and Depression

This Treatment Improvement Protocol (TIP) focuses on heterosexual men who abuse their domestic partners and on women who are abused by men, because these individuals constitute a significant portion of the population seeking substance abuse treatment. Though domestic violence encompasses the range of behaviors above, the TIP focuses more on physical, or a combination of physical, sexual, and emotional, violence. Therefore men who abuse their partners are referred to throughout as *batterers*; women who are abused are called *survivors*. Child abuse and neglect, elder abuse, women's abuse of men, and domestic violence within same-sex relationships are important issues that are not addressed in depth in this document, largely because each requires separate comprehensive review. Other patterns of domestic violence outside the scope of this TIP are abused women who in turn abuse their children or react violently to their partners' continued attacks and adult or teenage children who abuse their parents (McLeer & Anwar, 2007).

Nargis Munir, and Nasir Ahmad (2021) notes that domestic violence is a grave combination of violent and abusive behavior that adults exhibit against their partners. Majority of the people perceive that physical abuse for example hitting, slapping, and beating between spouses as domestic violence. The Americans Overseas Domestic Violence Crisis Center explained five major types of abuse, which are physical, emotional, sexual, social, and spiritual abuse. Domestic violence exists in all ethnic and racial communities across the world and women are mostly among those who are often the victim of domestic violence.

A study on spousal abuse among Pakistani women revealed that women had undergone a variety of harassment and abuse; these include physical assault, degradation, inhuman neglect,

marginalization and poverty. This has severely influenced their social life, physical and mental wellbeing, mental states and relationships with other members of family and society Mazhar (2021).

According to the United Nations definition, violence against women includes “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life”. The most common type of violence against women worldwide is “domestic violence” or the physical, emotional ranged from 20% to as high as 50% in 1997.^{2,3} Globally, it has been estimated that woman 1 in 3 has been beaten, forced into sex or other abuse in her lifetime (Sobia & Faizib, 2010).

Beydoun, Beydoun, Kaufma and Zonderma (2012) suggest that the National Network to End Domestic Violence (NNEDV) recognizes April 7th as World Health Day. This year, the World Health Organization raises awareness about depression, a disorder that affects over 300 million people worldwide. Survivors of domestic violence are nearly twice as likely to suffer depressive symptoms compared to women who have not experienced domestic abuse. These symptoms include: a loss of energy, change in appetite, change in sleeping habits, anxiety, difficulty concentrating, indecisiveness, restlessness, feelings of guilt or hopelessness, and thoughts of self-harm or suicide.

The effects of depression can be debilitating and significantly impact a survivor’s ability to carry out even the simplest everyday tasks, such as going to work or maintaining relationships with family and friends. Experiencing multiple types of abuse can increase the risk of developing mental health symptoms. Additionally, survivors have voiced many concerns about prejudice and bias regarding mental health, as their mental health status is often used against them by abusers

and when they seek services. Abusers may also attempt discredit or undermine a survivor who suffers from depression in custody battles or other court-related services and among family and friends

A better understanding of depression and how it directly impacts survivors of domestic violence can shift the stigma associated with mental health and trauma. Ultimately, it may lead more survivors with depression to seek the services they need. NNEDV continues to advocate for survivor empowerment by raising awareness about the unique barriers many survivors face and the importance of securing funding for domestic violence programs that provide critical services, such as mental health advocacy and counseling, to help survivors of domestic violence and their families (Houry, Kembal, Rhode & Kaslow, 2006).

Friska and Vita (2020) notes that domestic violence is defined as a social problem associated with an increased risk of mental illness in women. The violence experienced by women can be a traumatic event that leads to a psychological disorder. Domestic violence has a strong relationship with depression, including depressive symptoms, depression disorders, and suicide. Risk factors associated with depression in women victims of domestic violence are including age, education level, socioeconomic status, and long experience of violence.

Many adolescents are still thought to face high levels of substance abuse and this have been attributed to domestic violence of their parents ,guardians or partners, and the role of depression as well. This research set out to examine the relationship between domestic violence, depression and substance abuse among adolescents. A correlational study design that quantitative and descriptive was adopted to establish the relationship between the variables. Total of 100 respondents, both male and female participated in the study. Data collected was analyzed using statistical package for social sciences [SPSS],where Pearson correlation co efficient [r] was used

to test the significance of hypotheses. The study revealed that there is significant relationship between domestic violence and substance abuse; the study also revealed that there was a significant relationship between domestic violence and depression. The study further showed that depression and substance have significant relationship. (Ainebyoona, Kyomuhangi & Mandwa, 2022).

Relationship between Depression and Substance Abuse.

When a person is depressed, it can be tempting to relieve depressive symptoms by turning to drugs and/or alcohol. An estimated one-third of people with clinical depression engage in substance abuse as a form of self-medication to relieve feelings of hopelessness, low-self-opinion, and despair. Although these chemical intoxicants may temporarily relieve symptoms, they can also make depression more severe and trigger or intensify the negative feelings and self-destructive behaviors associated with depression (Sally, 2022).

Karin (2022) notes that the increased reports of substance misuse demonstrate the harm communities experienced as an indirect result of COVID-19. According to the American Medical Association Trusted Source, every state in the United States reported a spike or increase in overdose deaths or other problems during the pandemic. The increase in deaths may be related to more people seeking drugs, such as fentanyl, as a form of self-medication for mental health conditions. The researcher also conducted another study from 2020 and also found that COVID-19 directly relates to an increased risk of psychiatric disorders. It suggests that almost 6% Trusted Source of people diagnosed with COVID-19 will go on to develop a psychiatric disorder that they did not have before.

There is a very close relationship between depression and substance abuse in adults. The two conditions are highly comorbid, which is to say that they occur together in an extremely high percentage of individuals. There are a number of different ways that this occurs. Substance abuse

can cause depression and depression can cause substance abuse, there are number of drugs that people use and abuse that can directly affect the brain and cause depression. For example, marijuana slows down the brain functioning and diminishes cognitive abilities and can cause depression in significant number of individuals (Brendel, 2008).

Jeffrey (2022) proposed that the symptoms of depression can drive some people toward substance use to cope with their condition. However, consuming drugs or alcohol to self-medicate depression symptoms can increase the risk for addiction. Learn about the causes of addiction and co-occurring depression and why treatment is vital for overcoming both conditions.

Depression is common among people battling an addiction to drugs or alcohol. Substance abuse can trigger or intensify the feelings of loneliness, sadness and hopelessness often associated with depression. An estimated one-third of people with major depression also have an alcohol problem where most people will experience highs and lows throughout their life, clinical depression lasts for weeks, months and sometimes even years. It interferes with a person's entire life, including their ability to work and maintain a healthy lifestyle (Geng, 2022).

Juergens (2022) notes that for those struggling with depression who feel there is no end in sight, drugs and alcohol may sometimes appear to be an easy solution to their problems. These substances can temporarily subside any emotional pain and bring about a sense of happiness. However, these substances can become addictive. The more you consume, the more dependent your body will become on their effects. Over time, substance abuse can exacerbate symptoms of depression as well as lead to health problems like brain damage down the road.

According to the National Institute of Mental Health (NIMH), about half Trusted Source of all people with SUD also have a mental health condition, such as depression. While depression

symptoms such as low mood can cause a person to misuse drugs and alcohol, SUD may also cause depression. It can trigger brain changes that make a person more likely to develop a mental health condition (Karin, 2022).

According to multiple national surveys, about 50% of people who experience a substance use disorder will also experience a mental illness during their lives and vice versa. When a substance use disorder and mental health disorder occur in the same person at the same time, they are called co-occurring disorders. A dual diagnosis is another name for when mental health disorders and substance use disorders occur together. Dual diagnosis and co-occurring disorders are terms that can be used interchangeably, as they refer to the same thing (Heidi, Hall & Fuller, 2022).

Depression and addiction often work in cycles together. One may even contribute directly to another. Those suffering from depression have an increased likelihood of substance abuse while those with a substance use disorder are at an increased risk for depression. It's a vicious cycle. The majority of people with a depressive disorder who abuse substances do so to self-medicate. By abusing drugs or alcohol, they may find a boost in their moods or a reduction of negative feelings. At least at first. However, long-term use of these substances can trigger or escalate sadness, lethargy and other negative consequences. Moreover, as individuals become dependent on substances as a means of escape, it may prevent them from seeking treatment. In this guide, we'll explore the relationship between depression and substance abuse, along with steps you can take to recognize the warning signs and how to seek help.

Relationship between Domestic Violence and Substance Abuse

They are related much in the same way that co-occurring mental disorders like depression and anxiety are linked to increased drug use and vice versa. Often one is a symptom of the other,

and in many cases, they go hand in hand. Yet while they're intertwined, one doesn't always precede the other. Abusing drugs doesn't always spur aggressors to physical or emotional violence, and being a victim of abuse doesn't necessarily lead to overindulgence in dangerous substances. But when domestic violence and drug use happen together, they wreak havoc on everyone involved (Bradshaw, 2015)

Gibbins (1975) states that among the social cultural conditions that minimize drug abuse problems are exposure of a strong family or religious. This research may not be applicable to the present situation. More even the literature will not show the methods of data collection.

Drug abuse on the part of the perpetrator tends to increase levels of violence and the likelihood of causing physical injury. When drugs are combined with other substances, the violence becomes still more dangerous (Humphreys et al., 2005). Most women report that their partners are also abusive when sober.

Women's own drug abuse is unrelated to likelihood of sustaining a physical injury (Thompson & Kingree, 2006). Studies consistently highlight that women who experience domestic abuse and use drugs, tend to do so as a consequence of the abuse (Humphreys et al 2005, Jacobs 1998, Taylor 2003). This is reported to help dull the physical and emotional pain (Humphreys et al 2005). In cases of women's abuse towards men, men's risk of injury is largely unrelated to their partner's drug abuse (Thompson & Kingree, 2006).

Byamugisha (2000) argues that in case of students usually examination pressure contributes to a great deal to drugs. In contemporary times, that above study may be out dated and unreliable and this calls for a new research on examination pressure to show the exact statistics and the study instruments.

Staff and administrators drawn from a statewide random sample of 74 chemical-dependency and domestic-violence programs completed a questionnaire on linkage, referral, impairments to interagency cooperation, and beliefs about cross-problem incidence. Survey participants estimated that 46% of the male substance abusers currently in their care were batterers, 60% of the female substance abusers were victims, and 42% of the women now in domestic violence programs were substance abusers. Four of five survey participants believed that these clients would benefit from increased cooperation between chemical-dependence and domestic-violence programs. Implications of these findings are discussed (Bennetti, 2009).

In Africa, According to the United Nations office on drugs and crime (UNODC) Report 2005 some 200 million people or 5 percent of the world's population age 14 to 64 abuse drugs at least once in the last 12 month, 15 million people more than the previous years were estimated. Likewise according to the world drug report (2005) the use illicit drugs have increased in the recent years. The report goes to note that increasing availability of the drugs to an over widening socio-economic spectrum of customers is disconcerting although the main problem at the global level continues to be opiate (notably heroine) for most of Europe, Asian, Opiates accounted for 62 percent of all drug treatment sought in 2003. While 3.3 to 4.1 1 drugs, the most worrisome trend for the IJNDPCP executive's director is the younger and younger ages of which people are becoming addicted.

In Pakistan for example, the share of those who started heroin use at 15-20 years of age has doubled to almost 24 percent. Drug use among the Ugandan's population has been majorly cited in many parts of the regions and the key challenge among others is the negligence of parents over their children and the drivers of HIV/AIDS epidemic yet no efforts have been made to address this problem as a matter of urgency. The victims of drug consumption on domestic violence show signs

of cultural influence. Most tribes have a culture of dealing and brewing drugs in homes thus exposing the youth to such drugs at an early age. As young people reach adolescence, drug consumption increases due to peer pressure. Young people prefer strong local spirit which is easily assessable in miniature sachets at very low prices and other drugs like cannabis, tobacco, khat “Mairungi” heroin and other medically prescribed gangsters. Addition levels begin to emerge at the age of 21 and highly associated with other stressors and peer coping skills among young people. Drug consumption increases by age among the youth in Uganda.

Jon Rose (2000) observed that, Young people who come to the attention of health and welfare professionals often use drugs as a means of coping with situational and emotional distress. While this drug use may also exacerbate problems, practical assistance in areas such as accommodation, family, recreation, financial, vocation and educational support will most often need to precede or coincide with any drug use management. Linking drug-related effects and interventions to goals identified by the client will enhance the possibility of change. Providing services to adolescents who are using legal and/or illegal drugs raises a range of specific issues.

Peer group influence has been noted as a key factor to drug abuse among the youth. In the social learning perspective (Akers et al. 1977) adolescents learn delinquency by modeling exposure to friends’ delinquent behavior, peers’ social approval of delinquent acts, and anticipated rewards for engaging in delinquency. Peer group influences on deviance are especially likely when there is weak bonding to the family and school (Elliott et al. 1985; Kandel 1980; Jessor and Jessor 1977; Hirschi 1969).

Samsha [2006] states that teens use drugs for many reasons including curiosity and because the teens hear that drugs make you feel good, high and it reduces stress and may because they have seen their friends and families use them, they become curious of how these drugs taste and how it

really feels when one uses the drugs hence making it the reason as to why some people most especially students abuse drugs.

Hypothesis

The study was guided by the following hypotheses;

1. There is no significant relationship between domestic violence and depression
2. There is no significant relationship between depression and substance abuse.
3. Domestic violence and substance abuse are not significantly related.

Chapter Three

Methodology

Introduction

Basing on the nature of the research problem, an analytical study will be employed. The data collection methods were quantitative and evaluative. Key Informant Interviews, General Interviews and Focus Group Discussions were used as qualitative methods. Self-administered and researcher administered questionnaires were prepared.

Research Design

A descriptive research design was adopted in the study to explain the effects of domestic violence, depression and substance abuse among ongoing students in higher institutions of learning. Cooper and Schindler (2011) defines descriptive studies as those studies whose objective is to explain a phenomenon, to estimate a proportion of a population with similar characteristics and to discover associations among different variable.

Population of the Study

The population of the study in this research comprised of 68 ongoing students at Makerere University.

Sampling Technique

Purposive sampling method was used with a view of selecting respondents who were positioned to provide relevant information. The above respondents were chosen because of their vast knowledge and familiarization with the situation on ground in the area of study.

Simple Random Sampling

A list of employees was obtained from the general managements' office from which respondents were randomly selected. This gave employees an equal chance of being selected for the interview and hence reduced bias.

Sampling Procedures

Simple random sampling was used to select respondents from the study area who were staff members; staff purposeful sampling also was used to select some categories of respondents from the University. This technique was chosen because it helped to produce the salient characteristics of the accessible population and also enabled the researcher to give equal opportunity to sample population to give information.

Sources of data

Data was collected from both primary and secondary sources, with much emphasis on primary data.

Primary Source

This source provided first hand data directly from respondents through questionnaires, interviews and discussions with relevant stake holders to the study and observations. Much of the conclusion based on this source.

Secondary Source

This provided supplementary data to the primary source and this mainly documented data from the records of the local government, annual magazines and other relevant text books from

other libraries, existing literature in order for the researcher to draw valid conclusions and recommendations as well as the internet.

Methods of Data Collection

The study incorporated by the use of various methods in the process of data collection in a bid to come up with sound, concrete and credible research findings. The researcher therefore was amalgamated by the use of questionnaire, interviews and documentary analysis in the process of collecting primary data.

Documentation/ Secondary Data

Secondary data was used in this study as; the researcher collected secondary information from different sources like; text books, internet, newspaper, magazines, journals among other sources. This information was reviewed by visiting places like libraries and internet cafes.

Questionnaire

The researcher used a structured questionnaire to be formulated and directed to the sample subjects. Questionnaire was considered appropriate since they was administered to a large population of the respondents and are given ample time to think and express themselves and quite a lot of information was collected in a relatively short period of time.

Interview

This was conducted with people who cannot read and write in order to get information. It was a face to face interaction between the researcher and respondents. This instrument is chosen because it enabled the researcher to obtain a higher response rate.

Validity and Reliability of Research Instruments

Validity.

An instrument is said to be valid when it measures what it claims to measure or the extent to which it predict accurately. It is actually the degree to which an instrument actually measures the variable it claims to measure.

Reliability

Reliability is the ability of the instrument to consistently yield the same results when repeated measurements are taken of similar individuals under the same conditions. Reliability was ensured using triangulation by featuring similar questions in the questioner using different language.

Data Analysis

The raw data to be collected in the field was systematically organized to facilitate analysis and easy comprehension of the findings.

Quantitative Analysis

Frequency tables were used to sum up the data into descriptive statistics. It was coded, statistics made and summarized into frequency and percentage tables and later was used to explain the findings through charts and graphs.

Qualitative Analysis

The information collected was evaluated with documentary review and the research theme in a systematic way in order to describe what was on ground, establish useful conclusions and recommendations that were unbiased and were in line with the objectives of the study.

Ethical Consideration

Before commencing the research, an introductory letter from the University was sought and the purpose of the study was explained to the authorities to avoid inconveniences and the information to be collected was be kept with highly confidential.

Chapter Four

Results

Introduction

This chapter presents results that the researcher discovered and its analysis in terms of descriptive statistics i.e., frequency and percentages and inferential statistics i.e., Pearson Correlation.

Descriptive Statistics

Under this section we look at the frequency distribution of different variables such as age of the respondents, tenure, sex and the position held at the organization. The section also an item analysis of the different questions that the respondents were meant to tick against while providing the right answers as per their best fit option

Table 1: Sex of Respondents

Gender	Frequency	Percent
Male	39	48.8
Female	41	51.3
Total	80	100.0

The table above shows that the majority of the respondents were females with a percentage of 51.3% followed by males with a percentage with a percentage of 48.8% of the total respondent population

Table 2: Age of Respondents

The table below presents frequency distribution and percentage of respondents' ages as per data collected and analyzed.

Age of respondents	Frequency	Percent
18-29 years	37	46.3
30-39 years	26	32.5
40-49 years	14	17.5
50 and above	3	3.8
Total	80	100.0

Table 2 above shows that many of the respondents were aged between 18-29 years with a percentage of 46.3% and that the minority are aged between 50 and above years with a percentage of 3.8%

Table 3: Marital status of the respondents

The table below shows frequency distribution of the marital status of the respondents

Marital status	Frequency	Percent
Married	25	31.3
Divorced	6	7.5
Single	49	61.3
Total	80	100.0

Table 3 above shows that 60% of the respondents' population were married and that 1.3% were widowed

Table 4: Highest level of education of Respondents

The table shows a frequency distribution of the education level of respondents

Education	Frequency	Percent
Certificate	7	8.8
Masters	19	23.8
Degree	43	53.8
Others	11	13.8
Total	80	100.0

The table above shows many of the respondents were degree holders with a percentage of 53.8% of the total respondent population. The table further shows that 8.8% were certificate holders and these formed the minority group of the respondents

Pearson Correlation;

This section covers data results as per SPSS correlational data of the variables and also the research hypotheses. This section further seeks to find the truth behind the research hypotheses through the data results obtained from SPSS

Table 5: domestic violence and depression

		Domestic violence	Depression
Domestic violence	Pearson Correlation	1	.448**
	Sig. (2-tailed)		.000
	N	70	67
Depression	Pearson Correlation	.448**	1
	Sig. (2-tailed)	.000	
	N	67	77

** . Correlation is significant at the 0.01 level (2-tailed).

The table above shows that there is a strong significant relationship between domestic violence and depression since $r = .448$ and $p = .001 (< 0.01)$. The researcher shall therefore conclude by rejecting the null hypothesis that stated that there is no significant relationship between domestic violence and depression.

Table 6: Depression and substance abuse

		Depression	Substance abuse
Depression	Pearson Correlation	1	.081**
	Sig. (2-tailed)		.098
	N	77	73
Substance abuse	Pearson Correlation	.081**	1
	Sig. (2-tailed)	.098	
	N	73	75

** . Correlation is significant at the 0.05 level (2-tailed).

The table shows that since $r = -.081$ and $p = .098 (< 0.05)$, there is a positive relationship between the variables. The researcher shall reject the null hypothesis that stated that there is no significant relationship between depression and substance abuse. This further implies that high levels of depression experienced by the individual shall lead to high levels of substance abuse by the students.

Table 7: Domestic violence and substance abuse

		Domestic violence	Substance abuse
Domestic violence	Pearson Correlation	1	.175*
	Sig. (2-tailed)		.001
	N	70	66
Substance abuse	Pearson Correlation	.175*	1
	Sig. (2-tailed)	.001	
	N	66	75

** . Correlation is significant at the 0.01 level (2-tailed).

Table 8 above shows that since $r = -.175$ and $p = .161 (> 0.01)$, the researcher shall retain the alternative hypothesis that stated that there is a significant relationship between domestic violence and substance abuse and conclude that there is a positive significant relationship between the variables. This means that high levels of domestic violence shall lead to relatively high levels of substance abuse enjoyed by the students.

Chapter Five

Discussion, Conclusions and Recommendations

Introduction

This chapter is composed of the discussion of the results of the study, conclusions drawn from the study and recommendations suggested according to the findings of the study.

Relationship between Domestic Violence and Depression

The hypothesis stated that depression is significantly related to domestic violence. The research findings proved that the relationship between depression and domestic violence can be trusted. The results from the study were further in line with citations as elaborated below

Domestic violence is a grave combination of violent and abusive behavior that adults exhibit against their partners. Majority of the people perceive that physical abuse for example hitting, slapping, and beating between spouses as domestic violence (Yick AG 2017). The Americans Overseas Domestic Violence Crisis Center explained five major types of abuse, which are physical, emotional, sexual, social, and spiritual abuse. Domestic violence exists in all ethnic and racial communities across the world and women are mostly among those who are often the victim of domestic violence (Feroz, 2015).

Women have a central role in family in any culture, and their mental, physical and social well-being is closely connected to society's overall well-being. Health service providers around the globe are giving much importance to physical, mental and reproductive health of women for a healthy society. WHO report on violence and health illustrated that in most countries of the world women are mostly maltreated, and the major victims of domestic violence. It also found that women who were victimized by their partners had higher rates of depression, anxiety, and phobias

than those who were not victimized (Garcia 2005). Unfortunately, Those Women who belonged to disadvantaged groups and are living poor life in different communities around the world are at high risk to become victim of domestic violence. Domestic violence can seriously damage the physical and mental health of abused women. It also undermines their social, economic, spiritual and emotional wellbeing of the victimized women and even it can affect the whole society. It has been considered a major element that contributes to the poor health of women (Kaur R 2008).

The relationship of domestic abuse with mental health problems can be measured by the mental level of those women who were abused by their intimate partner and who are seeking treatment in mental health clinics. A research carried out in United States America revealed that women seeking treatment and help in family clinics, 20% of them had actually suffered from physical, emotional or sexual violence by their intimate partners (Coker, 2000). Mental health providers around the world are more concerned with increasing rate of mood disorders in women who are domestically abused. Studies conducted on domestic abuse and mental health of abused women found that common psychiatric disorders include depression, stress, post-traumatic stress disorder (PTSD), eating disorders, substance dependence, antisocial personality disorders, and non-affective psychoses (Campbell, 2012). This has increased the burden on mental health facilities.

A study on spousal abuse among Pakistani women revealed that women had undergone a variety of harassment and abuse; these include physical assault, degradation, inhuman neglect, marginalization and poverty. This has severely influenced their social life, physical and mental wellbeing, mental states and relationships with other members of family and society. Another research on patriarchy and gender-based violence in Pakistan revealed that Thomson Reuter Foundation expert poll ranked Pakistan among top three dangerous countries for women in the

world. Bibi in Hyderabad, Sindh, Pakistan found that Domestic violence was quite common among married women.⁹ Hence there is need to investigate the relationship of domestic violence with depression, anxiety and quality of life of married women in Pakistan. Domestic violence as perceived by the women in this study was verbal violence (conflict, taunting, blaming and shouting), physical violence (beating, pushing, shoving, using any means such as hands, legs, sticks) and emotional violence (feeling anxious or depressed due to conflicts with husband or in-laws). It is expected that the findings of this study will provide insight to the consequences of abuse experiences (Nathanson, 2012).

Relationship between Depression and Substance Abuse

The hypothesis stated that depression is no significantly related to substance abuse. Results from the study had the researcher conclude that there is a positive relationship between depression and substance abuse. These research findings are similar to literature below;

Depression is common among people battling an addiction to drugs or alcohol. Substance abuse can trigger or intensify the feelings of loneliness, sadness and hopelessness often associated with depression. An estimated one-third of people with major depression also have an alcohol problem. While most people will experience highs and lows throughout their life, clinical depression lasts for weeks, months and sometimes even years. It interferes with a person's entire life, including their ability to work and maintain a healthy lifestyle (Brown ES 2013).

For those struggling with depression who feel there is no end in sight, drugs and alcohol may sometimes appear to be an easy solution to their problems. These substances can temporarily subside any emotional pain and bring about a sense of happiness. However, these substances can become addictive. The more you consume, the more dependent your body will become on their

effects. Over time, substance abuse can exacerbate symptoms of depression as well as lead to health problems like brain damage down the road (Goldsmith RJ 2013). When a person is depressed, it can be tempting to relieve depressive symptoms by turning to drugs and/or alcohol. An estimated one-third of people with clinical depression engage in substance abuse as a form of self-medication to relieve feelings of hopelessness, low-self-opinion, and despair (Sonne SC 2014).

Although these chemical intoxicants may temporarily relieve symptoms, they can also make depression more severe and trigger or intensify the negative feelings and self-destructive behaviors associated with depression. People who have depression are at an approximately 10% lifetime risk of suicide, a risk that increases to 25% if substance abuse is added to the equation (Weiss RD 2018). The substances can also become addictive, with the body becoming more dependent on their effects, the more a person uses them. In this way, depression and substance abuse feed into each other, with one condition often making the other condition worse. Over time, substance abuse may not only intensify depressive symptoms but also eventually lead to health problems such as brain damage (Kessler, 2017).

Depression is a common condition that is associated with an increased risk for other chronic health problems, including substance abuse. The availability and social acceptance of alcohol, cannabis and tobacco have contributed to the fact that these substances are the most used among the adolescent population in Spain. Studies on risk factors include affective disorders as a variable that increases the likelihood of substance use (Bautista, et al., 2006). Substance use has been linked to some kind of emotional distress prior to consumption (Kaplan, 2015). In a sample of young Americans, Shedler, and Block (2010) observed that marijuana users had more emotional problems during childhood.

In the same vein, in a 5-year longitudinal study of adolescents, Lerner and Vicary (2014) observed the relation between a difficult temperament, including frequent negative moods and social isolation, and the initiation and continuance of substance use. Moods and negative responses to isolation by difficult children could be similar to the depression and social alienation often expressed by substance users (Smith & Fogg, 2018). Substance use is often used as a method to relieve emotional problems (Labouvie, 2016), although its effects are not very durable or effective in the long term, as consumption tends to enhance depressive symptoms (Bleichmar, 2014).

Relationship between Domestic violence and Substance Abuse

The research hypothesis stated that domestic violence is significantly related to substance abuse. However, results from the study proved that there is a significant relationship between domestic violence and substance abuse. These results were found to be supported by other researchers' findings as shown below

Different authors have found out that substance abuse is highly correlated with domestic violence making it reliable because it was used to provide solutions and a conclusion on all facts related to this topic. This magazine is therefore important when writing a proposal especially on the effects of drugs and how it contributes to the domestic violence. The author of this article in the magazine targets all people in the society (young, old, married and singles) because drug and alcohol abuse affects all people either directly or indirectly. This article will therefore be useful in trying to identify the major challenges facing most families which are under the influence of drugs.

Domestic violence is also known as spousal abuse, domestic abuse, intimate partner violence (IPV) or child abuse. It is therefore defined as abusive behaviors by either one or both partners in a relationship. Such intimate relationships include: family, dating, marriage,

cohabitation or friends. Domestic violence take many forms such as physical aggression or abuse (biting, kicking, throwing objects to a partner, hitting, restraining, slapping, shoving), or threats, stalking, intimidation, dominating or controlling, sexual abuse, emotional abuse, economic deprivation and passive abuse which is also known as covert abuse such as neglect. These abuses if constantly repeated can lead to self-harm, mental illness and an attempt to commit suicide.

Increase in adolescent alcohol consumption during this period was noted (Robinson and Greene. 1988) more precise data about drugs use by children especially the adolescent have been collected in recent years. Each year since 2005, Lloyd, Johnson, Patrick, O'Mally and Gerald Backman working at the institute of social research at the university of Michigan study is called the monitoring of the future drug study. According to Johnston et al., (2001), the use of drugs among the US institution children declined in 1980s but began to increase in the 1990s (BACHMAN 7 others 2003) stated that in the late 1990s and the first three years of the twenty first century, the proportion of the tenth and twelfth grade students report that the use of any illicit drugs has been holding fairly steady or declining in use.

In Kenya, two reports released in 2004 by the national Aids and S.T.D Control program was highlight the abuse of drugs and alcohol and the link between drugs abuse and HIV/ AIDS. The first report was on a study of substances among the youth conducted by the national agency for campaign against drugs (NACADA). It pointed high prevalence among youth in abuse of alcohol, cannabis, miraa and inhalants and a lower abuse prevalence of other narcotic drugs and psychotropic substances. The second report was a study commissioned by the United Nations office on drugs and crime (UNDOC) AND CONDUCTED by the University of Nairobi to investigate the links between drugs abuse, injecting drug use and HIV/AIDS in Kenya. It revealed that over and beyond the findings of the NACADA Study, heroin, cocaine and Amphetamines are

abused. The report showed that injecting drugs use is high in Mombasa and Malindi in the coast province, followed by Nairobi and sharing of needles is quite common.

In Kampala district, Kampala International University parents and their children have drugs and 2 alcohol under the influence of home environment practices and illiteracy. As started by (Nora 2007) the influence of home environment is usually most important in childhood. According to (Nora 2007) parents and older family members who engage in criminal behavior can increase risk of developing their own drugs problem.

Conclusion

Different people may drink for different reasons and among which is to escape from depression causing problems/pressures of life. Society under the legal aspects is divided into two, one legalizing the local brew or drugs such as malwa and other the legalizing of conventional or industrially manufactured drug such as whiskies, beer, though both categories have some effect of dependency. Substance abuse has led to breaks ups of families and suffering children due to lack of basic commodities of life. Drug dependence is a substance related disorder in which an individual is addicted to Drug either physically or psychologically. There is need to increase awareness on drugs and give the students, the youth and other stake holders basic facts on what drugs are and there effects. There is also need to do a campaign on where to get help if one is faced with depression.

Recommendations

It is important to conduct a needs and assets assessment before implementing a prevention program. This is because one needs to find out if substance abuse is an issue in the community, and if the community has the resources to support implementation of a prevention program.

It is necessary to develop culturally appropriate substance abuse prevention programs as culture has been found to play an important role in determining the risk and protective factors for substances. In doing so, we will have programs that effectively address the various cultural factors that contribute to substance abuse among youth.

This research set out to explore the gender and cultural differences in reasons for substance abuse among youth. It was found that few prevention programs considered these factors in their design and implementation. In addition, the research explored existing evidence-based substance abuse prevention programs and their adaptability.

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Appendix Questionnaire

Dear Respondents, as part of the requirements for the partial fulfilment for the award of a Bachelor's Degree in Community Psychology. We are required to carry out research. My topic of interest is; Domestic violence, depression and substance abuse. The information collected in this study will be treated confidentially and used only for academic research purpose. I request you to spend your precious few moments to fulfil the questionnaire. Your cooperation in this regard will be highly appreciated.

SECTION A: BIO DATA

Using the below scale, tick the right of each question that you believe comes closest to your level of proficiency and comfort. Remember there is no right or wrong answer, and your honest opinion is critical to the success of this study.

Age group in years	20-29 years	
	30- 39 years	
	40-49 years	
	50 and above	
Sex of respondent	Male	
	Female	
Marital Status	Married	
	Divorced	
	Single	
	Widowed	
Highest Level of Education	Diploma	
	Degree	
	Masters	
	Others	

SECTION B: Domestic violence

Using the below scale, tick the number to the right of each question that you believe comes closest to your level of proficiency and comfort. Remember there is no right or wrong answer, and your honest opinion is critical to the success of this study.

Scale: 1 = Always (A) 2 = sometimes (S) 3 = frequently (F) 4= Never (N)

No.		Always	Sometimes	Frequent	Never
1	Have you ever experienced violence (physical, verbal or emotional) in your home				
2	Does your spouse abuse you at home when you disagree with what he wants				
3	Do you report violence to relevant authorities when your spouse abuses you				
4	My spouse beats me, pushes me out of the house in the night whenever I make mistake				
5	It is common for spouse to beat me whenever I make any kind of mistakes				
5	Whenever we disagree with my husband, I am subjected to abuse and beaten up to accept what he wants				
7	It is common practice for my husband to beat me up if I fail to do what he wants				

SECTION C: Depression

Using the below scale, tick the number to the right of each question that you believe comes closest to your level of proficiency and comfort. Remember there is no right or wrong answer, and your honest opinion is critical to the success of this study.

Scale: 1 = Strongly Agree (SA) 2 = Agree (A) 3=Strongly Disagree (SDA) 4 = Disagree

(DA)

No.		SA	A	SDA	DA
1	All the tasks you have performed, are taking much more time than usual				
2	You are facing a lack of concentration.				
3	You are feeling you have no future				
4	You are facing problems with making decisions				
5	You feel, your life is sad, as there is no joy in your life anymore.				
5	You have lost interest in all things that were important to you once upon a time.				
7	You have been feeling guilty for everything you do.				
8	You have been very irritated and angry recently				
9	You have been feeling very fatigued				
10	You are feeling that everything you have done has been a failure				
11	You are having a lack of sleep				
12	You are having suicidal thoughts				
13	You are having trust issues with everyone around you.				
14	You are having trouble in all your relationships (home as well as professional)				
15	Feeling tired or having little energy?				

SECTION D. Substance abuse**Instructions:**

Using the scale given below, please circle the number by each statement that best represents the extent to which you agree with the given statements. Before you start, quickly read through the entire list to get a feel for how to rate each statement. Remember there are no right or wrong answers, and your honest opinion is critical to the success of this study. All your responses will be kept confidential.

1 — never (N), 2 — sometimes (S), 3 — often (O)

	Statements	N	S	O
1	Have used drugs other than those required for medical reasons?			
2	Do you abuse more than one drug at a time?			
3	Are you always able to stop using drugs when you want to?			
4	Have you had “blackouts” as a result of drug use?			
5	Do you ever feel bad or guilty about your drug use?			
6	Does your parents ever complain about your involvement with drugs?			
7	Have you neglected your family because of your use of drugs?			
8	Have you engaged in illegal activities in order to obtain drugs?			
9	Have you experienced withdraw symptoms (felt sick) when you stopped taking drugs?			
10	Have you had medical problems as a result of your drug use? (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)			