Sexual Abuse, Depression and Self-esteem among Students in Makerere University

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Declaration

We Beyonyera Burnet Louis, Ssewanyana Isaac, Mbabazi Racheal declare that this is our original work and it has never been submitted to any University or Institution of higher learning for an award.

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Approval

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Date: 18th/12/2022

Dedication

This dissertation is dedicated to our fathers and mothers who have been so special to us since childhood up to now and we pray that God, the Almighty rewards you abundantly. Furthermore, a special dedication to the entire social network that has observed and contributed to our upbringing for this level.

Acknowledgment

We give thanks to the Almighty God for His grace and mercy that successfully enabling to reach where we have reached so far. Special thanks go to our Supervisor, Madam Hajjat Masitula for without her support, guidance and knowledge, this proposal would have never found its way into a print. Special thanks go to our beloved parents and group members. May the Almighty richly bless you.

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Abstract

The study examined the relationship between sexual abuse, depression and self-esteem among Makerere University. A quantitative design, correlation and descriptive in nature was used. A self-administered questionnaire with closed ended questions was used to collect data from 1000 respondents. The data was analyzed using SPSS and the hypothesis were tested using Pearson product moment correlation coefficient. Results showed a significant relationship between Sexual Abuse, self-Esteem and Depression. It was recommended that the government should strengthen the law against sexual abuse and the student victims should be encouraged to report cases of sexual abuse through the existing student's council.

Chapter One

Introduction

Background

Sexual abuse is defined as any sexual act or any attempt for the purpose of obtaining a sexual act through violence or coercion, which, according to WHO, encompasses a variety of situations, namely rap or marital infidelity, rape by strangers, sexual abuse of those with disabilities, sexual abuse of children, forced marriage and child marriage, derail of the right to use contraceptive equipment or prevention of sexually transmitted diseases as well as forced abortion.

According to DMC Public Health (2020) globally, about 35.6% of women have experienced sexual abuse, with widely varying prevalence estimates and men can also be subjected to sexual abuse. Ismail Tahaga, Joaqium Soares, Antonio Ponce, Gloria Macassa (2021) sexual abuse is a problem of considerable proportion in Africa, where up to one third of girls report their first sexual experience as being forced. According to Samuel Onange; Salius Wandabwa, Paul Wondo, reported that, the mean age of women being sexually abuse was 9.5 with a range of 1-35 years, 72% of the victims were children below 12 years, 50% of abused occurred at the assailant's home and the majority 79.3% for example a 41 years old woman who was raped by a gang to death in Mares.

Sexual abuse is common in Uganda and is one of the most dehumanizing human crimes against women. It is associated with adverse medical problems and social problems.

Depression is a psychological condition or experience that comes when one has the feeling of being lost that one is in a state of despair. (M. Esther Harding, 2008) and also depression is characterized by sadness, loss of interest or pleasure, feelings of guilt, low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration.

According to WHO (2017), the proportion of the global population with depression is estimated to be 4.4% with (5.1% females and (3.6%) males being affected (WHO) estimated 1.5% of world deaths in 2015 due to depression.

Asres Bedaso (2022) conducted 23 studies in Africa and females experienced higher levels of depression at 43.10% more than the males (30.90%). John Acowan conducted a research on 902 adult participants in Eastern Africa, Tanzania and found that food insecurity, and stressful life events were associated with symptoms of depression.

Johnson Kagugube (2011) carried out a survey in 14 districts of Uganda and found out that 29.3% people were due to factors such as age, broken family, no formal education, having no employment, death of a father in females and mother in males where females experienced depression at 30.6% more than males at 28%.

Self-esteem

Globally, people with high self-esteem can be motivated to maximize their self-esteem (self-enhancement; e.g. Baumeiser 1999) or to maintain their already positive self-esteem while those with low self-esteem seem to be motivated to avoid losing self-esteem.

This hypothesis seems to be born out by a study conducted in the late sixties in which it was found that colored have lower self-esteem than whites. A recent study however suggests that whites and colored self-esteem is the same (Patrick CL Heaven, Johan M Nieuwoudt, 1981).

According to the New Vision reporter (2021) reported that low self-esteem is one of the major issues still plaguing women in Uganda, many of us grow up, are married and or work in families and places that lack affirmation, encouragement and respect: yet those are the building blocks to self-confidence. Ruther explained that the building self-esteem first involves who are

identifying what you like and developing an awareness of how your past experiences have shaped the person you are today.

Statement of the Problem

Dastille NP (2004) reported a widespread of violence against women where the average female student comes into contact with young men in a variety of public and private settings at various times on campus thus no longer being a state heaven due to exposure of different crimes such as rape, attempted rape thus this study will be focused on enlighting more on the unknown sexual atrocities that are carried out even unintentionally which comes as a result of knowing they are doing wrong. The study will also focus on female students as the victims of two forms of sexual victimization on campus namely harassment and rape which leads to depression episodes and low self-esteem.

Purpose

The study investigated the relationship between sexual abuse, depression and self-esteem among students in Makerere University.

Objectives

1 To examine the relationship between sexual abuse and depression among students.

2 To examine the relationship between sexual abuse and self-esteem.

3 To examine the relationship between depression and self-esteem.

Significance

The study helped to establish the relationship between sexual abuse, depression and self-esteem among university students in Makerere University

The study contributed to the body of knowledge of what now exists and the future prospects of the relationship between sexual abuse, depression and self-esteem among University students. Therefore, it may also be used by other researchers as a source of literature review.

Findings may draw attention of all stakeholders to the fact that other factors may be responsible for sexual abuse among university students, therefore, great need to design an appropriate intervention to win the problem.

The findings may help students facing the problems of self-esteem, depression and sexual abuse among students in Makerere University or other universities, to value themselves despite the horrifying situations..

The findings may be used by Non-Government Organizations, Religious bodies, Medical bodies among others may use the findings of this study to sensitize and design specific intervention programs such as social support, counseling, motivational interventions and behavior activation so that university students know how to effectively deal with depression and anxiety.

Additionally, the Ministry of Health (MoH) and other policy makers may use the findings of this study to make guidelines to help university students overcome low self-esteem, depression and sexual abuse. Additionally, this study can be useful to academicians and researchers who might be interested in pursuing research in the same area. The study can help them understand the relationship between sexual abuse, depression and self-esteem among university students.

Lastly, one of the main aims of psychology is to acquire information in order to understand, explain, predict and make changes to human behaviour. This research is therefore important as it may provide empirical findings that will help to ascertain to establish the relationship between self-esteem, depression and sexual abuse among university students. This will add to the available literature and thus throw more light on human behaviour.

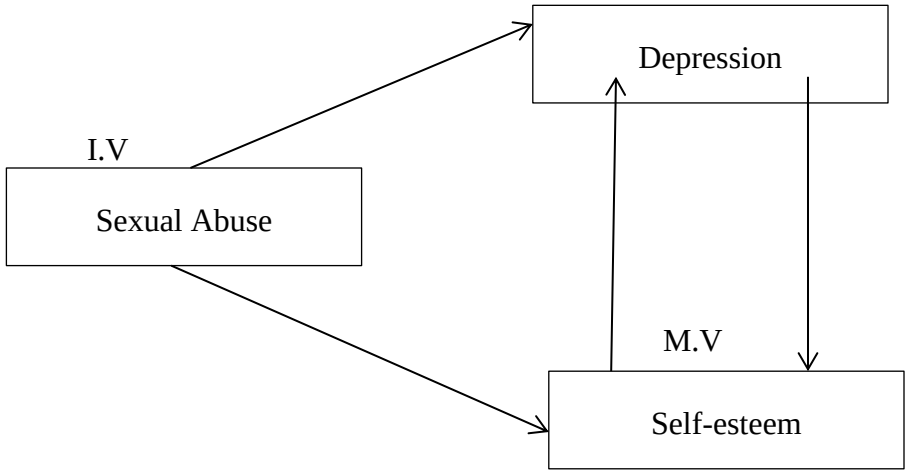
Scope

The study was carried out in Kampala district. Makerere among students in Mary Stuart and Lumumba Hall because there is a large population of students in these halls than other halls in Makerere University. The study will be focused on sexual abuse such as rape by fellow students, abusing the disabled denial of the rights to use contraceptives by their partners.

Depression is a psychological condition or experience that comes when one has the feeling of being lost, in a desert place, in a wilderness, so lost that one is in a state of despair which includes depressive episode and dysthymia which is more intense and last longer with characteristics such as sadness, loss of interest, feelings of guilt, low self-worth and feeling of tiredness, self-esteem is defined as confidence in one's own worth or abilities and self-respect which is classified as high self-esteem and low self-esteem which is characterized by poor risk taking shyness and lack of self-acceptance while high self-esteem consists of worthy of living, self-confident, assertive and willing to take calculative risks.

Conceptual framework

Figure 1: Conceptual Framework



I.V	Independent Variable
D.V	Dependent Variable
M.V	Mediating Variable
→	Arrow Showing Affected Variable

The Conceptual framework shows the relationship between sexual abuse, depression and self-esteem i.e. Sexual abuse (Independent Variable) causes low self-esteem, (Mediating Variable) leading to depression, (Dependent Variable) which also affects self-esteem.

Chapter Two

Literature Review

Introduction

This chapter reviews information or literature obtained from other researcher on issues related to the relationship between sexual abuse, depression and self-esteem among university students. It reviews past studies, journals, newspapers, articles and internet.

Sexual Abuse and Depression

Child abuse is a worldwide concern. It is an insidious persistent and serious problem depending on the population studied and definition used, affects 2-62% of women and 3-16% of men as victims. In most of the times men are the perpetrators and women suffer as victims. Pain and tissue injury from child sexual abuse can completely heal in time, but psychological and medical consequences can persist through adulthood. Charles Felzen Jonson (2004) for example Sanmatha Mwesigye a Ugandan lawyer filed a sexual harassment complaint against her boss at the Ministry of Justice. She says she hoped it would end a cycle of unwanted sexual advances and work place retaliation written by Caroline Kimen (Nairobi, 2022) on average there are 463,634 victims (age 12 or older) of rape and sexual assault each year in the United States. The Pennsylvania Coalition Against Rape (PCAR) 2022 showed forms of sexual abuse which were both physical and non-physical behaviours including touching a child's genitals for sexual pleasure or other unnecessary reason, forcing a child to touch someone else's genitals, putting objects or body parts inside the vulva or vagina in the mouth or in the arms of a child for sexual pleasure or other unnecessary reasons and non-physical behaviours such as exposing a child to pornography, exposing a person's genitals to a child, photographing a child in sexual poses,

watching a child undress or use the bathroom, often without the child's knowledge and also using computers, cellphones or social media outlets to make sexual overtures or expose a child.

Delayer A., Frappier Jay (2017) estimated that 42 million women in the United States alone are survivors of child sexual abuse and 1 in 4 girls is sexually abused before age 18 Namujuzi Flavia, 30 years, a Uganda shopkeeper from the outskirts of Kampala says nobody takes sexual harassment seriously around have and it is difficult to say you were sexually harassed.

Eunice Musiime, executive director of Akina Mama wa Afrika (2022), a pan African women's organization says because of the structure and systematic issues with our criminal justice system, not many women would come out to report cases of sexual violence because they know that it would not work in their favour and she continues to say that there are very few cases of people who have gone through the process successfully for example a female student who accused her lecturer of attempted rape faced a severe back lash at her prestigious university where the claims of sexual abuse are quickly turned into narratives of love affairs gone bad and also acquiring women of seducing their attackers which rises questions in our minds and how this can be acted upon.

Mariah Wilberg (2021) reported an increase of rape and sexual violence among women and girls which increase the number of those expose to HIV due to Covid-19 compared to those months before Covid-19 with a ratio of 1:3 higher during Covid-19 compared to the preceding six months.

The Council of Europe Portal (2022) mentions the different types of gender based violence which include; psychological violence, physical violence, verbal violence, sexual violence, socio-economic violence, domestic violence or intimate relationships, harassment and sexual harassment

and these various forms of violence keep on accruing over time even when sexual abuse is addressed.

Sexuality is part and parcel of students' experiences of schooling manifested in personal friendships, relations and social interaction. Florence Muhanguzi et al., (2011) found out that among young people, sexuality manifests in bodily changes that are characterized by sexual desires, experimentation and risk taking which is embedded in the attempts to understand self, often in the context of stressful lives, students lived experiences are characterized throughout the research data by active engagement and exploration of their sexuality driven by peer influence and complex negotiation with identification and competition as they wrestle with issues of power and control. It was clear from this study that schools offer a vigorous social cultural discursive environment in which students' interaction is characterized by gendered sexual expectations and power imbalances with deep hips and on the other hand boys initiation ito sexual relationships was perceived as being normal and acceptable on the side of boys, sexual invitations was associated with prostitution, desperation, easy going behaviours, sickness of HIV, trying for economic benefits and untrust worthiness.

The patterns that create and maintain gender hierarchy (Tamale, 2003) where patterned by cultural forms of masculinity and feminity which defined men as active and dominant and women as passive and submissive. Ezumah (2004). Female sexual pleasure is thus constructed as unimportant and marginalized. The lack of agency and powerlessness associated with hetero sexuality not only limits girls ability to negotiate the circumstances of sexual encounters (Maticka-Tyndale et al) but also increases the vulnerability to coerced or unwanted sex causing psychological and physical injuries.

Gender based and sexual violence often go unreported, so the actual increases may have been higher, since this study relied on reports to health care workers (Apandi R. et al., 2021). For example some use rape to refer to penetrative sexual acts and sexual assault as a broader category referring to both penetrative and non-penetrative sexual acts (Eileeraas, 2011). Regarding what types of coercion make these acts illegal, various state laws mention, lack of consent or both (Estrich, 1987). In with someone who is "legally to engage in sexual behavior with someone who is legally incapable of consenting due to mental illness, impairment or intoxication (Eileraas, 2011).

Krebs et al (2016), in prevalence studies defined rape as vaginal, oral or anal penetration obtained by force in incapacitation. Non penetrative sexual acts obtained by force or incapacitation have been referred to using several labels, he used the term sexual battery.

According to Sananda Ray (2018) stresses that lead to depression among students involve academic pressure, demanding workloads, worry about own health, financial concerns, exposure to patients suffering in the case of medical students and student abuse and mistreatment which lead to poor academic performance and quality of life may likely result to alcohol and substance abuse, decreased empathy and academic dishonesty.

Caleb J. Othieno et al., (2015), depression symptomatology in youth has been associated with high risk sexual behavior such as early sexual debut, higher number of sexual partners and having sex while under the influence of alcohol and drugs.

Similarly, findings have been demonstrated in studies done in sub-Saharan Africa where HIV is endemic several countries where youths in Uganda who had high scores on depression were likely to report having high numbers of sexual partners. In South Africa, there's evidence that depression is linked to risky sexual behavior. Rosely Okoth (2015), young men and women were

more likely to have experienced intimate partner violence and to have engaged unprotected sex or report incorrect condom use. Although studies from other parts of the world have linked poor mental health to risky sexual behavior, relatively fewer studies have been done in Kenya on adolescents and youth mental health. This study therefore aims to provide more data on the links between depression and HIV risky behavior.

Noeline Nakasujja et al., (2010) reported that HIV is a highly prevalent condition in Uganda with a current prevalence of 6% in the rural areas and 1% in the urban areas of which among patients with HIV infection, clinical depression is the most frequently observed psychiatric disorder, affecting between 4% and 14% of men and women in some studies and indeed it has been noted that depression symptomology rises as AIDs progresses and it rates are 2-3 times higher than.

Robert G. Robinson (2010), examined the prevalence rates of depression and the clinical correlates of depression whereby the overall prevalence of major depression was 21.7% and minor depression was 19.5%. He continued to emphasize that the severity of depression was as a result of activities of daily living. There are two types of depression which are the depressive episode where one's condition is mild and dysthymia where someone's condition in depression lasts longer.

Various symptoms for major depressive episode in the Diagnostic and Statistics Manual of Mental Disorders (DSM-III) where studied and they included sleep change, loss of energy and appetite change which were the most common and psychomotor change and feelings of worthlessness and guilt were the most indicators of depression likely to impose death (David Rudick Davis, 1993).

According to WHO (2021) depression is a common illness worldwide, with an estimated 3.8% of the population affected including 5.0% among adults and 5.7% among adults older than 60 years and approximately 280 million people in the world have depression. Depression can become a serious health condition when it is a recurrent and can cause the affected person to suffer greatly and function poorly at work, at school in the family where at its worst can lead to suicide over 700,000 people die due to suicide every year.

Amy Marin (2022) mentioned that depression can begin of any age and it can affect people of all races and across all socio-economic statuses i.e. the median age of depression onset is 32.5 years old, the prevalence of adults with a major depressive episode is highest among individuals between 18 and 25, 11.3% of adults who report two or more race have experienced a major depressive in the past year, 87% of women have depression and 5.3% of men have depression. Depression is likely to lead to suicide and harm where suicide is the 10% leading cause of deaths in the United States and the general community.

Jesper Love (2017), Intimate Partner Violence (IPV) perpetrated by a current or former partner is the most common type of violence targeting women and continues to be a gross violation of women's human rights as well as major public health problem globally. The World Health Organization (Who) defines IPV as any behavior with an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behavior includes act that restrict a woman's mobility or her access to relatives and friends while psychological abuse refers to threats, insults and acts that be little or humiliate the partner.

Love Stad et al (2017), however in most studies controlling behavior is reviewed as a form of psychological violence and this is therefore inquired about. In one of the early studies performed

in areas of Sweden, 8% of women reported exposure to physical IPV during the past year while 3% reported exposure to sexual IPV and among 2% of female respondents had experienced systematic and repeated acts of controlling behavior during past year prior to the current year.

Jesper Love et al (2017), suggest the psychological abuse, including controlling behavior, is far more frequent than other form Intimate Partner Violence and that most women exposed to physical IPV, also are exposed to some form of psychological abuse. A study in Sweden for instance showed that four out of ten women who reported exposure of jealously from their partner also reported exposure to physical and sexual violence. In addition to physical injury (Lovestad et al., 2017) repeatedly Intimate Partner Violence which in sexual abuse has demonstrated its association with mental health problems, including depression and depressive symptoms.

Depression is the most frequent mental health problem among women and is twice as common in women as in men. Symptoms and severity of depression varies largely and may include self-reported measures as well as diagnosis based on the Diagnostic and Statistical Manual (DSM).

Weaver (2009) the interaction of depressive symptoms and life time severity predicted pain experienced by women during sex over one year are great and high. Sexual victimization is associated with increased probability of reporting sexual problems (Lamieux & Byers, 2008) including pelvic pain which have been associated with negative sexual outcomes leading to depression.

Women with low life time severity were more likely to experience sexual pain when they had higher depressive symptoms, whereas this association was not observed for women with high severity (Vidal & Petrak, 2007).

Women with high levels of severity may possess levels of shame and disgust that affect their sexual experiences to the extent that depressive symptoms do not provide any additional

unique contribution such as high levels of sexual pain influence an increase in depression and these are associations may be related to physical trauma and immediate past assault psychological responses with in the relationships among sexual assaults, depressive symptoms and quality of a sexual experiences (McLean, Robert White & Paul, 2011).

Gilbert et al (2009) childhood sexual abuse is a widely acknowledged trauma that affects a substantial number of boys/men who are usually not focused on since men are regarded as perpetrators of sexual abuse and are never victims. According to a recent meta-analysis 8% of men worldwide had experienced some form of sexual abuse prior to the age of 18 (Stolten Borgh, 2011). In addition to non-contact sexual abuse i.e. exposure to sexual activity, filming or flashing and sexual touching, 5% of men reported that they experienced penetrative sexual abuse in childhood due to barriers of reporting and disclosure (Easton, Willis, 2014) actual incidence rates of CSA for boys/men are likely to be higher. This high prevalence is concerning because research suggests that CSA can negatively impact survivors mental health throughout their lives however much there is vast studies focused on women empirical evidence on the long-term impact of sexual victimization for boys/men is tenuous (Holmes & Slap, 1998). Few studies have examined the effects of child sexual abuse on men's mental health in middle or late life. Studies have revealed that men who were sexually abused are likely to experience impaired masculine identity, stigma related to perceived homosexuality, self-identity disruptions delay in disclosure and lack of access to support resources (Oleary & Barber, 2008) all factors that could affect mental health because of the possibility of gender specific long term differences in the effects of CSA scholars have called for more research with male survivors (Sepataro Well, 2001).

Sexual abuse and Self esteem

Sexual abuse perpetrated against adolescents is a global challenge that confronts all races, tribes and gender and its contemporary awareness dates back to the 1970s (Akin Odanye, 2018: Conte, 1974). Sexual abuse is recognized as the most common form of abuse counselors by child line in recent years and most frequently reported by adults for the helpline in 2019 (Office of the National Statistics, 2020). Sexual abuse describes all forms of sexual adolescents (Peroda et al, 2009) as a vulnerable group of society.

Prevalence rates of sexual abuse are limited and inconsistent due to varied definitions and research methodologies (Finkelhor, 1994: Finkelher et al., 1986; Lalor & McElvoney, 2005; Meinok et al., 2016) as well as geography, religious and cultures (Pfeiffer & Salvagni, 2005). Inspite of non-uniform data limitations, studies had estimated overall prevalence to range from 8% to 31% for girls and 3-17% for boys (e.g. Barth et al, 2013, UNICEF, 2017). Other studies have reported incidences of child abuse in diverse studies (Akin Odanye, 2018; Meinck et al (2016), Office of National Statistics (2020), World et al., (2018) and Akin Odanye (2018) hospital based study, Nigeria reveals that out of 166,985 alleged cases of sexually abused children and adolescents only 1553 were established and most of them were children (1164,74-96% < 18 years) and female (1155,99.23%) in South Africa.

Studies have shown that a person's life experiences contribute largely to the development of self-esteem (Henriques & Shivakumara, 2016; Nigussie, 2014) and developing self-esteem is an important psychological ingredient to being wholeness, not only to the individual, but also to others ground him or her. This implies that adolescent's experience of sexual abuse could impact negatively on their self-esteem and that in turn, their functionally in other aspects of life. This foot is confirmed through studies with reveal that adolescents who have experienced sexual abuse also

show significantly lower levels of self-esteem than their non-abused counterparts (Foster & Hogedorn, 2014; Lamoureux et al., 2012; Stern et al., 1995). Some authors have attributed this cognitive distortions in all the adolescents minds about themselves, such as mentioned earlier.org self-guilt, self-blame and so on (Reese-Weber & Smith, 2011).

Jean Piaget developed a theory of cognitive development which rests basically on how children from birth to adulthood construct acquire knowledge about the world. He proposed that all human beings passed through qualitative but unique four stages of development namely; sensorimotor, preoperational, concrete operational and operational stages. The formal operational stage enables the child to systematically access occur in his or her life, think abstractly, manipulate ides mentally among other activities. Piaget cited in Mutavi et al (2018) therefore, proposed that sexual abuse against children at this stage tends to impact on the psychological functioning of which self-esteem plays a vital role.

Inspite of the fact that several empirical studies provide support for the relation between sexual abuse in adolescents and negative psychosocial outcomes, only a few of them focus particularly on the outcomes associated with decreased self-esteem. The few studies that exist are from (SSA) and particularly Nigeria. From the systematic search conducted for this paper, only Bantole and Arowosegbe (2014) were found to have provided published evidence of how sexual abuse impacted self-esteem of Nigeria adolescents.

Previous studies on sexual abuse assumed various definition of abuse in children and adolescents. Most of them lack … description and details of what sexual abuse coversii o all forms of the abuse are usually not expressed well enough (Young et al, 2011). More recent studies however attempt to bridge such gap by not only providing more details but also divine abuse characteristic into broad forms; contact and non-contact sexual abuse (The National Society for

the Prevention of Cruelty of Children (NSPCC), 2013, Gesinde, 2018) citing Ajupo, 2006). While contact sexual abuse involves making a physical touch with the victim, non-contact implies various other acts in which the perpetrator does not touch the victim and could include verbal and visual expressions.

In the current review, all the studies align with the two definitions of above and they seem to express contact abuse into two sub-categories. Those are contact penetrative and contact/non-penetrative sexual abuse while contact penetrative implies sexual intercourse ensued between the victim and the perpetrator, contact/non-penetrative implies that other sexual expressions involving one form to touch another (e.g. fonding) took place without an actual intercourse. Non-contact abuse on the other hand indicates that no physical touch occurred between the sexual abuse victim and perpetrator.

Scholars have identified self-esteem as one of the most widely researched constructs in social sciences and social psychology (Batchman et al., 2011; Beldom et al., 2016; Robinset et al., 2012). This may be due to the perceived relevance to the psychosocial wellbeing of people (Chinuwa et al, 2015; Kohn, 1994) self-esteem is a person's overall perception of his/her self-worth (Reasenborg et al, 1995) a subjective evaluation of a person's overall worth and value (Robin et al., 2012).

Self-esteem is also considered in terms of a global self-esteem and domain specific self-esteem. Robins et al., (2012) define global self-esteem as the sum total of how a person evaluates him/herself and domain specific self-esteem as concerns facets of the self, such as physical appearance or academic competence, while global self-esteem reveals more of the psychological wellbeing of individuals, domain specific. Self-esteem indicates behavior (Rosenberg et al., 1995 although scholars sometimes view domain specific self-esteem as a subset and building block of

global self-esteem. Robins et al (2012) argue that they do not perfectly align all the time. In other words, a person may have over… self-words and value for him/herself but not feel. Scholars who measure self-esteem also attempt to specific if their assessment of self-esteem is from a global or domain specific perspective.

Adolescence is a transition between childhood and adulthood (Kelly & Miller, 2017), Sawyer et al., 2018). It is a period of significant biological physiological, cognitive and social change in the human lifespan which often contributes to the emotional, social and development of the individual. It is a generally understood as that period between the onset of puberty and the establishment of social independence (Steinberg, 2014).

By chronological definition the World Health Organization (2013) described adolescence as the period of life between 10 and 19 years. Others incorporated a span of 9 and 25 years depending on the source (American Psychological Association and the developmental task that can be undertaken at such age.

Adolescence has also been said to be a time of psychological maturation, marked by stress and strain (Ray et al., 2011). This stress and strain may be due to hormonal changes (Muntean, 2006) and the rapid growth experienced at this period which tends to lead to confusion in the adolescents as they battle with parental and societal expectations , identify formation , poor pressure and influence (Geleland and Gerdard, 2010) as well as great self-scrutiny and fluctuating self-esteem (ACT for Youth Upstore Centre of Excellence, 2003, Debreseau , 2013, Montean, 2006) among others.

The stress adolescents go through been well documented to be a major source of self and identify conception which character.

Sexual abuse perpetrated against children and adolescents is a global challenge that confronts all races, tribes and gender and its contemporary awareness dates back to the 1970's (Akin Odanye, 2018, Conte, 1994) sexual abuse is recognized as the most common form of abuse counseled by child line in recent years and most frequently reported by adults for the helpline in 2019 (Office of National Statistics, 2020) sexual abuse describes all forms of sexual molestations and violations against children and adolescents (Peroda et a al., 2009) as a vulnerable group of society.

Prevalence rates of sexual abuse are limited and inconsistent due to varied definitions and research methodologies (Finkelher, 1994, Haler & McElvancy, 2005, Meinkc et al, 2016), as well as geography, religious and cultures (Pfieffer & Solvagan, 2005). Inspite of non-uniform data limitations, studies has estimated overall prevalence to range from 8% to 31% for girls and 3-17% to boys (e.g. Barth et al., 2013; UNICEF, 2017). Other studies have reported incidences of child sexual abuse in diverse studies (Akina Odanye, 2018; Meinek et al., 2016), Office of National Statistics (2020), Ward et al, (2018; and Akin Odanye (2018) hospital based: study in Nigeria reveals that out of 166,985 alleged cases of sexually abused children and adolescents only 1553 were established and most of them were children (11164, 74.95% 18 years) and female (1155, 99.23%).

In South Africa, Meinek et al., (2016) study among 3515 children aged from 10 to 17 of which 56.6% were female, Shows 5.3% of the incidences for life time sexual abuse while another study by Ward et al (2018) from the same country, shows 14-61% girls reporting life time sexual molestation. In England and Wales, offices, office of National Statistics (2020) reports that police recorded 73,260 sexual offences where data identified victims to children. These alarming statistics reveal how unsafe and insecure children and adolescents may be in our societies, raising

continuous concern among researchers, parents, teachers, counselors, psychologists, NGOs, media and even the government of nations.

Sexual abuse forms which range from verbal seductions, visual manipulations through pornography to unwanted touches and actual intercourse remain under reported due to fear, social stigma and the intra-familial nature of some experiences for the victims. Many adolescents simply wallow in pain trauma, shame, self-blame, self-guilt and so on (Abanyoni, 2014; Adessun, 2013; Omorodion , 1994).

The psycho –socio-emotional effects that sexual abuse leaves on adolescents, often times lead to maladaptive behaviours, low economic, motivation, suicide and poor self-esteem (Adigeb & Mbua, 2015; Ali & Ali, 2014).

Studies have shown that a person's life experiences contribute largely to the development of self-esteem (Henriques & Shina Kumara, 2015; Nigussie, 2014) and developing self-esteem is an important psychological ingredient to bring wholeness, not only to the individual, but also to others around him or her. This implies that adolescents' experiences of sexual abuse could impact negatively on their self-esteem and that in turn, then functionally in other aspects of life. This fact is confirmed through studies which reveal that adoslcents experienced sexual abuse also show significantly lower level of self-esteem than their non-abused counterparts (Foster & Hagodern; 2014; Lameoruex et al 2012; Stern et al. 1995). Some authors have attributed this to recognize distortions in the adolescents minds about themselves such as mentioned earlier e.g. self-guilt, self-blame and so on (Reese-Weber &Smith, 2011).

Self-esteem & Depression

The relationship between self-esteem and depression has been extensively studied in health research over the past decade (Orth and Robin, 2013; Sowslo and Orth, 2013; Steiger et al, 2014;

Trzeniewski et al., 2006). In order to explain the consul link between the two concepts, the vulnerability model assumes that low self-esteem leads individuals to be more vulnerable to depression (Klein, Kolox and Bufford, 2011). Recent empirical studies using longitudinal data and cross-logged repression models have also consistently support the idea that self-esteem negatively predicts depression (Orth and Robins, 2013). For example, adolescents with low self-esteem tend to be more depressed by the time they reach their mid-thirties (Steiger et al., 2014) which implies that there are long-term impacts of self-esteem on depression.

However, the theoretical model overlooks the question of whether there is any mediating mechanism connecting self-esteem and depression over time. That is the mediators that may account for the vulnerability effect of self-esteem on depression remain underexplored. For example, low self-esteem may lead to high risk behaviours or inappropriate coping behavior that subsequently increases depression (Mann et al., 2004).

Previous research has shown that low self-esteem is a determinant of health risk behaviours including alcohol and substance use (Baumester, 1990; Rosenberg, 1965), among other that lead to compromised mental health in different ways be gender (Anershensel, Rutter and Lachenbruch, 1991; Jessor 1991; Mirowsky and Ross 1995; Read and Gorma, 2010).

It indicates that behaviours may be one of the potential mediators linking self-esteem and depression, but little research has explicitly examined the role of health risk behaviours as mediators. Also, according to gender socialization theory, women are included to internalize negative emotions and men tend to externalize negative emotions via health risk behavior (Elliot 2013; Simon, 2002). Nevertheless, the gendered responses have not been situated in the relationship between self-esteem and depression. That is, it remains unclear whether the gendered responses explain how low self-esteem affects depression among men and women respectively.

Self-esteem is defined as an individual's evaluation of his/her worth as a person, and is related to personal and social life outcomes (Rosenberg, 1965; Stieger et al., 2014). For example, previous studies have demonstrated that low self-esteem leads to delinquency, poor health, and limited economic prospects while high self-esteem predicts better romantic relationships, job performance and vocational attained (Donnellan et al., 2005; Orth , Robin and Widerman, 2012). As discussed above, many empirical studies have supported the vulnerability model, and theoretically, negatively evaluations or beliefs about oneself are a significant factor related to depression (Beck, 1967; Franck, De Ruedt and De Houwer, 2007; Steiger et al., 2014). Moreover, self-esteem has been known to be malleable during adolescence after which it becomes relatively stable across one's lifetime (Langmore et al., 2003). That being void, self-esteem in young adulthood may play a role in determining one's depression during the later life stages.

In addition, there are gender differences in the level of self-esteem. Generally, men are more likely to have higher levels of self-esteem, especially physical appearance, self-satisfaction and athletic powers as well as global self-esteem (Gentile et al, 2009; Kling et al., 1999). This gender differences may be one of the reasons why females usually have more psychological problems, such as higher incidences of suicide attempts, eating disorders and depression in adolescence (Kearney Cooke, 1998).

Self-esteem and depression are sometimes regarded as one construct, but previous research has suggested that the two are distinct (Rosenberg, Schooler, and Schoenbach, 1989; Sowisle and Orth, 2013) in the two ways. Theoretically, self-esteem is neither a sufficient nor a necessary criterion of a depressive symptom. Low self-esteem is not only related to depression, but also to learning disorders, anti-social behaviour, eating disturbances, and suicidal ideation (Erol and Orth, 2011) that is, self-esteem is predisposing factor for other mental health issues, including

depression. On the other hand, empirically, the correlation between self-esteem and depression is, moderate, at best (Longmore et al, 2004). A feeling of worthlessness, which indicates low self-esteem is found only in a relatively small portion of people who are diagnosed with depression (Sowisle and Orth, 2013). The discussions strongly indicate that self-esteem and depression are two distinct constructs, and that low self-esteem should be a key determinant of depression.

Although the vulnerability model has been dominant recently, that is still a lack of research explaining the mechanisms between self-esteem and depression. The present study argues that health risk behavior, such as heavy drinking and substance use should be included in the vulnerability model or mediators for three reasons. First, self-esteem influenced behavior because individuals adopt or change their behaviours to either maintain or boost their self-esteem (Baumeister, 1990; Jessor et al, 1995; Longmore et al., 2004). For example, people with low self-esteem are more likely to change their behavioiur due to peer pressure (McGee and Williams, 2000) and they tend to report more alcohol, cigarette, and marijuana use, and are at higher suicide risk than their counterparts with high self-esteem (Jones and Heaven, 1998; Resnick et al., 1997). One explanation for this tendency is that those in the former group need to cope with negative feelings related to low self-esteem by participating in high risk behavior. It should be noted that while the theoretical link between self-esteem and high risk behaviours is convincing, some empirical findings did not find evidence to bolster this argument (Baumeister, 1990, Poikolainen et al, 2001; Wild et al., 2004) indicating that more research is needed.

Second, since high risk behaviours may present on individual from achieving normal developmental tasks and carrying out social roles (Jessor, 1991), engaging in high risk behavioiurs could negatively influence one's mental and physical health (Rieker, Bird, and Long 2020). Specifically, health compromising behaviours in adoslcents and young adults may cause a long

lasting effect on health in later life (Read and Gorman, 2020). Recent clinical research using fixed effects modeling to control for confounding factors have concluded that alcohol use disorder or dependence leads to depression, rather than vice versa (Boden and Fergusson, 2011; Fergusson, Boden and Herwood, 2009). Also, neuroscientists found that addiction or substance use disorder change both brain structure and function, which is related to the development of mental illness (Potenza et al., 2011; Volkow, 2001). This study suggests that more research on the relationship between risk behaviours and depression is necessary in order to improve our understanding of the persistence of mental health disparities according to socio-economic status, race, ethnicity and gender.

Third, although previous research has found gender differences in mental health outcomes (Read and Gorman, 2021), the effect of self-esteem and depression and its gendered mechanisms remains underexplored. Sociological literature has mainly focused on the social contexts that shape men and women's behaviours, roles, identities, and health (Horwits and White, 1987; Minowsky and Ross, 1995; Read and Gorman 2010; Verbrugge, 1985). Specifically , gender socialization theory, which is most useful for explaining gender differences in mental health (Simon, 2002), suggests that while women tend to internalize negative emotions, men tend to internalize negative emotions, men tend to externalize negative via health risk behavior (Elliot, 2013; Rosenfield, Verlefuelle and McAlpine, 2000). Based on this perspective, Simon, 2002) and other scholars (Horwits and White, 1987; Rosenfield and Smith, 2010) argued that women's systems of depression and men's alcohol problems are *"functional equivalents"* Simon 2002:108). A review study also found that the depression that women experience and the behavioural disorders that men experience have been considered *"functionally equivalent indicates of misery"* (Hilll and Needhann, 2013:83).

However, Hill and Needham (2013) found that there is no evidence that men substitute risky and unhealthy behaviours for effective disorders, such as depression. Also, they even asserted that "some studies support the idea of gendered responsively (which means that women and men respond to stress in different ways; but most do not (Hill and Needham, 2013: 86). According to their extensive reviews, there is no consistent evidence for gendered responsively. While some studies claimed that stressors are more related to depression among women and to substance use disorder among men (Aneshensel et al., 1991), others found the opposite (Ross and Mirowksy, 1996; Slopen et al, 2011). Moreover, many studies failed to find gendered responsibility to stressors (Turner and Marine, 1994; Umberson et al, 1996). Hill and Needham (2013), therefore concluded that researches need to continue testing whether women and men respond to stressors in different ways.

Incorporating gender socialization theory into aforementioned theoretical links between self-esteem and depression (i.e. vulnerability model), we anticipate that the effect of self-esteem on depression via health risk behaviours varies by gender. Taking consideration of the inconsistency in gendered responsively to our understanding of the gendered pathways between low self-esteem and high depression based on the vulnerability model. Should the gender socialization theory stand, we would expect that risky behaviours mediate the effects of low self-esteem on depression among men, rather than women.

Although Mirowsky and Ross (1995) concluded that alcohol and substance use disorder may not account for lower levels of distress among men, the roles of substance use int eh link between self-esteem and depression may provide insights about gendered responsively to low self-esteem. To the best of our knowledge, little research has focused on the mediators linking self-esteem and depression and even less work investigates whether the mediating mechanisms work

among both men and women (Al Nima et al, 2013; Kuster, Orth and Meier, 2012). However, those studies did not consider the role of health risk behaviours, which are more subject to interventions. More importantly, these samples of those two studies are small and non-representative and whether there is a gender difference in mediation remains unexplored. This present study is among the first to investigate the role of alcohol and substance use in the relationship between self-esteem and depression, and to analyze the gender differences in that relationship using nationally representative samples.

Self-esteem is a fundamental component of healthy development from childhood through adulthood. It can be generally defined as an individual's overall sense of self-worth or how good they feel about themselves (Rosenberg, 1965). self-esteem is a part of one's self-concept, that is one's' knowledge and beliefs about their personal attributes (Mann et al, 2004) along with other constructs like self-efficiency (how effective one perceives oneself to be), internal locus of control (having the sense that one has control over things rather than outside world having control), and self-composition (compassion that is directed inward towards the self) (Boloer & Patterson, 2001; Lamoureux et al., 2012; Neff, 2003).

Together, these constructs can promote healthy functioning and resilience in the face of life stressors. In recent years, investigators researching the concept of self-esteem have been critical about its role in development (Baumeister, et al, 2003, Neff & Vonk, 2009). They postulate that self-esteem is found on self-evaluations that are often dependent on external sources. For example, we feel good about ourselves when others praise us for our accomplishments or when we perceive others as liking us. Therefore, self-esteem is unable and can fluctuate depending on the feedback received. We may also because defensive in order to protect our self-esteem when

we feel it is being threatened. Although there are all valid concerns, it is critically important to distinguish between fragile self-esteem and true self-esteem (Deci & Ryan, 1995; Kerris, 2003).

Unlike fragile self-esteem, true self-esteem is relatively stable, is intrinsically motivated, and one's sense of self-worth is not determined by external success. Rather than fragile self-esteem, true self-esteem is the one that promotes healthy development and functioning.

A very close related and equally important construct is self-compassion. Self-compassion involves treating the self with kindness and understanding rather than with judgment and self-criticism. It also involves recognizing that we share a common humanity in the sense that successes and failure on experiences shared by all mindfulness which is the ability to stay self-aware and not become overwhelmed by our emotions and thoughts is included as the third compare in self-compassion. Research has revealed that high self-compassion is an indicator of wellbeing and a predictor of stable mental health (Neff & Mcfeche, 2010). Self-compassionate individuals are also found to be at a decreased risk for depression, anxiety, neurotic perfectionism, and rumination. Finally, self-compassion has been found to function as a buffer against negative life events and to promote resilience (Leary, et al, 2007). Not surprisingly, individuals with high self-compassion also appear to have high self-compassion also appear to have high self-esteem. It is likely that self-compassion and self-esteem are interrelated and possibly bidirectional. That is, self-compassion on promotor self-esteem and vice versa.

Depression is also one of the psychiatric disorders that affect the emotional state of the individual. Typically, individuals suffering from depression may exhibit sadness, depression, low self-esteem, helplessness, hopelessness and often self-blame over everything that happens in their life (WHO, 2017). These sadness experienced by individuals suffering from depression is different from the sadness experienced by individuals dealing with ta traumatic event. Usually, the sadness

experienced by individuals dealing with a traumatic event is a normal response and usually the sadness disappears within a short period of time. This situation is different for individuals suffering from depression. These feelings of sadness can occur over a period of time throughout the day or can last for weeks (WHO, 2017).

Typically, disorders that interfere with an individual's social functioning may lead to deterioration in aspects of social relationships, occupations and other individual's functions. The diagnosis of depression disorders will be made by a psychiatrist with an individual suspected of having a mental disorder through an interview when the individual presents within symptoms of depression disorder.

According to the Diagnostic and Statistical morval of mental disorders in the 5th Edition (DSMS), the major criterion for major depression disorder is when individuals present with symptoms of prolonged depressive disorder almost always throughout the day or even the disorder lasted for at least two weeks DSMS also features a diagnosis of a major depressive disorder based on a specific symptoms, which is when or individual exhibits emotional instability such a depression, indifference or an individual losing interest or excitement in almost everything.

The relationship between depression, self-esteem and family relationships were also conducted by Steinshausen, Haslimeire and Metzke (2007). Findings of three groups of respondents aged 13, 16 and 20 showed that adolescents with depression had a significant relationship with negative life experiences, low self-esteem, high self-awareness, parental rejection, lack of acceptance from peers and experiencing high internal and external problems. This study supports the results of the Wilkinson study in which factors related to parents and siblings affect adolescents/ self-esteem and physiological wellbeing. Muris, Master, Schouten and

Hope (2004) found that the higher the negative parenting style, the higher the level of anxiety and depression and the lower the self-esteem. Anxiety is associated with increased anxiety, excessive control and denial of parenting while depression is closely related to rejection and lack of family warmth. Parental control can lead to anxiety and the disclaimer of parenting can lead to depression.

Hypothesis

1 There is a significant relationship between sexual abuse and self-esteem among university students.

2 There is a significant relationship between depression and self-esteem among university students.

3 There is a significant relationship between sexual abuse and depression among university students.

Chapter Three

Methodology

Introduction

This chapter describes the methodological aspects of the study. Its focuses on the study, design, sample design, instruments used, procedure, data analysis NAD Management.

Study Design

The study used a quantitative research design. A descriptive and correlation study design was used to examine the relationship between sexual abuse depression and self esteem

Sample Design

Random sampling technique was used to select the respondents.

A total of 100 respondents were selected from different halls. They were both male and female students ranging between 20-30 years.

Instruments

A self- administered questionnaire was used. It had close ended questions. The questionnaire was be divided into four sections. Section A measured bio data, Section B measured sexual abuse, section C measured depression using the Becks Depression Inventory (BDI) and Section D measured self esteem using the Rosenberg self esteem

(R-SEQ)

Procedure

An introductory letter from Makerere University, school of psychology to help us get access to the respondents. The individuals who will be randomly sampled will be given the

questionnaires to complete. But before we shall introduce ourselves and the purpose and objectives of study to the respondents

This will enable us to get consent and confidentiality.

Data Management

The response for sexual abuse and depression will be measured on a 2 point scale and will be coded as YES=”2” AND NO”1” while those for self esteem will be measured on Disagree “2” and strongly disagree “1”

Data Analysis

Analysis will be done using the statistical package for social sciences (SPSS). The data will be summarized into frequencies and percentages and person product moment, correlation coefficient® will be used to test the significance of their hypothesis.

Chapter Four

Results

This chapter presents and interprets the results from the data analysis. The data presented includes both the descriptive information about the respondents (respondent's bio data) in frequencies and percentage, and inferential statistics of Pearson correlation between the study hypothesis

Bio Data the Respondents.

Table 1: Gender of the respondents

Variable	Responses in percentage	
Age	Frequency	Percentage
18-25 years	90	84.9
26-30 years	16	15.1
Total	106	100

Results in table 1 show that majority of the participants were aged between 18-25 years (84.9%) and the rest were aged between 26-30 years (15.1%)

Table 2: Sex of the Respondents

Variable	Responses in percentage	
Sex	Frequency	Percentage
Male	52	49.1
Female	54	50.1
Total	106	100

Table above revealed that the majority of the respondents were female (50.1%) and male were (49.1%)

Table 3: Marital Status

variable	Responses in percentage	
Marital status	Frequency	Percentage
Single	98	92.5
Marital	7	6.6
Divorced	1	0.9
Total	106	100

Results in table 3 show that majority of the respondents were single (92.5%) followed by married (6.6%)and the least were divorced (0.9%).

Table 4: Religion of the Respondents

Variable	Responses in percentage	
Religion	Frequency	Percentage
Catholic	30	28.3
Protestant	33	31.1
Muslim	21	19.8
Others	22	20.8
Total	106	100

Testing hypotheses

H1 the first hypothesis of the study stated that there is a significant relationship between sexual abuse and self-esteem. To determine this relationship, Pearson correlation coefficient was used.

Table below presents Pearson correlation coefficient between sexual abuse and depression

Table 5: Relationship between Sexual Abuse and self-esteem

		Sexual abuse	Self-esteem
Sexual abuse	Pearson Correlation	1	.105
	Sig. (2-tailed)		.285
	N	106	106
Self-esteem	Pearson Correlation	.105	1
	Sig. (2-tailed)	.285	
	N	106	106

Results in table 5 show that sexual abuse and self-esteem are not related (r=.105,p=.285).since p values are greater in magnitude than the level of significant (p>0.05) thus rejecting the alternative hypothesis and conclude that there is no relationship between sexual abuse and self –esteem.

The second hypothesis of the study stated that there is significant relationship between depression and self-esteem determine this relationship Pearson correlation coefficient (r) was used

Table presents Pearson correlation coefficient between depression and self-esteem.

Table 6: Relationship between Depression and Self-esteem.

		Depression	Self-esteem
Depression	Pearson Correlation	1	.057
	Sig. (2-tailed)		.560
	N	106	106
Self-esteem	Pearson Correlation	.057	1
	Sig. (2-tailed)	.560	
	N	106	106

Results in table 6 show that there is no relationship between depression and self-esteem (r=.057,p=560) this because p values are smaller in magnitude than the level of significant (p>0.05). Hence rejecting the alternative hypothesis and conclude that depression and self-esteem are not related.

The third hypothesis of the study stated that there is a significant relationship between sexual abuse and depression. To determine this relationship Pearson correlation coefficient was used

Table below present Pearson's correlation coefficient of sexual abuse and depression

Table 7: Relationship between Sexual Abuse and Depression

		Sexual abuse	Depression
Sexual abuse	Pearson Correlation	1	.458**
	Sig. (2-tailed)		.000
	N	106	106
Depression	Pearson Correlation	.458**	1
	Sig. (2-tailed)	.000	
	N	106	106

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

Results in table 7 show that sexual abuse and depression are significantly related (r=.458**,p=.000). This is because p values are smaller in magnitude than the level of significant ($p<0.05$). Hence accepting the alternative hypothesis and conclude that sexual abuse and depression are significantly related.

Chapter Five

Discussion, Recommendation and Conclusion

Introduction

This chapter focuses on the discussion on sexual abuse, depression and self-esteem among Makerere University students based on results presented in chapter Four. It further presents the conclusion and recommendations of the study.

Sexual Abuse and Self esteem

The first hypothesis stated that there is a significant relationship between sexual abuse and self-esteem among Makerere University students. The findings showed that there was no relationship between sexual abuse and self-esteem among Makerere University students. This means that a students exposure to sex abuse had no impact their self-esteem.

The findings contradict previous studies that have shown that a person's life experiences contribute largely to the development of self-esteem as seen in Henriques & Shivakumara, (2016) and Nigussie (2014). The findings also contradict Piaget's citation in Mutavi et al (2018) which proposed that sexual abuse against children at this stage tends to impact on the psychological functioning of which self-esteem plays a vital role.

The study disagrees with studies by Foster & Hagodern (2014), Lameoruex et al (2012) and Stern et al. (1995) whose studies implicated that adolescents' experiences of sexual abuse could impact negatively on their self-esteem and that in turn, then functionally in other aspects of life. The findings further contradict the confirmation by studies which reveal that adolescents that experienced sexual abuse also show significantly lower level of self-esteem than their non-abused counterparts as reported by Reese-Weber &Smith (2011).

The contradictions to the previous cited literature by the findings can be attributed to factors in university students that shield their self esteem from being affected by their life experiences. These include religion, love for material things, independency, imitation of their role models among others.

Religious university students always pray and believe in God for everything in their lives. They are this encouraged to forgive those who wrong them who may include those who sexually abused them. By doing this, they find peace in their hearts and self-esteem remains high since they feel good that they are living in Godly ways by forgiving others. The act of obeying God makes them feel good and increases their self-esteem knowing they will be rewarded by God.

University students who have been raised to be independent are always high in self-esteem as they are taught that they are on their own. Even when sexually abused, these students tend to find ways of staying strong knowing no body will come to save them. They may instead seek ways to find justice in the court of laws and their ability to make their abusers accountable raises their self-esteem to an extent that the abuse is insignificant.

Role models have a large influence on university students' self-esteem in regard to their life experiences. The students hold their role models and they may imitate the characteristics of these people. This may have a positive impact on their self esteem and how they are generally able to go through life experiences like sexual abuse.

In conclusion, the findings of the study show that there is no significant relationship between sexual abuse and self-esteem among University students. This means that life experiences by university students like sexual abuse have no effect their self-esteem. This has been explained by different factors in the above discussion. Further studies are really required to further investigate

the relationship between sexual abuse and self-esteem to confirm or disagree with the findings of this study.

Self-esteem & Depression

The second hypothesis stated that there is a significant relationship between depression and self-esteem. The study findings found that there is no significant relationship between depression and self-esteem. This means that a university student's depressive symptoms had no relationship with their self-esteem. It also indicated that self esteem did not have effect on depression.

The findings disagree with previous studies that suggested an assumption the vulnerability model that low self-esteem leads individuals to be more vulnerable to depression (Klein, Kolox and Bufford, 2011). The findings also disagree with previous studies that show that low self-esteem is a determinant of health risk behaviours including alcohol and substance use (Baumester, 1990; Rosenberg, 1965),

The findings do however agree with findings by Hill and Needham (2013) who found that there is no evidence that men substitute risky and unhealthy behaviours for effective disorders, such as depression.

The findings contradict previous literature by Steinshausen, Haslimeire and Metzke (2007) whose study for the relationship between depression, self-esteem and family relationships found that adolescents with depression had a significant relationship with negative life experiences, low self-esteem, high self-awareness, parental rejection, lack of acceptance from peers and experiencing high internal and external problems.

The above contradictions can be explained by factors that can shield the impact of Depression on self-esteem or the effects of self-esteem on depression. These include religion, social support, counseling services among others.

The availability of counseling services at the university through the counseling center means many students can have depressive symptoms prevented and their self esteem elevated. That means the students cope well when they approach counselors for help when they are feeling low.

Religious students are taught and encouraged to always be happy. This is done through praising, worship and praying which is believed to elevate their mood, self-esteem and thus protect them from low self-esteem and depressive symptoms.

Social support from parents, lectures and peers also plays a big role in prevention of depressive symptoms as well as low self-esteem among University students thus explaining the lack of relationship

In conclusion, the findings show that there is no significant relationship between depression and self-esteem among University students. This means that the students can have or not have depressive symptoms regardless of their self-esteem levels. It also implies that high or low self-esteem has no effect on depression among university student as already discussed in the above explanations. Further research on depression and self-esteem among University students would be important to cement the findings or disagree with the findings.

Sexual Abuse and Depression

The third hypothesis stated that there is a significant relationship between sexual abuse and depression among university students. The study findings also found that there is indeed a significant relationship between sexual abuse and depression among university students. This

means that the students exposed to sexual abuse are at risk of having depressive symptoms than their counterparts who have not been exposed to sexual abuse.

The findings agree with Caleb J. Othieno et al.,(2015) who suggested that depression symptomatology in youth has been associated with high risk sexual behavior such as early sexual debut, higher number of sexual partners and having sex while under the influence of alcohol and drugs. The findings are also in support of evidence that depression is linked to risky sexual behavior as reported by Rosely Okoth (2015).

The findings are in agreement with Jesper Love et al (2017) who suggested that the psychological abuse women are exposed to including controlling behavior, is far more frequent than other form Intimate Partner Violence and that most women exposed to this form of violence, also are exposed to some form of psychological abuse. The study findings also confirm that in addition to physical injury as reported by Lovestad et al.,(2017), repeatedly Intimate Partner Violence which in sexual abuse has demonstrated its association with mental health problems, including depression and depressive symptoms.

The findings confirm a study by Weaver (2009) that suggested that the interaction of depressive symptoms and life time severity predicted pain experienced by women during sex over one year are great and high. The findings are in line with suggestions that high levels of sexual pain influence an increase in depression and these are associations may be related to physical trauma and immediate past assault psychological responses with in the relationships among sexual assaults, depressive symptoms and quality of a sexual experiences as reported by McLean, Robert White & Paul (2011).

The findings also agree with studies that have revealed that men who were sexually abused are likely to experience impaired masculine identity, stigma related to perceived homosexuality,

self-identity disruptions delay in disclosure and lack of access to support resources as reported by Oleary & Barber (2008).

In conclusion, there is a significant relationship between sexual abuse and depression among university students. This means that exposure to Sexual abuse can lead to depressive symptoms among university students. This suggests preventive measures be employed by the university authorities to fight sexual abuse and it's related outcomes.

Conclusions

The study concluded that there isn't statistically significant relationship between sexual abuse and self-esteem among university students. This was contradictive to the cited literature. This means that depression among university students had no relationship with their being exposed to sexual abuse in the past. It also indicates that students can have depressive or not have it regardless if their exposure to Sexual abuse. The reason behind these findings has been suggested in the discussion section.

The study also found that there wasn't any statistically significant relationship between depression and self-esteem among university students. This finding was in disagreement with the cited literature of the previous studies. This means that depression levels had no relationship or effect on self esteem and self esteem did not have effect on depression among university students. The reasons for the findings have also been suggested in the discussion section.

The study found that there is a statistically significant relationship between depression and sexual abuse. This implies that the adolescents who show depressive symptoms tend to have experienced sexual abuse at a point in their lives while those with no depression are associated with not being exposed to sexual abuse. The findings were in line with the cited literature of the previous studies.

Sexual abuse is one of the common conditions challenges faced by university students but is hardly given the much needed attention. The university students exposed to sexual abuse tend to remain silent in fear of being stigmatized or judged. Consequently, the pain in them from this exposure can then crystalize into depression which is characterized by feelings of sadness, failure, hopelessness and rejection. There is also risk of self esteem being negativity affected dispute the findings showing otherwise. There is this need to emphasize on seeking attention when these signs show.

Recommendations

Basing on this study, university students not exposed to sexual abuse are less at risk of experiencing depression. It is hence important for parents and teachers to support these students in coping with challenges that put them at risk of sexual abuse so as to lower the risk of depression among the students.

The universities should introduce stress management and depression workshops to equip secondary school adolescents with coping skills to handle stress, avoid depression and general mental wellness activities.

The government should provide free counseling services to all public universities in order to let the know that if there are problems in their lives they can talk to you about them and also stress to them that secrets won't keep them safe.

The institution should encourage majority of the students to know the facts such as those who think that there are no individuals being sexually abused in the same institution they attend are wrong and they are most likely to be sexually abused by someone they know and trust hence

it is important for the institution to know the signs of an individual who is at risk for becoming a perpetrator of sexual abuse.

The University should encourage and help teachers and students support/follow the school policies, i.e. university has policies in place for things like sexual harassment between teachers and students through encouraging open discussion and understanding of those policies so that everyone (both student and the staff) know and understand both their rights and ways to respect the rights of others.

Encouraging parents to educate their children, in order to let them know the importance of teaching their children assertive communication could be a good place to start or the importance of modeling health relationship. You could even start with talking to them about raising their self-esteem.

Students should be equipped to take action as Bystanders i.e. putting up Bystander intervention programs work to break patterns of sexual assault by teaching bystanders to step in when they see harmful situations developing, creating a sense of shared responsibility.

Limitations of the Study

The study focused on university students and thus the findings are limited to university students only.

A sample of 106 students was used in this study. This sample is too small to be representative of the general university students' population.

Areas of Further Research

This study was carried out at Makerere University which is an urban public university setting. For generalization of results, further research should be carried out in different rural and private universities on the same topic.

The study was carried out among university students. Further research can be carried out to include other students in different education institutional levels and even those out of universities like working class population.

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Appendix I

Questionnaire

Sir/Madam,

We are a group of undergraduate psychology students, our final year carrying out our research to identify the relationship between sexual abuse depression and self esteem among MAKERERE University students. The academic purposes will be kept confidential and hence participating in this study may not be of learning .we kindly request that you kindly fill the questionnaire with honesty and answer each of the questions. No names are required and for each of the questions. No names are required and for each question, **CIRCLE YOUR MOST APPROPRIATE ANSWER.**

SECTION A: BACKGROUND INFORMATION

1. Age

a) 18-25 years

b) 26- 30 years

2. Sex
    a) Male
    b) Female

3. Marital status
    a) Single
    b) Married
    c) Widowed
    d) Divorced
4. Religion
    a) Catholic
    b) Protestant
    c) Muslim
    d) Others

SECTION B

Below is a list6 of statements, show by circling the most appropriate answer according to you

1	Have you ever experienced sexual abuse at campus	YES	NO
2	Wherever I am sexually abused, I feel sad	YES	NO
3	Whenever, I am sexually abused my friends always try to comfort me	YES	NO
4	My concentration in class tends to reduce when am sexually abused	YES	NO
5	Whenever, I am sexually abused my family feels concerned	YES	NO
6	I am a victim of sexual violence at the hands of my fellow students	YES	NO
7	Whenever, I am sexually abused, I get hallucinations that someone wants to abuse me again	YES	NO
8	Whenever, I am sexually abused, I feel ashamed in front of my fellow classmates	YES	NO
9	It is a common practice for students to be sexually abused	YES	NO
10	I have ever been raped	YES	NO
11	I was promised material goods for sex	YES	NO
12	I was defiled by someone I know	YES	NO
13	I have been forced to watch people performing sexual acts	YES	NO
14	I have been forced to touch the private parts of someone of the opposite sex	YES	NO
15	My boyfriend or girl friend forces me to kiss him or her	YES	NO

SECTION C

Depression (Becks Depression Inventory) please indicate which of the following symptoms you have experienced during a 2 weeks period **(CIRCLE OR TICK)**

	STATEMENT		
1	Depressed mood most of the day, nearly every day as indicated by either subjective report(for example feels sad or empty) or observations made by others(for example, appears tearful)	YES	NO
2	Noticeably reduced interest or pleasure in all, or almost all activities most of the day, nearly every day (as indicated by either subjective account or observation made by others	YES	NO
3	Significant weight loss when not on client or weight gain (for example, a change of more than 5% of body weight in a month) decrease or increase in appetite nearly every day	YES	NO
4	Lack of sleep at night or more tension or delay in movement nearly every day.(observable by others, not merely subjective feelings of restlessness r being slowed down.	YES	NO
5	Body or muscle tension or delay in movement nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down	YES	NO
6	Tiredness or loss of energy nearly everyday	YES	NO
7	Feelings of unimportance on a lot of guilt(which may be part of your imaginations) nearly every day (not merely self reproach on guilt about being sick	YES	NO
8	Reduce ability to think or concentrate nearly every day(either by self account or as observed by others	YES	NO
9	Repeated thoughts of death not just fear of dying), repeated suicidal ideas without a specific plan or suicide attempt or a specific plan for committing suicide	YES	NO

SECTION D: SELF ESTEEM (Rosenberg self esteem Questionnaire)

	Statement	Strongly Agree	Agree	Disagree	Strongly disagree
1	On the whole, I am satisfied with myself	SA	A	D	SD
2	At times, I think am no good at all	SA	A	D	SD
3	I think that I have a number of good qualities	SA	A	D	SD
4	I am able to do things as well as other people	SA	A	D	SD
5	I feel I do not have much to be proud of	SA	A	D	SD
6	I certainly feel useless at times	SA	A	D	SD
7	I feel that am a person worthy at least on equal basis with others	SA	A	D	SD
8	I wish I could have more respect for myself	SA	A	D	SD
9	all in all, I am inclined to feel that I am a failure	SA	A	D	SD
10	I take a positive attitude towards myself	SA	A	D	SD