ASSERTIVENESS TRAINING AND COGNITIVE RESTRUCTURING TECHNIQUE ON SELF-ESTEEM OF FEMALE UNDERGRADUATE VICTIMS OF RELATIONSHIP VIOLENCE IN SOUTH-WEST NIGERIA

Okoiye Ojaga Emmanuel, PhD
Department of Educational Psychology/G&C
Alvan Ikoku Federal University of Education Owerri
Imo State Nigeria

Chinwe Okreke, PhD
Department of Educational Psychology
Imo State University, Owerri

Nwoga Anayochi .N
Department of Educational Psychology/G&C
Alvan Ikoku Federal University of Education Owerri
Imo State Nigeria

ABSTRACT: *This study used a pre-test-post-test, control group quasi-experimental design to investigate the effects of assertiveness training and cognitive restructuring technique on self-esteem of female undergraduate victims of relationship violence in south-west Nigeria. The sample for the study comprised of ninety female undergraduates students who have experienced relationship violence. They were screened using the Severity of Violence Against Women Scale (SVAWS) and selected through multi-stage sampling technique from three randomly selected Universities (Ibadan, Lagos and Olabisi Onobanjo) in South-west Nigeria. The participants were randomly assigned to treatment and control groups. The two treatment groups were exposed to eight-weeks training in Assertiveness and Cognitive Restructuring Training, while participants in the control group received no training. Two validated instrument: Severity of Violence Against Women Scale (SVAWS) and Rosenberg Self-Esteem Scale were used. Three hypotheses were tested at 0.05 level of significance. Data was analysed using Analysis of Covariance. There was significant main effect of treatment in the pre-post self-esteem scores of female undergraduate victims of relationship violence in the experimental and control groups (F(2,87) = 43.884, P < .05). Also, there was significant difference in the main effect of age in the pre-post self-esteem scores of female undergraduate victims of relationship violence between young and older participants (F (2,87) = 16.808, P < .05). However, that there was no significant interaction effect of age in the pre-post self-esteem scores of female undergraduate victims of relationship violence in the experimental and control groups (F(3,86) = 0.188, P < .05). Therefore, psychological intervention programmes should be put in place in universities through their counselling centres to help undergraduates rediscover their potentials and develop competence to relate intelligently with others.*

KEYWORDS*: Age, Assertiveness Training, Cognitive Restructuring, University, South-west, Nigeria.*

INTRODUCTION

Relationship violence is a phenomenal act whose occurrence has negative implication on the well-being of victims and the perpetrators. This is premised on the ground that its development more often than not mars intimacies that exist in cordial relationship. Relationship violence is only appraised and attended to within marital environment before now. However, the experience and expression of violence among undergraduates in intimate relationship(s) has attracted the attention of psychologist; for example, the findings of Okoiye, (2014) and Harned (2001) revealed that female undergraduate victims of relationship violence that have experienced physical battering, sexual abuse, psychological or emotional torture reported that their encounter has negative consequence on their academic pursuit and well-being in general as it makes them to develop anxiety, depression, shame, anger, low self-esteem and fear related problem(s). Thus, undergraduate relationship violence is a significant problem not only because of its alarming physical and mental health consequences but also because it occurs at a life stage when romantic relationships are beginning and interactional patterns are learned that may be carried over into adulthood (Okoiye, 2014).

As cited in Poutiainen and Holma (2013); Campbell (2002); Ellsberg, Jansen, Heise, Watts and Garcia-Moreno (2008) stated that relationship violence has devastating effects on the psychological, emotional, physical and sexual well-being of victims regardless of the type of violence experienced. Their reports further attest to the fact that the resultant consequences of relationship violence can last a life time due to the horror and trauma victims' experience. Thus, the fear, injuries and stress that are inflicted on victims could result to severe health challenges as differential gastrointestinal symptoms, chronic pain and recurring central nervous system disorders. Also, among possible psychological conditions, Macy, Ferron and Crosby (2009) noted that relationship violence can result in depression, anxiety, and posttraumatic stress disorder (PTSD). Victims of abuse are also more likely to have co-occurring mental illnesses. Moreover, research suggests that there is a significant relationship between child abuse and different adult psychological disorders, including psychosis (Read, van Os, Morrison & Ross, 2005).

Relationship violence against female undergraduates in Nigerian tertiary institutions has become a worrisome phenomenon of great concern. The report of the committee on the elimination of discrimination against women (2000) revealed that this social evil occurs in all countries, irrespective of social, economic, religious and cultural traditions. Notably, the increasing incidence of battering, rape, domestic violence, honour killings, human trafficking, prostitution, forced and early marriages, female genital mutilation and sexual slavery was noted by the Secretary-General of the United Nations, at the 4th World Conference on Women. Also, Heise, Ellsberg and Gottemoeller (2013) reported that the results of the demographic and health survey in Nigeria of 2008 indicated that 28% of women aged 15 - 49 years had experienced physical violence since the age of 15, and that 15% had experienced physical violence in the 12 months prior to the survey. Thus, epidemiological evidence suggests that relationship violence affects the health and wellbeing of women in many ways, resulting in fatal (homicide, suicide and AIDS-related deaths) and non-fatal (physical injury, chronic pain syndromes and gastro-intestinal disorders) outcomes (Heise, et al., 2013). Physical and sexual violence further affects the mental health of victims, and has resulted in behavioural outcomes such as alcohol and/or drug abuse and high sexual risk-taking behaviour (Heise, et al., 2013).

Furthermore, a study conducted by Tolman and Rosen (2001) revealed that women who experienced relationship violence are more likely to have mental health challenges and develop low self-esteem than those that do not have same experience. Also, in the submission of De Bruijn, Kremers, van Mechelen and Brug (2005) self-esteem is one of the constructs with the ability to hamper or increase health behaviours'. Therefore, identification of modifiable risk factors for low self-esteem among undergraduates that have experienced relationship violence is desirable. However, they further stated that expressed mental health challenges by female victims of relationship violence could be managed and reduced to enable victims become well adjusted and functional members of the society through the use of psychological therapeutic intervention programme(s). It is against this backdrop, that this study investigated the effect of assertive training and cognitive restructuring technique on the self-esteem of female undergraduate victims of relationship violence in south-west Nigeria.

LITERATURE REVIEW

Olsen, Breckler and Wiggins (2008) contend that self-esteem is a disposition that a person has which represents the judgments of their own worthiness. Furthermore, Stupnisky, Perry, Renaud and Hladkyj (2013) affirm that self-esteem corresponded positively to students' physical and psychological health. In an ideal scenario, the researchers concluded that students with high self-esteem and high perceived academic control would have a better well-being coupled with higher rates of academic success.

This phenomenal development indicates that secondary school students expressing low self-esteem need a combination of intellectual skills, motivational qualities, and social emotional skills to succeed in school. Therefore, it is necessary for them to be more assertive and have high self-esteem (Hamoud, El Dayem & Ossman, 2011). Assertiveness training programme are designed to improve an individual's assertive beliefs and behaviours, which can help the individual, change how they view themselves and establish self-confidence (Wesley & Mattaini, 2008). Basically, assertiveness training is about raising an individual's self confidence so as to increase their level of self-esteem and resilience. Iruloh & Amadi, (2008) added that assertive training helps to teach an individual on how to assert himself despite the intimidation and pressures coming from other people.

Furthermore, Corey (2009) explained that assertive training is based on the principle of social learning theory and incorporates many social skills training methods. Corey further explained that the training is often conducted in groups using modelling, role-play, and rehearsal to practice a new behaviour and assertive children become more happy, honest, healthy and less manipulative. Also, assertive training programme is a systemic approach used to enhance a more assertive self-expression, based on a balance between achieving one's own goals and respecting the needs of others. It is a psychological intervention which helps participants learn to integrate assertive behaviour skills into their daily lives. It deals with attitudes, beliefs, and cognitions about assertiveness as well as specific, overt assertive behaviours (Hamoud et al., 2011).

Breldenbush (2007) carried out a study using conversation skill training and assertiveness training involving 50 adolescents who had low self esteem; the result showed that self esteem significantly improved. The adolescents reported enhanced feeling of self worth, perceived themselves in more positive terms and felt adequate. This implies that assertiveness encompasses multidimensional aspects of human expression, including behaviour, cognition, and affect. Also, it was found that behaviourally assertive individuals are able to express their

emotions, defend their goals, and establish favourable interpersonal relationships (Yong, 2010).

Likewise, Liza (2010) in her study among high school students found that cognitive restructuring programmes have a positive significant effect on the students' self-esteem. She found that cognitive restructuring technique can tangibly enhance self-esteem. This implies that cognitive restructuring technique (CRT) is cognitive behavioural technique that focuses on changing a person's perceptions and irrational assumptions of self and world. Cognitive restructuring gives people new ways of thinking and talking to themselves about their problems. This technique believes that man's maladaptive behaviour is hinged on irrational thoughts, beliefs, self-talks or verbalizations. According to Ekennia, Otta and Ogbuokiri (2013) the principles of cognitive restructuring assumes that individuals are not passive observers in their environment, rather they are active, goal oriented and capable of taking responsibility for their decisions, actions and consequently excise control over their behaviours.

Chen, Lu, Chang, Chu & Chou (2006) compared the effectiveness of cognitive restructuring technique on depression and self esteem of adolescents with a control group. Results showed, one month after intervention, the depressive symptoms and self-esteem of the experimental group remained slightly but significantly better than those of the comparison group subject. The result of the study carried out by Hamdan, Puskar and Bandak (2009) on the use of cognitive restructuring technique with students suffering from depressive symptoms and low-self-esteem showed that students had lower scores on perceived stress, lower depressive symptoms, less use of avoidance coping strategies, and more use of approach coping strategies after intervention.

Statement of the Problem

Female students that experience relationship violence express maladaptive behaviour such as low self-esteem and it impairs functional ability in all ramifications. Thus, they exhibit psychological and emotional distress in the likes of anxiety, depression, anger, frustration and hopelessness. They also, develop poor social relationship negotiating ability and express self-verbalising behaviour. These mar their ability to develop social relationship competence.

Research Hypotheses

In this study the following hypotheses were tested at 0.05 level of significance:

1. There is no significant main effect of treatment on the self-esteem of female undergraduate victims of relationship violence

2. There is no significant main effect of age on the self-esteem of female undergraduate victims of relationship violence

3. There is no significant main effect of treatment and age on the self-esteem of female undergraduate victims of relationship violence

METHODOLOGY

Research Design

The study adopted a pre-test, post-test control group quasi experimental design with 3x2 factorial matrix. The design is made of three rows representing the two treatment techniques, assertiveness training, cognitive restructuring technique and the Control Group (non-treatment group). There is also a column denoting age (young and older) participants as shown in table 1 below:

TABLE. 1: A 3x2 Factorial Matrix Design to enhance self-esteem of female undergraduate victims of relationship violence

Treatment	AGE		
	Young	Older	
	16-20 years	21-25 years	Total
A1 Assertiveness training	A1 B1C1n=18	A1 B1C2n=12	30
A2 Cognitive restructuring	A2 B1C1n=20	A2 B1C2n=10	30
A3 Control Group	A3 B1C1n=13	A3 B1C2n=17	30
Total	51	39	90

Population

The population for this study consists of all female undergraduate students at the University of Ibadan, Lagos and Olabisi Onobanjo University Ogun State.

Sample and Sampling Techniques

The sample for the study comprised of ninety female fresh undergraduates students who has experienced relationship violence. They were screened using the Severity of Violence Against Women Scale (SVAWS) and selected through multi-stage sampling technique from the three randomly selected Universities (Ibadan, Lagos and Olabisi Onobanjo) in South-west Nigeria.

Instrumentation

Relationship violence was measured using the Severity of Violence Against Women Scale (SVAWS) by (Marshall, 1992a) 46-item scale with 9 subscales that measure 2 major dimensions (threats and actual violence). For example it has items such as how often has your partner: Acted like a bully toward you; slapped you around your face and head; threw an object at you; beat you up; threatened to kill you. The responses were coded on a 4-point scale ranging from 1 (not often) to 4(very often). For females reporting on abuse with an intimate partner the internal consistency ranges from: .92 to .96 for female college students; .89 to .96 for community women. Threats = .94; Acts of violence = .95.

Self-Esteem was measured using the Rosenberg Self-Esteem Scale (Rosenberg, 1965). The 10 items of the RSES assess a person's overall evaluation of his or her worthiness as a human being (Rosenberg, 1979). Responses were coded on a 4-point scale ranging from 1 (strongly disagree) to 4(strongly agree). The RSES contains an equal number of positively (I take a positive attitude toward myself) and negatively (All in all, I'm inclined to feel that I am a failure) worded items. To characterize the RSES items 2, 5, 6, 8, 9 are reverse scored. Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem and it has an internal reliability coefficient of (Cronbach's α = .90).

Procedure

The researchers got permission to carry out this research from the University authorities of the three Universities used for the study in South-west Nigeria. Preliminary visits were made to the three Universities. And through this visits, the researchers informed the HOD's of the purpose of the study and solicited for their support. Similarly, the initial visit to the Universities was used as a pilot study. The three Universities were selected using the simple random sampling technique. Two of these Universities were used as the treatment groups while one served as the control group. The treatment groups received eight weeks training while the control group received no training. The groups were subjected to pre-treatment and post treatment sessions.

Control of Extraneous Variables

In controlling extraneous variables that possibly could affect the results of the study, the study involved several stages of randomization of treatment to the experimental group. Also, the Rosenthal effect was controlled by keeping the control group busy with their usual daily school routine during the experimental sessions. Via this measure, the contaminations which were beyond the reach of the design and other procedures of the research were taken care of by using ANCOVA statistical tool for analysis.

Method of Data analysis

ANCOVA (Analysis of Covariance) was used as the statistical tool for the study. Analysis of Covariance (ANCOVA) was used to compare the differential effectiveness of the treatments.

Summary of Treatment Package

Experimental Group One: Assertiveness training

Session One: Orientation and Administration of Pre-test measures Introductory talk

(Importance of Education).

Session Two: Negotiating Relationship

Session Three: How to develop good listening skills

Session Four: Need to be empathic

Session Five: Need to understand other people's point of view

Session Six: Need to express unconditional positive regard

Session Seven: Behaviour modification

Session Eight: Revision of all activities in the previous session and administration of

instrument for post treatment measures.

Experimental Group Two: Cognitive Restructuring

Session One: General orientation and administration of instrument to obtain

pre-test scores. Introductory talk (commitment to a goal)

Session Two: Identification of emotional distraction

Session Three: Identification of unrealistic beliefs

Session Four: Managing Anger

Session Five: Overcoming fear

Session Six: How to control feeling of jealousy

Session Seven: Behaviour modification

Session Eight: Revision of all activities in the previous session and administration of instrument for post treatment measures.

RESULT

Hypothesis One

There is no significant main effect of treatment on self-esteem of female undergraduate victims of relationship violence. To test this hypothesis, Analysis of Covariance (ANCOVA) was employed to analyse the post test scores of participants on self-esteem, using the pre-test

scores as covariates to find out if post experimental differences were significant. The result obtained was tested at 0.05 significant levels as presented in tables 2 and 3.

Table 2: Summary of Analysis of Covariance (ANCOVA) of pre-post test interactive effects relationship violence on the self-esteem of female undergraduate victims of relationship violence in the experimental, control groups and age as a moderating factor.

Source	Sum of Squares	DF	Mean Square	F	Sig.	Remark
Covariates	3482.926	1	3482.926	72.189	.000	
Main effects	4356.258	3	1452.086		.000	
Treatment Groups	4234.586	2	2117.293	30.097	.000	Sig.
Age	810.940	1	810.940	43.884	.005	Sig.
2-ways Interactions	110.742	2	55.371		.612	n.s.
Trt. groups x Age	18.117	2	9.059	16.808	.976	n.s.
Explained	5746.342	11	522.395	1.148	.000	
Residual	3763.235	78	48.247	0.188		
Total	9509.578	89	106.85	10.828		

The result in table 2 showed that there was significant main effect of treatment in the pre-post self-esteem scores of female undergraduate victims of relationship violence in the experimental and control groups (F(2,87) = 43.884, P < .05). This means that there is a significant difference in the mean post-test self-esteem scores of participants exposed to treatment and the control group. Therefore, the hypothesis is rejected. In order to find out the magnitude of groups mean scores, Table 3 is presented.

Table 3: **Multiple Classification Analysis (MCA) showing the direction of the results in the pre-post self-esteem scores of female undergraduates who are victims of relationship violence in the treatment groups and age**

Variable + Category Grand Mean = 25.22	N	Unadjusted variation	Adjusted Mean Score	Eta	Adjusted for independent + covariates deviation	Beta
Treatment Groups: Assertiveness Training Group	30	-4.14	21.08		-4.14	
Cognitive Restructuring Group	30	-3.01	22.21		-4.28	
Control	30	8.51	33.73		7.42	
				.63		.67
Age: Young (16-20yrs)	51	-.89	24.33		-.64	
Older (21-25yrs)	39	.42	25.64		.83	
				.41		.19
Multiple R-squared						.612
Multiple R						.763

The MCA as observed in Table 3 showed the performance of all the groups in self-esteem score. The control group had the highest adjusted post-test mean score ($\bar{x}$ =33.73) followed by cognitive restructuring group with the adjusted mean score ($\bar{x}$ =22.21) while the assertiveness training group had the least adjusted post-test mean score ($\bar{x}$ =21.08). Therefore, the result indicated that the impact of relationship violence of self-esteem is much more on participants in the control group followed by cognitive restructuring and assertiveness training groups respectively. It further revealed the differential-values of the pre and post treatment outcome and equally showed the effectiveness of the treatment packages over the control (i.e. non-treatment group). These values were obtained by adding the grand mean ($\bar{x}$ =25.22) with the respective adjusted deviation. The table also indicated that treatment accounted for as much as 61.2 percent (MR^2 = 0.612) of the variance of the participants self-esteem scores while the remaining 38.8 percent are due to other unexpected sampling errors. The assertiveness training and cognitive restructuring treatment groups had adjusted post-test scores that were lower than the grand mean while the control group had an adjusted post-test mean score that is above the grand mean.

Hypothesis Two

There is no significant main effect of age on self-esteem scores of female undergraduate victims of relationship violence. Table 2 showed that there was significant difference in the main effect of age in the pre-post self-esteem scores of female undergraduate victims of relationship violence between young and older participants (F (2,87) = 16.808, P < .05). Therefore the null hypothesis is rejected. The MCA table 3 showed that the mean score for the participants was ($\bar{x}$ =24.33) while that of the older participants was ($\bar{x}$ =25.64). This shows that the older participants had a higher mean score than the young participants. This is attained by adding the grand mean to the unadjusted variation figure.

Hypothesis Three

There is no significant interaction effect of treatment and age on self-esteem scores of female undergraduate victims of relationship violence. The result in table 2 showed that there was no significant interaction effect of age in the pre-post self-esteem scores of female undergraduate victims of relationship violence in the experimental and control groups (F(3,86) = 0.188, P < .05). Hence the null hypothesis is accepted.

Discussion of Findings

Hypothesis one states that there is no significant main effect of treatment on self-esteem of female undergraduate victims of relationship violence. The result in table 2 showed that there was significant main effect of treatment in the pre-post self-esteem scores of female undergraduate victims of relationship violence in the experimental and control groups (F(2,87) = 43.884, P < .05). This means that there is a significant difference in the mean post-test self-esteem scores of participants exposed to treatment and the control group. Therefore, the hypothesis is rejected. This indicates that the effect of expressed anti-social behaviour such as relationship violence on the developmental well-being of female undergraduate victims can be managed and their self-esteem enhanced. Equipping relationship violence victims with necessary psychological skills that would enable them develop the required competence to negotiate and sustain relationship is desirable considering the fact that in contemporary world undergraduate relationship violence is a significant problem not only because of its alarming physical and mental health consequences but also because it occurs at a life stage when romantic relationships are beginning and interactional patterns are learned that may be carried over into adulthood (Okoiye, 2014). This result is also consistent with De Bruijn, Kremers, van Mechelen and Brug (2005) assertion that identification of modifiable risk factors for low self-esteem among undergraduates that have experienced relationship violence could be managed and reduced to enable victims become well adjusted and functional members of the society through the use of psychological therapeutic intervention programme(s).

This phenomenal development indicates that students expressing low self-esteem need a combination of intellectual skills, motivational qualities, and social emotional skills to succeed in school. Therefore, it is necessary for them to be more assertive and have high self-esteem (Hamoud, El Dayem & Ossman, 2011). Assertiveness training programme are designed to improve an individual's assertive beliefs and behaviours, which can help the individual, change how they view themselves and establish self-confidence (Wesley & Mattaini, 2008). Basically, assertiveness training is about raising an individual's self confidence so as to increase their level of self-esteem and resilience. Iruloh & Amadi, (2008)

added that assertive training helps to teach an individual on how to assert himself despite the intimidation and pressures coming from other people.

Also, the MCA result revealed that participants in the control group had the highest adjusted post-test mean score ($\bar{x}$ =33.73) followed by cognitive restructuring group with the adjusted mean score ($\bar{x}$ =22.21) while the assertiveness training group had the least adjusted post-test mean score ($\bar{x}$ =21.08). Therefore, the result indicated that the impact of relationship violence of self-esteem is much more on participants in the control group followed by cognitive restructuring and assertiveness training groups respectively. It further revealed the differential-values of the pre and post treatment outcome and equally showed the effectiveness of the treatment packages over the control (i.e. non-treatment group). This further corroborates Corey (2009) report that assertive training programme is a systemic approach used to enhance a more assertive self-expression, based on a balance between achieving one's own goals and respecting the needs of others. It is a psychological intervention which helps participants learns to integrate assertive behaviour skills into their daily lives. It deals with attitudes, beliefs, and cognitions about assertiveness as well as specific, overt assertive behaviours (Hamoud et al., 2011).

Hypothesis two states that there is no significant main effect of age on self-esteem scores of female undergraduate victims of relationship violence. The result of the study revealed that there was significant difference in the main effect of age in the pre-post self-esteem scores of female undergraduate victims of relationship violence between young and older participants ($F(2,87) = 16.808, P < .05$). Therefore the null hypothesis is rejected. This development indicates that age as a chronological, physiological and mental phenomenon has grave impact on the well-being of individuals in social and romantic relationship. Thus, age could influence ability to reason and adjust to situational constraint in a dynamic way. Heise, Ellsberg and Gottemoeller (2013) reported that the results of the demographic and health survey in Nigeria of 2008 indicated that 28% of women aged 15 - 49 years had experienced physical violence since the age of 15, and that 15% had experienced physical violence in the 12 months prior to the survey. Thus, epidemiological evidence suggests that relationship violence affects the health and wellbeing of women in many ways, resulting in fatal (homicide, suicide and AIDS-related deaths) and non-fatal (physical injury, chronic pain syndromes and gastro-intestinal disorders) outcomes (Heise, et al., 2013). Physical and sexual violence further affects the mental health of victims, and has resulted in behavioural outcomes such as alcohol and/or drug abuse and high sexual risk-taking behaviour (Heise, et al., 2013). Furthermore, a study conducted by Tolman and Rosen (2001) revealed that women who experienced relationship violence are more likely to have mental health challenges and develop low self-esteem than those that do not have same experience.

The MCA in table 3 further showed that the mean score for young participants was ($\bar{x}$ =24.33) while that of older participants was ($\bar{x}$ =25.64). This shows that the younger participants were better adjusted to overcome their challenges than the older participants. The young participants of ages 16-20yrs are adolescents that are still vibrant and have capability to renegotiate relationships without considering age disadvantage. They have egocentric personality that makes them develop positive self-worth and instil in themselves a consciousness of high and dynamic value. This possibly makes them to easily swing emotions to a more favourable environment and not stay glue in a violent relationship. Again at this age on like the older participants of ages 21-25yrs who might be focussed and concern with the issue of marriage, it might be difficult for them to walkout of a violent relationship

due to fear of the unknown and unexplained interest. In support of this assertion is the finding of Breldenbush (2007). Breldenbush (2007) carried out a study using conversation skill training and assertiveness training involving 50 adolescents who had low self esteem; the result showed that self esteem significantly improved. The adolescents reported enhanced feeling of self worth, perceived themselves in more positive terms and felt adequate. This implies that assertiveness encompasses multidimensional aspects of human expression, including behaviour, cognition, and affect. Also, it was found that behaviourally assertive individuals are able to express their emotions, defend their goals, and establish favourable interpersonal relationships (Yong, 2010).

Likewise, Liza (2010) in her study among high school students found that cognitive restructuring programmes have a positive significant effect on the students' self-esteem. She found that cognitive restructuring technique can tangibly enhance self-esteem. This implies that cognitive restructuring technique (CRT) is cognitive behavioural technique that focuses on changing a person's perceptions and irrational assumptions of self and world. Cognitive restructuring gives people new ways of thinking and talking to themselves about their problems.

Hypothesis three states that there is no significant interaction effect of treatment and age on self-esteem scores of female undergraduate victims of relationship violence. The result in table 2 showed that there was no significant interaction effect of age in the pre-post self-esteem scores of female undergraduate victims of relationship violence in the experimental and control groups ($F(3,86) = 0.188$, $P < .05$). Hence the null hypothesis is accepted. The reason for this could be that relationship violence is a phenomenal act whose occurrence has negative implication on the well-being of victims and the perpetrators. Also, as cited in Poutiainen and Holma (2013); Campbell (2002); Ellsberg, Jansen, Heise, Watts and Garcia-Moreno (2008) stated that relationship violence has devastating effects on the psychological, emotional, physical and sexual well-being of victims regardless of the type of violence experienced. Their reports further attest to the fact that the resultant consequences of relationship violence can last a life time due to the horror and trauma victims' experience. Similarly, Okoiye, (2014) and Harned (2001) revealed that female undergraduate victims of relationship violence that have experienced physical battering, sexual abuse, psychological or emotional torture reported that their encounter has negative consequence on their academic pursuit and well-being in general as it makes them to develop anxiety, depression, shame, anger, low self-esteem and fear related problem(s).

Implications of Findings

The findings of this study have brought to the awareness of the society that Undergraduate relationship violence is a challenging phenomenon that has negative implication on the well-being of victims. This incidence ranges from verbal assault, mental intimidation, slaps, kicks, rape, etc. This could lead to depression, feeling of dejection, low self-esteem and anger. For example, Okoiye, (2014) and Harned (2001) revealed that female undergraduate victims of relationship violence that have experienced physical battering, sexual abuse, psychological or emotional torture reported that their encounter has negative consequence on their academic pursuit and well-being in general as it makes them to develop anxiety, depression, shame, anger, low self-esteem and fear related problem(s). Thus, undergraduate relationship violence is a significant problem not only because of its alarming physical and mental health consequences but also because it occurs at a life stage when romantic relationships are

beginning and interactional patterns are learned that may be carried over into adulthood (Okoiye, 2014).

Counselling Implications

Expressed undergraduate relationship violence is an abnormal behaviour that violates human dignity and sense of being, in view of this, university authorities should endeavour to give appropriate orientation to student that would help them develop social competence and negotiate relationship devoid of violence.

Thus, the university authorities to address this anomalies' should help modify undergraduates' violent behaviour using intervention programmes that would support good character formation

Helping professionals with the understanding of human behaviour should be able to use their competence to enlighten students on how best to resolve conflict that arises in interpersonal relationship amicably

Recommendations

Based on the findings of this study, the researcher wish to make the following recommendations:

The university authorities should endeavour to give students support that will help them adjust to the reality of life in campus and ensure positive transition.

Psychological intervention programmes should be put in place in universities through their counselling centres to help undergraduates rediscover their potentials and redirect their desire to relate intelligently with others.

Undergraduates should be taught principles of social and emotional intelligence that will help them develop positive interpersonal relationship with their peers in and out of school.

CONCLUSION

The university community is a world of its own with peculiar challenges that require some measure of competence to adjust to. Therefore, being an environment that requires daily interpersonal relationship, students should be given appropriate orientation that would help modify character and ensure peaceful social-co-existence and promote academic excellence.

REFERENCES

Breldenbush, M. H. (2007). The effectiveness of psychotherapy: *American Psychologist*, 10, 75-81.
Campbell, J. C. (2002). "Health consequences of intimate partner violence," *The Lancet,* vol. 359, no. 9314, pp. 1331–1336.

Chen, T. H., Lu, R. B; Chang, A. J; Chu, D. M; & Chou, K. R. (2006). The evaluation of cognitive behavioural group therapy on patient depression and self-esteem. Taiwan: *Arch Psychiatry Nursing*. 20(1): 3-11.

Committee on the Elimination of Discrimination Against Women (2000). *Report of the Committee on the Elimination of Discrimination Against Women*. New York: United Nations General Assembly, 55th Session.

Corey, G. (2009). *Theory and Practice of counselling and Psychotherapy*. (8 Edition) Thomson Brooks/Cole Publishing Coy.

De Bruijn, G. J., Kremers, S. P. J., Van Mechelen, W & Brug, J. (2005). Is personality related to fruit and vegetable intake and physical activity in adolescents? *Health Education Research*, 20(2005), 635-644.

Ekennia, C. C., Otta, E. F., & Ogbuokiri, N. P., (2013). Effect of cognitive restructuring technique and multi-component therapies in the management of nocturnal enuresis among junior secondary schools: *Asian Journal of Management Sciences & Education*, Vol, 2. No, 4: pp 135-145.

Ellsberg, M., Jansen, H. F. M., Heise, L., Watts, C. H., & Garcia-Moreno, C., (2008). "Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study," *The Lancet*, vol. 371, no. 9619, pp. 1165–1172, 2008.

Hamdan, M; Puskar, K, & Bandak, A.C. (2009). Effectiveness of cognitive behaviour therapy on depressive symptomathology , stress and coping strategy among Jordanian University students. *National institutes of health*. 30(3). 188-196.

Hamoud, S. A; El Dayem, S. A & Ossman, L. H (2011). The Effect of an Assertiveness Training Programme on Assertiveness skills and Self-Esteem of Faculty Nursing Students *Journal of American Science*,7(12).

Harned, M. S. (2001). "Abused Women or Abused Men? An Examination of the Context and Outcomes of Dating Violence," *Violence and Victims*, 16, 269-286.

Heise L, Ellsberg M, & Gottemoeller M. (2013). Ending violence against women. http://www.infoforhealth.org/pr/l11/violence.pdf (accessed 23 March 2014).

Iruloh, B. N. & Amadi, G. N. (2008). *Psychological Perspective of Drug Abuse, Prevention and Treatment.* University of Port Harcourt Press, Port Harcourt, Nigeria.

Liza, S. (2010). Effectiveness of Cognitive Behavior Therapy on self-efficacy among high school students. *A submitted thesis for doctorate degree in psychology. Department of psychology. University of Mysore, India*.

Macy, R. J., Ferron, J., & Crosby, C. (2009). "Partner violence and survivors' chronic health problems: Informing social work practice," *Social Work*, vol. 54, no. 1, pp. 29–43.

Marshall, L. L. (1992). Development of the severity of violence against women scales. *Journal of Family Violence,* 7, 103-121.

Okoiye, O. E. (2014). Self-esteem, sexual jealousy and aggression as correlates of relationship violence against female undergraduates in Edo state: *International Journal of Gender and Development Issues*: Volume 1:3: pp 43-53.

Olsen, J. M.; Breckler, S. J.; & Wiggins, E. C. (2008). *Social Psychology Alive* (First Canadian ed.). Toronto: Thomson Nelson.

Poutiainen, M., & Holma, J., (2013). Subjectively Evaluated Effects of Domestic Violence on Well-Being in Clinical Populations: *International Scholarly Research Notices* Pp 8-16.

Read, J., van Os, J., Morrison, A. P., and Ross, C. A., (2005) "Childhood trauma, psychosis and schizophrenia: a literature review with theoretical and clinical implications," *Acta Psychiatrica Scandinavica*, vol. 112, no. 5, pp. 330–350.

Rosenberg, M. (1965). *Society and the Adolescent Self-Image*: Princeton, NJ: Princeton University Press.

Rosenberg, M. (1979). *Conceiving the self*: New York: Basic Books.

Stupnisky, R. Perry, R. Renaud, R. & Hladkyj, S. (2013). Looking beyond grades: Comparing self-esteem and perceived academic control as predictors of first-year college students' well-being. *Learn Individ. Differ.* 2013, *23*, 151-157.

Tolman, R. M. & Rosen, D., (2001). "Domestic violence in the lives of women receiving welfare," *Violence Against Women*, vol. 7, no. 2, pp. 141–158.

Wesley, J. M. & Mattaini, M. A (2008). Assertiveness Skills Education: *http://www.peacepower.info/modules/RespectAssert.pdf*   Retrieved on 21/02/2010.

Yong, F, (2010). A study on the assertiveness and academic procrastination of English and Communication Students at a private University. American *Journal of Scientific Research*, 9, 62-72.