

Scholar Violence and Mental Health in University Students: An Analysis in the Post-Pandemic Context

Alba Luz Robles-Mendoza¹, Diana Cecilia Tapia-Pancardo^{2*}, Danae Soriano-Valtierra¹

¹Faculty of Higher Studies Iztacala, National Autonomous University of Mexico, Tlalnepantla, Mexico

²Research and Postgraduate Division, Biomedicine Unit, Faculty of Higher Studies Iztacala, National Autonomous University of Mexico, Tlalnepantla, Mexico

Email: albaluz.robles@iztacala.unam.mx, *dianacecitapia@hotmail.com, danae.soriano@iztacala.unam.mx

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Abstract

Faced with a new reality saturated with online violence, a crisis of values, and mental health disorders, new approaches are needed that prioritize the social, psychological, and cultural development of young people. The commitment to addressing school violence—and in particular, self-harm—is based on the high rates of anxiety, stress, and depression among students aged 17 to 29. The objective of this study is to analyze the emotions associated with this violence in 3090 university students during post-pandemic online classes. A digital questionnaire was applied, and the results were processed using SPSS software to obtain descriptive and analytical statistics. The results show a deterioration in sleep and eating habits, as well as an excessive time spent on social media, and videogames leading to depressive responses and suicidal ideation. It is concluded that emotional education in university communities requires, for the sake of physical, mental, and social health, institutional policies, as well as diagnostic evaluations that prioritize emotional self-care for the sake of common university well-being.

Keywords

University Students, Post-Pandemic, Self-Inflicted Violence, Emotional Care, Self-Care

1. Introduction

Studying emotions and human passions constitutes a classic topic in psychology history, a discipline that assumed the legacy of exploring emotions and feelings

related to diverse social contexts. René Descartes was the first to introduce the concept of basic emotion, idea captured in the literature as the basic emotions theory, becoming its first explicit advocate. Descartes' approach considers the existence of six simple and primitive emotions—astonishment, love, hate, desire, happiness, and sadness—and that all others are derived from or composed of these six (Martínez & Andrade, 1997, cited in [Tapia et al., 2017](#)).

Later, in 1953, B.F. Skinner raised, from the behaviorist theory, that emotion is a willingness to act in a specific way. With this focus, emotions serve to adopt a position facing the surroundings, by motivating us to certain persons, objects, or ideas. Furthermore, they act as a reservoir of innate and learned influences, with fluctuating variables between individuals, groups, and cultures (Bisquerra, 2001, cited in [Tapia et al., 2017, 2020](#)).

On the other hand, from the cognitive theory, emotions are determined by mental processes that mediate between the stimulus and the response. According to Richard Lazarus, the cognitive assessment includes two phases: a primary or automatic phase that considers the consequences of the situation, and a secondary or cognitive phase consisting in a balance of the individual ability to face an emotional event (Lazarus, 2001, cited in [Martínez Bahena & Tapia Pancardo, 2021](#)).

Currently, it is assumed that to understand the human existence and behavior, it is essential to explore and know its emotional universe. Emotions are present in all persons' lives, practically in everything we do; such that we can assert that they are inherent to the own human condition and that, to a great extent, determine its existence.

Despite a wide variety of definitions about emotions, among them the term emotional intelligence (EI) is highlighted. [Goleman \(1995\)](#) popularized the concept by the initial definition of a set of skills, attitudes, abilities, and competencies that determine the behavior, reactions and mental status of an individual. Later, he reformulated the idea to describe it as the capacity to recognize our own feelings, as well as those of others, allowing individuals to motivate and manage individual and collective emotionality.

The inappropriate handling of emotions could result in self-directed or peer-directed violent behaviors. Currently, scholar violence has acquired great importance due to increase in the suicide rate; this phenomenon is positioned as a main cause of death among university students, which generates a strong negative psychoemotional impact in the student community ([Tapia et al., 2018](#)). According to the Mexican National Institute of Statistics and Geography (INEGI, 2025), in the age range group 15 - 24 years old, suicides are the 3rd cause of death in this age group, being considerably more frequent in women than in men.

Facing this panorama, the emotional education emerges as a fundamental preventive tool; it not only facilitates the development of competencies for the pacific solution of conflicts, but also strengthens resilience and subjective wellbeing, as well as allowing students to manage their crises in a beneficial way, which diminishes risk factors associated with violence and self-harming behaviors.

In that regard, [Zych & Ortega-Ruiz \(2021\)](#) point out that a tight relationship

between low socio-emotional competencies with bullying, cyberbullying, and other behavioral expressions of scholar violence exists. In their systematic review, authors described the efficacy of educational intervention programs, that integrate emotional education components to diminish violent behaviors in childhood, as well as in adolescence.

In this sense, emotional education allows students to develop emotional competencies, favoring their individual, scholar, and social wellbeing, strengthening their interpersonal and emotional abilities to cope in educational and professional environments, pacific and safely. In agreement with this position, [Guerrero-Bermúdez et al. \(2025: p. 7\)](#) point out that this tool is efficient for “emotional self-regulation, the promotion of pacific solution of conflicts, the increase in the ability to identify and express emotional properly, and the development of social abilities such as assertiveness and cooperation”.

Context frame

The COVID-19 pandemic radically transformed the university life, not only in the teaching-learning activity, but also in the ways to live the emotional aspects within educational institutions. The confinement, the abrupt virtualization, the uncertainty, and the isolation impacted the mental health and the emotional wellbeing in students. Currently, while universities got back to in-person attendance, they faced the urgent challenge to rephrase the role of emotions in the academic life, recognizing them as fundamental components of the educational experience. In this work, we thought on the necessity to promote an institutional culture of education and emotional care in post-pandemic university communities, from a sociocultural perspective, where emotions, far from being exclusively the individual and biological experiences, are social phenomena that develop and set up in specific historic and cultural contexts, through human interaction among them. Such approach being a notably useful perspective to examine the self-violence phenomenon in university contexts.

According to the United Nations International Children’s Emergency Fund ([UNICEF, 2023](#)), self-violence or self-aggression is defined as any behavior that generates self-damage with the purpose to face unpleasant emotions, or alleviate difficult situations. Among these behaviors are cuts, burns, small skin lesions, non-suicidal self-lesions, and other risk behaviors used to evade the overwhelming pressure, or the guilt facing the daily stress.

During confinement due to COVID-19, and after it, the university dynamics was transformed; the students’ emotional experiences facing the teaching-learning process, moved from in-person attendance to online settings, seeing themselves affected due to the need of new materials and technological devices for their development. Under these circumstances, the isolation, uncertainty, and the academic overload contributed to the emotional wellbeing impairment, such that in several cases led to self-violent practices. [Silva Becerrill et al. \(2024\)](#) define this type of violence as subtle and recurrent practices, being detrimental for health; among them sedentarism, poor sleep patterns, excessive processed food and sugar

consumption, high intake of alcohol, and the abuse of electronic devices and social networks are highlighted. So, this violence is not understood if the institutional, sociocultural, psychosocial, and relational context in which it is produced is not taken in account.

In agreement with that, Robles-Mendoza & Bautista-Hernández (2026) point out that self-aggressions are related with multiple factors in daily risk behaviors, with academic and health consequences on the university population. As an example, authors have identified nutrition disorders, altered sleep patterns, harmful substances' consumption, and the excessive time used for videogames and social networks.

In this framework, the online settings were the main way of interaction academic and social; even though the online activities intensified the solitude, sadness, digital fatigue, and emotional distancing feelings. According to Muñoz-Silva et al. (2021), the university students showed high stress, anxiety and depression linked with academic overload, the absence of social in-person interaction, and the pressure of scholar productivity. These problems in mental health, beyond of being individual discomfort, are the product of the Mexican educational system that historically privileges reasoning above emotionality, the efficiency above care. In this way, structural weaknesses of education in Mexico are visibilized, particularly in universities.

For the university community the confinement due to COVID 19 signified an extreme change between socialization and emotional management, where self-aggressions emerged as a serious phenomenon, with the need of urgent attention in clinical and scholar settings. Self-inflicted lesions represented a serious phenomenon of urgent attention, in scholar and clinical settings; the suicidal ideation and attempt increased during the sanitary lockdown, linked with high scholar stress, routines loss, lack of technology materials needed for the online classes, family economic and health concerns, among others (Benítez Camacho, 2021).

In this sense, the emotional vulnerability was observed by the absence of social interaction, the fear to be infected, the economic uncertainty, and the academic pressure. Later, when the in-person-attendance to classrooms occurred, the universities left their traditional spaces of accompaniment and contention, to be transformed into cold depersonalized spaces, where academia continued, but the humanness faded. The lack of support networks led many students to face anxiety, frustration, and mental health impairment in solitude (Muñoz-Silva et al., 2021).

Several post-pandemic studies show an important increase of depressive symptoms, anxiety disorders, and suicidal thoughts in university students. According to the World Health Organization (WHO, 2021), suicide is the third cause of death among 15 - 29 years old people, a tendency intensified during the pandemic crisis. The risk settings were linked to factors related to the lack of access to psychological therapy, the social stigma about mental health, and the stress to cope with academic tasks, becoming more pronounced in students living in extreme poverty, precarious, or outcast situations (López-Castro et al., 2021).

The pandemic was also an inequalities catalyst, i.e., students with no access to internet, technological devices, or safe study room at home, were the most affected. This inequality in materials translated into an emotional load, which was not properly attended for many educational institutions, centered in keeping the academic continuity without considering the psychological effects due to confinement and online overload (UNESCO, 2020).

In this sense, self-lesions and self-violence not only signified individual damage, but a social symptom, in those who felt solitude, exiled, and ignored. Furthermore, during the sanitary emergency, several studies reported significant increase in anxiety, depression, anguish, and stress among university students, especially in women and men with precarious socioeconomic conditions (López-Castro et al., 2021; Muñoz-Silva et al., 2021; Gorostieta Tapia et al., 2021).

The sociocultural theory of emotions is the theoretical axis supporting the social construction of emotional settings, mediated by interactions, speeches, and cultural contexts where they emerge (Bolaños Florido, 2016; Esteban & Távora, 2008; Ratner, 2000). Emotions, beyond the individual reactions' interpretation, are expressed from structural discomfort exacerbated by the pandemic. In this way, the psychoemotional care needs not only individual self-control strategies, but collective, institutional, and policy practices.

Hence the importance to develop integral university policies on mental health, including accessible psychological assistance, teachers training in handling emotional surroundings, humanized academic accompaniment, and promotion of communities of care and self-care; thus, this approach must move from performance to contention, from isolation to belonging, from silence to dialogue (Bolaños Florido, 2016; Esteban & Távora, 2008).

The university scholar violence is manifested in daily practices of institutional disregard, discrimination, teachers' harassment, or academic overload, profoundly affecting the students bias. These experiences generated negative emotions which internalized, mainly when no available affective support networks nor social room for emotional recognition exist, i.e., self-violence was not only a personal and individual act, but an extreme symptom of scholastic distress with the absence of being listened and having no voice (Esteban & Távora, 2008).

From the sociocultural theory of emotions, this problematic is comprehended as a relational and contextual phenomenon of mental health. This framework explains emotions as social constructions formed by interaction with others, influenced by historical and cultural specific contexts (Bolaños Florido, 2016; Esteban & Távora, 2008; Ahmed, 2004; Ratner, 2000; Vygotsky, 1995). In such a way, emotions such as anguish, shame, frustration, or hopelessness are not only isolated organic reactions, but the result of social processes, where the emotional suffering entails violent behaviors, originated in academic and social settings of rejection and humiliation.

In other words, this theory allows to analyze how negative emotions associated to downgrading, exhaustion, or solitude, are products of failed social interactions, of institutional structures that do not promote the emotional care, and of cultural

speeches that encourage self-demandingness, and the individual success unlimitedly.

Therefore, this study seeks the need to generate institutional spaces that recognize emotions as legitimate dimensions of the university life, and not as private affairs that must be hidden. It involves to construct emotional communities for care, where the affective links, the accompaniment, and the mutual recognition would prevent the psychoemotional suffering, and to avoid fatal outcomes (Ahmed, 2004; Ratner, 2000). Emotional education should be integrated with self-care and collective care tools, acting as central axes in university policies. It is required a wide transformation of the educational model to privilege the common wellbeing above the individual academic performance.

In this respect, to analyze the university scholar violence and, as a consequence, the self-violence from the sociocultural theory of emotions, enables to disassemble pathologizing speeches that blame the individual, and centering the attention in social dynamics that generate discomfort. As mentioned by Ahmed (2004), emotions circulate between persons and institutions, producing belonging, exclusion, and suffering feelings. Therefore, just through an integral and committed comprehension of the collective emotional care, is possible to transform universities in places of humanized care, where emotions do not be suppressed but rather be recognized, validated and accompanied. It is required to transit to emotional education models, more sensitive to the affective dimension of students' life.

The return to in-person or hybrid attendance represents an opportunity to redefine the link between body, emotions, and knowledge, then recovering the humanized sense of education (Nussbaum, 2010).

With the purpose to operationalize the exposed theoretical precepts, and to provide empirical evidence of the phenomenon, a quantitative research was developed, whose aim was to know students' perception about their emotions after the COVID-19 pandemic, as well as the relationships between these experiences and the self-violence.

2. Method

Design and participants

A quantitative exploratory-descriptive and transversal study was conducted during 2023 to 2025. The sample included university students of seven careers from Facultad de Estudios Superiores Iztacala, National Autonomous University of Mexico (FES Iztacala, UNAM).

Inclusion criteria were a) to be enrolled in any of the seven careers of FES Iztacala, and b) grant the explicit acceptance to participate by signing the informed consent.

Procedure

Data collection was self-administered on line through a *Google Forms* form. Authors requested that staff in charge of each career invited students as volunteers with freedom to participate. Data were analyzed with SPSS version 31 software.

Measurement and score

For the goal of this research, we used a sub-set of 6 items (from 24 to 29) out of

the original 35 items of the instrument, developed by the research team to evaluate students' perception on post pandemic online scholar violence. These 6 items specifically evaluate behaviors associated with self-violence.

The items were:

- Item 24. Thoughts, fiction, and recurrent suicidal motivation.
- Item 25. Consumption three or more times per week of alcohol, tobacco, or any substance that depress the mood.
- Item 26. Anxiety before the school tasks demands.
- Item 27. Sadness before the sudden increase or decrease of body mass.
- Item 28. Anxiety by daily losing time due to videogames and social networks.
- Item 29. Depression by altered sleep schedules affecting school activities.

Coding the answers

Each item was evaluated with a Likert type scale of five answer ranks. To be sure that a highest score directly reflected a high perception of discomfort, the options were coded in line up and inverse traditional acquiescence: 1 = Total disagreement, 2 = In disagreement, 3 = Not in agreement neither in disagreement, 4 = In agreement, 5 = Total agreement. From this configuration the global score of the sub-set is obtained by simple summation, generating a continuous index with a theoretical range from 6 to 30 points.

Validity and reliability evidence

The selection of these sub-set of items was supported by an expert validation process, who confirmed the contextual pertinence and theoretical adequacy for university students. The internal consistency analysis of the 6 items sub-set yielded a Cronbach α coefficient of 0.815, considered as optimal and statistically reliable for this scale.

Cut-off points and risk categories

To timely identify the needs of psychological attention, raw global scores were categorized into three analytical risks:

- Low Risk (6 to 13 points): Students that manifested minimal or null symptoms of sporadic emotional discomfort. There is no need of immediate intervention, only suggesting general community self-care strategies.
- Moderate Risk (14 to 21 points): Moderate symptoms of anxiety, depression, behavior or sleep alterations, bound to academic demands. An institutional monitoring is suggested.
- High Risk (22 to 30 points): Severe and recurrent manifestation of clinical maladaptive symptomatology and/or direct affirmative suicidal ideation responses (specific score in item 24).

Ethical considerations

The researchers coped with all ethical considerations for the study, supported by the Ethical Committee of the FES Iztacala, UNAM (CE/FESI/072024/1772). The rules and laws regarding the privacy of sensitive personal data, supported by the Federal Law of Transparency and Access to Information, as well as the same rules from the UNAM. Privacy, anonymity, and personal and sensitive data pro-

tection by the Federal Law of Transparency and Access to Information, the Federal Law of Protection of Personal Data, and the By-law of Transparency and Access to Public Information of the National Autonomous University of Mexico (UNAM) were warranted.

As a safeguard and fundamental ethical restitution, those participants whose profiles scored in the high risk category, or explicitly manifested active suicidal ideation through the instrument, were detected in real time by the system and directed automatically, and privately, to the Center of Support and Guidance for Students (CAOPE), a free integral clinical attention service from FES Iztacala, UNAM, to guard the wellbeing of the student community.

3. Results and Discussion

Table 1 shows the complete sample of participants, grouped by career and sex.

The questionnaire was applied to 3,090 students, 28.03% men, 71.36% women and 0.61% no binary persons; their average age was 20.5 years old.

Table 1. Number of participants in the sample.

Career	Men	Women	Other	Total	%
Biology	97	146	4	247	8%
Dental surgeon	153	479	0	632	20.4%
Ecology	7	8	0	15	0.5%
Nursing	47	200	0	247	8%
Medical surgeon	83	233	1	317	10.3%
Optometry	31	72	2	105	3.4%
Psychology	448	1067	12	1527	49.4%
Total	866	2205	19	3090	100%

Source: Authors' elaboration.

Psychology was the most represented (49.4%), while Ecology and Optometry showed the lowest abundance of students. Data show that the highest percentage of enrollment in the campus is in feminized professions.

In **Table 2**, the results of items 24 to 29 of the applied scale are shown, and they express the students' perception regarding their self-violence.

Results indicated a high percentage in self-lesion behaviors, with responses in *Agreement and Total Agreement* categories in four out of six of the evaluated items: I26 (Anxiety before the school tasks demands), I27 (Sadness before the sudden increase or decrease of body mass), I28 (Anxiety by daily losing time due to videogames and social networks), and I29 (Depression by altered sleep schedules affecting school activities). These findings coincide with reports on university students during the pandemic; for example, [López and Robles \(2021\)](#) mentioned that the scholar performance culture produce emotional status, such as stress and anxiety before the expectancy to cope with academic demands, which were depleted

during the pandemic and also the post-pandemic, deriving in an apparent lack of interest due to work overload. On the other hand, Cortijo-Palacios et al. (2022) mentioned that the pandemic generated university students with maladaptive behaviors that affected their sleep patterns, feeding, and ludic times, as well as emotional responses such as sadness, depression, anxiety, and stress, while the emotional dimension being affected due to outbreak of the social routines. Likewise, Robles et al. (2021) pointed out that the use of speeches on mental health, and emotional status as pathologized traits, blame persons because their lack of emotional adaptation capability facing stress or anxiety situations. In contrast, the sociocultural perspective reconceptualizes these emotional settings, not as individual phenomena but as created structures by social expectancies, identities and roles. Among these factors gender, age, kinship, interpersonal interactions, and family affectivity stand out.

In Table 3, the percentage of risk per item is shown.

Table 2. Percentage of results of the applied instrument.

Item	TA	A	NAND	D	TD
24. Thoughts, fiction, and recurrent suicidal motivation.	7.0%	14.8%	13.3%	17.1%	47.9%
25. Consumption three or more times per week of alcohol, tobacco, or any substance that depress the mood.	4.2%	7.6%	7.9%	16.3%	63.9%
26. Anxiety before the school tasks demands.	23.9%	35.6%	10.6%	10.7%	19.2%
27. Sadness before the sudden increase or decrease of body mass.	24.6%	31.6%	11.6%	12.1%	20.1%
28. Anxiety by daily losing time due to videogames and social networks.	21.2%	31.9%	11.7%	13.6%	21.6%
29. Depression by altered sleep schedules affecting school activities.	32.8%	33.8%	9.8%	9.6%	14.0%

TA = Total agreement, A = Agreement, NAND = Not agreement, neither disagreement, D = Disagreement, TD = Total disagreement. Source: Authors' elaboration.

Table 3. Percentage of participants by risk category of the items.

Risk	Item 24		Item 25		Item 26		Item 27		Item 28		Item 29	
	n	%	n	%	n	%	n	%	n	%	n	%
Low	1479	47.9%	1975	64%	592	19.2%	621	20.1%	668	21.6%	434	14%
Moderate	528	17.1%	505	16.3%	332	10.7%	375	12.1%	419	13.6%	297	9.6%
High	1083	35%	610	19.7%	2166	70.1%	2094	67.8%	2003	64.8%	2359	76.4%

Source: Authors' elaboration.

The descriptive analysis of the behaviors, associated to self-violence, showed that somatic and adaptive problems bore higher accumulated prevalence ("In agreement" and "Total agreement" categories), among the students' community. Sleep alteration (item 29) was the most critical indicator, where 76.4% of participants were in the High Risk category. In a grievous order the scholar setting demands showed a strong impact on the emotional stability of students: 70.1% of

participants scored a High Risk for item 26 (Disappointment before the school tasks demands); while 67.8% similarly scored a High Risk for item 27, due to negligence in feeding and drastic variations in body weight.

On the other hand, although the escape from reality behaviors by the use of virtual technologies (item 28) showed a High Risk in 64.8%, the severe clinical risk variables manifested inverse distributions. The frequent consumption of drugs (item 25) concentrated, mainly, in Low Risk (64%). Nevertheless, the most alarming clinical finding was identified in item 24, where 35% of evaluated students ($n = 1083$) were classified as a High Risk category due to experience thoughts, fiction, and recurrent suicidal motivation. Accordingly, based in the institutional rules, this segment was prioritized for immediate attendance in the specialized mental health services at the FES Iztacala, UNAM.

This result coincides with those of Robles et al. (2024), finding an increase in probability of suicidal thoughts in university students during the pandemic and post-pandemic, related with school, family, and economic factors. For example, physical abuse, relatives' deaths, academic overload, job loss, among others.

For the statistical analysis of data, the Spearman correlation coefficients were obtained, due to the strictly ordinal nature of the variables associated to the items (Likert 5 points scale).

For this analysis item 25 (drugs consumption) and item 28 (daily losing time due to videogames and social networks), since such items explore risk behaviors of compulsive or evasive character, and posses multicausal dynamics manifestation, different to the direct scholar structure perception. Instead, the analysis exclusively concentrated in items 24, 26, 27, and 29, because they directly operationalize the emotional responses facing pressure, inattention, and violence at the institutional environment, as well as showing significance ($p < 0.001$) (Table 4).

Table 4. Spearman's correlation ranks.

Item	ρ	Sig. (bilateral)
24. I had thoughts, fiction, and recurrent suicidal motivation.	0.057**	<0.001
26. I felt disappointed before the school tasks demands.	0.132**	<0.001
27. I disregarded my nutrition and had the sudden increase or decrease of body mass.	0.137**	<0.001
29. I did not observe my sleep schedules affecting school activities.	0.059**	<0.001

ρ = Spearman's correlation ranks, Sig. = Correlation grade. Source: Authors' elaboration.

Evaluating the relationship between perceived scholar violence and affective responses of students' index, the Spearman's coefficient showed a highly statistically significant value ($p < 0.001$) in four items; however, the precise psychometric interpretation of these coefficients forces to characterize them as positive extremely weak associations. The highest correlation, even in a low rank, occurred with the disappointment before the scholar demand feeling ($\rho = 0.132$, $p < 0.001$), and

with the drastic alteration of nutrition ($\rho = 0.137$, $p < 0.001$). In the case of recurrent suicidal ideation ($\rho = 0.057$, $p < 0.001$), and sleep affectation ($\rho = 0.059$, $p < 0.001$), the strength of the association was marginal. These results empirically confirm that the violence, in the university environment, does not act as a single or direct causal trigger. Even if it interacts with the emotional discomfort in a not risky way, its shared variance is less than 2%, pointing that violence risk toward oneself is a multicausal and structural phenomenon surpassing the scholar scope.

On the other hand, for the sex index, in **Table 5** are shown the results of Chi square test, used to determine statistical significance among items.

Table 5. Chi square test by sex.

Item	χ^2	df	Sig. (bilateral)
24. I had thoughts, fiction, and recurrent suicidal motivation.	51.848	8	<0.001
26. I felt disappointed before the school tasks demands.	70.350	8	<0.001
27. I disregarded my nutrition and had the sudden increase or decrease of body mass.	95.242	8	<0.001

χ^2 = Chi square test, df = degrees of freedom, Sig. = Correlation grade. Source: Self authorship.

The independence analysis through the Chi-square test of Pearson (χ^2), proved that participants' sex significantly influenced ($p < 0.001$) the risk distribution in three of the analyzed dimensions: suicidal ideation ($\chi^2 = 51.848$), disappointment of academic demand ($\chi^2 = 70.350$), and nutrition alteration ($\chi^2 = 95.242$), with a marked tendency of vulnerability toward women. In spite of the forcefulness in the statistical significance, the calculation of the magnitude of effect by means of Cramer's V, revealed small magnitudes (estimated range 0.10 to 0.15), suggesting that gender asymmetry in coping the university pressure, are perceptible but moderate in the institutional fabric.

Ojeda-Núñez (2025) reported in university students that women showed higher stress, anguish, and nervousness looking at their future, due to the abrupt change into online vs. in-person-attendance, that involves to develop abilities for emotional regulation to alleviate these consequences on mental health.

Lastly, for the career index the Chi square test was used to establish the significant correlation between items (**Table 6**).

Finally, it is observed that a significant correlation exists ($p < 0.001$) between the violence category and the enrolled career, in four out of six items, being Psychology, Dental surgeon, Medical surgeon, and Nursing those with the highest percentage of students in High Risk. The Cramer's V values situated in low to moderate thresholds (estimated range 0.11. to 0.18), corroborate that even if the emotional climate and the evaluation demands vary, according to discipline culture in each career, this only represents a limited contextual factor within the complex

Table 6. Chi square test by career.

Item	χ^2	df	Sig. (bilateral)
24. I had thoughts, fiction, and recurrent suicidal motivation.	77.563	24	<0.001
26. I felt disappointed before the school tasks demands.	133.926	24	<0.001
27. I disregarded my nutrition and had the sudden increase or decrease of body mass.	101.637	24	<0.001
29. I did not observe my sleep schedules affecting school activities.	118.583	24	<0.001

χ^2 = Chi square test, df = degrees of freedom, Sig. = Correlation grade. Source: Self authorship.

network of interaction, that predict the psychological suffering and the self-inflicted behaviors in the post-pandemic environment.

In summary, students manifested self-disappointment feelings facing scholar demands, as well as health harmful behaviors, such as drastic nutrition alterations and carelessness of sleep patterns. Likewise, it was reported the excessive use of time for videogames and social networks activities.

In addition, even that it represented lower percentage in the category, students reported recurrent thoughts and suicidal urges. These behaviors, triggered by excessive work load and lack of organization generated stress, anxiety, and depression emotions, exacerbated by the unbalance of routines due to the pandemic, and the additional extra activities like domestic work, or technological requirements to attend online classes in the new post-pandemic scholar modality.

According to [Chávez Márquez \(2021\)](#) and [López-González et al. \(2022\)](#), the main challenge in university education was adaptation to the new modality, which generated oppression and daze feelings, i.e., students showing an emotional unbalance, fled to risk behaviors that altered its daily life. Along with it, the excessive scholar overload and the schedule mismatches, promoted a constant academic stress that derived in depressive episodes, and suicidal thoughts. As pointed out by [Robles et al. \(2024\)](#) and [Robles \(2021\)](#), multiple external factors like economic problems, family conflicts, and uncertainty by the extent of the pandemic, worsened the emotional condition and the mental health of the population.

4. Conclusion

Self-violence in university students during the COVID-19 pandemic was a phenomenon that questioned the educational institution and the whole society. It is not enough to attend to its clinical consequences; it is urgent to transform the structural conditions that generated it. The university, as a space of critical and progressive thinking, must also be the place that cares, listens, and protects, recognizing that emotional suffering is a legitimate dimension of students' experience; this is the first step to construct a humanist and life committed education.

Despite the sample size and the significance of results, this study has important

methodological limitations. First, participant recruitment was freely and voluntarily, introducing self-selection bias; it is possible that those students with high interest or mental health issues were more likely to respond to the instrument. Second, since it was applied only in FES Iztacala, UNAM, the scholar representativeness was delimited, preventing a direct generalization of the results to other campuses from the same university, or to other educational institutions with different profiles. Third, data were collected through an online self-report format, which is a method susceptible to social desirability bias. Fourth, sample distribution in the careers was quite unequal (higher percentage in Psychology as compared to Ecology), which forced analytical and comparative precision adjustments in the Chi-square test. Finally, the identified associations must be taken as identifiers of contextual vulnerability, and not as causal relationships due to the absence of prior diagnostics of students' mental health, and because the study is exclusively exploratory-descriptive.

Given this scenario, it is necessary that higher education institutions implement institutional policies that prioritize the emotional education for students, and promote affective communities sustained in respect, empathy, and peace culture. The emotional care, understood from a collective dimension, involves designing action strategies to generate listening, contention, and emotion validation spaces. It is necessary to recognize that these do not emerge in isolation, but in contexts crossed by gender inequality, and institutional power relationships.

The students' emotional self-care requires collective networks that support the mutual recognition and peer accompaniment; this involves generating common wellbeing surroundings through a sustained, shared, and structural practice. i.e., to implement active listening spaces, networks of affective tutorship, training in emotional education for teachers and alumni, as well as clear and empathic institutional communication.

Furthermore, it is important to recognize the diverse experiences, needs, and contexts of each educational actor, from their individual, familial, and social experiences, griefs, sufferings, and resilience. For these reasons, the emotional community must be intersectional and inclusive facing the multiple ways of social vulnerability.

In conclusion, the emotional education in post-pandemic university communities requires an ethical and political responsibility, which allows the transformation of institutional practices to healthy physical, mental, and social educational environments. To make visible the emotional discomfort as collective experiences is a necessary step to strengthen the affective dimension of formative processes, and not only to keep the learning of knowledge contents. Creating a self-care emotional community that allows consolidation of collective affective ties will foster better, fairer, more humanistic, and sustainable educational processes.

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Author Contributions

ALR-M designed the research protocol, ALR-M, DCT-P and DS-V carried out the data collection and analyzed the data, all wrote, reviewed, and approved the final manuscript.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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