CHAPTER ONE

Background to the Study

Childhood trauma is a significant public health concern with long-term consequences that extend into adulthood. It includes various forms of adverse childhood experiences (ACEs) such as physical, emotional, and sexual abuse, neglect, and exposure to domestic violence (Felitti et al., 1998). Studies have consistently linked childhood trauma to adverse outcomes in later life, including psychological distress, academic difficulties, and impaired social relationships (Anda et al., 2006). Among undergraduates, these consequences may manifest in mental health challenges, difficulties in coping with academic stress, and maladaptive behaviors. In Nigeria, the prevalence of childhood trauma remains underexplored, particularly among university students, necessitating further investigation into its long-term impact on their well-being and academic performance.

The University of Benin, one of Nigeria's leading tertiary institutions, accommodates a diverse student population from different socio-economic and cultural backgrounds. Many of these students may have experienced adverse childhood events that continue to affect their academic and social lives. Research indicates that university students who have experienced childhood trauma are more likely to develop depression, anxiety, and post-traumatic stress disorder (PTSD) (Read et al., 2011). These mental health challenges can lead to absenteeism, reduced academic performance, and withdrawal from social activities. However, limited studies in Nigeria have examined the extent to which childhood trauma persists into adulthood and affects undergraduates' overall well-being.

Globally, the prevalence of childhood trauma among university students has been widely studied. For example, a study by Schäfer et al. (2019) found that childhood maltreatment

significantly predicted mental health problems in adulthood, including substance abuse and emotional instability. In Africa, studies have highlighted the role of childhood adversity in shaping young adults' psychological resilience and academic success (Atwoli et al., 2015). Despite these findings, there is still a gap in understanding how childhood trauma specifically affects Nigerian undergraduates, particularly in institutions like the University of Benin.

One of the key mechanisms through which childhood trauma influences adulthood outcomes is emotional dysregulation. Traumatized individuals often struggle with managing emotions, leading to heightened stress responses, interpersonal conflicts, and difficulty adapting to university life (McLaughlin et al., 2015). Additionally, childhood trauma has been associated with risky behaviors such as substance use, self-harm, and aggression (Shields et al., 2016). These maladaptive behaviors can further complicate students' academic journey, as they may struggle with concentration, motivation, and maintaining healthy relationships.

Moreover, childhood trauma can impair cognitive functioning, affecting memory, attention, and decision-making skills (Malarbi et al., 2017). University students who have experienced trauma may find it difficult to concentrate in class, retain information, and perform well in exams. This cognitive impairment can contribute to academic underachievement and increase the risk of dropping out. Additionally, the lack of institutional support for students dealing with trauma-related issues in Nigerian universities exacerbates the problem, leaving many students without access to counseling and mental health services.

The social implications of childhood trauma are equally significant. Research has shown that individuals with a history of trauma often experience difficulties in forming and maintaining interpersonal relationships (Rosenkranz et al., 2021). For undergraduates, this can translate into social isolation, difficulties in collaborating with peers, and challenges in seeking academic or

emotional support. In the University of Benin, where peer interaction plays a crucial role in learning and personal development, students with unresolved childhood trauma may struggle with social integration and experience loneliness and distress.

Another critical concern is the role of gender differences in the impact of childhood trauma. Studies suggest that females are more likely to report emotional and sexual abuse, while males tend to experience physical abuse (Afifi et al., 2011). These differences may influence how male and female undergraduates cope with trauma, with females being more prone to internalizing disorders like depression and anxiety, whereas males may exhibit externalizing behaviors such as aggression and substance abuse. Understanding these gender-specific responses is crucial in designing appropriate intervention programs.

Cultural factors also play a role in shaping students' experiences of childhood trauma and its consequences. In Nigeria, societal norms often discourage open discussions about trauma, particularly in patriarchal settings where emotional vulnerability is perceived as a sign of weakness (Okonkwo et al., 2020). Many students may, therefore, suppress their traumatic experiences, leading to unresolved emotional issues that interfere with their academic and social lives. Additionally, cultural stigmatization of mental health challenges prevents many from seeking professional help, worsening the long-term effects of trauma.

Intervention and support mechanisms for students dealing with childhood trauma remain inadequate in many Nigerian universities, including the University of Benin. While some universities provide counseling services, these are often underfunded, understaffed, or poorly utilized by students due to stigma (Ogunsemi et al., 2022). Establishing trauma-informed support systems, including mental health awareness campaigns, counseling services, and peer support

groups, could be essential in addressing this issue and promoting students' academic success and emotional well-being.

Given the far-reaching consequences of childhood trauma on undergraduates' academic and psychological well-being, there is a need for more research on its prevalence and impact within Nigerian universities. Investigating the extent to which childhood trauma persists into adulthood among University of Benin students will provide valuable insights into the risk factors, coping mechanisms, and support needs of affected individuals. Such research will not only contribute to existing literature but also inform policies and interventions aimed at creating a supportive university environment for students dealing with past adversities.Childhood trauma encompasses various adverse experiences, including physical, emotional, and sexual abuse, as well as neglect and household dysfunction. These early negative experiences can have profound and lasting effects on an individual's psychological and emotional well-being, potentially leading to mental health issues such as anxiety, depression, and abuse in adulthood. Understanding the prevalence and impact of childhood trauma among undergraduates is crucial, as this population is at a critical developmental stage where past traumas can significantly influence academic performance, social relationships, and overall quality of life.

In Nigeria, studies have highlighted a high prevalence of childhood trauma among university students. For instance, research conducted in Ilisan-Remo, Southwestern Nigeria, revealed that 87.8% of respondents reported at least one form of childhood trauma, with physical punishment being the most common (77.2%), followed by general trauma (68.9%), emotional abuse (51.1%), and sexual abuse (34.9%) (Fasesan et al., 2024). These findings underscore the widespread nature of adverse childhood experiences (ACEs) within Nigerian communities.

Studies conducted in University of Benin, Edo State on the assessment of sexual abuse among undergraduates at the University of Benin found a lifetime prevalence rate of 64.0%, with a one-year prevalence of 62.5% (Obi et al., 2024). The research identified several predictors of sexual abuse, including female gender, room sharing, self-support in school, history of previous sexual abuse, and history of abusive relationships. These factors highlight the complex interplay between personal, social, and environmental elements contributing to the risk of experiencing sexual abuse during childhood and adolescence.

The impact of childhood trauma on mental health is evident in various studies. In Southeast Nigeria, research indicated that 54.7% of higher education students experienced psychological distress, with significant associations between exposure to ACEs and mental health issues such as anxiety and depression (Agbaje et al., 2021). Similarly, in Ilisan-Remo, childhood trauma was significantly associated with anxiety, depression, and abuse in adulthood (Fasesan et al., 2024). These findings suggest that early traumatic experiences can have enduring effects on mental health, potentially hindering academic success and personal development among undergraduates.

Sequel to the high prevalence of childhood trauma and its detrimental effects on mental health among undergraduates, there is a pressing need for targeted interventions. Universities should implement comprehensive support systems, including counseling services, awareness programs, and policies aimed at preventing abuse and supporting survivors. By addressing the root causes and providing adequate support, educational institutions can foster a safer and more conducive environment for learning and personal growth.

Statement of the Problem.

Childhood trauma, encompassing experiences such as physical, emotional, and sexual abuse, as well as neglect and household dysfunction, has been identified as a significant determinant of adverse mental health outcomes in adulthood. In the context of Nigerian higher education, there is a growing concern regarding the prevalence of such adverse childhood experiences (ACEs) among undergraduates and their subsequent impact on psychological well-being. Studies have indicated a high prevalence of ACEs among Nigerian students, with significant associations between these early adversities and psychological distress in later life (Agbaje et al., 2021). However, there is a paucity of research focusing specifically on undergraduates in University of Benin, Edo State, thereby limiting the understanding of the unique challenges faced by this population.

Existing literature underscores the profound impact of childhood trauma on mental health. For instance, a study conducted among higher education students in Southeast Nigeria revealed that 54.7% of participants experienced psychological distress, with a significant correlation between exposure to ACEs and mental health issues such as anxiety and depression (Agbaje et al., 2021). Similarly, research among preclinical medical students at the University of Ibadan found that 40.8% reported at least one category of ACE, which was significantly associated with lower self-esteem and diminished psychosocial well-being (Lawal & Abdulmalik, 2020). These findings highlight the critical need to address the mental health implications of childhood trauma among university students.

In University of Benin, studies have primarily focused on specific forms of abuse. Research assessing sexual abuse among undergraduates at the University of Benin reported a lifetime prevalence rate of 64.0%, with significant predictors including female gender, room

sharing, self-support in school, history of previous sexual abuse, and history of abusive relationships (Obi et al., 2024). Another study indicated that 44.6% of respondents experienced sexual abuse, with exhibitionism being the most common form (33.3%) and rape the least (17.1%) (Enosolease et al., 2023). While these studies provide valuable insights into the prevalence of sexual abuse, there remains a gap in understanding the broader spectrum of childhood traumas and their cumulative impact on the mental health of undergraduates in this region.

The lack of comprehensive data on the prevalence and impact of various forms of childhood trauma among undergraduates in University of Benin poses a significant challenge to developing effective interventions. Without a holistic understanding of the types and extents of ACEs experienced by this population, mental health professionals and university administrators are limited in their ability to design targeted support systems and preventive measures. Addressing this gap is imperative to enhance the psychological well-being of students, improve academic outcomes, and foster a safer and more supportive educational environment.

Research Questions

To guide this study, five research questions were raised. This includes;

1. What is the prevalence of childhood trauma among undergraduates in University of Benin?
2. What is the most common type of childhood trauma experienced by undergraduates in University of Benin?
3. Does childhood trauma affect the mental health of undergraduates in University of Benin?

4. What psychological support systems are available to undergraduates in the University of Benin who have experienced childhood trauma, and how effective are they?

Purpose of the Study

This study examined the prevalence of childhood trauma among undergraduates in the University of Benin. Specifically, the study examined;

- The prevalence of childhood trauma among undergraduates in University of Benin.
- The most common types of childhood trauma experienced by undergraduates in University of Benin.
- The effects of childhood on the mental health of undergraduates in the University of Benin.
- The psychological support systems available to undergraduates in the University of Benin who have experienced childhood trauma.

Significance of the Study

Childhood trauma can be a troubling problem yet many victims would rather not talk about their effects. Therefore, the findings of this study would be of significance to undergraduate students, counsellors, lecturers and further research.

Scope and Delimitation of the Study

The scope of this study was the prevalence of childhood trauma. The study was delimited to undergraduate students in the University of Benin, Edo State.

Definition of Terms

- **Childhood Trauma:** These are adverse experiences encountered during the developmental years (0-18 years), including physical, emotional, and sexual abuse, neglect, and household dysfunction, which may have lasting psychological effects into adulthood.
- **Adulthood:** This is the stage of life after attaining maturity, typically 18 years and above.
- **Undergraduates:** These are students enrolled in tertiary institutions in the University of Benin, pursuing academic programs leading to a bachelor's degree.
- **Prevalence:** This is the proportion or percentage of undergraduates in University of Benin who have experienced one or more forms of childhood trauma, as measured through self-reports and surveys within a specified time frame.
- **Mental Health:** This is the emotional, psychological, and social well-being of undergraduates, including the presence of mental health issues such as anxiety, depression, and PTSD as a result of childhood trauma

CHAPTER TWO

LITERATURE REVIEW

Concept of Childhood Trauma

Childhood trauma encompasses adverse experiences such as physical, emotional, and sexual abuse, as well as neglect and household dysfunction. These experiences have been extensively studied for their profound impact on mental health outcomes in adulthood. In the Nigerian context, several studies have highlighted the prevalence of adverse childhood experiences (ACEs) among university students and their subsequent psychological effects.

Prevalence of Childhood Trauma among Undergraduates in Nigeria

A study conducted among higher education students in Southeast Nigeria revealed that a significant proportion of participants had been exposed to various forms of childhood trauma. Specifically, 70.9% reported physical abuse, 56.2% experienced emotional abuse, 51.7% faced physical neglect, and 25.6% endured emotional neglect. Notably, 85% of the youth reported at least one form of sexual abuse during childhood, with females reporting a higher number of ACEs than males. The study also found that more than half of the participants (54.7%) experienced psychological distress, with a higher proportion of female students affected (64.5% vs. 49.4% for males) (Agbaje et al., 2021).

Further research in Southwestern Nigeria corroborates these findings. A cross-sectional study in Ilisan-Remo reported that 87.8% of respondents had at least one childhood trauma exposure. The most prevalent form was physical punishment (77.2%), followed by general trauma (68.9%), emotional abuse (51.1%), and sexual abuse (34.9%). The study established

significant associations between childhood trauma and mental health issues in adulthood, including anxiety, depression, and abuse (Fasesan et al., 2024).

2.3 Psychological Impact of Childhood Trauma on Undergraduates

Childhood trauma has been linked to various mental health issues among undergraduates. In Lagos, a study assessing trauma prevalence and the risk of Post-Traumatic Stress Disorder (PTSD) among youths within the school community found that 62.5% of males and 33.6% of females had experienced assaultive violence. Females exhibited a higher risk of PTSD following assaultive violence compared to males. The overall conditional risk of PTSD was 8.7%, with the highest risk following assaultive violence (16.3%). These findings suggest that the risk for assaultive violence and subsequent PTSD may vary based on environmental characteristics, particularly the social environment (Busari, 2014).

Risk Factors Associated with Childhood Trauma

Below are some of the risk factors associated with Abuse:

- Depression: Depression is defined as a mood or mental disorder that causes a persistent feeling of sadness and loss of interest in pleasurable activities accompanied by an inability to carry out daily activities for at least 2 weeks (WHO, 2017; Iloh, et al., 2018). According to Ugwuoke (2016), depression is characterised by a feeling of sadness and hopelessness. It could arise from lack of social support, poverty, drug abuse or physical illness (Okoedion & Okolie, 2019). A link between suicidality and family stress has also been established among depressed youth; for example, changes in caregivers and living situations, as well as family member unemployment have been documented at higher rates among the families of adolescent abuse as compared with non-suicidal depressed and healthy adolescents

(Goldstein, et al., 2014). Alutu and Joseph (2020) in their work on depression symptoms and preferred sources of assistance among in-school adolescents in Edo state: implications for mental health counselling, engaged a population of 974 in-school adolescents in senior secondary two in Edo state, and adopted the descriptive method of survey research. Results revealed that most in-school adolescents do not seek help when faced with emotional problems.

The growing causes of abusein Africa are because of the emergence of depression, which hitherto was rare among them (Nwosu & Odesanmi, 2001; Ugwuoke, 2016; Okoedion & Okolie, 2019). Obikoya (2020) in a study on prevalence of depression and its associated factors among senior secondary school students in Port Harcourt metropolis, Nigeria, engaged a population of 300 senior secondary school students in Port Harcourt. A cross sectional study which is descriptive in design was adopted for the study. Findings showed that depression was high among senior secondary students,

Also, a review of psychosomatic climate of the family that predisposes depression includes, adverse life events like bereavements, loss of job, financial or material resources, dysfunctional relationships and communications, family conflicts, distressed and abusive family environment and psychological trauma (Glaser, et al., 2005; Rivera, et al., 2008; Iloh, et al., 2018). Similarly, Skinner, et al. (1983), found that depressed attempters and ideators perceived their families as more dysfunctional, and particularly the mother-child relationship as more conflicted, than non-suicidal psychiatric subjects and healthy controls (Goldstein, et al., 2014). Abuse occurs in more than half of those with depression. In addition, suicidal ideas, plans, and attempts increase with the increasing severity of depression (Okoedion & Okolie,

2019). Among depressed youth, data support a link between Abuse and behaviour as well as the family environment—specifically family conflict, adaptability and cohesion, together with family stress (Goldstein, et al., 2014).

- Illness and Loss of Loved One(s): Illness is a condition in which the body or mind is harmed because an organ or part is unable to work as it usually does; a disease or sickness (American Dictionary, 2022). Illness of a family member has been associated with suicidal behaviour in teens (Davies & Cunningham, 1999; Goldstein, et al., 2014). While Loss on the other hand means when a person has had something taken away from them (MedicineNet, 2022). Loss of a significant other emerged as a strong predictor of suicidal behaviour among adolescent inpatients (Morano, et al., 1993; Goldstein, et al., 2014). As a family goes through illness, many losses are experienced, and each triggers its own grief reaction (MedicineNet, 2022) of which Abuse can be one. MedicineNet (2022) further explained that grief might be experienced as a mental, physical, social, or emotional reaction. Mental reactions can include anger, guilt, anxiety, sadness, and despair. Physical reactions can include sleeping problems, changes in appetite, physical problems, or illness. Social reactions can include feelings about taking care of others in the family, seeing family or friends, or returning to work. As with bereavement, grief processes depend on the relationship with the person who died, the situation surrounding the death, and the person's attachment to the person who died. When the process of illness or grieving for the loss of a love one(s) is inadequately curtailed, Abuse might be the resultant effect.
- Childhood Adversity: It has been reported that child maltreatment is associated with repeat presentations to the emergency department for suicide-related behaviours (Rhodes, et al.,

2013**;** Ohtaki, et al., 2019). In Okoedion and Okolie (2019), it was stated that there are clear links between exposure to childhood adversity and risk of later suicidal behaviour among young people. Haynie, et al. (2009), in their study on exposure to violence in adolescence and precocious role exits, with a sample of 11,949 school-aged adolescents in the United States, used three waves longitudinal data from the Add Health Study, and found that exposure to violence truncates adolescence and leads to a precious role exit or early entrance to adulthood which may be observed via behaviours such as dropping out of school, criminal behaviour or suicidality (Fortune, et al., 2016).

Norman, et al. (2012), conducted a systematic review regarding the impact of physical abuse, emotional abuse, and neglect on long-term health, and found that the odds ratio of abuse attempts was 3.4 for physical and emotional abuse and 2.0 for neglect **(**Ohtaki, et al., 2019). Elevated rates of suicidal behaviours are found among young people from disadvantage, and dysfunctional family backgrounds, characterized by such features as parental separation or divorce, parental psychopathology, a history of sexual, physical and emotional abuse or neglect, impaired parent-child relationship and interaction, parental discord, and parental violent behaviour (Fergusson, et al., 2003; Okoedion & Okolie, 2019). On the other hand, Samm, et al. (2010), indicated that adolescents who were satisfied with their family relationships suffered less frequently from depressive feelings and suicidal thoughts **(**Ohtaki, et al., 2019).

A New Zealand study found that risk of abuse attempt was higher in children and youths from disadvantaged family background characterized by a composite score of childhood adversity, including socioeconomic disadvantage, parental histories of substance abuse or offending, parental marital discord or instability, compromised childrearing and high

residential mobility. Among these families, risk of abuseattempt increased with increasing adversity (Ruther & Smith, 1995; Fergusson & Lynskey, 1995; Fergusson, et al., 2000; Okoedion & Okolie, 2019).

- Cyberbullying: School bullying is an aggressive behaviour by a student or group of students with a power imbalance and the potential to be repeated (Shetgiri, 2013, GSHS, 2018; Nguyen, et al., 2020). Cyber bullying is also another accompaniment of social media, which young people have to now deal with; People who would not ordinarily be bold enough to abuse and bully others are now able to do so in the virtual world, and this has precipitated depression and suicidal thoughts among children who are less resilient (Muanya, et al., 2019).

Some studies have shown that adolescents who reported being the victim of bullying, or being involved in cyber bullying were more likely to engage in self-harm and suicidal behaviours (O'Connor, et al., 2009; John, et al., 2018; Nguyen, et al., 2020). Ogungbada and Robert (2020) in their study on behavior patterns and predisposition towards bullying among secondary school students in Kwara state, Nigeria: implication for counseling, engaged 100,000 students of SS1 to SS3 in Kwara state. Questionnaire was used to obtain relevant data. The study revealed that students in public schools are more prone to bullying than those in private schools. Hay and Meldrum (2010) have reported that the relationship between bullying victimization and non-suicidal self-injury (NSSI) was highly conditional, that is, these associations disappeared almost completely in adolescents exposed to supportive parenting practices (Hay & Meldrum,2010; Baetens, et al., 2013; Nguyen, et al., 2020).

- Lack of Self-disclosure and Self-blame: Self-blame might be attributed to negative self believe system or thwarted reasoning about self that might have evolved from negative life experiences. The role of stress and self- blame are predictors of Abuse (Nwankwo, 2016). While the lack of self-disclosure has also been linked to low self-esteem, stress, internalizing and externalizing problems as well as depression among adolescents (Frijns, et al., 2005; Frijns, et al., 2010; Ihemedu, 2018).

Shirley and Ilene (2010) reported that abuse completers had significantly higher scores on blaming self or self-blame and abuse when compared with deceased controls, concluding that those who eventually commit abuse may endorse greater tendency towards self-blame and introversion (Nwankwo, 2016). Ross (2013) conducted a meta-analysis on self-blame and Abuse among combat veterans. Under the theme of self-blame, he discussed the locus of control shift; pre-combat trauma; abuse as a murder of the self; survivor guilt; self-blame for death of a fellow soldier; self-blame for being raped by a fellow soldier; and several other forms of self that contribute to Abuse (Nwankwo, 2016).

- Anxiety and Stress: Stress is a common problem that affects almost everyone at some point in their life. It is a feeling of strain and pressure. A minimal amount of stress may be desired, beneficial, and even healthy. Actually, positive stress helps improve athletic performance. It also plays a role in motivation, adaptation, and reaction to the environment. Excessive amounts of stress, however, may lead to bodily and mental harm. Stress can increase the risk of strokes, heart attacks, ulcers, and mental disorders such as depression (Sapolsky & Robert, 2004; Nwankwo, 2016). Anxiety on the other hand, is as a feeling of insecurity or of being threatened; it can occur in the absence of any obvious danger or specific source of

apprehension (context, place, or person). The overall state of anxiety is accompanied by symptoms such as agitation, fatigue, inability to concentrate, irritability, muscular tension, and sleep disorders (Josse, 2010; Okoedion & Okolie, 2019).

Stress can be external and related to the environment (Fiona, et al., 2001; Nwankwo, 2016). Stress, which is a well-known risk factor for abusehas been found in large measure among Nigerian students. For the mere fact that adolescence is characterised by stress and tensions indicate that stress overwhelms the modern Nigerian students (Ugwuoke, 2016; Okoedion & Okolie, 2019). Agbaje (2014) attributed some stresses to academic pressure and the deprivations they faced (Okoedion & Okolie, 2019). Shang, et al. (2014), in their work on stressful psychosocial school environment and Abuse using 1,004 Chinese students recruited into their questionnaire survey in school settings, stated that 10.86 % students reported Abuse during the last 6 months, which was found to be significantly related to both effort and reward and also, effort–reward imbalance was associated with elevated risk of Abuse (Nwankwo, 2016). Some parents force their wards to excel in their own chosen academic subjects whether such children have the right attitude towards or aptitude for the subject (Ugwuoke, 2016), such intellectual over stimulation induced abuse(Ugwuoke, 2016; Okoedion & Okolie, 2019). This is because when the child fails to live up to expectation, they may seek to escape the humiliation by engaging in abuse(Okoedion & Okolie, 2019).

- Substance Use: Substance use is depicted as self-administration of a psychoactive substance (alcohol or drug), while substance abuse is one singular variable that can lead to abuse(Ugwuoke, 2016; Okoedion & Okolie, 2019). In almost every nook and cranny of the country, Nigeria, one observes young persons' smoking or ingesting drugs or abusing

alcohol. Some of them indulged in drug to calm their anxiety and or hunger, while others engaged in drugs due to peer pressure (Igbokwe, 2011; Okoedion & Okolie, 2019). The risk of abuse is increased 6-fold for those with alcohol use disorder (Harris & Barraclough, 1998; Okoedion & Okolie, 2019).

- Interpersonal Relationship: Okoedion and Okolie (2019) posit that, Interpersonal relationships between youths, their family members (parents and siblings) and friends can be a major resource for youth suicidal behaviour, and can also serve as major stressors, especially if conflict occurs within these relationships. Suicidal behaviour is often preceded by exposure to stressful or adverse life events, especially events that involve shame, loss, defeat, humiliation or threat (Gould, et al., 2003; Okoedion & Okolie, 2019).

According to Beautrais (2003) as cited in Okoedion and Okolie (2019), the key life events that increase risk of suicidal behaviour are interpersonal losses and conflicts (including marital separation, serious family arguments, unemployment, change of residence, and financial problems). Those making serious abuse are likely to be characterised by high rate of loneliness, poor social support and lack of a close as well as confiding relationship (Beautrais, 2003; Okoedion & Okolie, 2019).

- Previous Suicidal Behaviour: Predictors of suicidal behaviour and risk factors include a history of previous abuse attempts (Barraclough & Pallis, 1975, Beck, et al., 1985, and Fawcett, et al, 1987; Gvion & Apter, 2012) with all indicating that previous suicidal behaviour is a predictor of suicidal attempts. According to Okoedion and Okolie (2019), prior abuse predict future suicidal behaviour; significant proportions (between 17 and 68 percent, median 25 percent) of those who die by abuse have made previous abuse

attempts. However, longitudinal studies of individuals who have made a abuse attempt suggest that, those who attempt have a 0.5- 2.0 percent risk of abuse within one year of the attempt, a abuse risk in excess of 5 percent after nine years (Owens, et al., 2002). Which follows a higher rates of death from other causes, including homicide, accidents, and disease (Beautrais, 2003, and Okoedion & Okolie,2019).

Consoli,et al. (2013) showed more studies of risk factors for completed and attempted abuse as attempted abuse in the past (which are up to 60 times more likely to commit abuse in the future). More risk factors for abuse include having previously attempted abuse(Chang, et al., 2011; Nwankwo, 2016), the availability of a means to commit the act, a family history of suicide, or the presence of traumatic brain injury (Simpson & Tate, 2007; Nwankwo, 2016). Thus, two general conclusions can be drawn here. First, the repetition of abuse attempt is common and rates of abuse are high. Second, prediction, from baseline characteristics of either abuse is poor (Okoedion & Okolie, 2019).

- Unemployment and Poverty: Unemployment can be regarded as a moment of worklessness experienced by individual because of economic distortion and or personal incapability (Okoedion & Okolie, 2019). Poverty on the other hand, is grouped by United Nations Development Programme (UNDP) (2003) into three broad categories as contained in the universally accepted definition to mean absolute poverty, relative poverty, and material poverty. While, absolute poverty means the inability to provide such physiological subsistence (such as, foods, shelter, clothing, potable water, safety, healthcare service, basic education, transportation, and gainful employment) to the extent of being unable to protect human dignity. Relative poverty means inadequate income to

enhance active participation in societal activities to the extent that it limits the actualization of one's potentials. Subsequently, material poverty is the deprivation of physical assets such as cash-crop stress, land, animal husbandry, and so on (UNDP, 2003). It is noted that the rate of unemployment in Nigeria is high and the causes include voluntary and involuntary factors. Thus, while the rate of school enrolment is soaring, the rate of employment is dwindling, which is quite worrisome; and the implications therefore, include youth restiveness, unfair labour practices, and wage not commensuration to expended efforts (Okoedion & Okolie, 2019). Unemployment may confer vulnerability by increasing the impact of stressful life events; it may indirectly cause abuse by increasing the risk factors that precipitate abuse(for example, mental illness, financial difficulties); or it may be a non-causal association because of confounding or selection by factors that predict both unemployment status and abuse risk (Blakely, et al., 2003; Okoedion & Okolie, 2019).

According to Okoedion and Okolie (2019), poverty is associated with increased risk of abuse and abuse attempt in Nigeria. A report by National Population Commission (1999) showed that a large proportion of Nigerians lacked basic amenities. According to Ikwuba (2011), basic amenities are fundamental to life. These deprivations could be incalculable on youths, many of who are in school on self-sponsorship, and catered for their younger siblings and aged or sick parents (Okoedion & Okolie, 2019). In addition, the Federal Office of Statistics (1999) revealed that 36.4% of those aged less than 24 years were already heads of households and were extremely poor. Therefore, the ensuing stress could motivate some of them to be depressed, lose hope, harbour suicidal thoughts, and ultimately opt for abuseas

rational alternatives (Okoedion & Okolie, 2019).

- Sexual Violence: Sexual violence is any act or attempt to obtain a sexual act by violence or coercion, acts to traffic a person or acts directed against a person's sexuality, regardless of the relationship to the victim (WHO, 2002; Elements of Crime, 2015; McDougall, 1998; Wikipedia, 2022). Among the most common emotional responses displayed by victims of sexual violence are fear, anxiety, anguish, depression, shame, guilt, anger, euphoria and apathy (Josse, 2010); these factors are predicting suicidal behavour among youths (Okoedion & Okolie, 2019). In addition, Ullman and Najdowski (2009) in study aimed at determining the correlates of serious Abuse and attempts in female adult sexual assault survivors. They reported that Child sexual abuse and some assault characteristics predicted suicidal behaviour (Nwankwo, 2016). Sexual violence or abuses are indeed significant precipitants of abusein Nigeria. An abused Nigerian finds it difficult to report to the police or for treatmentin the clinic due to socio-economic and cultural barriers. Such agonizing condition could persist interminably (Fergusson, et al., 2003; Okoedion & Okolie, 2019) thereby leading to suicidal thoughts, behaviours and even actions.

- Hopelessness: Hopelessness has been observed as such that demonstrates prospective prediction of abuse and abuse attempts in very long-term studies (Klonsky, et al., 2016; Okoedion & Okolie, 2019). Suicidal behaviour tends to be characterised by such psychological traits as cognitive rigidity, poor adaptive functioning, low openness to experience and a determinedly independent personal style (Duberstein, 1995; Okoedion & Okolie, 2019). Hopelessness is strongly associated with Abuse, abuse attempt, and abuse and

has been reported to be more strongly associated with abuse than depression (Beck, et al., 1993; Okoedion & Okolie, 2019).

- Need for Intervention and Support Systems
- Collectively, these studies underscore the high prevalence of childhood trauma among Nigerian undergraduates and its significant association with adverse mental health outcomes. The evidence highlights the urgent need for targeted interventions and support systems within educational institutions to address the psychological impacts of ACEs and promote the well-being of students.
- Zhai, et al. (2015) depicts Abuse among students as, the wish, thought or desire to take one's own life violently due to a variety of internal and external causes, such as personality, undesirable emotions, and school life (O'Carroll, et al., 1996). He and his colleagues further expatiated on the fact that information on Abuse can be utilised to predict abuseand can act as a guide for abuseprevention (Chamberlain, et al., 2009). In Ajibola and Agunbiade (2021), it is viewed that, Abuse exists in the form of a consideration to act it out. In this regard, the thought of engaging in abusehas been classified into active and passive forms. Active suicidal thought involves an existing wish to die along with a plan on how to carry out the death (Tucker & Wiesen-Martin, 2015). It also includes a specific plan that is likely to be taken, on how an individual intends to kill his or herself and the intention to act on such thoughts. In contrast, passive Ideation encompasses the desire to die but without a specific plan on how to carry out the act. Whether active or passive, the thoughts of hopelessness, helplessness, and worthlessness are common thought distortions associated with Abuse, while impulsivity facilitates the transition of Abuse to attempt such thought (Klonsky & May, 2014).

- Oginyi, et al., (2018) posited that AbuseIdeation is a serious psychological social and cultural, public health problem, which is a source of great concern to people all over the world. Alonge and Abdu-Raheem (2020), states that Nigerians' concept of abuseis attributed to their belief that man is not the author of his life. In Animasahun and Animasahun (2016), they posit that abusehas negative effects on the health of the community; family, friends, or acquaintances of people who attempt abuseor commit abusewho may feel shock, depression, anger, or guilt (Okoedion & Okolie, 2019).
- Adolescent Abuse is also an emerging social problem globally in recent times. In Hong Kong two studies of adolescent youths aged 12–18 with 2,427 and 1,309 subjects, 17.8% and 12.8% reported having Abuse, respectively (Lam, et al., 2004; Wong, et al., 2005; Kwok & Shek, 2011). A systematic review of the literature concluded that there was strong evidence that the following factors are associated with adolescent suicidal phenomena: this include depression, alcohol abuse, use of hard street drugs, suicidal behaviour among friends, living apart from parents, Family Conflict, unsupportive parents, and a history of abuse (Evans, et al., 2004; Fuller-Thomson, et al., 2013).
- Other risk factors include, family factors (including family psychopathology, abuse, loss of a parent through death or divorce, intrafamilial relationships, familial cohesion, support), and suicidality. Parenting style (which is child-rearing patterns that a parent adopts in training a child, and it has a colossal influence on the child's development of character, competence and the ability to decide in time of problems), is yet among the risk factors (Baumrind, 2005 and Zhai et al., 2015; as cited in Ajibola & Agunbiade, 2021). Depression, substance use, acute financial crisis, rejection and loneliness, insult in a public place, mental illness, aggressive tendencies, physical or chronic illnesses,

family history of suicide, adverse childhood experiences, are some risk factors. In addition, being jilted in love, conflict with parents, incurable disease, sexual violence, anxiety, and stress, with poor academic achievement are the main causes of abuseand abuseattempts among youths in Edo State (Nnafor, et al., 2013; Okoedion & Okolie, 2019). Stress factors such as financial difficulties, unpleasant life experiences, and troubles with interpersonal relationships often play a role in increasing the risk of suicide. In addition, mental disorder such as depression, stress, personality disorder, alcohol dependence, or schizophrenia, and some physical illnesses, such as neurological disorders, cancer and other chronic illness, cultural, family and social situations, and genetics have been known to contribute in facilitating abuse(Hawton, et al., 2012; Nwankwo, 2016).

- Associated Risk Factors according to Pan African Health Organisation (PAHO) & World Health Organisation (WHO) (2016) are: Community-associated risks which include wars and disasters, the stress of acculturation (e.g., among indigenous populations or displaced persons), discrimination, a sense of isolation, abuse, violence, as well as relationship conflict. In addition, individual risk factors include, most notably, previous abuse attempts, mental disorders, harmful use of alcohol, financial loss, severe chronic pain, and a family history of suicide. Other influences also are at work, such as the stigmatization of those who seek help for suicidal behaviour (Abuse or planning) or people with mental or substance use disorders. According to Pereira (2011) as cited in Gouveia-Pereira, et al. (2014), the factors that most trigger suicidal behaviour are conflicts with parents, affective rupture, and school problems. In a study conducted by Martins and Gouveia-Pereira (2012) in Gouveia-Pereira, et al. (2014), adolescents with

higher levels of Abuse are seen as those that present lower independence concerning their parents in the conflictual dimension, when compared to those with lower levels of Abuse. The studies of Abaid, et al. (2010), (Gouveia-Pereira, et al., 2014) point towards the same conclusion.

Summary of Reviewed Literature

The review of related literature focused on the prevalence of childhood trauma in adulthood among undergraduate students. The theoretical framework of the study is based on the Joiner (2005) Interpersonal Theory of Suicide.

The Interpersonal Theory of Abuse by Joiner of 2005 hinged its explanations on how and why individuals engage in abusive behaviours. Components that encouraged this tendency were seen as thwarted belongingness and perceived burdensomeness. These revealed circumstances surrounding the mind-sets that engulf individuals with Abuse. In addition, twelve risk factors that could preempt Abuse were viewed (depression, illness and loss of loved ones, childhood adversity, cyber bullying, lack of self- disclosure and self-blame, anxiety and stress, substance use, interpersonal relationship, previous suicidal behaviour, unemployment and poverty, sexual violence, and hopelessness) which explained the likelihood of a disconnect within the family thus creating room for suicidal thoughts as well as suicidal behaviours.

Researches have shown that abuse can be caused by several factors, however, the role of guidance and counselling cannot be overemphasized among undergraduate students in the University of Benin. To the best of the researcher's knowledge, have revealed that several risk factors correlates with Abuse among undergraduate students in the university of Benin and guidance and counselling is a viable prevention, a gap which this study sought to fill.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter focuses on the research methodology that was used in this study. The following sub-topics are discussed in this Chapter.

- Design of the Study
- Population of the Study
- Sample and Sampling Technique
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Collection
- Method of Data Analysis

Design of the Study

The descriptive survey research design was adopted for this study. This design was chosen because it enable the researcher to systematically gather information relating to the prevalence of trauma among undergraduate students in the University of Benin. The variables of the study were adulthood (dependent variables) and childhood trauma (independent variables).

Population of the Study

The population for the study was estimated to seventy-seven thousand (77,000) undergraduate students from eighty-two (82) departments of University of Benin. The University of Benin has two (2) campuses; Ekehuan and Ugbowo with eighteen (18) faculties and one

thousand eight hundred and ninety-six (1896) academic staff.

Sampling and Sampling Technique

A sample of 140 participant student was used for the study from the eighteen (18) faculties. The random sampling technique was used to select the samples for the studies among graduating students.

Research Instrument

The instrument for this study will be a questionnaire titled Impact of Childhood Trauma Questionnaire (ICTQ) a self-designed instrument. The instrument has four (4) sections; A on the demographic information, B on childhood trauma experience; C on Impact of Childhood Trauma on Mental Health and D on psychological supports and access to counselling. The questionnaire is graded on four (4) scales of Never (1), Rarely (2), Sometimes (3) and Often (4).

Validity of the Instrument

The instrument was validated by the researcher's supervisor as well as two lecturers who are experts in the Department of Educational Evaluation and Counselling Psychology, Faculty of Education, University of Benin. This is to ensure that the instrument meets the criteria for construct and content validity. All corrections and modifications were made for final draft.

Reliability of the Instrument

The reliability of instrument will be ascertained by administering the instrument to twenty teachers who will not be in the proposed sample for the study. The result was computed

using the Cronbach's Alpha statistics for the reliability of the instrument. The reliability coefficient of 0.74 was obtained which indicates that the instrument was fit for the study.

Method of Data Collection

Distribution and collection of completed questionnaires was done by the researcher using the "on-the-spot" approach. The researcher used this strategy to guarantee that time was spent wisely and that no copies of the questionnaire were lost. The questionnaire was collected same day it was administered.

Method of Data Analysis

The data were analyzed using the descriptive method using mean and standard deviation at 0.05 level of significance.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

In this chapter, the results of the analyzed data were presented in tables corresponding to the research questions being directly addressed.

Presentation of Results

Research question 1: What is the prevalence of childhood trauma among undergraduates in University of Benin?

Table 1: Descriptive statistics of prevalence of childhood trauma experiences

S/N	Items	N	$\bar{x}$	SD	Criterion X	Decision
1	I was often hit, slapped, or physically hurt by a parent/guardian.	140	2.50	1.08	2.5	Agree
2	I was punished in a way that caused physical injury (e.g., bruises, cuts).		1.75	.44		Disagree
3	I was frequently insulted, humiliated, or made to feel worthless by a caregiver.		2.25	.70		Disagree
4	I felt unloved or unwanted during my childhood.		3.10	.30		Agree
5	I experienced unwanted sexual contact during childhood.		3.10	.30		Agree
	Cumulative $\bar{x}$		**12.7**			
	Mean of Av. $\bar{x}$		**2.54**			

The table 1 above represents the descriptive statistics on the prevalence of childhood trauma experiences. Item 1, 2, 3, 4 and 5 have mean values of 2.50, 1.75, 2.25, 3.10 and 3.10 respectively. The range values of 1.75 to 3.10 revealed that item 4 and 5 had the highest mean of 3.10. this indicated that the respondents are in strong affirmation that item 4 and 5 are the most prevalence childhood experiences. Meanwhile, item 2 with a mean value of 1.75 indicated the lowest which was even lesser than the criterion of 2.50. The average mean was 2.54 which is

greater than 2.5, this revealed that there was prevalence of child hood trauma experiences among university students.

Research Question 2: What is the most common type of childhood trauma experienced by undergraduates in University of Benin?

Table 2: Descriptive statistics of the most common types of childhood trauma

S/N	Items	Types	N	$\bar{x}$	Av. Mean	SD	Criterion X	Decision
1	I was often hit, slapped, or physically hurt by a parent/guardian.	Physical Abuse	140	3.30	3.23	.46	2.5	Agree
2	I was punished in a way that caused physical injury (e.g., bruises, cuts).			3.15		.36		Agree
3	I was frequently insulted, humiliated, or made to feel worthless by a caregiver.	Emotional Abuse		3.60	3.48	.49		Agree
4	I felt unloved or unwanted during my childhood.			3.35		.48		Agree
5	I experienced unwanted sexual contact during childhood.	Sexual Abuse		3.30	3.30	.46		Agree
6	I was forced or coerced into sexual activities as			3.30		.46		Agree
7	There was domestic violence in my household during my childhood.	Household Dysfunction		3.35	3.32	.48		Agree
8	A household member suffered from alcohol or substance abuse.			3.40		.49		Agree
9	A household member was incarcerated during my childhood.			3.20		.40		Agree

Table 2 above revealed the different types of childhood trauma experienced by undergraduate students in the university of Benin. Although from the average responses, it is agreed that the above are types of childhood trauma experienced by undergraduates with an average mean greater than 2.5 which is the benchmark. Items 1 and 2 which measures physical abuse have an average of 3.23 and is the least childhood trauma experienced by undergraduates. Consequently,

item 3 and 4 which measured emotional abuse have an average mean of 3.48 being the highest and above the benchmark of 2.5. this is the most common type of childhood trauma experienced by undergraduates in the University of Benin.

Research question 3: Does childhood trauma affect the mental health of undergraduates in University of Benin?

Table 3: Mean responses of the impact of childhood trauma on mental health

S/N	Items	N	$\bar{x}$	SD	Criterion X	Decision
10	I often feel anxious or worried without clear reason	140	3.35	.66	2.5	Agree
11	I feel sad or hopeless for prolonged periods		3.10	.31		Agree
12	I have had thoughts of self-harm or suicide		3.30	.46		Agree
13	I struggle with low self-esteem or self-worth		3.15	.36		Agree
14	I have difficulty trusting others		3.60	.49		Agree
15	I have problems maintaining healthy relationships		3.35	.48		Agree
	Cumulative $\bar{x}$		19.85			
	Mean of items $\bar{x}$		3.31			

The table 3 above presents the mean responses of childhood impact on mental health. All the items mean values were greater than the criterion 2.5. the mean responses for the items fall within the range of 3.10 and 3.60, with item 11 having 3.10 and 14 with 3.60 as the least and highest respectively. The standard deviation have values close to one another, but far away from the mean. The mean of items is 3.31, this obtained value is greater than the criterion mean. Conclusively, there is an agreement that the childhood trauma has an impact on mental health.

Research question 4: What psychological support systems are available to undergraduates in the University of Benin who have experienced childhood trauma, and how effective are they?

Table 4: Descriptive statistics of available psychological support systems

S/N	Items	N	$\bar{x}$	SD	Criterion X	Decision
16	I sought counselling for psychological problems.	140	3.35	.48	2.5	Agree
17	I rely on friends and family members for emotional support.		3.40	.49		Agree
18	I use reading, artworks, movies or sports to manage stress.		3.20	.40		Agree
19	My university environment is a good support for students with traumatic experiences.		3.35	.66		Agree
20	I feel safe discussing my traumatic experiences with university counselors.		3.10	.30		Agree
	Cumulative $\bar{x}$		16.4			
	Mean of items $\bar{x}$		3.29			

Table 4 above shows the psychological support available to undergraduates in the University of Benin. All the items have a mean greater than the criterion of 2.5, the responses ranges from 3.10 for item ranges from 3.10 for item 20 to 3.40 for item 17. The mean of item mean is 3.29 which shows an agreement of the availability of psychological support systems judging from the criterion of 2.5, this indicated that these supports are available. Consequently, these in a strong agreement that psychological support systems are available to undergraduates.

Discussion of Findings

Research question one revealed the prevalence of childhood trauma among undergraduates in University of Benin. This finding agrees with the study of Audu (2013) who found childhood traumatic experiences to be prevalence among undergraduates student of the University of Benin.

Research question two examined the most common types of childhood trauma experienced by undergraduates in University of Benin. Among the physical, emotional and sexual abuse; emotional abuse was the most common form. This corroborates the findings of Sarfo et al. (2017) who found childhood traumatic experiences to be associated with emotional abuse among undergraduate student.

The findings from research question three which examined the effect of childhood trauma on the mental health of undergraduate student, it was found that it significantly does. This is in agreement with the findings of Tilahun et al. (2016) who studied and found unmet needs of that has lead to childhood trauma affect the mental health of undergraduates students

The research question four which investigated the psychological support systems are available to undergraduates in the University of Benin who have experienced childhood trauma, and how effective revealed that there are and that they are very effective. This corroborates the findings of Odukoya (2017) who found psychological supports and counselling to be effective in managing traumatic experiences.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary, conclusion and recommendation of the study.

Summary

The study examined the prevalence of childhood trauma on the adulthood among undergraduates in Benin Metropolis. Specifically this study focused on participants in the university of Benin. The population of the study was seventy-seven thousand (77,000) undergraduate students from eighty-two (82) departments of University of Benin. The University of Benin has two (2) campuses; Ekehuan and Ugbowo with eighteen (18) faculties.

The research instrument for this study is a questionnaire titled “Impact of Childhood Trauma Questionnaire”. The instrument was self-constructed and has four (4) sub-sections on demographic information, childhood trauma experiences, Impact of Childhood Trauma on Mental Health and psychological support systems. The section B, C and D were on four - point scale of Never (1), Rarely (2), Sometimes (3) and Often (4).

The researcher administered the questionnaires to the respondents who are expected to respond to all items by ticking one of the options from the response columns. Completed questionnaires were collected as soon as they are filled by the respondents. Data collected from the instrument administered were quantitatively analyzed through descriptive statistics of mean and standard deviation.

Conclusion

Based on the results of the study, the following conclusions were drawn;

1. That there is a relationship between unfair treatment in childhood and adulthood among undergraduates and can cause trauma.
2. Emotional abuse is the most common form of abuse and contributes immensely to childhood trauma in adulthood among undergraduates in the University of Benin.
3. Childhood trauma are associated with mental challenges.
4. Psychological supports and counselling services are available and very significant in reducing the impacts of childhood trauma in adulthood.

Recommendations

Recommendations of this study are given in relation the findings of the study as following;

1. Involve people with disabilities and their representative organisations in all stages of the design and implementation of interventions aiming to tackle stigma and discrimination, as well as in monitoring, evaluation and operational research.
2. Embed approaches aimed at mitigating and measuring disability-related stigma and discrimination within development programmes.
3. Articulate the type of stigma and discrimination the intervention aims to address, and the population groups it aims to target.

4. Do not make assumptions about the magnitude of stigma and discrimination and who it affects but collect baseline data using inclusive and participatory approaches to guide programme design and advance global knowledge.
5. Use formative analysis to prioritize contextual factors, drivers, and manifestations of stigma to be addressed in a given context, paying attention to inter-sectionality of disability with other individual characteristics. The formative analysis and subsequent intervention design should be validated and interrogated by the relevant stakeholders, taking into account the impact of intersectionality.
6. Use Social Behaviour Change (SBC) frameworks, for example, the Behaviour Change Wheel, to more systematically analyse and influence negative behaviours and social norms which drive stigma and discrimination.

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APPENDIX

Impact of Childhood Trauma Questionnaire

This questionnaire is designed to gather comprehensive data on the prevalence and impact of childhood trauma, as well as coping mechanisms and available support systems among undergraduates in University of Benin. Your responses will remain confidential.

Section A: Demographic Information

(Please tick [✔] where appropriate)

1. Age: [ ] 16 – 20 years, [ ] 21 – 25 years, [ ] 26 – 30 years, [ ] 30 years and above
2. Sex: [ ] Male, [ ] Female
3. Parents' Socioeconomic Status: [ ] Low-income, [ ] Middle-income, [ ] High-income
4. Living Arrangement: ☐ With parents ☐ With family relatives ☐ In school hostel ☐ Off-campus

Section B: : Childhood Trauma Experiences

S/N	Items	Never	Rarely	Sometimes	Often
Physical Abuse					
1	I was often hit, slapped, or physically hurt by a parent/guardian.				
2	I was punished in a way that caused physical injury (e.g., bruises, cuts).				
Emotional Abuse					
3	I was frequently insulted, humiliated, or made to feel worthless by a caregiver.				
4	I felt unloved or unwanted during my childhood.				
Sexual Abuse					
5	I experienced unwanted sexual contact during childhood.				
6	I was forced or coerced into sexual activities as a child				
Household Dysfunction					
7	There was domestic violence in my household during my childhood.				
8	A household member suffered from alcohol or substance abuse.				
9	A household member was incarcerated during my childhood.				
Section C: Impact of Childhood Trauma on Mental Health (Please indicate how often you experience the following feelings or behaviors)					
10	I often feel anxious or worried without clear reason				
11	I feel sad or hopeless for prolonged periods				
12	I have had thoughts of self-harm or suicide				
13	I struggle with low self-esteem or self-worth				
14	I have difficulty trusting others				
15	I have problems maintaining healthy relationships				

Section D: Support Systems					
16	I sought counselling for psychological problems.				
17	I rely on friends and family members for emotional support.				
18	I use reading, artworks, movies or sports to manage stress.				
19	My university environment is a good support for students with traumatic experiences.				
20	I feel safe discussing my traumatic experiences with university counselors.				

Thank you for your participation!