

**EFFECT OF CHILDHOOD EXPERIENCES AND TRAUMA ON THE
INTERPERSONAL RELATIOSHIP OF STUDENT OF UNIVERSITY OF BENIN,
BENIN CITY.**

BY

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MAT NO: SSC2105912

**DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN**

OCTOBER, 2025

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**BEING A PROJECT SUBMITTED TO THE
DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN, BENIN CITY**

**IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
AWARD OF BACHELOR OF SCIENCE DEGREE (B.Sc.) IN
SOCIOLOGY AND ANTHROPOLOGY.**

**PROJECT SUPERVISOR
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OCTOBER, 2025

CERTIFICATION

This is to certify that this research work titled “**Effect of Childhood Experiences and Trauma on the Interpersonal Relationship of Student of University of Benin, Benin City**” was carried out by **EFE HAPPINESS PATIENCE** with Matriculation Number **SSC2105912**, in the Department of Sociology and Anthropology, Faculty of Social Sciences, University of Benin, Edo State, Nigeria.

This work has been read, assessed, and approved as meeting the requirements for the Award of the Degree of Bachelor of Science (B.Sc.) in Sociology and Anthropology.

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(Head of Department)

Date: _____

Date: _____

DEDICATION

This work is dedicated to God Almighty, the fountain of wisdom and strength, whose constant grace lit my path when the journey grew dark.

To my loving parents, MR and MRS EFE, whose sacrifices, love, prayers and unwavering support have been the pillars upon which I stand.

And finally, to myself for daring to dream big, for being patient in the waiting and for constantly showing up even when it meant “doing it afraid”, for the nights i stayed up in pursuit for this reality and believing that this day will come.

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ABSTRACT

This study investigates the effects of childhood experiences and trauma on the interpersonal relationships of students at the University of Benin, Benin City. The research was guided by four key objectives: to examine the causes of childhood trauma, investigate its effects on interpersonal relationships, identify the most prevalent forms of trauma, and determine supportive measures for affected students. Employing a descriptive survey design, data were collected from a sample of 150 students across three halls of residence using a semi-structured questionnaire. The findings reveal a high prevalence of childhood trauma, with key contributing factors being parental neglect (26.67%) and emotional abuse (18%). A significant proportion of respondents (46.67%) reported that these experiences adversely affect their ability to interact with others, with 43.33% finding it difficult to trust people. The study concludes that childhood trauma is a critical determinant of relational dysfunction among students, leading to challenges in trust formation and emotional regulation. It recommends the establishment of a trauma-informed counselling unit within the university, targeted psychoeducation for parents, and the strengthening of child protection laws by policymakers to mitigate these effects and promote healthier interpersonal relationships among the student population.

Keywords: Childhood Trauma, Interpersonal Relationships, Adverse Childhood Experiences (ACEs), University Students, Psychological Support, Nigeria.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Childhood experiences can either be positive or negative which can influence an individual's life in many ways both in the short and long term. These "childhood experiences" may include an instance or instances of maltreatment including physical abuse, emotional abuse, or neglect. (Vandavender, 2014).

Globally, the study's findings align with existing research on the impact of childhood trauma on interpersonal relationships. For instance, a study in China found that childhood interpersonal trauma is linked to depression in mid-later life, with social integration playing a mediating role. In Nigeria, the study's findings are particularly relevant given the country's high prevalence of childhood trauma. According to the National Population Commission, over 50% of Nigerian children experience some form of violence or abuse before the age of 18.

The consequences of childhood experiences of maltreatment may manifest as increased perceptual-motor deficits, lower scores of general intellectual functioning and academic achievement, as well as negative social behaviors in the form of aggression with peers and adult and internalizing psychological problems such as hopelessness and low self-worth during the short-term (Conaway and Hansen, 1989; Fantuzzo, DePaola, Lambert, and Martino, 1991).

A single event or several events that a child experiences or witnesses and which overwhelm the child's capacity to cope and elicit a sense of panic, helplessness and acute vulnerability" are referred to as Childhood Trauma (Spinazzola, Hodgdon, Liang, Ford, Layne, Pynoos and Kisiel, 2014).

Trauma events can interfere with psychological, neurobiological, relational, and cognitive development, particularly if they start early, last a long time, lack quick solace, and/or involve the caregiving system (Cook et al., 2005). Children who have experienced trauma frequently display apparent inappropriate and problematic conduct (Cook, Spinazzola, Ford, Lanktree, Blaustein, Cloitre, DeRosa, Hubbard, Kagan, Liautaud, Mallah, Olafson, van der Kolk, 2005).

A tight, personal bond between two or more people is referred to as an interpersonal relationship. Strong ties develop in these interactions as a result of the emergence of mutual attraction. There are many different kinds of interpersonal interactions, including friendships, romantic partnerships, ties to one's family, and connections at work. Since they are based on principles of fidelity, loyalty, and trust, they give us support, compassion, and love. The people we have in our lives or interact with on a daily basis have a huge influence on crucial facets of our personalities and values from childhood, and these interactions play a significant role in forming our identity. Our feeling of direction and purpose is influenced by them. In addition, our mental and physical health are significantly impacted by our interpersonal relationships.

Relationships and emotional well-being are connected, emphasizing how crucial it is to surround ourselves with people who make us feel joyful, strong, and comfortable (Klein, 2020). Family, sexual connections, friendships, professional partnerships, and community relationships are just a few examples of the various kinds of interpersonal interactions that exist. The objective of Vandevender's (2014) study was to determine whether gender differences develop how early abuse and neglect affect later intrapersonal functioning and interpersonal relations.

1.2 STATEMENT OF THE PROBLEM

Malinosky-Rummel and Hansen (1993) emphasized on the long-term consequences of childhood physical abuse and identified seven topic areas within the extant literature: Aggressive and violent behavior, nonviolent criminal behavior, substance abuse, self-injurious behavior and suicidal behavior, emotional problems, interpersonal problems, and academic and vocational difficulties. The researchers concluded that there is a strong relationship between childhood experiences of physical abuse and future perpetration of non-familial and familial violence. However, no relationship was found between childhood physical abuse and nonviolent criminal behavior based on the literature reviewed by Malinosky-Rummell and Hansen (1993). Instead, the findings revealed that groups of substance abusers report higher rates of childhood physical abuse than members of the general population. In addition, physical abuse was seen to be associated with self-injurious and suicidal behaviors as well as emotional difficulties. Despite this general patterns of findings, Malinosky-Rummell and Hansen (1993) noted that much of the extant research has been conducted with female participants. Moreover, the majority of work done with male participants has utilized alcoholic, male inpatients, thus limiting the ability to generalize any significant findings related to childhood experiences of abuse. Thus, further research is needed to address outcomes for equal representations of men and women from the “normal” population. Moreover, Malinosky-Rummell and Hansen (1993) noted that little research has investigated the existence of interpersonal or vocational and academic problems in members of the abused population. Thus, given this area of limited knowledge about interpersonal difficulties of individuals with a history of abuse, one of the goals of the present study is to gain a greater understanding of this outcome.

Childhood Experiences especially traumatic ones have a profound impact on child’s psychological and emotional development. A child who has undergone any kind of traumatic

experiences whether it's through neglect, abuse, witnessing violence or any other distressing events which can affect their ability to interact with peers in different ways.

Contrary to the stated problems, this study seeks to examine the effects of childhood experiences and trauma on the interpersonal relationship of students of University of Benin.

1.3 RESEARCH QUESTIONS

What are the causes of childhood experiences and trauma?

1. How does childhood experiences and trauma affect the interpersonal relation of student of the University of Benin?
2. What are the most prevalent childhood experiences and trauma that students of University of Benin undergo?
3. What can be done to support students who have experienced childhood trauma to promote healthy interpersonal relationship?

1.4 OBJECTIVES OF THE STUDY

This study has both general and specific objectives. The general objective seeks to examine the effect of childhood experiences and trauma on the interpersonal relationship of student of the University of Benin. The specific objective of this study is;

1. To examine the causes of childhood experience and trauma among the student of the
2. University of Benin, Benin city
3. To investigate how childhood experiences and trauma affect the interpersonal relationship of students of the University of Benin, Benin City
4. To find out the most prevalent form of Childhood experiences and trauma that exist among the students of the University of Benin, Benin city.
5. To find out what can be done to support students who have experienced childhood trauma and how to promote healthy interpersonal relationship.

1.5 SIGNIFICANCE OF THE STUDY

This study aims to explore the impact of childhood experiences and trauma on the interpersonal relationships of students. It will provide valuable insights for society, families, and individuals, particularly by raising awareness among parents about the influence of their parenting styles on their children's well-being. The saying, "Train up a child in the way he should go, and when he is old, he will not depart from it," highlights the importance of positive parenting. By adopting healthier parenting practices, parents can help reduce issues such as depression, low self-esteem, and shyness in their children. Furthermore, parents will be encouraged to create spaces where children can express their feelings when wronged, fostering an environment that promotes healthy relationships and enhances both social interactions and mental health.

In addition, this study serves as an important resource for policy makers, government bodies and University management, offering valuable insights into the need for changes in the system to support student affected by trauma. Also, by highlighting the profound impact that early childhood experiences and trauma.

Furthermore, this study will enrich existing literature by offering updated insights into how childhood experiences and trauma shapes interpersonal relationships. It will serve as a valuable baseline for future research, guiding scholars exploring similar topics and providing a foundation for new strategies to support students in overcoming trauma-related challenges.

1.6 SCOPE OF THE STUDY

This study is limited to the male and female students in hall of residence in university of Benin, Ugbowo Campus specifically hall 1[female], hall 2[female] and hall 3[male and female].

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 THE CONCEPT OF CHILDHOOD EXPERIENCES, TRAUMA AND INTERPERSONAL RELATIONSHIP

A significant proportion of children globally are subjected to various forms of trauma, including psychological, physical and verbal abuse as well as parental neglect, all of which adversely affect their psychological development and overall functioning. The parent child relationship plays a crucial role in shaping the holistic development of children and adolescents. Consequently, experiences of neglect, trauma and adverse caregiving can be profound effects on emotional stability, the quality of future interpersonal relationships, and personal development. Neglect, in particular, is often categorized as a form of emotional, educational, and physical abuse due to its enduring negative consequences. Moreover, individuals who are exposed to multiple and prolonged forms of abuse are likely to exhibit more intense or widespread trauma-related symptoms (Saladino, Auriemma, Verrastro, Arbanas, and Eleuteri, 2025).

Childhood trauma exposure is typically characterized by experiences of physical, sexual, or emotional abuse, as well as physical or emotional neglect occurring before the age of eighteen. Additionally, it encompasses broader traumatic experiences and household dysfunction, such as serious accidents, witnessing parental substance abuse, or the death of a parent. Research has demonstrated that individuals who have encountered such trauma are more likely to engage in a range of maladaptive behaviours. This correlation exists between adverse childhood experiences and various issues, including smoking, alcohol misuse, high-risk sexual behaviours, disordered eating, and self-injurious behaviours. Moreover, the extent of childhood trauma exposure appears to have a direct impact on functioning during adolescence and adulthood (Roche, Kroska, Miller, Kroska and W O'Hara, 2018).

Childhood trauma occurs when children are exposed to distressing or emotionally painful events. These can include experiencing the event directly, witnessing it, or being exposed to it. Such events can involve actual or threatened death, serious injury, or sexual violence (Roncero, 2021)

Childhood experiences refer to the various events, interactions, and environments a child is exposed to during their early years, both positive and negative. These experiences significantly shape emotional, cognitive, and social development. Positive experiences such as having supportive caregivers, access to education, and a safe home promote resilience, psychological well-being, and healthy development (Sege and Browne, 2017).

Common examples of childhood trauma are Child maltreatment (abuse and neglect), exposure to domestic violence, bullying, community violence, motor vehicle accidents, natural disasters. These traumatic experiences can lead to significant distress and may contribute to the development of mental health disorders like Post-Traumatic Stress Syndrome (PTSS) and Post-Traumatic Stress Disorder (PTSD), (Roncero, 2021)

These experiences frequently lead to significant psychological distress and can contribute to the development of mental health conditions such as Post-Traumatic Stress Syndrome (PTSS) and Post-Traumatic Stress Disorder (PTSD). While individual responses to difficult events vary, certain experiences are universally recognized for their traumatic potential and are termed Adverse Childhood Experiences (ACEs). Adverse Childhood Experiences represent negative occurrences that exert a lasting detrimental impact on a child's overall well-being and health. Examples include maltreatment, various forms of abuse, neglect, and exposure to harmful living environments.

The enduring consequences of ACEs are far-reaching and can affect multiple domains of an individual's life;

- **Physical Health:** Adverse Childhood Experiences are correlated with increased risks for chronic health conditions, including obesity, diabetes, heart disease, and cancer.
- **Behavioural Outcomes:** Individuals with a history of Adverse Childhood Experiences may exhibit higher rates of unhealthy coping behaviours, such as alcohol and drug consumption, eating disorders, and substance use disorders.
- **Life Potential:** Adverse Childhood Experiences can significantly impede positive developmental trajectories, affecting academic achievement, the quality of interpersonal relationships, and career progression.

Adverse Childhood Experiences profoundly influence children's social, emotional, and cognitive development. Despite these profound challenges, it is important to note that recovery and resilience in the face of childhood adversity and trauma are possible.

2.2 TYPES OF CHILDHOOD TRAUMA

Childhood trauma manifests in several distinct forms, each with unique implications for a child's psychological and physical development (Roncero, 2021)

- **PHYSICAL OR SEXUAL ABUSE:** This category encompasses any form of physical violence against a child, sometimes disguised as disciplinary measures, and often cooccurs with substance abuse. Sexual abuse involves direct sexual acts performed on a child or a child's exposure to sexual acts, such as witnessing parental sexual intercourse, other adult sexual behaviours, or pornography. Both physical and sexual abuse inflict severe and lasting psychological and, at times, physical damage, significantly compromising a child's holistic well-being.
- **SUDDEN DEATH DUE TO MURDER OR SUICIDE:** The premature loss of a family member or loved one, particularly through murder or suicide, constitutes a deeply

traumatic experience for a child. The trauma is intensified if the child witnessed the event or is aware of its detailed circumstances. A loved one's death by suicide can leave profound psychological wounds, especially if the deceased was a parent or primary caregiver, often leading to predominant emotions of anger and guilt in the child.

- **KIDNAPPING:** This represents an exceptionally traumatic event for children, who are inherently reliant on adults and caregivers for safety and protection. Being kidnapped and held hostage instills profound feelings of uncertainty, fear, and insecurity, underscoring the child's vulnerability and inability to protect themselves.
- **VIOLENCE IN THE HOUSEHOLD:** This occurs when a child is exposed to a violent domestic environment. While it can involve direct physical abuse of the child, it frequently manifests as witnessing domestic violence between parents, siblings, or other adults. Regardless of direct victimization, exposure to such an environment has a demonstrable negative impact on a child's psychological state.
- **NEGLECT:** Often referred to as "invisible trauma," neglect, though less immediately evident than other forms of trauma, is equally, if not more, impactful. It involves the consistent failure to meet a child's fundamental needs, including emotional needs, providing support and security during distress, and ensuring basic necessities like food, clothing, and hygiene. Because neglect rarely involves overt violence or physical damage and can become normalized by affected children, it frequently leads to deep-seated trauma that profoundly influences an individual's mental health throughout their life

2.3 CAUSES OF CHILDHOOD TRAUMA

Childhood trauma is a deeply transformative experience that have a profound impact on a child's emotional, psychological, and physical well-being. It happens when a child is exposed to events that overwhelm their ability to cope and may leave lasting scars that affect their growth into adulthood. Understanding the causes of trauma in childhood is important

for fostering empathy and creating supportive environments for children who may be affected. Here are some of the causes of Childhood trauma; Child maltreatment encompasses various forms of abuse and neglect that adversely affect a child's well-being.

- Physical abuse involves the intentional use of force or violence by a caregiver or authority figure, often resulting in injury or harm.
- Sexual abuse includes any sexually explicit activity between an adult and a child, whether or not physical contact is involved, aimed at exploitation.
- Emotional abuse entails persistent verbal assaults, threats, rejection, or isolation, leading to psychological harm.

Physical neglect refers to the failure to provide a child with basic necessities such as food, shelter, healthcare, and supervision. Similarly, emotional neglect involves the consistent failure to meet a child's emotional needs, such as affection, support, and attention, which can hinder emotional development. Additionally, household dysfunction characterized by a child's exposure to environments affected by substance abuse, mental illness, or incarceration can significantly disrupt a child's sense of safety and stability. Collectively, these forms of maltreatment can have long-lasting effects on a child's physical, emotional, and social development (Chenube, 2023).

Childhood trauma can result from sexual abuse, which has been linked to mental health disorders and a higher risk of suicidal thoughts. The adolescent brain differs significantly from the adult brain in various ways. Research has shown that teenagers who experienced trauma during childhood tend to have enhanced brain activity in regions associated with motor skills and language development (Fadl, Alnughaymishi, Alrawaili, Alqarni, Mohammed, Alqurashi, Ajlan, Alturki, Al-Jafferl, Ramadhan, and Alhulaisi, 2025).

Childhood trauma refers to experiences during early life that are intensely distressing or overwhelming. These events may include bullying or cyberbullying, household dysfunction

(such as exposure to domestic violence, parental mental illness, substance abuse, or incarceration), the loss of a loved one, emotional or physical abuse or neglect, separation from a primary caregiver, sexual abuse, chronic poverty-related stress, sudden or serious medical issues, exposure to violence in the home, school, or community, and experiences of war or terrorism.

A recent study examining the long-term effects of childhood trauma on the health of middle-aged and elderly individuals in China revealed significant associations. Specifically, both childhood physical and emotional trauma were found to negatively impact self-rated health outcomes. The pathways through which these effects operate include direct impacts as well as indirect influences via education level, lifestyle behaviors, and healthcare utilization. These findings underscore the enduring consequences of early life experiences on later-life health and highlight potential intervention points to mitigate these effects. By elucidating the complex relationships between childhood trauma and adult health, this research contributes to a deeper understanding of the life course determinants of health in this population.

2.4 IMPACT OF CHILDHOOD EXPERIENCES AND TRAUMA ON INTERPERSONAL RELATIONSHIP

Childhood traumatic experiences can significantly influence the development of attachment behaviors, often hindering the establishment of secure bonds with primary caregivers. This disruption is associated with adverse outcomes such as emotional dysregulation, largely stemming from stress-related neurodevelopmental alterations.

Research indicates that exposure to high levels of stress during early development can lead to hormonal imbalances and dysregulation of the hypothalamic–pituitary–adrenal (HPA) axis, a critical component in the physiological stress response. Such biological changes increase vulnerability to stress and elevate the risk for subsequent mental health conditions and emotional disturbances. Furthermore, early trauma and insecure attachment patterns are

associated with the emergence of alexithymia and dissociative symptoms, which can significantly impair emotional, cognitive, and behavioral functioning. These impairments often extend to social domains, disrupting interpersonal relationships and social cognition ultimately contributing to the onset of psychopathological conditions in both childhood and adulthood, including psychotic and affective disorders. (Borrelli, Zarnadi, Scognamiglio, Clinquegrana, Perrella, 2024).

Traumatic experiences in childhood often occur within interpersonal relationships, instances of abuse, neglect, violence, exploitation, or bullying commonly referred to as interpersonal trauma. These encounters can deeply affect a child's emotional, cognitive, and behavioral development. While many children exposed to trauma may exhibit comparable patterns of behavior, each child's response is shaped by the unique nature of the trauma, their developmental stage, and the presence or absence of support systems. In response to perceived threats, the human body naturally releases stress hormones such as cortisol and adrenaline.

This involuntary reaction prepares the body to respond to danger and can manifest through several survival responses, including: Freeze – feeling immobilized or unable to react Flop – complying passively without resistance Fight – reacting with aggression or resistance Flight – attempting to escape or avoid the threat Fawn – seeking to appease or placate the source of harm These trauma responses may be accompanied by a range of emotional and psychological reactions. Individuals may experience persistent feelings of anger, numbness, grief, fear, anxiety, or shame. Some may struggle with a diminished sense of identity, confusion, irritability, restlessness, or uncertainty about their needs and desires. Others may develop hypervigilance, a heightened state of alertness driven by the anticipation of danger. These reactions reflect the profound impact that trauma can have on a child's sense of safety and well-being. (Varghese, Noushy K, 2024) Childhood trauma can significantly

affect adult relationships by shaping attachment styles, trust, communication, emotional intelligence, and mental health. Early experiences with caregivers influence how individuals form bonds securely or with fear and avoidance. Trauma may lead to insecure attachment styles, difficulty trusting others, and poor communication habits modeled in childhood. Some may unconsciously repeat harmful relational patterns, known as trauma reenactment, as a way of coping. Emotional intelligence, such as empathy and self-regulation, may also be underdeveloped due to disrupted emotional growth. Additionally, trauma increases the risk of conditions like anxiety and depression, further impacting relationships. However, with self-awareness and support, these patterns can be changed and healed over time. (Lebow, 2021).

A recent study among 2,273 junior high school students in South China found that childhood trauma significantly negatively impacted students' meaning in life (Liao, Mo, & Wang, 2025). However, social support and core self-evaluations were found to partially mediate this relationship, with both variables weakening the impact of childhood trauma on meaning in life (Liao, Mo, & Wang, 2025). Notably, when both social support and core self-evaluations were present, the negative effect of childhood trauma on meaning in life was minimized (Liao, Mo, & Wang, 2025). These findings suggest that strengthening social support networks and fostering positive core self-evaluations may be effective strategies for mitigating the adverse effects of childhood trauma and promoting meaning in life among junior high school students (Liao, Mo, & Wang, 2025).

2.5 STRATEGIES FOR PREVENTING CHILDHOOD TRAUMA

Early intervention plays a crucial role in mitigating the impact of Adverse Childhood Experiences (ACEs). Proactively identifying families at risk and providing them with targeted resources before the onset of trauma can prevent the development of ACEs and reduce their long-term consequences. Programs that focus on enhancing parenting skills,

promoting stress management, and offering mental health support equip caregivers with the necessary competencies to create safe, nurturing, and stable environments for children. Such initiatives often extend to practical supports, including affordable childcare, family counseling, and job training, thereby fostering a foundation for lasting family stability.

Community engagement is equally integral to prevention efforts. Public education campaigns can increase awareness of the signs of childhood trauma and the value of early intervention, promoting a culture of empathy and support. Educational institutions hold a unique capacity to respond, as they can identify early behavioral changes in students, provide access to counseling services, and implement trauma-informed practices. Healthcare professionals also contribute significantly by incorporating ACE screenings into routine checkups, ensuring that children and families are promptly referred to appropriate support services when needed.

Policy-level interventions further strengthen preventive efforts. Legislative measures that address structural challenges such as poverty, housing instability, and inequitable access to quality education and healthcare create conditions in which ACEs are less likely to occur. By allocating resources to community-based programs, public health initiatives, and supportive laws, policymakers can foster environments that promote child well-being and resilience.

2.6 PREVALENCE OF CHILDHOOD EXPERIENCES AND TRAUMA

Research was conducted by Tong, Zhang, Chen, Wang, Zhao and Hu, 2022) at the Shanghai Pudong New Area Mental Health Center using cross-sectional, multicenter survey and they also investigated the effects of childhood experiences on high school students. A sample of 213 participants per group was calculated to ensure adequate statistical power, accounting for potential losses. The study randomly selected 220 participants from two-child and one-child families, with 212 and 214 valid questionnaires collected, respectively. Inclusion criteria included students aged 15-19 with no cognitive disorders, while exclusion criteria comprised severe impairments, developmental delays, and failure to provide

informed consent. The survey utilized a paper questionnaire, guided by a school psychologist, and achieved response rates of 90.18% and attrition rates of 3.64% and 2.73% for the two groups.

This study revealed a concerning prevalence of childhood trauma, anxiety, and depression among adolescents from two-child families in China. Key findings indicate that family structure, specifically two-child families and birth order, significantly influence childhood trauma, while parental preference is linked to anxiety and depression. These results underscore the imperative need for targeted interventions and policy responses to address adolescent mental health, providing stakeholders with actionable solutions to mitigate these issues.

A study on 1326 undergraduate nursing students in North India found that approximately 65% of participants reported experiencing childhood trauma, with emotional neglect being the most prevalent type. The study revealed a significant inverse relationship between childhood trauma and psychological resilience, suggesting that higher levels of trauma are associated with lower resilience. The findings highlight the need for trauma-informed interventions to support nursing students who have experienced childhood trauma, and have important implications for nursing educators in developing targeted support strategies (Singha, Gupta, Goyal, 2024).

2.7 THEORETICAL FRAMEWORK

2.7.1 PSYCHOANALYTIC THEORY

Sigmund Freud, the founder of psychoanalysis, not only laid the foundation for the development of this discipline but also introduced numerous concepts and theories that have had a profound influence on later intellectual fields, including literary criticism. Since the introduction of his well-known ideas such as the unconscious and the Oedipus complex (Freud, 1900; Freud, 1905), many critics and scholars have adopted and adapted these

concepts, integrating them with their own perspectives to create new theoretical frameworks. Freud's psychoanalytic theory remains remarkable for its enduring relevance and its ability to merge with various other schools of thought. This enduring adaptability raises the question of why his theory continues to attract new interpretations across different eras. The theory's depth, applicability, and insight into human behavior make it a valuable tool not only in literature but also in understanding human relationships and experiences.

In his early work, Freud emphasized the concepts of the unconscious and the tripartite structure of human personality as central to understanding behavior. He challenged the prevailing notion that consciousness dominated mental life, arguing instead that the unconscious containing innate instincts and desires plays the most significant role in influencing human actions (Freud, 1900). According to Freud, the personality consists of three components: the id, driven by the pleasure principle; the ego, guided by the reality principle; and the superego, which upholds moral values (Freud, 1923). He also paid considerable attention to dreams, viewing them as a direct route to the unconscious (Freud, 1900), and introduced the concepts of libido and sexual instinct, which generated significant public interest (Freud, 1905).

In the later stages of his career, influenced by the impact of war, Freud refined his theory of instincts by introducing the death instinct alongside the life instinct (Freud, 1920). Eros, or the life instinct, drives survival and life-sustaining activities such as eating, breathing, and reproduction, while Thanatos, or the death instinct, represents the destructive forces inherent in human beings. This duality also led Freud to develop the idea of repetition compulsion, the tendency to unconsciously repeat past experiences (Freud, 1920). Furthermore, Freud divided personality development into five psychosexual stages, each shaping the individual's later behavior and personality traits (Freud, 1905).

Freud also applied his ideas to literature, suggesting that writers are essentially daydreamers whose works are expressions of their unconscious desires. He considered art a bridge between fantasy and reality, enabling private emotions and thoughts to be expressed publicly. However, he maintained a mixed view of art's value, seeing it as both a medium for disseminating psychoanalytic ideas and as a personal illusion of the artist (Freud, 1907/1959).

Freud's psychoanalytic theory is particularly relevant to the study of the effect of childhood experiences and trauma on the interpersonal relationships of students. His emphasis on the formative influence of early experiences aligns directly with the idea that unresolved childhood conflicts often repressed into the unconscious shape patterns of interaction in adulthood (Freud, 1905). For instance, traumatic experiences during the psychosexual stages of development can create fixations or maladaptive coping strategies that later influence how students relate to peers, mentors, and romantic partners. The id, ego, and superego framework can be used to explain the internal conflicts students may face between their desires, the realities of their social environment, and the moral expectations they have internalized (Freud, 1923). Defense mechanisms such as repression, projection, or avoidance, which Freud described, can help explain why some students struggle to form trusting and emotionally secure relationships after trauma. Additionally, the concept of repetition compulsion can account for the tendency of some individuals to unconsciously recreate relationship dynamics that mirror early traumatic experiences, even when such patterns are harmful (Freud, 1920). In this way, Freud's theory provides both a conceptual lens and practical tools for analyzing how deeply embedded early-life experiences influence the quality, stability, and emotional depth of students' interpersonal relationships.

2.7.2 ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) refer to instances of emotional, physical, or sexual abuse, as well as various forms of household dysfunction during childhood. These experiences include verbal abuse, physical abuse, contact sexual abuse, witnessing the abuse of a parent, living in a household affected by substance abuse or mental illness, having an incarcerated family member, and experiencing parental separation or divorce. Such categories have been identified through prior research as having significant potential for negative health and social consequences, prompting ongoing efforts from both public and private sectors to reduce their occurrence (Centers for Disease Control and Prevention and Kaiser Permanente, 1998).

ACEs have been associated with a range of physical and mental health challenges later in life, including chronic illnesses, substance use disorders, and emotional difficulties, although not all individuals exposed to these experiences develop such problems (Vincent J. Felitti, Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks, 1998).

The Adverse Childhood Experiences Study, conducted in partnership between Kaiser Permanente and the U.S. Centers for Disease Control and Prevention, explored the long-term impact of childhood adversity on health behaviors and life outcomes. Its central premise is that stressful or traumatic experiences in childhood can disrupt healthy neurodevelopment, with effects that persist into adulthood and influence multiple areas of functioning (Robert F. Anda, Vincent J. Felitti, John D. Walker, Charles Whitfield, J. Douglas Bremner, and Shanta R. Dube, 2006).

In the context of students, such adverse early-life experiences can significantly affect patterns of trust, communication, and emotional regulation. These factors, in turn, play a crucial role in shaping how individuals build, maintain, and navigate interpersonal relationships within

academic environments, making ACEs a key consideration in understanding the social interactions of student.

2.7.3 ATTACHMENT THEORY

Attachment theory, introduced by psychiatrist and psychoanalyst John Bowlby (1907–1990), provides a psychological and evolutionary framework for understanding the significance of early human relationships (John Bowlby, 1969). It emphasizes the necessity for infants to form a secure bond with at least one primary caregiver, a connection essential for survival as well as for healthy emotional and social development. This foundational bond serves not only as a source of protection and care but also as the basis upon which a child’s capacity for trust, emotional regulation, and social interaction is built.

Central to the theory is the notion that, for infants and toddlers, the primary behavioral goal is to maintain proximity to their attachment figures most often parents especially in moments of stress or uncertainty. Research within this framework shows that secure attachments emerge when caregivers are consistently responsive and emotionally attuned to the child’s needs, particularly during the critical developmental period between six months and two years of age (Mary Ainsworth, 1978). Such secure attachments create a “secure base” from which children can confidently explore their environment, returning for comfort and reassurance when needed. Over time, repeated interactions with caregiver’s form patterns of attachment that develop into internal working models mental representations of relationships that guide future expectations, emotional responses, and behaviors (Mary Main and Judith Solomon, 1990).

When considered in relation to the effects of childhood experiences and trauma on students’ interpersonal relationships, attachment theory offers valuable insight. Adverse early experiences such as neglect, inconsistent caregiving, or exposure to abuse can disrupt the formation of secure attachments, resulting in insecure or disorganized attachment patterns (L.

Alan Sroufe, E. Egeland, P. Carlson, & B. Collins, 22). These disruptions often impair the development of healthy internal working models, leading to difficulties in forming trust, maintaining emotional stability, and engaging in supportive social connections in later life. For students, such early relational wounds may manifest as challenges in peer relationships, heightened sensitivity to rejection, difficulty expressing emotions constructively, or withdrawal from social engagement. Thus, understanding attachment theory provides a critical lens for examining how childhood trauma shapes the interpersonal dynamics of students, influencing not only their academic environment but also their long-term relational well-being.

CHAPTER THREE

METHODOLOGY

Research methodology is the methods, materials and techniques used to identify, process, select and analyse information about a topic. Methodology is the systematic, theoretical analysis of methods applied in a field of study. These sections present the methodology that was used for the study and this study includes: research design, population of the study, sample size, sampling techniques, instrument for data collection, method for data collection, validity and reliability of research instrument and method of data analysis.

3.1 RESEARCH DESIGN

The study design for this research is Descriptive survey research design using quantitative approach to investigate or find out the effect of childhood experiences and trauma on the interpersonal relationship of student, this design aims to gather information on the causes, effect, prevalence of childhood trauma.

3.2 AREA OF STUDY

This study was conducted at the University of Benin, located in Benin City, Edo State, Nigeria. The research was specifically carried out within the Ugbowo Campus, the main campus of the university. The study focused on students residing in Halls of Residence, namely Hall 1 (female), Hall 2 (female), and Hall 3 (male and female).

3.3 POPULATION OF THE STUDY

The population for this study comprises undergraduate students of the University of Benin, Edo state. According to the university's records is approximately 77,000 students in total, spread across various faculties and departments.

3.4 SAMPLE SIZE

A sample of 150 respondents was selected for this study. The sample size was determined using Taro Yamane's formula for a finite population, calculated as follows:

$$n = N / [1 + N(e)^2]$$

Where:

n = Sample Size

N = Population Size (5,000 targeted population) e = Margin of Error (0.08)

Calculation:

$$n = 5,000 / [1 + 5,000(0.08)^2] \quad n = 5,000 / [1 + 5,000(0.0064)] \quad n = 5,000 / [1 + 32] \quad n = 5,000 /$$

$$33 \quad n = 151.51$$

Approximately 150 respondents.

3.5 SAMPLING TECHNIQUES

The sampling technique used in this study was the probabilistic sampling techniques specifically the simple random techniques.

3.6 INSTRUMENT FOR DATA COLLECTION

The instrument use in collecting the respondent's data is the semi-structured questionnaire, that is the open ended and close ended questionnaire. We used this because we want the respondents to give us their idea about the topic, so they will not be limited to only the answers given by the researchers.

3.7 METHOD FOR DATA COLLECTION

Both primary and secondary methods of data will be used. For the primary method, the face-to-face process will be used in sharing and collecting data. Both one time and two times survey will be used. Furthermore, for the secondary method of data collection, journal, magazines, textbooks and government gazette etc will be used.

3.8 VALIDITY AND RELIABILITY OF RESEARCH INSTRUMENT

The research instruments were validated. This includes giving the instrument to an expert to review the question in line with the study objective to ensure that the content therein tallies with the study objectives and will not go against the ethics of research.

3.9 METHOD OF DATA ANALYSIS

The study will use descriptive statistics for quantitative method which will include Frequency and percentage in analysing the data from the questionnaire and content analysis method for the qualitative method where information gotten from the interview will be contently analysed using thematic structure.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION OF FINDINGS

This chapter focuses on the analysis of the data collected for this study “Effect of childhood experiences and trauma on the interpersonal relationship of student of the University of Benin” and it also outlines the key findings. The primary objective is to systematically organize, present and interpret the response gathered from the survey to address the research question.

The presentation of the findings is structured into two parts. The first part is the sociodemographic profile of the respondents which includes a breakdown of participants by faculty ensuring the representation across the faculty is clear. Following this, the core thematic findings are presented which delve directly into the research topic. For instance, the analysis begins by exploring the respondents understanding of childhood trauma which is illustrated in the table provided. The subsequent section will delve deeper into the thematic areas with each finding presented with a concise and understanding interpretation.

4.1 DATA ON SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

SECTION A: DATA OF RESPONDENTS

Table 1.1: Age of Respondents

AGE OF RESPONDENTS	RESPONSE	FREQUENCY	PERCENTAGE
	15-18	34	22.67
	19-22	53	35.33
	23-26	35	23.33
	27-30	28	18.67
	TOTAL	150	100

Source: Fieldwork 2025

The table above shows the age of the respondents, from the result, it shows that majority of the respondents are within the age 19-22years with 35.33% which is followed by age

2326years with 23.33% and 15-18years with 22.67%, while age 27-30years forms the last portion with 18.67%.

Table 1.2: Sex/Gender of Respondents

SEX OF RESPONDENTS	RESPONSE	FREQUENCY	PERCENTAGE
	Male	50	33.33
	Female	100	66.67
	TOTAL	150	100

Source: Fieldwork 2025

The table above shows that 66.67% of the respondents are female while 33.335 are male. This indicates that female constitute the majority of the participant in this study. The higher number of female respondents suggests that women were more available and willing to participate in the study than men.

Table 1.3: Educational Level of Respondents

EDUCATIONAL LEVEL OF RESPONDENT	RESPONSE	FREQUENCY	PERCENTAGE
	100	34	22.67
	200	33	22
	300	31	20.66
	400	52	34.67
	TOTAL	150	100

Source: Fieldwork 2025

The data above shows that the highest percentage of respondents (34.67%) were students of 4001, those in 1001, 2001 and 3001 were represented at 22.67%, 22% and 20.66% respectively indicating a fair distribution across all levels but with a notable concentration in 4001.

Table 1.4: Distribution of Respondent by Faculty

FACULTY	RESPONSE	FREQUENCY	PERCENTAGE
	Sossa	27	18
	Massa	18	12
	Bms	28	18.67
	Life Science	28	18.67
	Art	26	17.33
	Education	23	15.33
	TOTAL	150	100

Source: Fieldwork 2025

This data reveals that respondents were drawn from different faculties with the highest representation in Faculty of social sciences followed by faculty of Education (15.33%) and the Faculty of Arts (17.33%) while Life science and Basic medical science accounted for 18.67% each. This indicates a fairly distribution across faculties which also suggests that this study captures diverse perspectives.

Table 1.5: Data for Hall of Residence

HALL OF RESIDENCE	RESPONSE	FREQUENCY	PERCENTAGE
	Hall 1	50	33.33
	Hall 2	50	33.33
	Hall 3	50	33.34
	TOTAL	150	100

Source: Fieldwork 2025

The table above shows that respondents are evenly distributed across the three halls of residence. Hall 1 (33.33%), Hall 2(33.33%) and Hall 3 with (33.34%) respectively, making up a 100% of total respondent. This shows that all halls were fairly represented in this study.

4.2 PRESENTATION OF DATA ACCORDING TO RESEARCH QUESTIONS/OBJECTIVES

SECTION B: CAUSES OF CHILDHOOD EXPERIENCES AND TRAUMA

Table 2.1: Understanding of Childhood Trauma

Who do you understand by childhood trauma?	RESPONSE	FREQUENCY	PERCENTAGE
	(a) Distressing event that occurs during one's childhood and affects an individual emotionally, mentally and psychologically.	91	60.67
	(b) Negative childhood Experiences that adversely influence an individual's social interactions and relationships.	59	39.33
	TOTAL	150	100

Source: Fieldwork 2025

The data above shows respondents perception of what childhood trauma means. A large proportion of respondents (60.67%) described childhood trauma as a distressing event that occurs during one’s childhood and affects an individual emotionally, mentally and psychologically while 39.33 defined it as a negative childhood that adversely influence an individual social interaction and relationship.

Table 2:2: Respondents’ Experience of Childhood Trauma

Did you ever experience any form of childhood trauma?	RESPONSE	FREQUENCY	PERCENTAGE
	YES	71	47.33
	NO	79	52.67
	TOTAL	150	100

Source: Fieldwork 2025

According to the data, 47.33% of respondents said they had gone through some kind of childhood trauma, while 52.67% said they had not. This shows how common traumatic events are in the sample population, as it implies that almost half of the respondents had experienced them as children.

Table 2.3: Shows the Factors Contributing to Childhood Trauma

Which of the following do you think contribute to childhood trauma?	RESPONSE	FREQUENCY	PERCENTAGE
	Parental Neglect	40	26.67
	Domestic violence	20	13.33
	Sexual Abuse	20	14
	Poverty	21	14
	Death of a parent	21	14
	Emotional Abuse	27	18
	TOTAL	150	100

Source: Fieldwork 2025

The data above shows that, parental neglect (26.67%) is one of the most contributing factor of childhood trauma among respondents. This is followed by emotional abuse (18%), poverty (14%), parental death (14%), sexual abuse (14%), and domestic violence (13.33%).

Table 2.4: Sources of Childhood Trauma among Respondents;

Who was the main source of the trauma?	RESPONSE	FREQUENCY	PERCENTAGE
	Family member	38	25.33
	Teacher	13	8.67
	Stranger	19	12.67
	Peer	21	14
	None	59	39.33
	TOTAL	150	100

Source: Fieldwork 2025

According to the data, 25.33% of respondents identified family members as the most significant source of childhood trauma, followed by peers (14%), strangers (12.67%), and teachers (8.67%). However, 39.33% of respondents chose none since they had no history of childhood trauma. This shows that while family-related trauma is the most common among those affected, a considerable portion of respondents reported no traumatic experiences.

SECTION C: EFFECTS ON INTERPERSONAL RELATIONSHIPS

Table 3.1: Respondents’ Ability to Trust Others

Do you find it easy to trust people?	RESPONSE	FREQUENCY	PERCENTAGE
	YES	34	22.67
	NO	65	43.33
	SOMETIMES	51	34
	TOTAL	150	100

Source: Fieldwork 2025

The data shows that 43.33% of respondents reported that they do not find it easy to trust people, while 34% stated they sometimes do, and only 22.67% indicated that they find it easy to trust others. This suggests that a majority of respondents experience difficulty in trusting people, which may reflect the lingering effects of past experiences.

Table 3.2: Difficulties Faced by Respondents in Making Friends

Do you struggle with making friends?	RESPONSE	FREQUENCY	PERCENTAGE
	YES	50	33.33
	NO	65	43.33
	SOMETIMES	35	23.34
	TOTAL	150	100

Source: Fieldwork 2025

The data indicates that 43.33% of respondents reported no difficulty in making friends, while 33.33% admitted that they struggle to form friendships, and 23.34% stated that they sometimes experience such difficulty. This suggests that although a majority of respondents find it relatively easy to make friends, a considerable proportion still experiences challenges in social interaction and relationship building, which may be linked to factors such as trust issues or past traumatic experiences.

Table 3.3: Influence of Childhood Experiences on Social Interaction

Did your childhood experiences affect how you interact with people	RESPONSE	FREQUENCY	PERCENTAGE
	YES	67	46.67
	NO	83	53.33
	TOTAL	150	100

Source: Fieldwork 2025

The data reveals that 46.67% of respondents reported that their childhood experiences affected how they interact with others, while a slightly higher proportion, 53.33%, stated that their interactions were not influenced by such experiences. This suggests that nearly half of the respondents recognize a link between early life experiences and their current social behaviour, indicating that childhood events may play a significant role in shaping interpersonal relationships and communication patterns for many individuals.

Table 3.4: Frequency of Childhood Trauma Experiences

How often did you experience childhood trauma?	RESPONSE	FREQUENCY	PERCENTAGE
	Very Often	27	18
	Often	31	20.67
	Rarely	39	26
	Never	53	35.33
	TOTAL	150	100

Source: Fieldwork 2025

The data shows that 35.33% of respondents reported never experiencing childhood trauma, while 26% experienced it rarely, 20.67% often, and 18% very often. This indicates that although a considerable number of respondents were not exposed to traumatic experiences, a significant proportion still reported varying levels of trauma occurrence.

Table 3.5: Factors Perceived to Contribute to Childhood Trauma

Which of the following have you personally experienced?	RESPONSE	FREQUENCY	PERCENTAGE
	Physical Abuse	17	11.33
	Verbal/Emotional Abuse	24	16
	Sexual Abuse	15	10
	Parental Separation/Divorce	14	9.33
	Bullying	19	12.67
	Hunger/ Deprivation	18	12
	None	45	30
	TOTAL	150	100

Source: Fieldwork 2025

The data shows that 16% of respondents identified verbal or emotional abuse as the leading cause of childhood trauma. This was followed by bullying (12.67%), hunger or deprivation (12%), and physical abuse (11.33%). In addition, sexual abuse (10%) and parental separation or divorce (9.33%) were also noted as contributing factors. Meanwhile, 30% of respondents selected “none”, indicating they did not experience or associate any of these factors with trauma.

These results suggest that emotional and social stressors are viewed as the primary sources of childhood trauma.

Table 3.6: Age Range at which Childhood Trauma Occurred

At what age did this occur	RESPONSE	FREQUENCY	PERCENTAGE
	0-5	17	11.33
	6-10	28	18.67
	11-15	33	22
	16-18	24	16
	I never experienced any form of trauma during my childhood.	48	32
	TOTAL	150	100

Source: Fieldwork 2025

The data above shows that 22% of respondents experienced trauma between the age of 11–15, making this the most reported age range. This is followed by 18.67% who experienced trauma between 6–10 years, 16% between 16–18 years, and 11.33% between 0–5 years. However, a significant proportion, 32%, reported that they never experienced any form of trauma during childhood.

This indicates that early adolescence (ages 11–15) is the period during which traumatic experiences are most likely to occur. The finding suggests that children in this age range may be more vulnerable to emotional, social, and environmental stressors, highlighting the need for increased support and intervention during pre-teen and teenage years.

Table 3.7: Awareness of Other Students with Similar Experiences

Are you aware of other students with similar experiences?	RESPONSE	FREQUENCY	PERCENTAGE
	YES	49	32.67
	NO	56	37.33
	NOT SURE	45	30
	TOTAL	150	100

Source: Fieldwork 2025

The data above shows that 37.33% of respondents reported being unaware of other students with similar experiences, while 32.67% indicated they were aware, and 30% chose “not sure.” The relatively high percentage of uncertainty suggests that many respondents believe not everyone openly discusses personal or past experiences, particularly those related to trauma.

SECTION D: SUPPORT AND RECOVERY

Table 4.1: Need for Psychological Support among Students with Childhood Trauma

Do you think students suffering from childhood trauma needs psychological support?	RESPONSE	FREQUENCY	PERCENTAGE
	YES	122	81.33
	NO	28	18.67
	TOTAL	150	100

Source: Fieldwork 2025.

The data indicates that a large majority of respondents (81.33%) believe that students suffering from childhood trauma need psychological support, while only 18.67% disagreed. This demonstrates a strong consensus among respondents on the importance of mental health

intervention for affected students. The findings highlight a general awareness of the impact of unresolved childhood trauma and the necessity of counseling and therapeutic support to promote emotional stability and overall well-being among students.

Table 4.2: Access to Counseling Services among Respondents

Have you ever accessed counselling?	RESPONSE	FREQUENCY	PERCENTAGE
	YES	57	38
	NO	93	62
	TOTAL	150	100

Source: Fieldwork 2025.

The data above shows that 62% of respondents reported that they have never accessed counselling before, while 38% indicated that they had received counselling at some point.

This suggests that although many respondents recognize the need for psychological support (as shown in previous data), a majority have not made use of counselling services. The findings highlight a possible gap between awareness and utilization of mental health resources, which may be due to factors such as limited access, stigma, or lack of awareness about available counselling options.

Table 4.3: The Kind of Support that Will Help Students Manage Trauma

What kind of support would help students manage trauma?	RESPONSE	FREQUENCY	PERCENTAGE
	Therapy/Counselling	84	56
	Emotional support	39	26
	Community support and mental health awareness	27	18
	TOTAL	150	100

Source: Fieldwork 2025

According to the data above, students primarily believe that professional therapy or counselling (56%) is the most important support for managing trauma. This is supplemented by a need for general emotional support (26%) and broader community-based mental health awareness (18%). Overall, the findings suggest that an effective support system should combine clinical services with empathetic and community-wide strategies.

Table 4.4: Shows the Willingness to Participate in Programs Promoting Healing and Healthy Relationships

Will you join programs that promote healing and healthy relationships?	RESPONSE	FREQUENCY	PERCENTAGE
	YES	83	55.33
	NO	24	16
	MAYBE	43	28.67
	TOTAL	150	100

Source: Fieldwork 2025.

The data shows that a majority of respondents (55.33%) expressed willingness to join programs that promote healing and healthy relationships. Meanwhile, 28.67% responded “maybe,” indicating uncertainty, and 16% stated they would not participate. This suggests that most respondents recognize the value of supportive and restorative programs, while some remain hesitant, possibly due to personal reservations or lack of understanding about such initiatives. Overall, the findings reflect a positive attitude toward emotional healing and relationship-building efforts among the respondents.

Table 4.5: Respondents’ Opinions on Addressing Childhood Trauma

Kindly share your thought on this issue	RESPONSE	FREQUENCY	PERCENTAGE
	Parents should provide a safe and supportive environment for open communication and adopt good parenting skills	44	33.67
	Therapy sessions/counselling programs should be organized for individuals who have experienced trauma.	33	22
	Support Group	30	20
	No Comment	38	25.33
	TOTAL	150	100

Source: Fieldwork 2025.

The data indicates that 33.67% of respondents believe parents should provide a safe and supportive environment for open communication and adopt good parenting skills. Additionally, 22% suggested that therapy sessions or counselling programmes should be organized for individuals who have experienced trauma, while 20% recommended the formation of support groups. Meanwhile, 25.33% of respondents offered no comment on the issue.

4.3 DISCUSSION OF FINDINGS

The empirical investigation, executed via a descriptive survey design across a sample of 150 university students, substantiates the existence of a significant burden of childhood trauma within the cohort. The most frequently reported Adverse Childhood Experiences (ACEs) were parental neglect (26.67%) and emotional abuse (18%).

The data reveal a direct correlation between these early-life adversities and subsequent interpersonal maladjustment in adulthood. Nearly half of the respondents (46.67%) reported that their trauma history compromised their capacity for social interaction. Furthermore, 43.33% of the student body demonstrated a deficit in relational security, reporting considerable difficulty in establishing trust.

This evidence leads to the conclusion that a history of childhood trauma is a proximal cause of relational dysfunction, specifically undermining the development of secure attachment and effective emotional regulation necessary for healthy interpersonal bonds. Consequently, the research advocates for institutional reforms, including the implementation of a trauma-informed support infrastructure at the university level and preventative psychoeducational outreach targeting caregivers, aimed at fostering healthier relational outcomes.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 SUMMARY OF FINDINGS

This research was designed to provide an empirical basis for understanding how childhood experiences and trauma impact the interpersonal relationship of undergraduate students at the University of Benin. This research used a descriptive survey design approach, to analyse data collected from students residing in hall 1, hall 2 and hall 3 on Ugbowo campus to address the core problem of trauma's long-term relational fallout.

The findings confirmed a notably high incidence of ACEs within the student population, consistent with the reported national prevalence rates of child maltreatment. The most common forms of trauma identified were verbal/emotional abuse, sexual abuse, parental separation/divorce, bullying, hunger and deprivation. These traumatic experiences were primarily traced to antecedent factors such as parental neglect and domestic violence, and socio-economic instability in the family unit.

Students with high exposure to trauma face consistent difficulties such as the inability to establish secure trust bonds, recurrent patterns of social withdrawal, and difficulty regulating emotional responses during peer interaction.

Finally, respondents overwhelmingly supported that the establishment of accessible counselling service on campus and that parents should provide a safe and supportive environment for open communication and adopt good parenting skills which would be the most effective intervention.

5.2 CONCLUSION

The findings of this study lead to the firm conclusion that childhood trauma is a critical determinant of relational dysfunction among students at the University of Benin. The demonstrated difficulties in areas such as trust formation and sustained emotional intimacy

confirm that early negative experiences are not merely historical footnotes but are actively disruptive forces in young adulthood. This relational deficit, rooted in neurobiological and psychological interference, obstructs the student's capacity to navigate the social complexities of the university environment, thereby impacting overall well-being and possibly academic success. Thus, the evidence mandates that the university community must recognize ACEs as a public health concern that requires systemic, preventive, and clinical intervention, moving beyond simply treating symptoms to addressing the underlying causes of relational distress within the student body.

5.3 RECOMMENDATIONS

Based on the empirical evidence and the conclusions derived, the following actionable recommendations are proposed for key stakeholders:

- **For University Management:** The institution should immediately allocate funding for the establishment of a dedicated Trauma-Informed Counselling Unit. This unit must operate on principles of confidentiality and accessibility, employing specialized staff trained in trauma-focused therapies to provide the necessary developmental repair and relational coaching identified as crucial by this study.
- **For Parents and Families:** Given the causal links established, family-focused psychoeducation should be a priority. Campaigns must be developed to educate parents on the long-term psychological damage resulting from practices like parental neglect, hunger/ deprivation, sexual abuse and emotional abuse to promote non-violent, communication-centered parenting models that foster secure attachment.
- **For Policymakers and Government Agencies:** In light of the high trauma prevalence, there is an urgent need to strengthen Child Protection Laws across the state and the nation. Furthermore, government agencies should finance mandatory community-based

programs that focus on primary prevention of child maltreatment and early detection of risk factors in vulnerable households.

- **For Future Research:** Further scholarly inquiry should move beyond correlation to focus on the efficacy of tailored interventions. Longitudinal studies are needed to track the effectiveness of specific trauma-focused therapies in restoring relational capacity among this student demographic. Additionally, research should explore the role of mediating variables, such as social support systems and individual resilience, in buffering the impact of ACEs.

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APPENDIX
QUESTIONNAIRE

I am a final year student of the Department of Sociology and Anthropology, Faculty of Social Sciences at University of Benin. I am conducting research on the **“EFFECT OF CHILDHOOD EXPERIENCES AND TRAUMA ON THE INTERPERSONAL RELATIONSHIP OF STUDENT OF UNIVERSITY OF BENIN, BENIN CITY, EDO STATE”**.

This questionnaire is designed to gather information from students residing in Halls 1, 2, and 3. Kindly give your candid opinion on the said topic as it will be use strictly for academic purpose. All responses will be handled confidentially as your cooperation will be highly appreciated.

SECTION A: Demographic Information

1. Age: 15- 18 19-22 23-26 27-30

2. Gender: Male Female

3. Level: 100L 200L 300L 400L 500L

4. Faculty: _____

5. Hostel: Hall 1 Hall 2 Hall 3

SECTION B: Causes of Childhood Experiences and Traumas

6. What do you understand by childhood trauma?

7. Have you ever experienced any form of trauma in your childhood?

Yes No

8. Which of the following do you think contribute to childhood trauma?

(Tick all that applies)

- Parental neglect
- Domestic violence
- Sexual abuse
- Poverty
- Death of a parent
- Emotional abuse
- Other (please specify) _____

9. Who was the main source of the trauma?

- Family member Teacher Stranger Peer Other: ____

SECTION C: Effects on Interpersonal Relationships

10. Do you find it easy to trust people?

- Yes No Sometimes

11. Do you struggle with making or keeping friends?

- Yes No Sometimes

12. Did your childhood experiences affect how you interact with people ?

- Yes No

If yes, how would you describe the effect?

SECTION D: Prevalent Types of Childhood Trauma

How often did you experience Childhood trauma? very often Often Rarely

15. Which of the following did you experience personally?

Physical abuse

Verbal/emotional abuse

Sexual abuse

Parental separation/divorce

Bullying

Hunger or deprivation

Other: _____

16. At what age did this occur?

0–5 6–10 11–15 16–18

17. Are you aware of other students with similar experiences?

Yes No Not sure

SECTION E: Support and Recovery

18. Do you think students with childhood trauma need psychological support?

Yes No

19. Have you ever accessed counselling or therapy?

Yes No

20. What kind of support would help students manage trauma?

21. Would you join programs that promote healing and healthy relationships?

Yes No Maybe

Final Thoughts

22. Please share anything else you would like us to know about your experience or thoughts on this issue;
