



Childhood Trauma and Self-Esteem among Young Adults in Abuja Nigeria

Abstract

This study examined childhood trauma and self-esteem among young adults in the Federal Capital Territory, Abuja. A cross-sectional survey design was adopted, involving 400 young adults aged 17 to 40 years. Childhood trauma was measured using the Childhood Trauma Questionnaire-Short Form, while self-esteem was measured using the Rosenberg Self-Esteem Scale. Data were analysed using descriptive statistics, one-way analysis of variance, Tukey HSD post hoc analysis, and independent samples t-test at the .05 level of significance. The findings showed that childhood trauma had a significant effect on self-esteem, $F(2, 397) = 19.32, p < .001$, eta squared = .09. Participants with low trauma reported significantly higher self-esteem than those with moderate and high trauma exposure. Self-esteem also differed significantly by developmental stage and gender, while religious affiliation did not produce a significant difference. The study concluded that childhood trauma, developmental stage, and gender are relevant in understanding self-esteem among young adults in Abuja, and recommended trauma-informed counselling, self-esteem enhancement programmes, and gender-sensitive support.

Keywords: childhood trauma, self-esteem, young adults, early adulthood, Abuja, trauma-informed counselling

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Introduction

Childhood trauma remains an important concern in clinical psychology because its consequences are rarely confined to childhood. Adverse childhood experiences include abuse, neglect, and household conditions that undermine safety, stability, and emotional security. The Centers for Disease Control and Prevention (2024) describes such experiences as potentially traumatic events before the age of 18 that may influence health, opportunity, and wellbeing across the life course. Trauma should therefore be understood not only

as a painful past event, but as a developmental condition that may shape the individual's sense of worth, confidence, and social functioning.

Self-esteem is central to this discussion because it reflects the individual's global evaluation of personal worth. When children grow within environments marked by rejection, humiliation, emotional neglect, harsh discipline, physical violence, or unstable caregiving, they may internalise negative beliefs about themselves. Orth and Robins (2022) argue that self-esteem has important implications for mental health,

relationships, education, and life adjustment. The issue is therefore not simply whether childhood trauma produces psychological symptoms, but whether it weakens the self-evaluative foundation through which young adults interpret themselves and their place in society.

In Nigeria, the relationship between childhood trauma and self-esteem requires particular attention. Some adverse experiences may be normalised within family and community settings, especially where harsh discipline, emotional invalidation, and economic strain are interpreted as ordinary aspects of upbringing. Ossai (2023) reported a negative association between adverse childhood experiences and self-esteem among Nigerian teenage students, suggesting that the developmental burden of childhood adversity is already visible within local populations. Yet much Nigerian evidence remains concentrated on adolescents and school-based samples, leaving community-based young adults underrepresented.

This article argues that childhood trauma should be studied as a developmental threat to self-worth, not merely as a predictor of disorder. Early adulthood is a sensitive period because individuals are expected to build identity, relationships, career direction, social independence, and family responsibility. Where childhood trauma has already affected self-concept, the pressures of early adulthood may make self-doubt, shame, and insecurity more visible. The present study therefore

examines childhood trauma and self-esteem among young adults in the Federal Capital Territory, Abuja, using empirical data from 400 participants aged 17 to 40 years.

Literature Review

The literature on childhood trauma and self-esteem increasingly supports one central argument: early adversity can become embedded in the way individuals evaluate themselves, not because trauma permanently destroys self-worth, but because it increases the risk that young adults may approach themselves, relationships, and life demands from a position of insecurity. Li *et al.* (2023) found that self-esteem and emotion regulation were important pathways linking childhood trauma to adult mental health, which strengthens the view that the effect of trauma is not only emotional but also self-evaluative.

A narrow symptom-based reading of childhood trauma may overlook this developmental process, as a young adult may function academically, socially, or occupationally while still carrying a fragile sense of personal value. Gathier *et al.* (2024) found that childhood trauma was associated with lower explicit self-esteem among adults, particularly in relation to depression and anxiety, which is relevant because explicit self-esteem reflects the same broad domain measured by the Rosenberg Self-Esteem Scale used in this study.

Self-esteem also matters because it may mediate the link between childhood adversity and later psychological

difficulties. Sarkar *et al.* (2024) found that self-esteem mediated the long-term association between child abuse and adult anxiety, depression, and substance use symptoms over an 18-year period, supporting the argument that low self-esteem should not be treated as a minor emotional outcome but as one of the mechanisms through which childhood adversity may continue to influence adult adjustment.

The cumulative nature of childhood adversity further strengthens this argument because trauma rarely occurs in isolation: emotional abuse may occur alongside neglect, physical punishment may occur within unstable homes, and sexual abuse may be accompanied by shame and silence. Yan *et al.* (2024) showed that adverse childhood experiences were associated with self-esteem, while social capital and gender shaped the strength and meaning of this relationship, suggesting that trauma outcomes are influenced by both the event and the surrounding social environment.

Within Nigerian contexts, the literature requires careful interpretation because global conclusions must be read alongside local realities such as family expectations, economic pressure, religious identity, gender roles, and social silence around abuse. Ossai (2023) provides Nigerian evidence that adverse childhood experiences are negatively associated with self-esteem, while the present study extends the discussion beyond teenage students by focusing on

young adults in the Federal Capital Territory, Abuja.

Gender is another important part of the argument, although gender differences in self-esteem should not be used to suggest that one gender naturally has better self-worth than another; rather, they may reflect different patterns of socialisation, public expectations, emotional expression, and pressure. Yan *et al.* (2024) found that gender moderated the relationship between adverse childhood experiences and self-esteem, and in the Nigerian environment, gendered expectations may shape how confidence is displayed, how emotional vulnerability is reported, and how individuals interpret childhood adversity.

Developmental stage also matters because early adulthood is not a single uniform period; a 20-year-old entering adult roles may not carry the same responsibilities as a 38-year-old managing career, family, status, and economic expectations. Orth and Robins (2022) note that self-esteem has implications across major life domains, but its expression may shift with changing responsibilities, which is why this study examined self-esteem differences between the entry and culmination stages of early adulthood.

The major gap, therefore, is not whether childhood trauma matters, but how it affects self-worth among young adults in a Nigerian urban setting. This article addresses that gap by examining whether self-esteem differs across childhood trauma levels, developmental stage, gender, and religious affiliation among

young adults in FCT, Abuja, while arguing that self-esteem is a core developmental outcome because it influences how young adults interpret themselves, relate to others, and respond to adult responsibilities.

Methodology

This study adopted a cross-sectional survey design. The cross-sectional approach involves collecting data from participants at a single point in time in order to examine existing conditions and relationships among variables. This design was appropriate for assessing levels of childhood trauma and self-esteem as they currently exist among young adults in the Federal Capital Territory, Abuja.

The population for this study comprised young adults aged 17 to 40 years residing in Abuja, the Federal Capital Territory, Nigeria. The target population specifically consisted of young adults within the early adulthood age range who have lived experiences within selected urban districts. The sample size for the study was 400 participants. A disproportionate stratified random sampling technique was employed to select participants from the study population. The population was stratified based on the three stages of early adulthood identified in the study to ensure adequate representation across age categories.

Table 1. Summary of Methodological Features

Feature	Description
Research design	Cross-sectional survey design
Population	Young adults aged 17-40 years residing in FCT, Abuja
Sample size	400 participants
Sampling technique	Disproportionate stratified random sampling
Main variables	Childhood trauma and self-esteem
Statistical level	0.05 level of significance

The Childhood Trauma Questionnaire-Short Form (CTQ-SF), developed by Bernstein, Stein, Newcomb, Walker, Pogge, Ahluvalia, and Zule (2003), was employed to retrospectively assess participants' experiences of childhood maltreatment. The CTQ-SF is a 28-item self-report inventory that measures emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Participants respond to items on a 5-point Likert scale ranging from 1 (Never True) to 5 (Very Often True). In the present study, the reliability analysis produced a Cronbach's alpha coefficient of .86, indicating good internal consistency for the study sample.

The Rosenberg Self-Esteem Scale (RSES), developed by Rosenberg (1965), was used to evaluate participants' global self-worth and self-acceptance. The RSES is a 10-item unidimensional scale with positively and negatively worded items. Participants indicate their level of

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agreement on a 4-point Likert scale, ranging from 1 (Strongly Disagree) to 4 (Strongly Agree). Higher scores represent higher levels of self-esteem. In the present study, the reliability analysis produced a Cronbach's alpha coefficient of .79, indicating acceptable internal consistency for measuring self-esteem among the participants.

Data were analysed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarise socio-demographic characteristics and scores on childhood trauma and self-esteem. One-way analysis of variance examined differences in self-esteem across childhood trauma levels and religious affiliation, while independent samples t-test examined differences by developmental stage and gender. Where ANOVA results were significant, Tukey HSD post hoc analysis identified the specific group differences.

Participation was voluntary, and informed consent was obtained from all participants before data collection. Participants were assured of confidentiality and anonymity, as no identifying information was collected. Given the sensitive nature of childhood trauma questions, participants were informed that they could skip any item they were uncomfortable answering. All data collected were used strictly for academic purposes.

Results

Table 2. Socio-Demographic Characteristics of Participants

Variable	Category	Frequency	Percentage
Age group	17-28 years	180	45.0
	28-33 years	110	27.5
	33-40 years	110	27.5
Gender	Male	210	52.5
	Female	190	47.5
Religion	Christianity	230	57.5
	Islam	150	37.5
	Others	20	5.0

The socio-demographic distribution indicates that the largest proportion of participants were within the 17-28 years age range, representing the entry phase of early adulthood. Participants within the 28-33 years and 33-40 years categories each constituted 27.5% of the sample. The sample comprised 52.5% males and 47.5% females, indicating a relatively even gender representation with a slight male predominance.

Table 3. Descriptive Statistics and Childhood Trauma Levels

Variable/Trauma Level	Mean/Frequency	SD/Percentage
Childhood trauma	48.72	12.35
Self-esteem	21.56	5.28
Low trauma	120	30.0%
Moderate trauma	170	42.5%
High trauma	110	27.5%

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Participants reported a mean score of 48.72 (SD = 12.35) on the measure of childhood trauma and a mean self-esteem score of 21.56 (SD = 5.28). The distribution of childhood trauma levels showed that 42.5% of participants fell within the moderate trauma category, 30.0% were classified within the low trauma category, and 27.5% reported high levels of childhood trauma.

Table 4. Self-Esteem Across Childhood Trauma Levels

Analysis	Statistic/Comparison	Value	Decision
ANOVA	F(2,397)	19.32, $p < .001$	Significant
Effect size	Eta squared	.09	Moderate
Tukey HSD	Low vs Moderate	MD = 2.85, $p = .003$	Significant
Tukey HSD	Low vs High	MD = 6.74, $p < .001$	Significant
Tukey HSD	Moderate vs High	MD = 3.89, $p = .001$	Significant

A one-way ANOVA examined differences in self-esteem across three levels of childhood trauma. The result was statistically significant, $F(2, 397) = 19.32$, $p < .001$, eta squared = .09. Tukey HSD post hoc comparisons showed that participants in the low trauma group reported significantly higher self-esteem than those in the moderate and high trauma groups, while participants in the moderate trauma group also demonstrated significantly higher self-esteem than those in the high trauma

group. The findings indicate that higher levels of childhood trauma were associated with lower self-esteem among young adults in FCT, Abuja.

Table 5. Self-Esteem by Developmental

Variable	Group/Statistic	Mean/Value	Decision
Developmental stage	Entry stage (17-28)	M = 22.48, SD = 5.10	
	Culmination stage (33-40)	M = 20.42, SD = 5.46	
	t(288)	3.20, $p = .002$	Significant
Gender	Male	M = 23.14, SD = 5.02	
	Female	M = 19.85, SD = 5.31	
	t(398)	6.21, $p < .001$	Significant
Religion	F(2,397)	0.22, $p = .803$	Not significant

Stage, Gender and Religion

Self-esteem differed significantly between young adults in the entry and culmination stages of early adulthood. Participants in the entry stage reported higher self-esteem (M = 22.48, SD = 5.10) than those in the culmination stage (M = 20.42, SD = 5.46), $t(288) = 3.20$, $p = .002$, Cohen's $d = .39$. Gender difference was also significant, $t(398) = 6.21$, $p < .001$, Cohen's $d = .62$, with male participants reporting higher self-esteem (M = 23.14, SD = 5.02) than female participants (M = 19.85, SD = 5.31). Religious affiliation did not produce a significant difference, $F(2, 397) = 0.22$, $p = .803$, eta squared = .001.

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Discussion

The findings support the main argument of this article that childhood trauma is significantly related to self-esteem among young adults in Abuja. Participants with higher childhood trauma exposure reported lower self-esteem, while those with lower exposure reported stronger self-esteem. This agrees with Li *et al.* (2023), who showed that self-esteem is one pathway through which childhood trauma relates to adult mental health, and with Sarkar *et al.* (2024), whose longitudinal evidence showed that lower self-esteem mediated the connection between child abuse and later anxiety, depression, and substance use symptoms.

The findings are important because they move the discussion beyond the assumption that trauma only produces visible distress. Some young adults may not present obvious psychological breakdown, yet they may carry weakened self-worth, self-doubt, shame, and insecurity from earlier adverse experiences. Gathier *et al.* (2024) similarly found that childhood trauma was associated with lower explicit self-esteem in adults. In this article, the significant ANOVA result suggests that as trauma exposure increased from low to moderate and high levels, self-esteem reduced in a meaningful pattern.

The result should not be interpreted as suggesting that childhood trauma permanently fixes self-esteem at a low level; a stronger interpretation is that trauma increases developmental risk within a wider pattern of later

relationships, achievements, coping resources, social support, and opportunities for repair. This is why trauma-informed intervention remains important, because when low self-esteem is treated as a changeable developmental outcome rather than a fixed personality weakness, clinical and counselling programmes can help young adults rebuild healthier self-evaluation.

The developmental-stage finding adds another layer because participants in the entry stage of early adulthood reported higher self-esteem than those in the culmination stage, a pattern that may appear surprising given the expectation that self-esteem often becomes more stable with maturity. Orth and Robins (2022) note that self-esteem has beneficial associations across several life domains, yet young adults in the culmination stage may face stronger pressure around career, finance, family, marriage, parenting, and social responsibility; where such expectations are not met, self-esteem may be affected.

The gender finding also requires careful interpretation because, although male participants reported significantly higher self-esteem than female participants, this does not mean that males naturally possess better self-worth. Yan *et al.* (2024) showed that gender can shape the relationship between adverse childhood experiences and self-esteem, and in the Nigerian urban context, males and females may experience different expectations around confidence, modesty, public behaviour, appearance,

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achievement, relationship roles, and emotional expression, all of which may influence how self-esteem is experienced and reported.

The non-significant finding for religious affiliation is equally useful because, although Christianity, Islam, and other religious identities are socially important in FCT, Abuja, affiliation alone did not meaningfully differentiate self-esteem. This does not mean religion is irrelevant; rather, it suggests that self-esteem may depend more on trauma history, family relationships, social support, coping, and lived experience than on religious identity by itself. The finding also avoids ranking religious groups and treats religion as a sensitive social context rather than a basis for superiority.

Overall, the findings suggest that childhood trauma, developmental stage, and gender are relevant to self-esteem among young adults in Abuja, thereby strengthening the argument that self-worth should be considered a key developmental outcome in trauma research. The findings also suggest that counselling practice should look beyond present symptoms and explore early experiences that may have shaped how young adults see themselves.

Conclusion and Recommendations

This article examined childhood trauma and self-esteem among young adults in the Federal Capital Territory, Abuja. The findings showed that childhood trauma significantly affected self-esteem, with higher trauma exposure associated with lower self-esteem. Self-esteem also

differed significantly by developmental stage and gender, while religious affiliation did not produce a significant difference. The study therefore concludes that self-esteem among young adults is shaped by broader developmental, psychological, and social experiences rather than by one factor alone.

Psychologists and counsellors should include childhood trauma screening when working with young adults who present with low self-esteem, emotional insecurity, persistent self-doubt, or difficulties with self-acceptance. Trauma-informed counselling programmes should be introduced in schools, universities, religious institutions, and community mental health centres within FCT, Abuja. Such programmes should focus on self-esteem development, emotional regulation, healthy coping, and interpersonal confidence.

Parents, caregivers, teachers, and religious leaders should also be educated on the long-term psychological effects of abuse, neglect, humiliation, harsh discipline, emotional rejection, and unstable home environments. Gender-sensitive self-esteem interventions should be encouraged, especially because the study found significant gender differences in self-esteem. Future studies should use longitudinal or mixed-method designs to provide deeper understanding of how childhood trauma affects self-esteem over time.

Limitations

This study relied on self-report questionnaires, which means that

participants may have underreported or overreported childhood trauma or self-esteem. The cross-sectional design can show significant differences, but it cannot establish direct cause-and-effect relationships. The study was also conducted among young adults in FCT, Abuja; therefore, the findings may not fully represent young adults in other parts of Nigeria, especially rural communities or regions with different social and cultural experiences.

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