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Effects Of Trauma-Focused Cognitive Behavioural Therapy On Post-Traumatic Stress Disorder Among Faculty Of Education Undergraduates With Childhood Trauma In Taraba State University, Nigeria

[1]BAKO, Salama; [2]LONGBAP, B. Nanram (Prof) & [2]MOMOH, O. Grace (Prof)

[1]Department of Counselling, Educational Psychology and Human Development
Taraba State University, Jalingo, Nigeria

Department of Educational Foundations,
University of Jos, Jos, Nigeria

ABSTRACT

This study investigated the effects of Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) on emotional regulation and self-perception among Faculty of Education undergraduates with childhood trauma at Taraba State University, Nigeria. An experimental pre-test–post-test design was employed. The population comprised 72 300 Level undergraduates exhibiting PTSD related to childhood trauma in the 2025/2026 academic session; a sample of 30 participants (18 experimental, 12 control) were selected through multi-stage sampling. The experimental group received a six-week TF-CBT intervention, while the control group received no treatment. Data were collected using validated instruments and analysed with descriptive statistics (means and standard deviations) and Analysis of Covariance (ANCOVA) at the 0.05 significance level. Results showed that the experimental group achieved significant mean gains in emotional regulation (mean gain = 8.00) and self-perception (mean gain = 6.62) compared with negligible or negative effects in the control group. ANCOVA confirmed significant Time × Group interaction effects for both emotional regulation, $F(1, 28) = 149.951$, $p < .001$, partial $\eta^2 = .834$, and self-perception, $F(1, 28) = 32.005$, $p < .001$, partial $\eta^2 = .533$. The study concludes that TF-CBT is effective in improving emotional regulation and self-perception among Faculty of Education undergraduates with childhood trauma. It is recommended that university counselling programmes incorporate TF-CBT to help affected students manage trauma-related emotional and self-evaluative difficulties.

Keywords: Trauma-Focused Cognitive Behavioural Therapy, Post-Traumatic Stress Disorder, Childhood Trauma

INTRODUCTION

Young people face many challenging and stressful experiences during their formative years. Early childhood is a period in which character, personality, values and learning habits are shaped. It is also an important developmental stage characterised by physical, emotional, social and intellectual growth. During this period, positive experiences and supportive home and learning environments can promote healthy development, whereas negative experiences may have long lasting and detrimental effects on the growing individual. Experiences during childhood may continue to influence an individual's psychological well-being into adulthood and may contribute to the manifestation of Post Traumatic Stress

Disorder (PTSD), a mental health condition that can develop following exposure to or witnessing highly stressful or frightening events.

Childhood trauma, also referred to as adverse childhood experiences (ACEs), is a significant public health concern because of its potential consequences for both mental and physical health. It is estimated that one in six children worldwide experience some form of physical, sexual or emotional abuse or neglect. Physical abuse may include beating, shaking, burning and biting, while sexual abuse includes non-consensual acts such as molestation or assault. Emotional abuse may involve verbal abuse, humiliation and actions that frighten or terrorise a child and may subsequently contribute to psychological difficulties. Neglect may involve inadequate healthcare, education, supervision and protection from environmental hazards, as well as failure to meet basic needs such as clothing and food. Neglect has been identified as the most common form of child abuse. Exposure to such experiences during childhood may increase vulnerability to psychological difficulties, including depression, anxiety and Post Traumatic Stress Disorder.

The relationship between childhood trauma and PTSD is particularly important because traumatic experiences may continue to affect individuals long after the original events have occurred. In Nigeria, where individuals have been exposed to a wide range of traumatic experiences and mental health challenges, the prevalence of PTSD has been estimated to range from 2.7 percent to 41.3 percent among the general population (Sheikh et al., 2017). Evidence among students also indicates the presence of PTSD and its association with previous traumatic experiences. Nwoga, Audu, and Obembe (2016) reported a prevalence of 23.5 percent among the general student population and found that PTSD was associated with earlier childhood trauma and personal experiences during crises. This finding demonstrates the relevance of childhood experiences in understanding PTSD among young adults and suggests that traumatic experiences during childhood may continue to have psychological consequences during the period of tertiary education.

Individuals do not have complete control over the events that occur in their lives, particularly during childhood when they depend on parents, caregivers and other adults for survival, protection and support. Exposure to adverse experiences during this period may therefore make children vulnerable to circumstances that can have lasting psychological consequences. Koenen et al. (2017) described PTSD as a mental health condition that can develop among individuals who have experienced or witnessed a traumatic or frightening event. Their findings indicated a lifetime prevalence of 5.6 percent among individuals exposed to trauma and 3.9 percent within the general population, with approximately one in every three individuals who experience a traumatic event developing PTSD. These figures further demonstrate the importance of understanding the psychological consequences of childhood trauma and the need for effective interventions for individuals experiencing trauma related difficulties.

One of the psychological processes that may be affected by childhood trauma is emotional regulation. Emotional regulation refers to the ability of an individual to effectively manage, process and respond to emotional experiences in a positive and socially acceptable manner. It also involves the ability to react spontaneously when appropriate or delay emotional reactions when necessary. Emotional dysregulation, on the other hand, occurs when an individual experiences difficulty in effectively managing emotional responses. Childhood trauma may disrupt the development of the brain systems involved in emotional regulation, making it difficult for individuals to recognise, understand and control their emotions. Adolescents and young adults who have experienced childhood trauma may consequently be more vulnerable to emotional and psychiatric difficulties.

Empirical evidence supports the relationship between childhood trauma and difficulties in emotional regulation. Sehgal and Kumar (2023), in a study of 150 participants aged 18 to 35 years in India, examined the enduring influence of childhood trauma on emotional regulation and psychological well-being. Using the Childhood Trauma Questionnaire, Difficulties in Emotional Regulation Scale and Psychological Well Being Scale, the researchers found significant relationships between emotional regulation and different forms of childhood trauma across different stages of life. The findings showed negative relationships between demonstrative abuse, emotional abandonment, corporeal abuse and voluptuous abuse and various dimensions of emotional regulation. These findings suggest that the effects

of adverse childhood experiences may persist into adulthood and may influence an individual's ability to regulate emotions and maintain psychological well-being.

The difficulties associated with emotional regulation may also be particularly relevant among individuals experiencing PTSD. Ouhmad, El Hage and Combalbert (2023) investigated the interaction between emotion regulation strategies and cognitive distortions in individuals with PTSD in France. The study involved 180 participants divided into three groups, with data collected using the Life Events Checklist 5, Post Traumatic Check List 5, Dissociative Experiences Scale, Cognitive Emotion Regulation Questionnaire and Cognitive Distortions Scale for Adults. The researchers found that participants with PTSD recorded significantly higher PTSD and dissociation scores than the other groups. Among participants with PTSD, maladaptive emotion regulation strategies were associated with negative cognitive distortions, while cognitive distortions were found to explain the relationship between emotion regulation strategies and trauma exposure. The findings indicate that difficulties in emotional regulation and negative patterns of thinking may be important psychological features associated with trauma related symptoms.

Childhood trauma may also affect an individual's perception of the self. Self-perception refers to how individuals perceive and understand their own identities, whether positively or negatively. It encompasses beliefs, emotions and judgements concerning one's personality, abilities and physical appearance. Self-perception may therefore involve aspects such as body image, self-concept and self-esteem. Childhood trauma can negatively influence these aspects of self-perception and may contribute to the development of a negative self-concept or self-image. There is a notable relationship between exposure to childhood trauma and self-concept, which is a broad concept involving an individual's beliefs, ideas and perceptions about oneself. Burnett (1994, as cited in Melamed, Botting, Lofthouse, Pass, & Meiser Stedman, 2024) linked self-concept with the beliefs and perceptions individuals hold about themselves.

Empirical evidence has further demonstrated the relationship between trauma experiences and self-perception. Carrillo Alvarez (2022) examined the relationship between trauma history and dimensions of self-concept among 308 undergraduates in Connecticut, USA. The study employed the Life Events Checklist for DSM 5, Personal Self Concept Questionnaire and Self Concept Clarity Scale. Multiple regression analyses were used to examine the unique and combined effects of trauma history and subjective distress associated with the most stressful event on self-esteem, domains of self-concept and self-concept clarity. The findings showed that global self-worth was related to experiences of potentially traumatic events and the level of subjective distress, while self-concept clarity was associated with experiences of potentially traumatic events. The findings provide further evidence that traumatic experiences can influence how individuals perceive and evaluate themselves.

Self-esteem may also serve as an important factor in understanding the psychological consequences of traumatic experiences. Individuals who experience childhood trauma may become more self-critical and develop feelings of self-loathing, which can reduce their emotional self-esteem and contribute to a negative self-image. Rossi et al. (2024) examined the buffering role of self-esteem in the relationships among traumatic experiences, fear, anxiety and depression in Italy. The study involved 321 participants who experienced COVID 19 as a traumatic experience and employed an observational research design with sequential multiple mediation analysis. The findings showed that fear and anxiety mediated the relationship between the impact of the traumatic experience and depression. Self-esteem was also found to mediate the relationship between the predictors and their adverse psychological consequences. This finding highlights the relevance of self-esteem in understanding how traumatic experiences may contribute to psychological difficulties.

The evidence from these studies demonstrates that childhood trauma is associated with several psychological difficulties, including PTSD, emotional regulation problems, negative self-perception, reduced self-esteem and psychological distress. The persistence of these difficulties into adolescence and adulthood makes childhood trauma an important issue among university students who may continue to experience the consequences of adverse childhood experiences while managing the academic, social and personal demands of tertiary education. The observed relationships between trauma experiences and

psychological difficulties also indicate the importance of interventions that directly address trauma related experiences rather than focusing only on their individual psychological consequences.

Trauma Focused Cognitive Behavioural Therapy is an intervention that has been identified as effective in addressing common difficulties experienced by traumatised children and adolescents across different developmental stages, types of trauma, cultures and settings. Evidence suggests that psychotherapy may result in better compliance than psychopharmacological therapy. The effectiveness of trauma focused psychological interventions is also supported by empirical evidence involving individuals with PTSD resulting from childhood abuse. Noortje et al. (2024) examined the predictive value of variables commonly associated with PTSD among individuals with a history of repeated childhood abuse in the Netherlands. The researchers employed a randomised controlled trial involving 121 participants and compared a phase-based treatment consisting of Skills Training in Affect and Interpersonal Regulation followed by Eye Movement Desensitization and Reprocessing with direct trauma focused treatment using Eye Movement Desensitization and Reprocessing alone. The findings revealed that, irrespective of the common comorbid symptoms examined, immediate trauma focused treatment was a safe and effective option for individuals with PTSD associated with childhood abuse. This finding provides empirical support for the use of direct trauma focused approaches in addressing PTSD arising from childhood traumatic experiences.

Although previous empirical studies have established relationships between childhood trauma and emotional regulation, psychological well-being, self-perception, self-esteem and PTSD, and have also provided evidence for the effectiveness of trauma focused interventions, there remains a need to examine the application of Trauma Focused Cognitive Behavioural Therapy among university undergraduates with childhood trauma in the Nigeria, and specifically Taraba State. The evidence reviewed indicates that childhood trauma can have continuing effects on emotional functioning, self-evaluation and psychological well-being, while trauma focused interventions can provide an important approach to addressing trauma related difficulties. However, the reviewed studies were conducted in countries such as India, France, Italy, the United States and the Netherlands, with different populations and contexts. There is therefore a need for empirical investigation within the Nigerian university environment.

The high rate of conflicts, displacement, and lack of access to mental health supports likely contribute to this burden, and these individuals are confronted with the burden of learning in the university system. The researcher's observations among undergraduate students show that they lack coping skills to contend with the adverse consequences of childhood trauma. These experiences often shape the way individuals (undergraduate students) perceive themselves and how they view the world around them. PTSD resulting from childhood trauma, when not controlled, could increase emotional and psychological difficulties such as emotional dysregulation and negative self- image and could lead to concentration problems, academic underperformance, social withdrawal, and an elevated risk of suicidal thoughts or behaviours. Additionally, there could be long-term impacts on their mental health, interpersonal relationships, and overall well-being, which may tend to influence harmful behaviours in society. Therefore, this study sought to investigate whether trauma-focused cognitive behavioural therapy would be effective in assisting undergraduate students with childhood trauma in Taraba State university to adjust psychosocially.

Objectives Of The Study

This study aims to investigate the effects of Trauma-Focused Cognitive Behavioural Therapy on Post-Traumatic Stress Disorder (PTSD) among Faculty of Education undergraduates with childhood trauma in Taraba State University, Nigeria. The specific objectives are to:

1. determine the effects of Trauma-Focused Cognitive Behavioural Therapy on the emotional regulation among Faculty of Education undergraduates with childhood trauma in Taraba State University, Nigeria.
2. determine the effects of Trauma-Focused Cognitive Behavioural Therapy on self-perception among Faculty of Education undergraduates with childhood trauma in Taraba State University, Nigeria.

Research Questions

The following research questions were raised to guide the study;

1. What are the pretest and posttest emotional regulation mean scores of Faculty of Education undergraduates with childhood trauma in the experimental and control groups in Taraba State University, Nigeria?
2. What are the pretest and posttest self-perception mean scores of Faculty of Education undergraduates with childhood trauma in the experimental and control?

Hypotheses

The following hypotheses were formulated to guide this study and will be tested at a 0.05 level of significance:

H_{01}: There is no significant difference between pretest and posttest emotional regulation mean scores of Faculty of Education undergraduates with childhood trauma in experimental and control groups in Taraba State University, Nigeria.

H_{02}: There is no significant difference between the pretest and posttest self-perception mean scores of Faculty of Education undergraduates with childhood trauma in the experimental and control groups in Taraba State University, Nigeria.

RESEARCH METHODS

This study adopts a True Experimental Research Design. Specifically, a pre-test-post-test design. The population of this study is 72, 300 level undergraduates for the 2025 /2026 academic session who exhibit PTSD as a result of childhood trauma. The sample size for the study comprises 30 participants, 18 in the experimental group and 12 in the control group, determined by the standard formula for comparing two independent means. A multi-stage sampling procedure was used in this study to ensure representativeness, minimise bias, and maintain internal validity. First, proportional stratified random sampling was employed. Secondly, purposive sampling was used to identify undergraduates experiencing post-traumatic stress disorder (PTSD) resulting from childhood trauma with the instrument "Post-traumatic Stress Disorder Checklist" (PC-PTSD-5). Finally, simple random sampling was used to select participants from each departmental stratum. Each eligible undergraduates within a stratum have an equal chance of being selected to ensure fairness.

The instruments used for data collection are an adapted version of the "Post-traumatic Stress Disorder Checklist" (PC-PTSD-5) and "Post-traumatic Stress Disorder Questionnaire" (PTSD-Q). The instrument was subjected to face, content, and construct validity by experts in the Faculty of Education, University of Jos. A reliability coefficient of 0.74 was obtained using Pearson's Product-Moment Correlation (PPMC) formula. A pre-test was administered to both groups, while intervention of TF-CBT was held for the period of 6 weeks to the experimental group, while the control group was expose to no treatment. Post-test was administered after the interventions (treatments) to determine the efficacy of the intervention. Data collected were analysed using descriptive statistics of mean and standard deviation to answer research questions while Inferential statistics of Analysis of Covariance (ANCOVA) were used to test the hypotheses at a 0.05 level of significance.

Research Question One: *What are the pretest and posttest emotional regulation mean scores of Faculty of Education undergraduates with childhood trauma in the experimental and control groups in Taraba State University, Nigeria?*

Table 1: Pretest and Posttest Emotional Regulation Mean Scores of Faculty of Education Undergraduates with Childhood Trauma in the Experimental and Control Groups

Group	N	Pretest Mean	SD	Posttest Mean	SD	Mean Gain	$\bar{x}$-Gain difference
Experimental	18	26.28	3.84	18.28	3.75	8.00	7.84
Control	12	24.17	2.48	24.33	2.38	-0.16	

Table 1 shows the emotional regulation mean scores of undergraduates in the experimental and control groups. The experimental group obtained a pre-test mean score of 26.28 with a standard deviation of 3.84, and a post-test mean score of 18.28 with a standard deviation of 3.75, yielding a mean gain of 8.00 after exposure to trauma-focused cognitive-behavioural therapy. The control group had a pre-test mean score of 24.17 with a standard deviation of 2.48, and a post-test mean score of 24.33 with a standard deviation of 2.38, yielding a mean gain of -0.16.

The results indicated that students in the experimental group had a higher mean gain score after exposure to trauma-focused cognitive-behavioural therapy than those in the control group who were not given the treatment. The mean gain difference was 7.84 in favour of the experimental group. This indicates that trauma-focused cognitive-behavioural therapy improved the emotional regulation of undergraduates who participated in the study.

Hypothesis One

There is no significant difference between pretest and posttest emotional regulation mean scores of Faculty of Education undergraduates with childhood trauma in experimental and control groups in Taraba State University, Nigeria.

Table 2: ANOVA Result on Pretest and Posttest Emotional Regulation Mean Scores of Faculty of Education Undergraduates with Childhood Trauma in the Experimental and Control Groups

Source	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Time	220.900	1	220.900	137.960	<.001	.831
Time x Group	240.100	1	240.100	149.951	<.001	.834
Error (Time)	44.833	28	1.601			
Group	56.011	1	56.011	2.719	.110	.089
Error	576.722	28	20.597			

The data were subjected to ANCOVA involving the experimental and control groups to determine whether a significant difference exists in the pretest and posttest emotional regulation mean scores of Faculty of Education undergraduates with childhood trauma in Taraba State University, Nigeria. Table 2 shows that $F(1, 28) = 149.951$, $p < 0.05$ for the interaction effect of time and group. Since the p-value of .000 is less than the 0.05 level of significance, the null hypothesis which states that there is no significant difference between pretest and posttest emotional regulation mean scores of Faculty of Education undergraduates with childhood trauma in the experimental and control groups in Taraba State University, Nigeria was rejected.

This result indicates that trauma-focused cognitive behavioural therapy had a significant effect on the emotional regulation of Faculty of Education undergraduates with childhood trauma in the experimental group. The result further revealed a partial eta squared value of .834, which implies that 83.4% of the variation in emotional regulation among the participants was explained by the treatment (trauma-focused cognitive behavioural therapy), while the remaining 16.6% could be attributed to other factors not included in this study. Therefore, it can be concluded that trauma-focused cognitive behavioural therapy significantly improves the emotional regulation of Faculty of Education undergraduates with childhood trauma in Taraba State University, Nigeria.

Research Question Two

What are the pretest and posttest self-perception mean scores of Faculty of Education undergraduates with childhood trauma in the experimental and control groups in Taraba State University, Nigeria?

Table 3: Pretest and Posttest Self-perception Mean Scores of Faculty of Education Undergraduates with Childhood Trauma in the Experimental and Control Groups.

Group	N	Pretest Mean	SD	Posttest Mean	SD	Mean Gain	$\bar{x}$-Gain difference
Experimental	18	21.06	7.61	14.44	4.27	6.62	6.37
Control	12	17.25	6.42	17.50	6.17	-0.25	

Table 3 shows the self-perception mean scores of undergraduates in the experimental and control groups. The experimental group obtained a pre-test mean score of 21.06 with a standard deviation of 7.61, and a post-test mean score of 14.44 with a standard deviation of 4.27, yielding a mean gain of 6.62 after exposure to trauma-focused cognitive-behavioural therapy. The control group had a pre-test mean score of 17.25 with a standard deviation of 6.42, and a post-test mean score of 17.50 with a standard deviation of 6.17, yielding a mean gain of -0.25.

The results indicated that students in the experimental group had a higher mean gain score after exposure to trauma-focused cognitive-behavioural therapy than those in the control group who were not given the treatment. The mean gain difference was 6.37 in favour of the experimental group. This indicates that trauma-focused cognitive-behavioural therapy improved the self-perception of undergraduates who participated in the study.

Hypothesis Two

There is no significant difference between the pretest and posttest self-perception mean scores of Faculty of Education undergraduates with childhood trauma in the experimental and control groups in Taraba State University, Nigeria.

Table 6: ANOVA Result on Pretest and Posttest Self-perception Mean Scores of Faculty of Education Undergraduates with Childhood Trauma in the Experimental and Control Groups

Source	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Time	145.669	1	145.669	27.51	<.001	.496
Time x Group	169.469	1	169.469	32.005	<.001	.533
Error (Time)	148.264	28	5.295			
Group	2.025	1	2.025	0.028	.868	.001
Error	2022.375	28	72.228			

The data were subjected to ANCOVA involving the experimental and control groups to determine whether a significant difference exists in the pretest and posttest self-perception mean scores of Faculty of Education undergraduates with childhood trauma in Taraba State University, Nigeria. Table 4 shows that $F(1, 28) = 32.005$, $p < 0.05$ for the interaction effect of time and group. Since the p-value of .000 is less than the 0.05 level of significance, the null hypothesis which states that there is no significant difference between pretest and posttest self-perception mean scores of Faculty of Education undergraduates with childhood trauma in the experimental and control groups in Taraba State University, Nigeria was rejected. This result indicates that trauma-focused cognitive-behavioural therapy had a significant effect on the self-perception of Faculty of Education undergraduates with childhood trauma in the experimental group.

The result further revealed a partial eta squared value of .533, which implies that 53.3% of the variation in the dependent variable, which is self-perception, was explained by the treatment (trauma-focused

cognitive-behavioural therapy), while the remaining 46.7% may be attributed to other factors not included in this study. Hence, it can be concluded that trauma-focused cognitive-behavioural therapy significantly improves the self-perception of Faculty of Education undergraduates with childhood trauma in Taraba State University, Nigeria.

DISCUSSION

The finding on Table 1 that indicates that Trauma Focused Cognitive Behavioural Therapy significantly improved the emotional regulation of Faculty of Education undergraduates with childhood trauma in Taraba State University, Nigeria. The strong treatment effect observed in the present study may be attributed to the trauma focused nature of the intervention. Participants were not merely provided with general psychological support; rather, the intervention was specifically directed towards difficulties arising from traumatic experiences. The finding agrees with the position that childhood trauma can interfere with an individual's ability to recognise, understand and manage emotional experiences. The finding is consistent with Sehgal and Kumar (2023), who found significant relationships between childhood trauma and emotional regulation among young adults in India. The finding also agrees with Ouhmad, El Hage and Combalbert (2023), who reported that maladaptive emotion regulation strategies were associated with negative cognitive distortions among individuals with PTSD. The present finding is also in agreement with Noortje et al. (2024), who found that direct trauma focused treatment was a safe and effective treatment option for individuals with PTSD resulting from childhood abuse. The agreement suggests that interventions that address the traumatic experience itself, rather than concentrating exclusively on the surface manifestations of distress, can produce meaningful psychological improvement.

The finding on Table 3 revealed that Trauma Focused Cognitive Behavioural Therapy significantly improved the self-perception of Faculty of Education undergraduates with childhood trauma in Taraba State University. The finding agrees with the position that childhood trauma can influence the way individuals perceive and evaluate themselves. Traumatic experiences during childhood may contribute to negative self-concept, negative self-image and reduced self-esteem. The significant improvement observed among participants who received Trauma Focused Cognitive Behavioural Therapy therefore suggests that addressing trauma related thoughts and emotional experiences may also produce positive changes in the way individuals perceive themselves. The finding is consistent with Carrillo Alvarez (2022), who investigated trauma history and dimensions of self-concept among undergraduates in Connecticut, USA. The finding also agrees with Rossi et al. (2024), who examined the buffering role of self-esteem in the relationship between traumatic experiences, fear, anxiety and depression. The finding further correlates with that of Melamed et al. (2024), whose work, identified that trauma treatment improved the self-perception of children and adolescents.

The implication of the findings is that Trauma Focused Cognitive Behavioural Therapy has practical relevance for the psychological adjustment of undergraduates with childhood trauma, particularly in improving emotional regulation and self perception. The improvement in these two areas may support the ability of students to manage emotional experiences, develop more positive perceptions of themselves and adjust more effectively to academic and social demands within the university environment.

CONCLUSION

Based on the findings of the study, it was concluded that Trauma Focused Cognitive Behavioural Therapy was effective in improving the emotional regulation and self perception of Faculty of Education undergraduates with childhood trauma in Taraba State University, Nigeria. The findings therefore demonstrate that Trauma Focused Cognitive Behavioural Therapy can serve as a useful psychological intervention for undergraduates whose emotional functioning and perception of themselves have been affected by childhood trauma.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. Counselling programmes should help affected students understand and manage distressing emotions, particularly where difficulties in emotional regulation are associated with trauma related experiences.
2. Counsellors should assist students in identifying and modifying negative beliefs and evaluations about themselves that may have developed as a consequence of childhood trauma.

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