

Association Between Childhood Trauma and Social Phobia Among University Students in Accra, Ghana

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Abstract

Childhood trauma (CT) is linked to social phobia, which contributes to academic underachievement and other disorders. Evidence on the association between childhood trauma and social phobia is limited in Ghana. This study examines the prevalence of childhood trauma and social phobia, as well as the associations between specific childhood trauma subtypes and social phobia among university students in Accra. A cross-sectional study was conducted among 803 students from four universities in Accra, using the Social Phobia Scale (SPS) and the Childhood Trauma Questionnaire (CTQ). We analyzed data using descriptive statistics and multivariate logistic regression to identify associations and predictive relationships. Most of the participants (85.2%) reported exposure to at least one type of CT. Emotional neglect (65.6%) and physical neglect (63.9%) were the most prevalent trauma subtypes at the severe-to-extreme level. Most participants (62.5%) reported experiencing social phobia. After adjustment, emotional abuse (AOR=1.812; 95% CI: 1.246-2.637, $p=.002$) and physical abuse (AOR=1.631; 95% CI: 1.101-2.415, $p=.015$) were associated with higher odds of social phobia. Emotional neglect (AOR=0.650; 95% CI: 0.436-0.968, $p=.034$) and physical neglect (AOR=0.663; 95% CI: 0.450-0.977, $p=.038$) showed inverse associations with social phobia. CT is common among Ghanaian university students and is associated with social phobia. This highlights the need for trauma-informed mental health services in universities and improved child protection policies, along with further research on the link between childhood trauma and social phobia.

INTRODUCTION

Social phobia, also referred to as social anxiety disorder, is characterized by marked fear or anxiety in social situations involving possible scrutiny or negative evaluations by others. It can interfere with interpersonal relationships, academic participation, help-seeking, and other aspects of daily functioning (Omoyemiju & Oluwatosin, 2020). Social phobia is relevant among university students who frequently encounter socially evaluative situations such as classroom presentations, interactions with peers and faculty, examinations, and the development of new social relationships. Social phobia can have consequences for university students, including impaired academic functioning, difficulties in social and interpersonal relationships, reduced quality of life, and increased vulnerability to depressive symptoms (Baptista et al., 2012; Ratnani et al., 2017).

Previous research indicates that social phobia is common among university students, with prevalence varying across populations. A study by (Desalegn et al., 2019) reported a prevalence of 31.2% among undergraduate students in Ethiopia, 62.5% among university students in Nigeria (Obadeji & Kumolalo, 2022), and 17.2% in Iran (Asgari et al., 2015). A systematic review of Ethiopian students showed a burden of social phobia, with individual university studies reporting prevalence estimates ranging from 16.4% to 32.8% (Reta et al., 2020). Globally, the lifetime and current prevalence of social phobia are 4% and 13%, respectively (WHO et al., 2017). It is a common mental health disorder, but often remains underdiagnosed in its early stages. Consequently, it can lead to other comorbidities such as generalized anxiety, depression, and substance abuse (Jaiswal et al., 2020). Social phobia develops through

biological, psychological, interpersonal, and environmental factors. One environmental factor that has received increasing attention is childhood trauma.

Childhood trauma encompasses experiences of abuse and neglect occurring during childhood that may adversely affect an individual's physical, emotional, and psychological development. According to the World Health Organization, it includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence, and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power (WHO et al., 2017). The Childhood Trauma Questionnaire (CTQ), a widely used retrospective measure of childhood maltreatment, assesses five major subtypes: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Exposure to these experiences can have psychological impacts that extend beyond childhood into adolescence and adulthood.

Childhood trauma represents an important public health concern because its consequences can extend beyond childhood and adversely affect health and functioning across the life course. The World Health Organization recognizes child maltreatment as a major public health problem associated with short-term and long-term physical, psychological, social, and educational consequences, including impaired cognitive development, poorer educational outcomes, depression, anxiety, post-traumatic stress, substance use, and other health-risk behaviors (WHO, 2024). Evidence from longitudinal research further indicates that exposure to childhood maltreatment increases vulnerability to mental health problems in young adults, including mood, anxiety, and substance use disorders (Scott et al., 2010). Similarly, a systematic review of prospective cohort studies found that childhood maltreatment was associated with twice the odds of depression and anxiety in adulthood (Li et al., 2016). The consequences of childhood maltreatment extend beyond depression and anxiety; they are also associated with suicidal ideation and attempts, personality disorders, and eating disorders (Xiao et al., 2023). Childhood trauma has also been associated with a greater likelihood of co-occurring psychological distress and self-harm (Stocchero et al., 2024). These consequences are relevant to university students, as the transition to young adulthood and higher education involves academic, social, and interpersonal demands.

Childhood trauma is common among university populations. A systematic review and meta-analysis of Chinese college students estimated the pooled prevalence of childhood maltreatment at 64.7%, although individual study estimates ranged from 31.3% to 88.0% (Fu et al., 2018). The same meta-analysis identified emotional neglect and physical neglect as the prevalent forms of childhood maltreatment. Studies from South Africa, Sudan, and Nigeria also found a prevalence of 48.4%, 40%, and 38.6%, respectively (Adewuya et al., 2026; Mustafa et al., 2025; Myers et al., 2021). Evidence of childhood maltreatment has also been documented among university students in Ghana. In a study of 300 University of Ghana students, (Adjorlolo et al., 2017) found that childhood maltreatment was associated with psychological functioning and that experiences of childhood maltreatment differ according to several demographic characteristics. In Ghana, the absence of a clear standard for defining child abuse allows many forms of violence, especially physical abuse, to be perceived as acceptable due to cultural, religious, and socio-economic beliefs (Müller et al., 2015). Furthermore, poverty drives children into labor

and hazardous environments, where they frequently face physical, emotional, and sexual abuse (Hamenoo & Sottie, 2015).

Beyond their individual prevalence, growing evidence links an association between childhood trauma and social anxiety. A meta analysis of 29 studies found a significant association between childhood trauma and social anxiety (Liu et al., 2023). The strength of this relationship differed according to the type of maltreatment experienced. Emotional abuse demonstrates a stronger relationship with social anxiety than the other subtypes (Jin et al., 2024; Nanda et al., 2016). Clinical research has also shown that childhood maltreatment is associated with symptom severity, impaired functioning, depression, and reduced quality of life among adults with social anxiety (Bruce et al., 2012; Cukor & McGinn, 2006).

Several psychological mechanisms explain the relationship between childhood trauma and social anxiety. Early interpersonal experiences during childhood can affect emotion regulation, self-perceptions, and expectations within interpersonal relationships, which subsequently contribute to difficulties in social functioning (Musella et al., 2025). One study found that shame-proneness and self-criticism are mechanisms linking childhood emotional abuse and neglect with social anxiety (Shahar et al., 2015). Additionally, experiences involving repeated criticism, humiliation, rejection, physical harm, or inadequate emotional support may contribute to negative self-perceptions and greater sensitivity to negative evaluation in later social interactions (Zhu et al., 2025).

Despite growing international evidence linking childhood trauma with social phobia, research examining this relationship within the Ghanaian university context remains limited. Existing Ghanaian research has demonstrated childhood maltreatment and its relationship with psychological functioning (Adjorlolo et al., 2017), but less is known about the relationship between specific childhood trauma subtypes and social phobia among university students. This represents a gap because both childhood trauma and social phobia have implications for students' psychological well-being and functioning during university.

This study examined childhood trauma and social phobia among university students in Accra, Ghana. The study sought to determine the prevalence of childhood trauma and social phobia and examine the associations between the five childhood trauma subtypes and social phobia among university students.

METHODOLOGY

PARTICIPANTS

We conducted a cross-sectional study to examine the association between childhood trauma and social phobia among students in Accra. We recruited 803 students from four universities in Accra using random sampling. Participants represented a diverse range of academic levels and socio-economic backgrounds, providing a representative sample of the university population.

PROCEDURE

After ethical approval from the Ghana Health Service Ethics Review Committee (GHS-ERC: 054/07/24), a cross-sectional study was conducted across four universities in Accra over a one-month period. Researchers visited libraries, classrooms, and common areas at the participating universities to invite students to take part in the study, and they selected participants using random sampling. The study was verbally explained to potential participants as focusing on childhood experiences and social phobia. Eligible participants were registered students aged 18 and above who provided consent before receiving the questionnaire packet. Data were collected via a self-administered questionnaire. The first part of the questionnaire contained a detailed participant information sheet and a written consent form. Participants had time to review this information, and they provided written informed consent before completing the questionnaire. The questionnaire followed a fixed order: demographic information, the Childhood Trauma Questionnaire (CTQ), and the Social Phobia Scale (SPS). Participants completed the questionnaire onsite in a designated area, and it took 20-25 minutes. To maintain anonymity, no personal information was collected on the questionnaire. After completing the questionnaire, participants placed their questionnaire in a designated collection box to protect response confidentiality. No incentives were provided.

MEASURES

Childhood Trauma Questionnaire (Bernstein et al., 2011) is a 28-item retrospective self-report inventory that assesses five types of childhood maltreatment: Emotional Abuse (EA), Physical Abuse (PA), Sexual Abuse (SA), Emotional Neglect (EN), and Physical Neglect (PN). Participants rate the frequency of their experiences on a 5-point Likert scale, ranging from 1 (Never True) to 5 (Very Often True). Scores for each subscale are summed, with higher scores indicating greater trauma severity. For analysis, scores were categorized into severity levels (None, Low, Moderate, Severe) and then into exposed and not exposed groups based on established thresholds. In this study, the CTQ demonstrated good internal consistency, with Cronbach's alpha coefficients for the subscales ranging from .78 to .88.

Social Phobia Scale (SPS)

The Social Phobia Scale (Mattick & Clarke, 1998) is a 20-item scale measuring performance anxiety and fears of being scrutinized during routine activities. It uses a 5-point Likert scale, with 1 being "Not at all" to 5 being "Extremely". A cutoff score was used to create none/minimal and moderate/severe groups. A score of >24 on the SPS indicated social phobia, in accordance with established thresholds reported in prior research (Mattick & Clarke, 1998). The SPS also demonstrated good internal consistency in this study ($\alpha = .89$)

DATA ANALYSIS

All statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS) version 27.0. Descriptive statistics were computed to summarize the sociodemographic characteristics of the sample and prevalence of childhood trauma and social phobia. Chi-square tests were used to examine associations between sociodemographic variables and the primary outcomes (CT and SP). To

identify the unique predictive power of different childhood trauma types on social phobia, a multivariate logistic regression analysis was conducted. The model used social phobia as the dependent variable, and the independent variables were exposure to the five CT types. Odds ratios (OR) with 95% confidence intervals (CI) were calculated, and a p-value of <0.05 was considered statistically significant for all tests.

RESULTS

Table 1 summarizes the study’s sample characteristics.

Sample Characteristics

The sample consisted of 788 participants; 321 (40.7%) were males, and 467(59.3%) were females. The age distribution showed that most participants were 20-29 years (56.2%). Most participants were Christians (86.3), and the largest ethnic group was Akan (47.9%). Regarding living situation, almost half of the participants (49.1%) lived with both parents; socioeconomic status was distributed as 24.8% low, 30.3% middle, and 45% high.

TABLE 1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

Gender	Frequency(n)	Percentage (%)
Male	321	40.7
Female	467	59.3
Age		
Below 20 years	323	40.7
20-29 years	446	56.2
30 and above	24	3.0
Educational level		
100	432	54.0
200	116	14.5
300	153	19.1
400	73	9.1
Graduate	26	3.3
Religion		
Christian	691	86.3
Islam	91	11.4
Traditional	13	1.6
No Religion	6	0.7
Ethnicity		
Akan	381	47.9
Hausa	48	6.0
Ewe	162	20.4
Ga-Adangbe	141	17.7
Others	63	7.9
Living situation		
Live with both parents.	391	49.1

Live in a single-parent household.	184	23.1
Live with family	96	12.0
Live Alone	126	15.8
Socioeconomic status		
Low income	199	24.8
Middle income	243	30.3
High income	361	45.0
Sibling status		
With siblings	662	84.0
Without siblings	126	16.0
Relationship with father		
Excellent	451	56.4
Good	198	24.8
Average	95	11.9
Poor	55	6.9
Relationship with mother		
Excellent	619	77.4
Good	133	16.6
Average	39	4.9
Poor	9	1.1
Fathers Educational level		
No education	46	5.8
Basic education	156	19.5
Secondary education	168	21.1
Tertiary and Above	428	53.6
Mothers' educational level		

No education	83	10.4
Basic education	237	29.8
Secondary education	192	24.2
Tertiary and Above	283	35.6

Childhood Trauma Exposure

Table 2 shows that exposure to childhood trauma was widespread, with 85.2% of participants experiencing at least one type of CT. Emotional neglect and physical neglect were the most commonly reported, with 65.6% being exposed to the severe form of emotional neglect and 63.9% being exposed to physical neglect. 48.8% were exposed to emotional abuse, 47.4% were exposed to severe forms of physical abuse, and 57.4% were exposed to sexual abuse.

TABLE 2 EXPOSURE TO CHILDHOOD TRAUMA

Childhood Trauma Exposure	Frequency(n)	Percentage(%)
Exposure to		
None	119	14.8
At least one CT	684	85.2
EA Exposure		
None/Minimal	411	51.2
Moderate/Severe	392	48.8
PA Exposure		
None/Minimal	422	52.6
Moderate/Severe	381	47.4
SA Exposure		
None/Minimal	342	42.6
Moderate/Severe	461	57.4
EN Exposure		
None/Minimal	276	34.4
Moderate/Severe	527	65.6
PN Exposure		
None/Minimal	290	36.1
Moderate/Severe	513	63.9

Note: EA = emotional abuse; PA = physical abuse; SA = sexual abuse; EN = emotional neglect; PN = physical neglect.

Prevalence of Social Phobia

Table 3 presents the prevalence of Social Phobia (SP) among participants. Overall, 62.5% of participants met the study criteria for social phobia (≥ 24), while 37.5% did not.

TABLE 3 PREVALENCE OF SOCIAL PHOBIA AMONG PARTICIPANTS

Social Phobia	SPS Score	Frequency(n)	Percentage (%)
Absence of SP	<24	301	37.5
Presence of SP	≥24	502	62.5
Total		803	100.0

Childhood Trauma Predicting Social Phobia

Table 4 shows that binary logistic regression was conducted to examine the association between childhood trauma subtypes and social phobia while controlling for sociodemographic characteristics.

After adjustment, exposure to emotional abuse was significantly associated with higher odds of social phobia (AOR=1.812, 95% CI [1.246, 2.637], $p=.002$). Physical abuse was also associated with higher odds of social phobia (AOR=1.631, CI [1.101, 2.415], $p=.015$). Sexual abuse was not statistically significant after adjustment (AOR=1.399, CI[0.975, 2.007], $p=.068$)

In contrast, emotional neglect showed a significant inverse association with social phobia (AOR=.650, CI [.436, .968], $p=.034$), was associated with lower odds of social phobia. Physical neglect also showed a significant inverse association with social phobia (AOR=0.663, CI[0.450, 0.977], $p=.038$).

TABLE 4

CHILDHOOD TRAUMA PREDICTING SOCIAL PHOBIA

Model	COR	95% CI	P value	AOR [⊠]	95% CI	p-value
Emotional Abuse	2.176	1.624-2.918	<.001	1.812	1.246-2.637	.002
Physical Abuse	1.992	1.487-2.669	<.001	1.631	1.101-2.415	.015
Sexual Abuse	1.639	1.228-2.188	<.001	1.399	.975-2.007	.068
Emotional Neglect	.922	.681-1.246	.596	.650	.436-.968	.034
Physical Neglect	.939	.697-1.266	.681	.663	.450-.977	.038

Note: COR = crude odds ratio; AOR = adjusted odds ratio; CI = confidence interval.

Reference category for each childhood trauma subtype = not exposed

⊠ Adjusted for religion, living situation, and socioeconomic status.

DISCUSSION

The study assessed the five types of childhood trauma that predict social phobia among students: emotional abuse (EA), physical abuse (PA), sexual abuse (SA), emotional neglect (EN), and physical neglect (PN). We first assessed the prevalence of childhood trauma and social phobia, then we determined which childhood trauma was associated with social phobia. Emotional abuse and physical abuse were associated with social phobia, while the association with sexual abuse was gone after accounting for relevant sociodemographic factors. Physical and emotional neglect showed an inverse association with social phobia.

The present study found a high prevalence of childhood trauma, with 85.2% of university students reporting exposure to at least one childhood trauma subtype. This finding is consistent across African university populations; however, prevalence estimates vary. A study in Ethiopia found that 74% of university students reported being exposed to at least one childhood trauma (Bahar, 2023). Similarly, among first-year university students in South Africa, 48.4% had experienced at least one type of childhood trauma (Myers et al., 2021), while another study reported that 40% of medical students in Sudan had experienced at least one type of childhood trauma (Mustafa et al., 2025). Similarly, a study in Nigeria found that 38.6% of university students had experienced at least one type of childhood trauma (Adewuya et al., 2026).

At the moderate-to-severe level, emotional neglect (65.6%) and physical neglect (63.9%) were the most prevalent childhood trauma subtypes in the present study. This is consistent with findings from other university populations using the CTQ severity thresholds. Among Chinese college freshmen, (Zhang et al., 2025) found that physical neglect (19.54%) and emotional neglect (10.46) were the most prevalent moderate-severe childhood trauma subtypes. Similarly, a large study of Chinese college students reported moderate-severe physical neglect and emotional neglect in 14.9% and 7.5% of participants, respectively, with both occurring more frequently than emotional, physical, and sexual abuse (Chen et al., 2021). Among South Korean medical students, physical neglect (14.2%) and emotional neglect (7.8%) were the most prevalent trauma subtypes when moderate-to-severe CTQ thresholds were applied (Lee et al., 2018).

Social Phobia was common, with 62.5% meeting the study criterion for social phobia. This is consistent with studies from Iraq, Sudan, Nigeria, Iran, and Bahrain, with their prevalence estimated at 80%, 61.3%, 62.5%, 58.5%, and 47.2%, respectively (Ahmad et al., 2017; Suleiman et al., 2021; Obadeji & Kumolalo, 2022; Agha Mohammad Hasani et al., 2016; Alshomrani et al., 2026).

On the other hand, the prevalence is higher than estimates reported in other studies done in two areas of Ethiopia and India, Iran, Saudi Arabia, and Morocco, with prevalence estimates of 31.2%, 32.8%, 28.6%, 46%, 31.1%, 17.2%, 16.3%, and 27%, respectively (Desalegn et al., 2019; Reta et al., 2020; Visalakshi Sridhar & Dr. Surya Rekha S.V, 2017; Jogdande & Gupta, 2017; Asgari et al., 2015; Ali Taha et al., 2017; Belaatar et al., 2025). These variations may reflect differences in sample sizes, measurement tools, rating scales, and cultural contexts between Ghana and other countries.

Exposure to emotional abuse was significantly associated with social phobia. Students exposed to emotional abuse had higher odds of social phobia. These findings are consistent with broader evidence linking emotional abuse to social anxiety (Ciren & Ong, 2026; Jin et al., 2024). A 2023 meta-analysis found a significant association between childhood trauma and social anxiety, with emotional abuse showing a stronger relationship than the other subtypes (Liu et al., 2023). Research has linked childhood emotional abuse with social anxiety through factors such as shame and self-criticism, while a recent longitudinal study among college students found that interpersonal sensitivity and insecurity mediated this relationship (Shahar et al., 2015; Zhu et al., 2025). Similarly, research among adults with social anxiety found emotional abuse to be associated with social phobia severity and impairment (Kuo et al., 2011). A study by (Bruce et al., 2012) also found that emotional abuse predicted social anxiety severity among adults

The observed association between physical abuse and social phobia is consistent with previous studies showing that physical abuse is a contributing factor to social phobia (Belaatar et al., 2025; Shahar et al., 2015). Research has found physical abuse to be the most damaging type of abuse, as its effects persist in adolescence and adulthood (Byrne et al., 2021). A meta-analysis of 29 studies found a significant association between physical abuse and social anxiety, although the association was weaker than that observed for emotional abuse (Liu et al., 2023). However, this finding differs from previous research in which the independent relationship between physical abuse and social anxiety has been less consistent. Studies have found that physical abuse did not independently predict social anxiety symptoms when childhood maltreatment subtypes were examined simultaneously (Bruce et al., 2012; Nanda et al., 2016). Similarly, another study found that the relationship between physical abuse and social anxiety was attenuated after emotional abuse was considered (Kuo et al., 2011).

Emotional and physical neglect were associated with lower odds of social phobia after adjustment for relevant sociodemographic factors. This finding contrasts with much of the existing literature, which generally suggests that emotional neglect and physical neglect are associated with greater rather than lower social anxiety. For example, (Bruce et al., 2012) found that emotional and physical neglect significantly predicted social anxiety in multiple regression analyses. Similarly, (Simon et al., 2009) reported associations between emotional and physical neglect and social anxiety disorder. More recently, longitudinal research has suggested that emotional neglect may contribute to social anxiety through difficulties in emotion regulation (Wang et al., 2024).

However, some research has found no independent associations after accounting for other forms of childhood maltreatment (Nanda et al., 2016). The inverse association in this study should be interpreted cautiously and should not be taken to suggest that neglect reduces the likelihood of social phobia. These differences may reflect how neglect was measured and classified, characteristics of the study population, co-occurrence among trauma subtypes, or the influence of covariates in the multivariable model. Further longitudinal research in Ghanaian and other African University populations is needed to clarify these relationships.

IMPLICATIONS

The high occurrence of childhood trauma and social phobia among students in this study highlights the importance of strengthening mental health support within university settings. Universities should consider incorporating trauma-informed approaches into existing counseling and student support services, recognizing that students presenting with social phobia may have histories of childhood maltreatment.

More broadly, the findings support greater attention to childhood adversity in Ghana's student mental health policies and programs. Collaboration between universities, mental health professionals, and relevant public health services could develop culturally appropriate prevention and intervention strategies. The findings also warrant national policy action to strengthen child protection systems. However, interventions should not assume that childhood trauma causes social phobia based on present findings, given the cross-sectional nature of the study.

LIMITATIONS

The cross-sectional design prevents determination of temporality or causality between childhood trauma and social phobia. Second, childhood trauma was assessed retrospectively through self-report, which may be affected by recall and reporting bias. Similarly, the authors identified social phobia using a self-report screening measure rather than a clinical diagnostic assessment. Third, categorizing childhood trauma into exposed and unexposed groups may have resulted in loss of information regarding severity and frequency of traumatic experiences. The findings are also not generalizable to all university students in Ghana because participants were recruited from universities in Accra.

It is also important to recognize that the observed link between emotional and physical neglect may also be influenced by how the Childhood Trauma Questionnaire (CTQ) is scored. Both the emotional neglect and physical neglect subscales include reverse-coded items, which can cause errors if participants respond carelessly or misunderstand the questions.

RECOMMENDATIONS FOR FUTURE RESEARCH

Future studies should use longitudinal designs to establish the temporal relationship between childhood trauma and social phobia. Research involving university students across different regions of Ghana would also improve generalizability. Further studies should examine potential mechanisms linking childhood abuse to social phobia and investigate the unexpected inverse associations observed for emotional and physical neglect.

CONCLUSION

This study demonstrates a substantial burden of childhood trauma and social phobia among university students in Accra. These findings highlight the importance of trauma-informed and accessible mental health services within university settings and national policy action to strengthen child protection

systems, and also support further longitudinal research to understand the relationship between childhood trauma and social phobia among young adults in Ghana.

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