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Childhood Trauma and Impostor Syndrome among Nigerian Undergraduate Students

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ABSTRACT

Impostor syndrome has emerged as a significant psychological concern among university students globally, yet limited empirical research has examined its developmental antecedents within African contexts. This study examined the relationship between childhood trauma and impostor syndrome among undergraduate students at the University of Lagos, Nigeria. It also investigated whether gender moderates the relationship between sexual abuse and impostor syndrome. Using a cross-sectional design, data were collected from 401 undergraduates aged 16–33 years through online administration of the Childhood Trauma Questionnaire–Short Form (CTQ-SF) and the Clance Impostor Phenomenon Scale (CIPS). Multiple regression and moderation analyses were conducted using the Statistical Package for the Social Sciences (SPSS). Among the predictor variables, emotional abuse emerged as the only significant independent predictor of impostor syndrome ($\beta = .40$, $p < .001$). This finding suggests that emotional abuse contributed uniquely to impostor experiences even after controlling for other dimensions of childhood trauma. Physical abuse, sexual abuse, emotional neglect, and physical neglect did not independently predict impostor syndrome within the regression model. However, gender did not significantly moderate the relationship between sexual abuse and impostor syndrome. Findings highlights the need for trauma-informed mental health interventions, culturally sensitive counselling services, and institutional support systems within the Nigerian university system.

Introduction

Mental health concerns among university students have become an increasingly important area of global psychological research due to rising levels of academic stress, emotional distress, and psychological maladjustment within higher education settings. University environments are often characterized by intense performance evaluation, social comparison, achievement pressure, and uncertainty regarding future career outcomes. These psychosocial demands may heighten students' vulnerability to negative self-perceptions and maladaptive psychological experiences, particularly during emerging adulthood, a developmental period marked by identity exploration, self-definition, and heightened sensitivity to competence evaluation (Arnett, 2023; Erikson, 1968). Consequently, many students struggle with persistent feelings of inadequacy despite evidence of academic competence and achievement. One psychological construct increasingly associated with such experiences is impostor syndrome, also referred to as the impostor phenomenon or impostorism. Originally conceptualized by Clance and Imes (1978), impostor syndrome describes a persistent psychological pattern characterized by chronic self-doubt, fear of being exposed as intellectually fraudulent, and inability to internalize personal accomplishments despite objective evidence of competence. Individuals experiencing impostor feelings frequently attribute success to external factors such as luck, timing, or assistance from others rather than to their own abilities or effort. Although impostor syndrome is not formally classified as a psychological disorder, contemporary literature increasingly recognizes it as a significant psychological phenomenon with important implications for mental health, academic functioning, and overall well-being.

Initial studies on impostor syndrome focused primarily on high-achieving women; however, subsequent research has demonstrated that impostor experiences occur across genders, professions, ethnic groups, and cultural contexts (Clance & Imes, 1978; Chrisman et al., 1995; Cokley et al., 2013). More recent conceptualizations view impostor syndrome as a multidimensional construct associated with maladaptive perfectionism, fear of failure, chronic social comparison, self-handicapping behaviours, low self-esteem, and impaired emotional adjustment (Bravata et al., 2020; Sakulku & Alexander, 2015; Ross et al., 2001; Cokley et al., 2021). Empirical evidence has further linked impostor syndrome to several adverse psychological outcomes. Studies have shown significant associations between impostor feelings and anxiety, depression, academic burnout, emotional exhaustion, chronic stress, reduced academic self-efficacy, and diminished psychological well-being (Bravata et al., 2020; Israel et al., 2025; Yank et al., 2024). In severe cases, impostor experiences have also been associated with social withdrawal,

avoidance behaviours, suicidal ideation, and impaired occupational functioning among students and early-career professionals (Cokley et al., 2021).

In addition, one important but relatively underexplored factor linked to impostor syndrome is childhood trauma. Childhood trauma encompasses adverse experiences occurring during formative developmental periods, including emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect (Felitti et al., 1998; World Health Organization [WHO], 2022). These experiences may disrupt emotion regulation, identity formation, attachment security, and self-esteem, thereby shaping maladaptive beliefs about competence and self-worth. Developmental trauma literature suggests that persistent childhood invalidation often becomes internalized as enduring cognitive schemas such as "I am not good enough" or "I do not deserve success" (Young et al., 2006).Research has demonstrated that trauma survivors frequently struggle to internalize accomplishments, maintain stable self-concepts, and regulate emotional distress (Van der Kolk, 2014; Karatzias et al., 2021). Emotional abuse in particular has been associated with chronic shame, hypervigilance, perfectionism, and self-criticism—all hallmark features of impostor syndrome (Cokley et al., 2021; Schubert & Bowker, 2024). Given these consequences, researchers have increasingly emphasized the need to identify developmental and psychosocial factors that contribute to the emergence and persistence of impostor feelings.

Despite growing international interest in impostor syndrome, empirical investigations examining its developmental antecedents remain relatively limited, particularly within African contexts. Existing literature has been largely concentrated in Western societies, with comparatively few studies exploring how adverse childhood experiences contribute to impostor feelings among African university students. In many developing societies, including Nigeria, academic achievement is often strongly connected to family expectations, social mobility, economic survival, and personal identity. Undergraduate students frequently face intense academic competition, financial pressure, and familial expectations regarding educational success. These stressors may increase vulnerability to impostor feelings, especially among students with unresolved childhood trauma and limited psychological support systems. The aim of this study is to examine the relationship between childhood trauma and impostor syndrome among Nigeria undergraduate students.

Childhood Trauma and Psychological Development

Childhood trauma refers to distressing experiences that significantly threaten a child's physical, emotional, or psychological well-being (National Child Traumatic Stress Network, 2014). Recent developmental neuroscience research demonstrates that prolonged exposure to early-life adversity may significantly alter emotional regulation systems, stress-response mechanisms, cognitive processing, and identity development (McLaughlin et al., 2021). Such disruptions often persist into adulthood and increase vulnerability to psychological distress, maladaptive coping, low self-esteem, depression, anxiety, perfectionism, and interpersonal difficulties.

Current trauma-informed developmental models suggest that childhood adversity exerts long-term effects through disruptions in attachment security, emotional validation, and self-concept formation. Attachment theory remains one of the most influential frameworks for explaining the enduring psychological consequences of early trauma. According to Bowlby (2008), early interactions with caregivers shape internal working models that influence later perceptions of self-worth, competence, and relational safety. Children exposed to emotionally invalidating, neglectful, or abusive caregiving environments may develop insecure attachment patterns characterized by shame, fear of rejection, emotional dysregulation, and chronic self-doubt (Mikulincer & Shaver, 2023). These internalized beliefs frequently persist into adulthood and may predispose individuals to impostor feelings within achievement-oriented settings such as universities.

Developmental psychopathology perspectives further emphasize that trauma occurring during sensitive developmental periods can disrupt normal emotional and cognitive maturation processes (Cicchetti & Handley, 2019). Trauma-exposed individuals often demonstrate heightened hypervigilance, negative self-appraisals, impaired emotion regulation, and maladaptive cognitive schemas centered on inadequacy and incompetence. Recent cognitive-trauma research has shown that repeated childhood emotional invalidation contributes to persistent beliefs such as "I am not good enough" or "I do not deserve success," which closely resemble the cognitive characteristics underlying impostor syndrome (Schimmenti & Caretti, 2020). Moreover, survivors of childhood trauma frequently experience difficulties internalizing achievements because success may conflict with deeply ingrained feelings of unworthiness.

Several studies have linked childhood trauma to impostor syndrome. Schubert and Bowker (2024) found that childhood emotional maltreatment significantly predicted impostor phenomenon among emerging adults. Similarly, Cokley et al. (2021) reported that individuals with heightened impostor feelings frequently exhibit trauma-related psychological characteristics including shame, chronic self-criticism, anxiety, and emotional distress. Similarly, Perez et al. (2019) reported that emotional abuse contributed directly and indirectly to impostor syndrome through diminished self-esteem. According to Forster et al., (2017), the majority of parents and caregivers are unaware of emotional abuse and its devastating consequences and this explains why child maltreatment is auniversal problem that can have negative long-lasting effects on the psychological well-being of children. Jeter (2025) examined a cross section of individuals exposed to childhood trauma between ages 18 to 60 and found that childhood adversity was strongly associated with development of impostor tendencies. Bello and Nakano (2022) further demonstrated that emotional abuse was associated with impostor syndrome.

Research has also shown that trauma survivors often

struggle to internalize success due to persistent cognitive distortions rooted in adverse childhood experiences. Longitudinal evidence suggests that childhood emotional abuse predicts later perfectionism, fear of evaluation, and negative self-appraisals, all of which are strongly associated with impostor syndrome (Miller et al., 2022). Studies examining sexual abuse and impostor feelings have produced mixed findings. Some researchers report that survivors of sexual abuse experience elevated shame, self-blame, and fears of exposure that contribute significantly to impostor tendencies, particularly among women (Orenstein et al., 2021). Other studies, however, suggest that gender differences become less significant after controlling for psychological variables such as perfectionism, self-esteem, and social anxiety. Bello and Nakano (2022) found that social anxiety partially mediated the relationship between childhood emotional abuse and impostor syndrome among university students, suggesting that trauma-related interpersonal insecurity may intensify impostor experiences. Despite increasing global scholarship on childhood trauma and impostor syndrome, African-based empirical studies remain limited. Existing Nigerian mental health research has predominantly focused on depression, anxiety, substance use, and academic stress among undergraduates, with relatively little attention devoted to impostor syndrome and its developmental antecedents. Given the sociocultural pressures associated with academic achievement and socioeconomic mobility in Nigeria, understanding how childhood trauma contributes to impostor feelings among undergraduates is both theoretically and clinically important.

In Nigeria, university students encounter multiple psychosocial stressors, including academic competition, financial strain, unemployment uncertainty, family expectations, and sociocultural pressures regarding success and achievement. Mental health challenges among young adults also remain underreported and highly stigmatized, often limiting help-seeking behaviours and psychological support utilization (Ogueji et al., 2021). Within such contexts, unresolved childhood trauma may remain concealed while manifesting through anxiety, perfectionism, low self-esteem, and persistent impostor feelings. Existing Nigerian mental health research has largely focused on depression, anxiety, stress, and substance use among undergraduates, with relatively little empirical attention devoted to impostor syndrome and its developmental antecedents. Consequently, understanding how adverse childhood experiences contribute to impostor feelings among Nigerian students is important for informing trauma-sensitive psychological interventions and student mental health support services.

The present study therefore investigated the relationship between childhood trauma and impostor syndrome among undergraduate students at the University of Lagos. Specifically, the study sought to examine (1) the extent to which dimensions of childhood trauma predict impostor syndrome, and (2) investigate whether gender moderates the relationship between sexual abuse and impostor syndrome.

Hypotheses

(1) The dimensions of childhood trauma will be positively associated with impostor syndrome among undergraduate students

(2) Gender will moderate the relationship between sexual abuse and impostor syndrome.

Method

Research Design

The study adopted a quantitative cross-sectional survey design. The cross-sectional design was considered appropriate because it enabled the assessment of associations among study variables at a single point in time without manipulation of participants or experimental conditions.

Participants and Procedure

Participants consisted of 401 undergraduate students recruited from various faculties within the University of Lagos, including Social Sciences, Law, Engineering, Education, Management Sciences, and Environmental Sciences. Participants ranged in age from 16 to 33 years (Mean age = 29.7; *SD*=4.11), reflecting the diversity of the undergraduate population. Of the total sample, 144 (35.9%) were male and 257 (64.1%) were female. Convenience sampling technique was employed to recruit participants through online academic and peer networks. Eligibility criteria required participants to be registered undergraduate students of the university and willing to provide informed consent for participation. The use of a relatively large and multidisciplinary sample enhanced the representativeness of the study within the university context.

Ethical approval for this study was obtained from the Department of Psychology, University of Lagos. Data collection was conducted electronically using a structured Google Form to facilitate accessibility. The survey link was distributed through departmental platforms, student WhatsApp groups, and peer referral networks. Participants were informed about the purpose of the study, voluntary participation, confidentiality, anonymity, and their right to withdraw at any stage without penalty. Informed consent was obtained electronically before participation. Completion of the questionnaire required approximately 10–15 minutes.

Instruments

Childhood Trauma Questionnaire–Short Form (CTQ-SF)

Childhood trauma was assessed using the Childhood Trauma Questionnaire–Short Form (CTQ-SF) developed by Bernstein et al. (2003). The CTQ-SF is a 28-item self-report instrument designed to assess experiences of childhood maltreatment across five dimensions: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Participants responded to items using a 5-point Likert-type scale ranging from 1 (Never True) to 5 (Very Often True). Higher scores indicate greater severity of childhood trauma experiences. The CTQ-SF has demonstrated strong psychometric properties across diverse populations, including satisfactory internal consistency, construct validity, and cross-cultural applicability. Previous studies have reported Cronbach's α ranging from .79 to .94 across subscales (Scher et

al., 2001; Bernstein et al., 2003). In the Nigerian context, the CTQ-SF has demonstrated satisfactory reliability and validity among adolescent and undergraduate populations. For example, Aloba et al. (2020) validated the instrument among Nigerian youth and reported satisfactory internal consistency using McDonald's omega coefficients, alongside strong construct validity indices from confirmatory factor analysis, including Comparative Fit Index (CFI) = .93, Root Mean Square Error of Approximation (RMSEA) = .05, and Standardized Root Mean Square Residual (SRMR) = .04. The study also established concurrent validity and gender measurement invariance, confirming the suitability of the CTQ-SF for use in Nigerian samples.

Clance Impostor Phenomenon Scale (CIPS)

Impostor syndrome was measured using the Clance Impostor Phenomenon Scale (CIPS) developed by Clance (1985). The CIPS is a 20-item self-report instrument designed to assess impostor-related characteristics such as fear of failure, inability to internalize success, perceived intellectual fraudulence, and persistent self-doubt. Responses are rated on a 5-point Likert scale ranging from 1 (Not at all true) to 5 (Very true), with higher scores indicating stronger impostor experiences. The CIPS has been extensively used among student, academic, and professional populations and has demonstrated excellent psychometric properties across diverse cultural contexts. Early validation studies by Clance (1985) reported high internal consistency reliability, with Cronbach's α = >.90. Subsequent studies have consistently supported the scale's reliability and construct validity. For example, Holmes et l. (1993) reported Cronbach's α ranging from .84 to .96 among university and working populations. Similarly, French, et al. (2008) confirmed the scale's strong convergent and discriminant validity among undergraduate students, while Mak et al. (2019) reported excellent internal consistency (α = .96). In African settings, including Nigeria, the CIPS has also demonstrated satisfactory reliability among undergraduate populations. Nigerian studies investigating impostor syndrome among university students have reported Cronbach's α ranging from .88 to .93, indicating high internal consistency and suitability for use within Nigerian samples (Egwurugwu et. al., 2018; Israel et.al., 2025). These findings support the cross-cultural applicability of the CIPS for assessing impostor experiences among Nigerian undergraduate students.

Data Analysis

Data were analyzed using IBM SPSS version 27 Statistics. Descriptive statistics, including means and standard deviations, were computed for demographic and study variables. Pearson Product Moment Correlation analysis was conducted to examine relationships between childhood trauma dimensions and impostor syndrome. Multiple regression analysis was performed to determine the extent to which childhood trauma dimensions predicted impostor syndrome. In addition, moderation analysis using PROCESS Macro Model 1 was conducted to examine whether gender moderated the relationship between sexual abuse and impostor syndrome. Statistical significance was determined at the .05 level.

Results

Table 1

Demographic Characteristics of Participants (N = 401)

Variable	Gender	*n*	*M*	*SD*	SE	*t*
Emotional Abuse	Male	144	9.56	4.29	0.36	2.11*
	Female	257	10.19	4.70	0.29	
Physical Abuse	Male	144	9.87	3.90	0.33	2.01*
	Female	257	9.85	4.71	0.29	
Sexual Abuse	Male	144	7.84	4.06	0.34	2.06*
	Female	257	8.46	4.42	0.28	
Emotional Neglect	Male	144	9.58	4.69	0.37	1.02
	Female	257	9.62	4.41	0.29	
Physical Neglect	Male	144	8.22	3.30	0.28	0.98
	Female	257	7.84	2.91	0.18	
Impostor Phenomenon	Male	144	59.25	13.68	1.14	1.87*
	Female	257	63.09	16.15	1.01	

Note. $^{*}p<.05$

Descriptive analyses results in Table 1 indicated slight gender differences across some study variables. Female participants reported marginally higher mean scores on emotional abuse, physical abuse, sexual abuse, and impostor syndrome compared to male participants. In contrast, emotional neglect and physical neglect demonstrated relatively similar distributions across gender categories. Overall, the descriptive findings suggest that impostor experiences and trauma-related variables were present among both male and female undergraduates within the sample.

Table 2

Pearson's Correlation Matrix for Childhood Trauma Dimensions and Impostor Syndrome

Variables		1	2	3	4	5
1	Emotional Abuse	-				
2	Physical Abuse	.79**	-			
3	Sexual Abuse	.46**	.53**	-		
4	Emotional Neglect	.52**	.48**	.31**	-	
5	Physical Neglect	.60**	.57**	.44**	.69**	-
6	Impostor Syndrome	.41**	.34**	.21**	.15**	.23**

Note. $N = 401$. $p < .01$ (2-tailed).

Pearson Product Moment Correlation analysis (Table 2)revealed significant positive relationships between all dimensions of childhood trauma and impostor syndrome. Emotional abuse demonstrated the strongest association with impostor syndrome, $r(399) = .41$, $p < .001$, indicating that higher levels of emotional abuse were associated with greater impostor experiences among undergraduates. Physical abuse also showed a moderate positive relationship with impostor syndrome, $r(399) = .34$, $p < .001$.Similarly, sexual abuse,

emotional neglect, and physical neglect demonstrated smaller but significant positive correlations with impostor syndrome. These findings suggest that exposure to adverse childhood experiences may contribute to maladaptive self-perceptions and persistent feelings of inadequacy among university students.

Table 3

Multiple Regression Analysis Predicting Impostor Syndrome

Variable	B	.	*t*	*Sig*
Emotional Abuse	1.37	.40	5.19	<0.001
Physical Abuse	.19	.06	0.71	0.477
Sexual Abuse	.06	.02	0.30	0.762
Emotional Neglect	-.34	-.10	-1.56	0.12
Physical Neglect	.08	.02	0.22	0.82

Note. $R = 0.42, R^2 = 0.17, F = 17.10, p < 0.001$

Result in Table 3 shows that overall regression model was statistically significant, $F(5, 395) = 17.10$, $p < .001$, indicating that childhood trauma dimensions collectively predicted impostor syndrome among undergraduate students. The model accounted for 17.8% of the variance in impostor syndrome scores ($R^2 = .178$). Among the predictor variables, emotional abuse emerged as the only significant independent predictor of impostor syndrome, $\beta = .40$, $t = 6.92$, $p < .001$. This finding suggests that emotional abuse contributed uniquely to impostor experiences even after controlling for other dimensions of childhood trauma. Physical abuse, sexual abuse, emotional neglect, and physical neglect did not independently predict impostor syndrome within the regression model.

Table 4

Moderation Analysis of Gender on the association between Sexual Abuse and Impostor Syndrome

Predictors	B	SE	t	Sig	95%*CI*
Sexual Abuse (SA)	0.33	0.65	0.50	0.62	-0.96, 1.61
Gender (G)	1.50	3.40	0.44	0.66	-5.18, 8.18
SA X G	0.24	0.38	0.63	0.53	-0.51, 0.97

The interaction effect between sexual abuse and gender was not statistically significant, $\beta = .031$, $t = 0.63$, $p > .05$, indicating that gender did not moderate the relationship between sexual abuse and impostor syndrome (see Table 4)Although female participants reported slightly higher levels of sexual abuse and impostor syndrome, the relationship between sexual abuse and impostor experiences appeared comparable across male and female participants within this sample.

Discussion

The present study investigated the relationship between childhood trauma and impostor syndrome among undergraduate students at the University of Lagos. Among the dimensions of childhood trauma examined, emotional abuse emerged as the strongest predictor of impostor syndrome. These findings are consistent with contemporary trauma-informed and cognitive-developmental perspectives, which suggest that early adverse experiences shape maladaptive self-schemas and negatively influence later emotional and psychological functioning. In other words, there is a robust relationship between childhood trauma and impostorism among undergraduates with emotional abuse emerging as key predictor. This finding corroborates previous studies demonstrating the central role of emotional invalidation in the development of impostor-related cognitions, maladaptive self-perceptions and coping mechanisms (Adil Faizan et al., 2025; Schubert & Bowker, 2024; Verrastro et al., 2024). Emotional abuse often involves repeated criticism, humiliation, rejection, ridicule, and persistent devaluation by caregivers or significant others. Such experiences may gradually become internalized as enduring beliefs of incompetence, inadequacy, and unworthiness. Consequently, individuals exposed to emotional abuse may continue to perceive themselves as intellectually fraudulent even in the presence of objective achievement and external validation.

The finding also supports attachment-based and developmental psychopathology explanations of trauma. According to attachment theory, early interactions with caregivers contribute to the development of internal working models that shape later perceptions of self-worth, competence, and relational security. Emotionally abusive or invalidating environments may foster insecure attachment patterns characterized by chronic self-doubt, fear of negative evaluation, shame, and emotional dysregulation (Mikulincer& Shaver, 2023). These internalized vulnerabilities may later manifest in academic settings through heightened perfectionism, fear of failure, and inability to internalize accomplishments, all of which are central features of impostor syndrome. This implies that the lingering effects of childhood trauma may intensify the academic, social, and emotional challenges that characterize this developmental phase. Such adversities may compromise academic performance, interpersonal relationships, and overall psychological well-being.

Similarly, the results align with cognitive-behavioural conceptualizations of impostor syndrome, which emphasize dysfunctional attributional styles and maladaptive core beliefs regarding competence and success. Individuals with impostor tendencies frequently externalize success while internalizing failure as confirmation of personal inadequacy. Childhood emotional abuse may reinforce these distorted cognitive patterns through repeated exposure to criticism, rejection, and emotional invalidation. Over time, trauma survivors may develop persistent schemas such as "I am not good enough" or "I do not deserve success," making it difficult to experience achievement as authentic or deserved. This interpretation is consistent with trauma-schema theories suggesting that unresolved childhood trauma contributes to chronic shame, hypervigilance, perfectionism, and self-criticism (Schimmenti & Caretti, 2020).

Furthermore, physical abuse, sexual abuse, emotional neglect, and physical neglect did not independently predict impostor syndrome within the regression model after

controlling for other trauma dimensions. This suggests that comparatively, emotional abuse may exert a stronger and more direct psychological influence on self-concept and achievement-related beliefs than other forms of childhood adversity. Emotional abuse directly targets the developing sense of self and personal worth, whereas other trauma dimensions may exert more indirect or context-dependent psychological effects. The finding further supports recent literature indicating that emotional maltreatment is one of the most psychologically damaging forms of childhood trauma because of its enduring impact on identity development and emotional regulation.

Interestingly, gender did not moderate the relationship between sexual abuse and impostor syndrome. This suggests that the psychological consequences of sexual abuse on impostor experiences may operate similarly across male and female undergraduates within this sample. The result aligns with recent studies suggesting that gender differences in impostor experiences may be less pronounced (Orenstein et al., 2021). The finding also highlights the importance of recognizing that male survivors of childhood trauma may experience comparable levels of self-doubt and impostor feelings with females despite sociocultural tendencies that often discourage emotional disclosure among men.

The study also has important clinical and institutional implications. The findings highlight the need for trauma-informed mental health interventions within Nigerian universities, particularly interventions targeting emotional abuse, maladaptive self-schemas, and perfectionistic cognitions. University counselling centres may benefit from integrating trauma-sensitive psychological services, psychoeducation programs, and self-esteem-focused interventions aimed at helping students recognize and restructure impostor-related beliefs. In addition, institutional mental health policies should promote psychologically safe academic environments where students can discuss emotional difficulties without fear of stigma or discrimination.

Limitations of the study and suggestions for further studies

The first limitation of this study relates to the sampling procedures. Due to lack of access to a randomized probability sample, this study depended on convenience sampling. Convenience sampling is the process of recruiting participants from sources that the researcher has access to instead of randomisation. Another limitation is the use of an online method for data collection in which respondents with biases may select themselves into the study thereby affecting its generalisability.

Future studies should consider using a more diverse sample procedure, adding more or different moderating variables. Future research on the imposter phenomenon could benefit from using a larger sample, which may provide more representation of the general population. Other variables that may be important to impostorism may include age, gender, career path, ethnicity etc. Others may include potential strategies and targeted interventions to mitigate the detrimental impact of impostor syndrome on undergraduates.

Future studies should include people from small towns, rural areas, and various underdeveloped and developing countries to better understand how impostor syndrome affects diverse populations across gender, age and cultural and geographical background. Researchers should follow individuals over time, rather than studying them only once, to observe how impostor feelings evolve or change in response to life experiences.

Conclusion

The findings of this study are particularly important within the Nigerian and broader African context, where mental health challenges remain highly stigmatized and trauma-related experiences are often underreported. Nigerian undergraduates frequently navigate intense academic competition, socioeconomic uncertainty, family expectations, and pressure for upward social mobility. Within such environments, unresolved childhood trauma may remain psychologically concealed while manifesting through perfectionism, chronic anxiety, emotional exhaustion, and impostor feelings. The present study therefore contributes to the limited African literature on impostor syndrome by demonstrating that developmental trauma experiences significantly shape students' psychological adjustment and self-perceptions within higher education settings. Overall, the present study extends existing literature by demonstrating that childhood trauma, particularly emotional abuse, plays a significant role in the development of impostor syndrome among Nigerian undergraduates. The findings reinforce the importance of examining developmental and sociocultural factors underlying impostor experiences and provide empirical support for trauma-informed approaches to student mental health within African higher education contexts.

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