



# Contributions of childhood trauma and parenting styles in self-esteem of physically challenged adolescents in Southeast Nigeria.

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## ABSTRACT

This study examined the contributions of traumatic childhood events and parenting styles in the self-esteem of physically challenged adolescents. Participants were 255 physically challenged children in 19 secondary schools in Abakaliki, southeast Nigeria. They consisted of 131 males and 124 females. Their ages ranged from 12 to 20 years (Mean age = 15.30,  $SD = 2.05$ ). Results of a hierarchical linear regression revealed that those with less childhood trauma had higher self-esteem, accounting for 7% of the variance in participants' self-esteem. Authoritative style was positively associated with participants' self-esteem, while the authoritarian and permissive parenting styles did not significantly predict self-esteem. Individuals who had authoritative parents may have a stronger sense of self-worth due to their parents' engagement and support in what they do. The findings underscore the critical need to minimize children's exposure to violence, maltreatment, and abuse; as well as ensuring that negative child rearing practices are avoided.

## Introduction

Adolescence is the stage of development in which teenagers establish a distinct sense of self and identity (Erikson, 1980; Wigfield & Eccles, 2014). As they enter adolescence, their self-esteem may shift (Emam & Abu-series, 2014; Okunlola et al., 2020). Self-esteem is one's positive or negative attitude toward oneself and one's evaluation of one's own thoughts and feelings overall in relation to oneself (Rosenberg, 1965). It is regarded as a personal psychological characteristic relating to self-judgment based on one's values about humans (Alesi et al., 2012). Self-esteem is viewed as a buffer for the self, protecting it from adverse events (Longmore & DeMaris, 1997; Pearlin & Schooler, 1978; Spencer et al., 1993; Thoits, 1994). According to Thoits (1994), self-esteem is depleted or lowered in defending the self from discomfort while the problem is handled. As with any other resource, self-esteem may be developed, but once tapped, it is depleted (Basak & Ghosh, 2008). Here, self-esteem is built up through effective self-verification and finished when the self-verification process is disturbed. Like other characteristics of the self, self-esteem is very stable but responsive to changes in social circumstances (Devi & Jyotsana, 2016). When chronic difficulties with self-validation accompany these changes, self-esteem is likely to deteriorate even further when the energy store is exhausted (Schwartz, et al, 2009; Devi & Jyotsana, 2016). Individuals must seek, maintain, or grow their self-esteem by creating

“opportunity structures or settings for self-validation” (Swann, 1983; 1990). When this happens, they actively seek opportunities to verify their identities and avoid circumstances where self-verification is difficult or impossible. These actions assist individuals in managing and sustaining their self-esteem.

Physical challenge is a broad term that encompasses a variety of circumstances in which a person's physical abilities to do one or more essential life tasks, such as communication, movement, and self-care, have been lost entirely or partially. Physically challenged adolescents are at risk of reduced participation and social exclusion, have fewer friends and experience loneliness than typically developed adolescents, and have a more extended childhood than their peers (Ferial et al., 2019; Cardinali & D'Allura, 2001). Hence, the self-esteem of physically challenged children deserves to be guarded and sustained to enable these individuals to grow and develop optimally.

Three significant self-esteem theories exist: self-determination ((Ryan & Deci, 2004), fear management (Greenberg et al., 1986), and sociometer theory (Leary & Downs, 1995). The self-determination hypothesis stresses that man is born with an inherent desire to explore, absorb, and dominate his environment and that genuine self-esteem occurs when the fundamental psychological nutrients, or requirements, of existence are balanced (Ryan & Deci, 2004). In other words, labelling someone as having poor self-esteem is unjust if they

cannot achieve their fundamental necessities. The terror management theory states that self-esteem develops as a child recognizes that anxiety decreases as the caregiver meets the child's needs, resulting in a shift in their perception of life and the inextricable link between self-esteem and positive relationships (Greenberg et al., 1986; Pyszczynski et al., 2004). This means that when one's self-esteem is low, this underlying worry might trigger defensive behaviour in critical aspects of one's life in response to threats. The sociometer hypothesis emphasises the minimum social inclusion or belonging required for humans to reproduce and live (Leary & Downs, 1995). When an individual is removed from a substantial social circle or connection, his or her self-esteem is likely to suffer, unlike when the individual is involved in many less meaningful interactions. Numerous factors may be implicated in individuals, particularly adolescents, unable to develop or maintain self-esteem. These factors include but are not limited to childhood trauma and parenting styles.

Traumatic incidents have a range of effects on people at various developmental stages and throughout their lives. Childhood trauma is frequently the outcome of child abuse, defined as any maltreatment that can harm a child's health, survival, or development (WHO, 2010). Childhood trauma has been described as any abuse that damages or has the potential to harm the kid, including verbal, emotional, psychological, or even sexual abuse committed by the parent, guardian, or any other individual (Leeb et al., 2008). It has a long-lasting or transitory psychological or physiological influence on an individual. A teenager's subjective traumatic events may be followed by despair, fear, unstable emotional states, uncertainty, helplessness, self-blame, wrath, concern, distrust, and a sense of vulnerability and unprotection in situations where protection is anticipated (Ofonedu et al., 2013). Child abuse can have a detrimental effect on the victim later in life (Jennings et al., 2014). Among these consequences include unstable attachment, misbehaviour, and even involvement in domestic violence. For example, Huang et al. (2011) discovered a link between child maltreatment and eventual illicit drug use and drug-related behaviours among young people. Swogger et al. (2011) found a similar association between childhood physical abuse and alcohol use disorder. Additionally, studies have revealed that those addicted to drugs were victims of lifetime physical and sexual abuse (Oviedo-Joekes et al., 2011).

This idea was validated by a study conducted by Andriana (2012) on the detrimental influence of childhood trauma on self-esteem. A more excellent trauma score is related to lower self-esteem (Briere & Elliot, 2003). Karakus (2012) established that abuse has a significant effect on self-esteem and that emotional abuse is a strong predictor of self-esteem. According to his findings, self-esteem levels decline as adolescent abuse levels grow. Collings (1997) found that 34.80 per cent of female African students reported having experienced sexual abuse. This study is comparable to the current one in that a high rate of childhood trauma negatively influences an individual's self-esteem. It is worth noting that children of poor socioeconomic class parents are more likely to suffer from child

abuse and neglect (Ju & Lee, 2010; Fantuzzo, 2011).

It is critical to highlight that various other variables can contribute to low adolescent self-esteem in addition to childhood trauma. Among these factors is how parents or caregivers nurture a kid as leaders of various households; parents and caregivers use different parenting techniques to raise their children. Many traumatized children who end up on the streets due to abuse do so as a result of dysfunctional households which can be facilitated by the child-rearing pattern or parenting styles used in such homes (Rohner, 2016; Rohner & Lansford, 2017). Parenting styles refers to all styles of child upbringing and interactions between biological parents, foster parents, and caretakers for children and adolescents (Darling & Steinberg, 1993). They are a collection of standardized behaviours that parents employ when socializing, guiding, and raising their children (Baumrind, 1971). Crockett and Hayes (2011) defined parenting styles as how parents reward their children's discipline, support, and protection. Appropriate parenting requires a relationship between the kid and the parent or primary caregiver. This is because it is a task that demands skill to provide a satisfactory outcome. Parents are accountable for raising their children and assisting them in becoming responsible citizens (Citizen, 2015).

There are several parenting styles, but the Baumrind (1971) typology of three parenting styles appear to be more common: authoritative, authoritarian, and permissive parenting styles. Authoritative parenting style, also known as democratic parenting, is viewed as a more flexible method of parenting in which substantial freedom is granted to children. Still, an acceptable level of limitation is imposed with justification (Cherry, 2016). Children and young people's perspectives are treated seriously due to the two-way communication within the family circle. The rationale for establishing rules and the benefits of following regulations is clearly stated. The parents in this community are receptive to their children's needs and perspectives. According to Dewae (2013), authoritative parents respect their children by including them in family decisions and allowing them to develop age-appropriate independence while keeping ultimate authority.

Authoritarian or autocratic parenting styles are considered more rigorous types of parenting. Rules are established and adhered to closely, if not entirely, to the letter. Brigitte (2016) asserts that authoritarian parents attempt to impose laws as if they were heavenly edicts. These restrictions are not communicated to the teenager why they must be followed religiously, which may explain why this parenting style is sometimes called "do it because I said so." Also, Such parents prioritize obedience and compliance, favouring punitive, severe, and aggressive disciplinary techniques (Williams, 2016). In this instance, the child's independence is stifled, and they tend to act according to parentally established standards. The teenager is to follow the rule "Because I said so." Free conversation between parents and children is prohibited because the child should undoubtedly accept their parents' statements regarding what is proper (Iwundu, 2013).

Apart from authoritarian parenting, another parenting

style seen as damaging to children's growth is permissive parenting. According to Dewae (2013), permissive parents are emotionally affectionate yet extremely hesitant to impose norms or standards of behaviour. Parents may be indifferent to their children's and others' well-being. Permissive parenting permits teenagers to disobey parental desires (Iwundu, 2015). They are allowed to demand whatever they like regarding whatever comes to mind. This conduct persists, most likely because parents fail to give the necessary support to the teenager. Such parents have difficulty making decisions that entail the exercise of authority over their children or other dependents. Children and adolescents with permissive parents frequently behave recklessly since they are not required to exhibit any responsible behaviour. The child behavioural profile associated with permissive child upbringing is as follows: impulsivity, aggressiveness, rebellion, poor self-reliance, dominating attitude, and low accomplishment (Shaffer, 1988; Singh, 2015). This contrasts with the positive parenting, marked by parental warmth and emotional sensitivity and lower levels of aggressiveness and high self-esteem among children raised in this manner.

Driscoll (2013) studied the link between self-esteem and parenting styles at four stages of life at four different age points. The results showed that self-esteem was lowest during 14 years of age for children in general, the reason being it is the stage when they experience tough times in the sense that there are various changes that they have to deal with ranging from their body to the relationships they have with their friends and family. Children from authoritative families had higher self-esteem at all four age points than children from authoritarian families. Even permissive parenting was found to result in higher self-esteem levels in comparison to authoritarian parenting (Driscoll, 2013). Cardinali and D'Allura (2001) found that visually impaired adolescents perceived their mothers to use a combination of authoritative and authoritarian parenting styles. In contrast, permissive parenting was more favourably associated with self-esteem (Cardinali & D'Allura, 2001). Parents and family members of physically impaired individuals face heightened stress due to the added duties related to caring for a disabled individual. As a result, their attitude toward the kid is impacted (Ferial et al., 2019). Parents of physically disabled children are more protective than parents of usually developing children, owing to their increased worry for their children's safety (Cardinali & D'Allura, 2001).

It is worthy of note that parenting styles not only directly affects the self-esteem of adolescents (Driscoll, 2013), but also has been shown to have a lasting impact on the development of adolescents' personality and mental health (Jennings et al., 2014; Huang et al., 2010; Peng et al., 2021; Rohner & Britner, 2002; Rohner et al., 2005). Although many theoretical and empirical studies have shown that parenting style affects adolescent mental health, few studies have considered the roles of both protective and risk factor (Peng et al., 2021). Self-esteem has been shown to be an important protective factor in mental health (Peng et al., 2021), while childhood trauma has been shown to be a risk factor in mental

health (Jennings et al., 2014). However, no study has examined parenting styles and childhood traumatic experience as factors that could predict the development of self-esteem among physically challenged adolescents in the suburb areas of a low-income country such as Nigeria. Given the positive impact of self-esteem as a protective factor, findings of this study may be relevant for prevention efforts and protective interventions in adolescent mental health problems. This study examined four hypotheses:

1. Adolescents with physical disabilities in Abakaliki will have lower self-esteem due to childhood trauma.
2. Authoritative parenting style will predict the self-esteem of physically challenged adolescents in Abakaliki.
3. Authoritarian parenting style will predict the self-esteem of physically challenged adolescents in Abakaliki.
4. Permissive parenting style will predict the self-esteem of physically challenged teenagers in Abakaliki.

## Method

### Participants and procedure

The researchers enrolled 255 physically challenged teenagers from JSS1 to SS3 classes at 19 different public and private secondary schools in Abakaliki, Ebonyi State, Nigeria. Purposive sampling was used in this investigation. This strategy was chosen due to the small number of participants targeted based on physical impairment criteria. All participants were Igbos from Southeast Nigeria. By gender, 131 were male and 124 were female. Their ages varied from 12 to 20, with a mean of 15.30 years ( $SD = 2.05$  years). An introductory letter to conduct this study in the selected secondary schools was obtained from the Department of Psychology, Faculty of the Social Sciences, Alex Ekwueme Federal University, Ndufu-Alike, Ebonyi State. Informed consent for the study was obtained from the school administrators while all the children that participated in the study gave their verbal assent. Before giving the surveys, the researchers established rapport with the participants, reassuring them that there were no correct or incorrect responses and that their reactions to the items would be retained in the strictest confidence. The administration and collection of the questionnaire took three hours and a few minutes because some participants filled out the surveys reasonably slowly. Participants completed the questionnaire with the assistance of researchers and some instructors who aided in delivering and explaining the questionnaires to some of the kids who had difficulty comprehending it. Two hundred and sixty (260) questionnaires were distributed and collected entirely. However, five (5) surveys needed to be completed correctly, and only 255 were ultimately valuable to the study.

### Instruments

Three measures were used to assess the variables in the study: the Adverse Childhood Experience-International Questionnaire (ACE-IQ) (World Health Organization, WHO, 2018), the Parenting Style Questionnaire (Baumrind, 1971), and the Rosenberg Self-Esteem Scale (RSES) (Rosenberg,



1965).

**Adverse Childhood Experience-International Questionnaire (ACE-IQ) (WHO, 2018):** The ACE Questionnaire was originally developed by the Center for Disease Control and Prevention (1997) and popularized by Felitti et al. (1998). Given these findings and the clear public health relevance, the World Health Organization (2018) subsequently supported the further development of the questionnaire so that it could be used in different countries and settings to respond to calls to explore childhood trauma systematically and feasibly by field testing to explore more facets of ACE, including war experiences and ghetto-related experiences (Westermair et al., 2018). This resulted in the 31-item Adverse Childhood Experiences International Questionnaire (ACE-IQ), designed to be completed by people aged 18 years and older (Gette et al., 2022). However, Kidman et al., (2019) confirmed that the ACE-IQ can be used to measure childhood trauma in adolescents as well as adults in all countries of the world. The questionnaire measures family dysfunction, Neglect from caregivers or parents, physical abuse, sexual and emotional abuse, witnessing community violence, peer violence, and exposure to other sources of violence. The ACE-IQ is an eight-section questionnaire that utilizes different response formats, such as the binary format, which includes YES or NO for the first two sections (Demographic and marriage). In comparison, the frequency format ranges from always to never for the remaining six sections. However, those who refuse to respond to a particular question are coded as "Refused." The frequency format for this study ranges from "1—Always and 5—Never." The range of possible scores on ACE is 26 (for those whose response is "1- Always" from questions 1–26) to 130 (for those whose response is "5- Never" from questions 1–26).

The questions include: "Did your parents/guardians understand your problems and worries?" "Did your parents/guardians know what you did with your free time when you were not at school or work?" "How often did your parents/guardians not give you enough food even when they could easily have done so?". Several studies have confirmed the reasonable validity of the content of the ACE-IQ, good internal consistency reliability and satisfactory test-retest reliability since all the critical elements of the questionnaire ensure that information collected is independent (Ho et al., 2019; Kidman et al., 2019). Aroyewun et al. (2023) revalidated the ACE-IQ in Nigeria and obtained Cronbach's  $\alpha$ s of .76 (relationship with parent/guardian) .86 (relationship with family and environment), .74 (peer violence) and .67 (community violence).

**Parenting Style Questionnaire:** This is a 20-item scale adapted by Akinsola (2010) from the parenting care scale, initially developed by Baumrind (1971). In the adapted scale used for this study, five items measure permissive parenting style, six measure authoritarian parenting style, and nine measure authoritative parenting style. The adapted version of the scale used a 5-point Likert Scale ranging from strongly agree to

disagree on a scale of 1 to 5 to measure the participants' responses. This differs from Baumrind's version, which had a "yes" or "no" response. The adapted scale included items such as "My parents respect my privacy", "My parents expect me to follow family rules", and "My parents give me much freedom". Akinsola (2010) obtained the following correlation coefficients for a 5-week interval test-retest reliability analysis for the adapted PSS:  $r = .67$  (permissive),  $r = .35$  (authoritarian), and  $r = .80$  (authoritative). For this study, a Cronbach  $\alpha$  of .77 for the overall scale, with .75, .76, and .82 for the permissive parenting style, authoritarian parenting style, and authoritative parenting style respectively.

**Rosenberg's (1965) Self-esteem Scale:** The RSES has become one of the most widely used instruments for measuring self-esteem by researchers (Park & Park, 2019). It is a 10-item, one-dimensional measure of self-esteem. The items are rated on a 4-point Likert scale, from strongly disagree (1) to agree (4) strongly. The negatively worded items were expected to be reverse-scored to obtain scoring consistency. The scores range from 10 – 40, with higher scores indicating higher self-esteem. Examples of items on the RSES include statements such as "I feel I do not have much to be proud of", "I certainly feel useless sometimes", "I wish I could have more respect for myself", etc. Rosenberg (1965) reported an internal consistency, Cronbach's  $\alpha$  of .72. Ifeagwazi (2010) received a Cronbach's  $\alpha$  of .62 in a Nigerian sample. Okwaraji et al. (2016) reported a Cronbach's  $\alpha$  of .84 with two-week test-retest reliability coefficient of .76.

### Design and statistical analysis

This study adopted a cross-sectional survey design. A hierarchical multiple regression analysis, in SPSS version 22, was used for data analysis. This is because the study is a correlational study with several independent variables.

### Results

In **Table 1**, the correlation shows that gender and age were not significantly related to the participants' self-esteem. However, childhood trauma had a negative association with the participants' self-esteem. Authoritative style was positively related to the participants' self-esteem. Authoritarian and permissive parenting styles had no significant relationship with self-esteem.

**Table 2** showed that the control variables (gender and age) included in the first step of the regression analysis did not significantly predict participants' self-esteem. Childhood trauma negatively predicted participants' self-esteem ( $\beta = -.28$ ;  $p = .000$ ). This indicates that participants with low childhood trauma reported higher self-esteem. Childhood trauma explained 7% of the variance in the participants' self-esteem. The authoritative style dimension of parenting positively predicted participants' self-esteem ( $\beta = .12$ ;  $p = .052$ ), while the other two parenting styles did not significantly predict participants' self-esteem. Parenting styles accounted for 3% of the variance in the participants' self-esteem. Childhood trauma

**Table 1: Means, standard deviations and inter-correlations of self-esteem, gender, age, childhood trauma, authoritative parenting style, authoritarian parenting style and permissive parenting style**

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1 Self-esteem	18.45	4.10	1.00	-	-	-	-	-	-
2 Gender	1.49	0.50	-.05	1.00	-	-	-	-	-
3 Age	15.31	2.05	.01	-.12*	1.00	-	-	-	-
4 Childhood Trauma	54.05	13.82	-.28**	.11*	-.09	1.00	-	-	-
5 Authoritative PS	21.69	3.74	.14*	.01	-.04	-.04	1.00	-	-
6 Authoritarian PS	18.18	4.28	-.06	.04	.09	-.03	-.14*	1.00	-
7 Permissive PS	12.83	4.17	-.09	-.01	-.03	.01	-.06	.09	1.00

**Note.** \* $p < .05$ ; \*\* $p < .001$ ; PS-Parenting Style.

**Table 2: Hierarchical multiple regression predicting self-esteem by childhood trauma and parenting styles**

Predictors	<i>B</i>	<i>SE</i>	<i>B</i>	<i>t</i>	<i>R</i> <sup>2</sup> Change
<b>Step 1</b>					<b>.00</b>
Gender	-.42	.52	-.05	-.81	
Age	.00	.13	.00	.03	
<b>Step 2</b>					<b>.07</b>
Childhood Trauma	-.08	.02	-.28**	-4.50	
<b>Step 3</b>					<b>.03</b>
Authoritative Style	.13	.07	.12*	1.95	
Authoritarian Style	-.04	.06	-.04	-.66	
Permissive Style	-.08	.06	-.08	-1.33	

Note: \* $p < .05$ ; \*\* $p < .01$ ; Total  $R^2 = .18$ .

was found to be a stronger predictor of participants' self-esteem than parenting styles.

### Discussion

The result of this study indicates that childhood trauma predicted participants' self-esteem. This showed that people who had less childhood trauma had a better sense of self-esteem than those who experienced more childhood trauma. This

result is similar to Ofonedu et al. (2013), who observed that a teenager's subjective traumatic events may be followed by despair, fear, unstable emotional states, uncertainty, helplessness, self-blame, wrath, concern, distrust, and a sense of vulnerability and unprotection in situations where protection is anticipated. Similarly, some other authors (Andriana, 2012; Karaku, 2012) found essential links between childhood maltreatment and self-esteem. Therefore, it is critical to

highlight that when an individual's childhood trauma experience is severe, it predicts the individual's poor self-esteem. The result of the current study might have originated from prevalent poor child-rearing practices experienced in recent times in Nigeria, especially the high rate of divorce.

Authoritative parenting style positively predicted participants' self-esteem. This finding corroborated Driscoll's (2013) finding that children from authoritative homes had greater self-esteem at all four developmental stages than children from authoritarian families. Perhaps, more parents become educated, some have recognized the benefits of democratic parenting and, rather than adhering to the conservative and authoritative parenting styles from which they were raised. They may have chosen to adopt a more child-friendly approach to parenting to understand their children better and raise more confident children. Balance is a necessary quality in interpersonal interaction. This result seems to demonstrate the age-long accepted method of social interaction and progress in Igbo culture, a method of interaction that is best known as democracy- the best form of government that gives people a sense of belonging. The classic/democratic parenting also known as authoritative parenting (Dewae, 2013) was the only style that is positively related to self-esteem in this study.

Authoritarian and permissive parenting styles had no significant influence on self-esteem. Driscoll's (2013) work contradicts the findings of this study since it also indicated that liberal parenting results in better self-esteem levels than authoritarian parenting. The lack of a relationship between authoritative parenting and self-esteem could be explained by the fact that, in a conservative Igbo culture where some people are already accustomed to parents exercising complete control over their children's behaviour and where children are expected to be subservient, their self-esteem is unlikely to be harmed by authoritarian parents. Indeed, any parent or caregiver who cannot control their child's behaviour is deemed irresponsible. The same is true for youngsters who are more conscious of their parents' or caretakers' restrictions. Such youngsters are sometimes tagged, and other parents caution their children against socializing with such children.

The lack of a significant association between permissive parenting and self-esteem among physically challenged teens may be related to some parents becoming more Western in their child's upbringing patterns. In recent years, both parents have worked to make ends meet, leaving their children to the mercy of home help or putting them in late-night after-school classes. They often make up for their extended hours away from home to seek better pastures by offering their children unrestricted freedom. This, parents believe, will compensate for their absence from home, and the children, in turn, appear to take advantage of such changes to assert themselves and find themselves. Instead of being having a damaging effect on the children's self-esteem, the children may develop self-reliance and confidence to confront obstacles in life.

### Limitations of the Study and Suggestions for Further Studies

The cross-sectional survey method used for this study may not be the best method to use in order to determine the ecological validity of childhood trauma and parenting styles on adolescents' self-esteem. Our sample size is small and so we are not sure of its representativeness of the population. Importantly, not including participants from diverse cultures in the present study is one of the study's limitations, which needs to be explored in subsequent research. The backbone of this is that such omission may lead to deflating research findings. Also, the study was limited to physically challenged adolescents, which may have influenced the inverse relationship observed between trauma and self-esteem.

Further studies on this should consider conducting a cross-cultural study across the geopolitical zones in Nigeria. This will not only clearly open up on the influences culture has on self-esteem but also increase the generalizability of the study results. Also, focusing on different trauma history types should be considered in future research, since the study aimed to investigate childhood trauma in general. In addition, future research on this should include data from participants' significant others in order to avoid the inflation or deflation of result due to common method variance.

### Conclusion

The purpose of this study was to determine the roles of childhood trauma and parenting styles on self-esteem among physically challenged secondary school students in Southeast Nigeria. The study's findings indicated that childhood trauma has a negative association with self-esteem. This suggests that the more childhood trauma a person has, the lower their self-esteem. Authoritative parenting style had a positive association with self-esteem. This suggests that individuals who had authoritative parents had a stronger sense of self-worth due to their parents' engagement and support in whatever they do. Authoritarian and permissive parenting styles had no significant association with self-esteem. Parents should avoid exposing their children to adverse childhood experiences that will harm their self-esteem. To raise children who have a positive sense of self-worth, an authoritative style of parenting is recommended.

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### References

- Akinsola, E. F. (2010). Correlation between parenting styles and sexual attitudes of young people in Nigeria: Comparison of two ethnic groups. *Gender & Behaviour*, 8(1), 2771-2788. <https://doi.org/10.4314/gab.v8i1.54692>.
- Alesi, M., Rappo, G., & Pepi, A. (2012). Self-esteem at school and self-handicapping in childhood: comparison of groups with learning disabilities. *Psychological Report*, 111, 952-962. <https://doi.org/10.2466/15.10.PR0.111.6.952-962>

- Aroyewum, B. A., Adeyemo, S. O. & Nnabuko, D. C. (2023). Aggressive behaviour: Examining the psychological and demographic factors among university students in Nigeria. *Cogent Psychology*, 10(1), 2154916, <https://doi.org/10.1080/23311908.2022.2154916>
- Basak, R., & Ghosh, A. (2008). Ego-identity status and its relationship with self-esteem in a group of late adolescents. *Journal of the Indian Academy of Applied Psychology*, 34(2), 337-344.
- Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology*, 4(1p2), 1-103. <https://doi.org/10.1037/h0030372>
- Bernstein, D. P. & Fink, L. (1998). *Childhood Trauma Questionnaire. A Retrospective Self-Report Manual*. San Antonio, Texas: Psychological Corporation.
- Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27(10), 1205-1222. doi:10.1016/j.chiabu.2003.09.008
- Briere, J., & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. *Child Abuse Neglect*, 14, 357-364.
- Cardinali, G., & D'Allura, T. (2001). Parenting Styles and Self-Esteem: A study of young adults with visual impairments. *Journal of Visual Impairment & Blindness*, 95(5), 261-271. <https://doi.org/10.1177/0145482X0109500502>
- Center for Disease Control and Prevention. (1997). *CDC-Kaiser ACE study*. Retrieved from <https://www.cdc.gov/violenceprevention/aces/about.html>
- Cherry, T. (2016). *Parenting as an Art: The art of raising happy, healthy, creative children (Eco Parenting)*. Inspired Education Pty Ltd.
- Collings, S. J. (1997). Development, Reliability, and Validity of the Child Sexual Abuse Myth Scale. *Journal of Interpersonal Violence*, 12(5), 665-674. <https://doi.org/10.1177/088626097012005004>
- Crockett, L.J. & Hayes, R. (2011). Parenting practices and styles. *Encyclopedia of Adolescence*, 2, 241-248.
- Darling, N., & Steinberg, L. (1993). Parenting style as context: an integrative model. *Psychological Bulletin*, 113, 487-496. <https://doi.org/10.1037/0033-2909.113.3.487>
- Dennis, U. D., Oluwatelure, F. A. (2016). Self-esteem and Extroversion as Predictors of Clinical Leadership Competency among Clinicians in Nigeria. *Clinical and Experimental Psychology*, 2, 122. <https://doi.org/10.4172/2471-2701.1000122>
- Devi, S. & Jyotsana, D. (2016). Identity Formation: Role of Social Support and Self Esteem among Indian Adolescents. *The International Journal of Indian Psychology* 3, (2), No.4, <http://www.ijip>.
- Dewae, G. (2013). *The authoritative parenting style: Warmth, rationality, and high standards: a guide for the source-minded parents*. Available at <http://www.parentingscience.com>
- Driscoll, L.C. (2013). *Parenting Styles and Self-Esteem. Scripps Senior Theses*. Paper 155. [http://scholarship.claremont.edu/scripps\\_theses/155](http://scholarship.claremont.edu/scripps_theses/155).
- Emam, M. & Abu-Serei, U. (2014). Family functioning predictors of self-concept and self-esteem in children at risk for learning disabilities in Oman: exclusion of parent and gender contribution. *International Education Studies*, 7(10), 89-99. <https://doi.org/10.5539/ies.v7n10p89>.
- Erickson, E. H. (1980). *Identity and the life cycle*. New York: Norton.
- Fantuzzo, J. W., Perlman, S.M. & Dobbins, E. K. (2011). Types and timing of child maltreatment and early school success: A population-based investigation. *Children and Youth Service*. <https://doi.org/10.1016/j.childyouth.2011.04.010>.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Ferial, M. Al-Zeraid, Sedeeq, Abeer & Osuagwu, Uchechukwu. Influence of Parenting Style on the Visually Impaired Adolescents and Their Self-Esteem - Analysis Based on A Saudi Population. *Biomedical Journal of Scientific & Technical Research*, 19(5) - 2019. <http://dx.doi.org/10.26717/BJSTR.2019.19.003363>
- Gette, J. A., Gissandaner, T. D., Littlefield, A. K., Simmons, C. S., & Schmidt, A. T. (2022). Modeling the Adverse Childhood Experiences Questionnaire – International Version. *Child Maltreatment*, 27(4), 527-538. <https://doi.org/10.1177/10775595211043122>
- Greenberg, J., Pyszczynski, T., & Solomon, S. (1986). The causes and consequences of a need for self-esteem: A terror management theory. In R. F. Baumeister (Ed.), *Public self and private self* (pp. 189-212). Springer. [https://link.springer.com/chapter/10.1007/978-1-4613-9564-5\\_10](https://link.springer.com/chapter/10.1007/978-1-4613-9564-5_10)
- Huang, S., Trapido, E., Fleming, L., Arheart, K., Crandall, L., French, M., Malcolm, S. & Prado, G. (2011). The long-term effects of childhood maltreatment experiences on subsequent illicit drug use and drug-related problems in young adulthood. *Addictive Behaviours*, 36, 95-102.
- Huang, X., Zhang, H., Li, M., Wang, J., Zhang, Y. & Tao, R. (2010). Mental health, personality, and parental rearing styles of adolescents with Internet addiction disorder. *Cyberpsychology, Behavior & Social Network*, 13, 401-406. <https://doi.org/10.1089/cyber.2009.0222>.
- Ifeagwazi, C. M. (2010). Relationship between self-esteem and mental health in a group of university workers. *African Journal of Economy and Society*, 10(1 & 2), 183-197.
- Iwundu, C. O. (2003). *Psychology for the education and health professions*. Capella Publishers Nig. Ltd.



- Jennings, W. G., Park, M., Richards, T. N., Tomsich, E. A., Gover, A. R., & Powers, R. A. (2014). Exploring the Relationship between child physical abuse and adult dating violence using a causal inference approach in an emerging adult population in South Korea. *Child Abuse and Neglect*, 38, 1902-1913.
- Ju, S, Lee. Y. (2010). Experiences of family maltreatment by Korean children in Korean National Protective Services. *Child Abuse & Neglect*, 34, 18–27.
- Karakuş, Ö. (2012). Relation between childhood abuse and self-esteem in adolescence. *International Journal of Human Sciences*, 9 (2), 753–763.
- Kashdan, T. B. & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review*, 30, 865–878. <https://doi.org/10.1016/j.cpr.2010.03.001>.
- Kidman, R., Smith, D., Piccolo, L. R. & Kohler, H.P. (2019). Psychometric evaluation of the Adverse Childhood Experience International Questionnaire (ACE-IQ) in Malawian adolescents. *Child Abuse & Neglect*, 92, 139-145. <https://doi.org/10.1016/j.chiabu.2019.03.015>.
- Leary, M. R., & Downs, D. (1995). Interpersonal functions of the self-esteem motive: The self-esteem system as a sociometer. In M. Kernis (Ed.), *Efficacy, agency, and self-esteem*. Plenum.
- Leeb R. T, Paulozzi L, Melanson C, Simon T, Arias I. (2008). *Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Available from: <http://www.cdc.gov/ViolencePrevention/pub/CMP-Surveillance.html>
- Longmore, M., A & Alfred Demarts. (1997). Perceived inequality and Depression in intimate Relationship. The moderating Effect of Self- Esteem. *Social Psychology Quarterly*, 60, 172-84.
- Ofonedu, M. E., Percy, W. H., Harris-Britt, A. & Belcher, H. E. (2013). Depression in inner-city African American youth: A phenomenological study. *Journal of Child and Family Studies*, 22 (1), 96-106. <https://doi.org/10.1007/s10826-012-9583-3>
- Okunola, O., Gesinde, A. & Odukoya, A. (2020). Parenting styles and self-esteem of adolescents: A systematic review. Abstracts & Proceedings of INTCESS 2020- 7th International Conference on Education and Social Sciences, 20-22 January 2020- Dubai. ISBN: 978-605-82433-8-5
- Okwaraji, F. E., Aguwa, E. N., & Shiweobi-Eze, C. (2016). Life satisfaction, self-esteem and Depression in a sample of Nigerian adolescents. *International Neuropsychiatric Disease Journal*, 5 (3), 1-8.
- Oviedo-Joekes, E., Marchand, K., Guh, D., Marsh, D.C., Brissette, S., Krausz, M., Anis, A. & Schechter, M.T. (2011). History of reported sexual or physical abuse among long-term heroin users and their response to substitution treatment. *Addictive Behaviours*, 36, 55-60.
- Park, J. Y. & Park, E. Y. (2019). The Rasch analysis of Rosenberg Self-Esteem Scale in individuals with intellectual disabilities. *Frontiers in Psychology*, 10, 1992. <https://doi.org/10.3389/fpsyg.2019.01992>.
- Pearlin, L. I. & Carmi Schooler (1978). The structure of coping. *Journal of Health and Social Behavior*, 19, 2-21.
- Peng, B., Hu, N., Yu, H., Xiao, H. & Luo, J. (2021). Parenting Style and Adolescent Mental Health: The chain mediating effects of self-esteem and psychological inflexibility. *Frontiers in Psychology*, 12, 738170. <https://doi.org/10.3389/fpsyg.2021.738170>.
- Pyszczynski, T., Greenberg, J., Solomon, S., Arndt, J., Schimel, J., (2004). Why do people need self-esteem? *Psychological Bulletin*, 130(3), 435-468.
- Rohner, R. P. & Britner, P. A. (2002). Worldwide mental health correlates of parental acceptance-rejection: review of cross-cultural and intracultural evidence. *Cross-Cultural Research*, 36, 16–47. <https://doi.org/10.1177/106939710203600102>.
- Rohner, R. P., and Lansford, J. E. (2017). Deep structure of the human affectional system: introduction to interpersonal acceptance–rejection theory. *Journal of Family Theory Review*, 9, 426–440. <https://doi.org/10.1111/jftr.12219>.
- Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2005). Parental acceptance-rejection: theory, methods, cross-cultural evidence, and implications. *Ethos*, 33, 299–334. <https://doi.org/10.1525/eth.2005.33.3.299>.
- Rohner, R. P., Putnick, D. L., Molaver, A. D., Ali, S., Butt, M. M., Ibrahim, D. M., et al. (2020). Psychological maladjustment mediates the link between remembrances of parental rejection in childhood and loneliness in adulthood: a cross-cultural comparative study. *International Journal of Psychology*, 55, 590–600. <https://doi.org/10.1002/ijop.12621>.
- Rosenberg, M. (1965). *Society and the adolescent self-esteem*. Princeton, NJ: Princeton University Press.
- Ryan, M.R. & Deci, E.L., (2004). Avoiding Death or Engaging Life as Accounts of Meaning and Culture: Comment on Pyszczynski et al. (2004). *Psychological Bulletin*, 130 (3), 473-477.
- Schwartz, S., Mason, C., Pantin, H., & Szapoczik, J. (2009). Longitudinal relationships between family functioning and identity development in Hispanic adolescents: Continuity and change. *Journal of Early Adolescence*, 29, 177-211.
- Singh, S., Manjula, M., & Philip, M. (2012). Suicidal risk and childhood adversity: A study of Indian college students. *Asian Journal of Psychiatry*, 5(2), 154–159.10



- Spencer, S. J, Robert A. J. & Claude, M. S. (1993). Low Self-Esteem. The Uphill Struggle for Self-Integrity. Pp. 21-36 in *Self-Esteem: the puzzle of Low Self-regard*, edited by Roy, F, Baumeister. Plenum.
- Swogger, M.T., Conner, K.R., Walsh, Z. & Maisto, S.A. (2011). Childhood abuse and harmful substance use among criminal offenders. *Addictive Behaviours*, 36, 1205–1212.
- Thoits, P. A. (1994). Stressors and problem solving. The individual has psychological. *Journal of Health and Social Behavior*, 33, 143-59.
- Westermair, A. L., Stoll, A. M., Greggersen, W., Kahl, K. G., Hüppe, M., & Schweiger, U. (2018). All unhappy childhoods are unhappy in their own way—differential impact of dimensions of adverse childhood experiences on adult mental health and health behavior. *Frontiers in Psychiatry*, 9, Article 198.
- Wigfield, A., & Eccles, J. S. (2014). Middle grades schooling and early adolescent development. *Journal of Early Adolescence*, 14(2), 102-106.
- Williams, R. (2016). *Importance of good parenting in child's development*.  
<https://medium.com/@drrosettawilliams/importance-of-good-parenting-in-child-development-ba59d86420b9>.
- World Health Organization (2010). *Violence prevention, the evidence*.  
[http://apps.who.int/iris/bitstream/10665/77936/1/9789241500845\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77936/1/9789241500845_eng.pdf).
- World Health Organization (WHO) (2018). *Adverse Childhood Experiences International Questionnaire (ACE-IQ)*.  
[https://www.who.int/violence\\_injury\\_prevention/violence/activities/adverse\\_childhood\\_experiences/en/](https://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/)