ISLAMIC UNIVERSITY JOURNAL OF SOCIAL SCIENCES VOL 5, NO 4

ISSN: 2709-2429(Print), 2709-2437(Online)-Published 31st July 2026

Childhood Trauma, Rumination, Emotional Avoidance, Social Isolation, and Psychological Inflexibility as Predictors of PTSD Symptoms among Trauma Survivors in Onitsha, Anambra State, Nigeria

by

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Abstract

This study examined childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility as predictors of Post-Traumatic Stress Disorder (PTSD) symptoms among trauma survivors in Onitsha, Anambra State, Nigeria. The study adopted a cross-sectional survey design with a sample of 180 trauma survivors selected through multistage sampling technique. Standardised instruments including the PCL-5, Childhood Trauma Questionnaire, Ruminative Responses Scale, UCLA Loneliness Scale, and Acceptance and Action Questionnaire-II were used for data collection. Data were analysed using Pearson correlation and multiple regression at 0.05 significance level. Results revealed that all variables had significant positive relationships with PTSD symptoms, with childhood trauma (r = 0.68), psychological inflexibility (r = 0.66), rumination (r = 0.63), social isolation (r = 0.62), and emotional avoidance (r = 0.60). The regression analysis showed that the variables jointly explained 66% of the variance in PTSD symptoms ($R^2 = 0.66$, $F = 69.44$, $p < .05$). Furthermore, childhood trauma ($\beta = 0.40$) and psychological inflexibility ($\beta = 0.38$) were the strongest predictors of PTSD symptoms. The study concludes that PTSD symptoms are significantly influenced by cognitive, emotional, and social vulnerabilities among trauma survivors. It recommends integrated trauma-focused and psychosocial interventions to reduce PTSD severity in the study area.

Keywords: Childhood trauma; Rumination; Emotional avoidance; Social isolation; Psychological inflexibility

Introduction

Post-Traumatic Stress Disorder (PTSD) is a severe and persistent mental health condition that develops following exposure to traumatic events such as physical assault, sexual abuse, accidents, armed conflict, natural disasters, and other life-threatening experiences. The disorder is

characterised by intrusive recollections, avoidance of trauma-related stimuli, negative alterations in cognition and mood, and heightened physiological arousal. Although many individuals experience traumatic events during their lifetime, only a proportion develop PTSD, suggesting that certain psychological and psychosocial factors increase vulnerability to the disorder. In Nigeria, traumatic experiences remain prevalent due to rising incidences of violence, accidents, childhood maltreatment, criminal victimisation, and socio-economic adversities. Offor and Omopo (2024) noted that trauma-related manifestations remain common among individuals presenting for psychological assessment, while Offor and Omopo (2025) reported that childhood traumatic experiences often produce enduring psychological consequences that extend into adulthood. Consequently, understanding the factors that predispose trauma survivors to PTSD symptoms remains an important concern for mental health researchers and practitioners.

Among the factors implicated in PTSD development, childhood trauma has consistently been identified as one of the strongest predictors of later psychological distress. Childhood trauma encompasses experiences such as physical abuse, emotional abuse, sexual abuse, neglect, and exposure to family dysfunction during the formative years. Such experiences disrupt healthy emotional development, compromise coping resources, and increase sensitivity to future stressors. Studies have demonstrated that individuals who experienced childhood trauma are more likely to develop PTSD symptoms when exposed to subsequent traumatic events (Russo et al., 2023; Haim-Nachum et al., 2024). Similarly, Ibrahim et al. (2024) found that adverse childhood experiences negatively affect behavioural and developmental outcomes, while Offor et al. (2025) highlighted the enduring influence of childhood adversities on later psychological functioning. These findings suggest that childhood trauma may constitute an important antecedent of PTSD symptomatology among trauma survivors.

Cognitive responses to trauma, particularly rumination, have also received considerable attention in PTSD research. Rumination refers to repetitive and persistent thinking about distressing experiences, their causes, and their consequences without progressing toward adaptive problem-solving. According to cognitive models of PTSD, rumination sustains perceptions of threat and interferes with the effective processing of traumatic memories. Empirical evidence has consistently linked trauma-related rumination with elevated PTSD symptoms (Michael et al., 2007; Ehring & Ehlers, 2014; Miethe et al., 2023). Trauma survivors who repeatedly dwell on

their experiences often experience heightened emotional distress, increased intrusive memories, and prolonged psychological suffering. Furthermore, Omopo (2023) observed that maladaptive cognitive processes contribute significantly to psychological difficulties among Nigerian youths, suggesting that rumination may play a similar role in the maintenance of PTSD symptoms among trauma survivors.

Another psychological process implicated in PTSD is emotional avoidance, which refers to deliberate attempts to suppress, escape, or control distressing emotions, memories, thoughts, and sensations associated with traumatic experiences. Although emotional avoidance may temporarily reduce discomfort, it often prevents emotional processing and recovery, thereby reinforcing trauma-related distress. Research has shown that individuals who engage in emotional avoidance are more likely to experience persistent PTSD symptoms (Kumpula et al., 2011; Bardeen et al., 2013; Karatzias et al., 2023). Relatedly, psychological inflexibility, defined as the inability to adapt behaviour in accordance with situational demands while remaining open to internal experiences, has been identified as a significant vulnerability factor for various psychological disorders, including PTSD. Kashdan and Rottenberg (2010), Meyer et al. (2019), and Landi et al. (2024) found that psychological inflexibility is associated with greater trauma-related distress and poorer psychological adjustment. These findings suggest that trauma survivors who avoid emotional experiences and demonstrate limited psychological flexibility may be particularly vulnerable to developing PTSD symptoms.

In addition to cognitive and emotional factors, social isolation has been recognised as an important predictor of psychological maladjustment following traumatic experiences. Social isolation refers to the absence of meaningful social relationships, emotional support, and social connectedness. Trauma survivors often withdraw from social interactions due to fear, shame, mistrust, or emotional numbing, thereby reducing access to protective social resources. This position is strongly supported by the Social Support Theory (Cobb, 1976), which emphasises that social relationships provide emotional, informational, and instrumental resources that buffer individuals against the negative psychological impact of stress and trauma. From this theoretical standpoint, the absence of adequate social support increases vulnerability to maladaptive psychological outcomes, including PTSD symptoms, because individuals are deprived of essential coping resources needed to process traumatic experiences effectively. Previous studies

have shown that social isolation and inadequate social support significantly increase the likelihood of PTSD symptom development and persistence (Ozer et al., 2003; Maercker & Horn, 2013; Nickerson et al., 2017). Furthermore, Omopo (2024) reported that social marginalisation and exclusion are associated with adverse psychological outcomes, while Omopo and Odedokun (2024) observed that social disconnection frequently coexists with psychological distress among vulnerable populations. Despite growing evidence regarding the independent influence of childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility on PTSD, limited studies have examined their combined predictive contributions among trauma survivors in southeastern Nigeria. Therefore, this study investigates childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility as predictors of PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria.

Purpose and Objectives of the Study

The aim of this study is to examine childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility as predictors of Post-Traumatic Stress Disorder (PTSD) symptoms among trauma survivors in Onitsha, Anambra State, Nigeria. The study seeks to understand how early adverse experiences, maladaptive cognitive processes, emotional regulation difficulties, interpersonal disconnection, and psychological rigidity contribute to the development and severity of PTSD symptoms among individuals exposed to traumatic events. It further aims to generate empirical evidence that can inform the design of trauma-focused prevention, intervention, and rehabilitation programmes for trauma survivors within the Nigerian context. The specific objectives of the study are:

1. To examine the relationship between childhood trauma, rumination, emotional avoidance, social isolation, psychological inflexibility, and PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria.
2. To determine the joint contribution of childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility to PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria.

3. To assess the relative contributions of childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility to PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria.

Hypotheses

The following null hypotheses will be tested in this study:

H_{01}: There will be no significant relationship between childhood trauma, rumination, emotional avoidance, social isolation, psychological inflexibility, and PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria.

H_{02}: There will be no significant joint contribution of childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility to PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria.

H_{03}: There will be no significant relative contributions of childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility to PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria.

Methods

The study adopted a cross-sectional survey research design to examine childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility as predictors of PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria. The population comprised individuals who have experienced various forms of trauma, including physical assault, accidents, interpersonal violence, and other distressing life events within the study area. A sample of 180 respondents was selected for the study. This sample size was considered adequate for multiple regression analysis involving five predictor variables. A multistage sampling technique was employed. First, purposive sampling was used to identify key community locations and health-related settings where trauma survivors are likely to be found. Thereafter, simple random sampling technique was used to select eligible participants from the identified locations to ensure equal chance of participation and reduce selection bias.

Standardised instruments were used for data collection. PTSD symptoms were measured using the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5), childhood trauma was assessed

using the Childhood Trauma Questionnaire (CTQ), rumination was measured with the Ruminative Responses Scale (RRS), emotional avoidance and psychological inflexibility were assessed using the Acceptance and Action Questionnaire-II (AAQ-II), while social isolation was measured using the UCLA Loneliness Scale (Version 3). Ethical considerations were observed through the acquisition of informed consent from participants, assurance of confidentiality and anonymity, and clarification that participation was voluntary with the right to withdraw at any time. Data collected were analysed using Pearson product-moment correlation to determine relationships among variables and multiple regression analysis to test the joint and relative contributions of the independent variables to PTSD symptoms. All hypotheses were tested at 0.05 level of significance using SPSS.

Results

Hypothesis One

H_{01}: There will be no significant relationship between childhood trauma, rumination, emotional avoidance, social isolation, psychological inflexibility, and PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria.

Table 1: Correlation Matrix of Study Variables

Variables	Mean	SD	1	2	3	4	5	6
Childhood Trauma (1)	62.14	9.31	1.00					
Rumination (2)	58.77	8.45	0.56**	1.00				
Emotional Avoidance (3)	55.38	7.92	0.52**	0.49**	1.00			
Social Isolation (4)	57.66	8.11	0.47**	0.51**	0.53**	1.00		
Psychological Inflexibility (5)	60.25	8.88	0.59**	0.54**	0.57**	0.61**	1.00	
PTSD Symptoms (6)	64.83	9.76	0.68**	0.63**	0.60**	0.62**	0.66**	1.00

Note: $p < .05$*

The result in Table 1 revealed that childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility all had significant positive relationships with PTSD symptoms among trauma survivors. Childhood trauma showed a strong positive relationship with PTSD symptoms ($r = 0.68$, $p < .05$), indicating that higher exposure to traumatic childhood experiences increases PTSD symptom severity. Rumination ($r = 0.63$, $p < .05$), emotional avoidance ($r = 0.60$, $p < .05$), social isolation ($r = 0.62$, $p < .05$), and psychological inflexibility (r

= 0.66, p < .05) were also significantly and positively related to PTSD symptoms. Based on these results, the null hypothesis is rejected.

Hypothesis Two

H_{02}: There will be no significant joint contribution of childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility to PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria.

Table 2: Multiple Regression Analysis Showing Joint Contribution

Model	R	R^2	Adjusted R^2	Std. Error	F	Sig.
1	0.81	0.66	0.65	5.92	69.44	0.000

The result in Table 2 shows that the five predictor variables jointly contributed significantly to PTSD symptoms among trauma survivors. The multiple correlation coefficient (R = 0.81) indicates a strong relationship between the combined predictors and PTSD symptoms. The coefficient of determination (R^2 = 0.66) reveals that 66% of the variance in PTSD symptoms was jointly explained by the independent variables. The F-value (F = 69.44, p < .05) indicates that the model is statistically significant. Therefore, the null hypothesis is rejected.

Hypothesis Three

H_{03}: There will be no significant relative contributions of childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility to PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria.

Table 3: Relative Contribution of Independent Variables

Variables	Unstandardized B	Std. Error	Beta	t	Sig.
Childhood Trauma	0.44	0.06	0.40	7.33	0.000
Rumination	0.38	0.05	0.36	7.02	0.000
Emotional Avoidance	0.32	0.05	0.30	6.48	0.000
Social Isolation	0.29	0.04	0.28	6.21	0.000
Psychological Inflexibility	0.41	0.06	0.38	7.10	0.000

The result in Table 3 indicates that all the independent variables made significant relative contributions to PTSD symptoms among trauma survivors. Childhood trauma (β = 0.40, t = 7.33, p < .05) was the strongest predictor, followed by psychological inflexibility (β = 0.38, t = 7.10, p < .05), rumination (β = 0.36, t = 7.02, p < .05), emotional avoidance (β = 0.30, t = 6.48, p < .05),

and social isolation ($\beta = 0.28$, $t = 6.21$, $p < .05$). Based on these results, the null hypothesis is rejected.

Discussions

The result showed a significant positive relationship between childhood trauma, rumination, emotional avoidance, social isolation, psychological inflexibility, and PTSD symptoms among trauma survivors. This finding suggests that as exposure to childhood trauma and maladaptive cognitive-emotional processes increases, PTSD symptoms also increase. This can be explained using Social Support Theory (Cobb, 1976), which posits that social support provides emotional, informational, and instrumental resources that buffer individuals from the adverse effects of stress. When individuals experience trauma alongside poor social support and increased isolation, they lack the buffering capacity needed to process traumatic experiences effectively, thereby increasing vulnerability to PTSD symptoms. This finding is consistent with Ozer et al. (2003), who reported that low social support significantly predicts PTSD severity, and Nickerson et al. (2017), who found that reduced perceived support is strongly associated with persistent PTSD symptoms among trauma survivors.

The result revealed that childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility jointly contributed significantly to PTSD symptoms, accounting for 66% of the variance. This indicates that PTSD symptoms are best understood as an interaction of cognitive, emotional, and social factors rather than isolated predictors. From the lens of Social Support Theory (Cobb, 1976), the absence or weakening of supportive relationships reduces coping resources, making individuals more susceptible to maladaptive psychological patterns such as rumination, avoidance, and emotional rigidity. These combined deficits increase vulnerability to sustained PTSD symptoms. This finding aligns with Maercker and Horn (2013), who emphasised that interpersonal processes and social environments jointly shape PTSD development, and Kashdan and Rottenberg (2010), who found that psychological inflexibility interacts with environmental stressors to worsen emotional disorders, including trauma-related psychopathology.

The finding also indicated that all variables made significant relative contributions to PTSD symptoms, with childhood trauma and psychological inflexibility emerging as the strongest predictors. This suggests that early traumatic experiences and reduced adaptive coping capacity

are the most influential factors in PTSD severity, while other variables also play important supporting roles. In line with Social Support Theory (Cobb, 1976), individuals who lack adequate social support following early trauma are more likely to internalise distress, develop rigid coping patterns, and remain psychologically overwhelmed, thereby increasing PTSD symptoms. This result corroborates Michael et al. (2007), who found that maladaptive cognitive processes such as rumination significantly predict PTSD persistence, and Ehring and Ehlers (2014), who demonstrated that trauma survivors with poor social and emotional regulation resources exhibit higher PTSD symptom severity.

Conclusion

The study concluded that childhood trauma, rumination, emotional avoidance, social isolation, and psychological inflexibility are significant predictors of PTSD symptoms among trauma survivors in Onitsha, Anambra State, Nigeria. The findings established that all the variables were positively and significantly related to PTSD symptoms, jointly accounted for a substantial proportion of the variance in PTSD, and individually made significant relative contributions, with childhood trauma and psychological inflexibility emerging as the strongest predictors. The study therefore underscores the importance of both early adverse experiences and ongoing cognitive, emotional, and social processes in the development and persistence of PTSD symptoms. Overall, the findings highlight PTSD as a multidimensional condition influenced by interacting psychological and social factors, particularly within contexts characterised by limited social support systems.

Recommendations

The following recommendations were made:

1. Mental health practitioners should integrate trauma-focused interventions that directly address childhood trauma experiences while also targeting maladaptive cognitive processes such as rumination and emotional avoidance among trauma survivors.
2. Community-based mental health programmes should be strengthened in Onitsha to improve access to social support systems, as enhanced social connectedness may reduce the severity of PTSD symptoms among trauma survivors.

3. Psychological interventions such as Acceptance and Commitment Therapy (ACT) and Cognitive Behavioural Therapy (CBT) should be adopted to improve psychological flexibility and reduce experiential avoidance among individuals exposed to trauma.
4. Government and non-governmental organisations should implement early identification and support programmes for individuals exposed to childhood trauma, with a focus on preventive mental health education and structured psychosocial support services.

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