

Middle Childhood Trauma and Social Media Use and Anxiety Disorders Among Junior Secondary School Students in Obio/Akpor Local Government Area of Rivers State Nigeria

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Abstract

This study investigates the correlation between middle childhood trauma, social media use, and anxiety disorders among junior secondary school students in Obio/Akpor Local Government Area of Rivers State Nigeria. A correlational research design was employed, guided by three research questions and three null hypotheses. The population consisted of 2,000 junior secondary school students, from which a sample of 200 students was determined through the systematic sampling technique. A self-constructed instrument, "Middle Childhood Trauma, Social Media Use, and Students' Anxiety Disorder Scale (MCTSMUSADS)," was used for data collection. The instrument comprised two sections: demographic data and Middle Childhood Trauma, Social Media Use, and Students' Anxiety Disorder subscales, modified on a four-point Likert scale. The instrument's validity was ensured through expert validation, and reliability was determined using the test-retest method, yielding reliability indices of 0.79 for Physical Abuse, 0.80 for Sexual Abuse, 0.82 for Cyberbullying Abuse, and 0.83 for Students' Anxiety Disorder. Pearson Product Moment Correlation analysis was used to answer research questions and test null hypotheses at a 0.05 significance level using SPSS version 25. Findings revealed significant correlations between physical abuse, sexual abuse, cyberbullying abuse, and anxiety disorders among junior secondary school students. The study recommends that schools provide access to trained counselors and psychologists for early intervention and ongoing support. Regular mental health screenings and counseling sessions can help identify at-risk students and provide necessary support.

Keywords: Middle Childhood Trauma, Social Media Use, Anxiety Disorders.

1. Introduction

Trauma is never easy, and it is rarely graceful. But for secondary school students whose understanding of the world and their experiences is still developing, trauma makes an even

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greater and more damaging impression. When a child endures a traumatic event, it is very common for the pain and complicated effects to continue or to arise unexpectedly many years later. Aron et al. defined trauma as the psychological and physical response to experiencing a deeply disturbing event [1].

As students, they did not have a choice to withstand the trauma surrounding them. But, as adolescents reliving the aftermath of that trauma, they do have a choice in how the anxiety runs its course through their lives. It is not as easy as making a decision not to be affected, but with the right combination of support, they can rewrite the coping patterns that no longer serve them. Middle childhood/preadolescence or ages 6–12 are the most crucial years of a child's life. Piaget in Murphy et al. described middle childhood as concrete stage, children between the age of 7 and 13 use appropriate logic to develop cognitive operations and begin applying this new way of thinking to different events they encounter [2]. Children in this stage incorporate inductive reasoning, which involves drawing conclusions from other observations in order to make a generalization. Unlike in the preoperational stage, children can now change and rearrange mental images and symbols to form a logical thought, an example of this is "reversibility," where the child now knows to reverse an action by doing the opposite.

Middle childhood trauma can cause anxiety disorders. In children, traumatic experiences such as death of loved one, sexual abuse, and physical abuse, frequent serious illness, or getting injured in an accident, school related issues like examinations or bullying, and neglecting call for coping responses. They may instinctively disconnect from their emotional experience, they may try to overcompensate for what they perceive as their own faults, and they may even store the distress in their bodies and experience it through illness and disease. Especially when these external disturbances become a pattern for kids, they often begin to anticipate the future trauma and be on red alert to attempt to manage the confusing, overwhelming pain; this anticipation sets in as anxiety [2].

Keeton et al. postulated the following as types of traumas; acute trauma: these results from a single stressful or dangerous event, chronic trauma; this result from repeated and prolonged exposure to highly stressful events [3]. Examples include cases of child abuse, bullying, or domestic violence, complex trauma; this results from exposure to multiple traumatic events, secondary or vicarious trauma; victims develops trauma symptoms from close contact with someone who has experienced a traumatic event, family members, mental health professionals, and others who care for those who have experienced a traumatic event are at risk of vicarious trauma. The symptoms often mirror those of post-traumatic stress disorders (PTSD).

Sexual abuse or sex abuse, also referred to as molestation, is abusive sexual behavior by one person upon another. It is often perpetrated using force or by taking advantage of another. Molestation often refers to an instance of sexual assault against a small child, whereas sexual abuse is a term used for a persistent pattern of sexual assaults. The offender is referred to as a sexual abuser or (often pejoratively) molester. The term also covers behaviour by an adult or older adolescent towards a child to stimulate any of these for sexual stimulation is referred to as child sexual abuse or statutory rape. Live streaming sexual abuse involves trafficking and coerced sexual acts and or rape in real time on webcam [4].

Effects of child sexual abuse include shame, self-blame, depression, anxiety disorder, post-traumatic stress disorder, self-esteem issues, sexual dysfunction, chronic pelvic pain, addiction, self-injury, suicidal ideation, borderline personality disorder, and propensity to re-victimization in adulthood [4]. Child sexual abuse is a risk factor for attempting suicide.

Additionally, some studies have shown childhood sexual abuse to be a risk factor of the perpetration of intimate partner violence in men. Much of the harm caused to victims becomes apparent years after the abuse happens. With specific regard to addiction, a study by Miller et al. found that adverse life events increase sensitivity to drug rewards and bolster drug reward signaling by exposing an association between heightened limbic responses to cocaine cues [4]. Sexual abuse by a family member is a form of incest, which can result in severe long-term psychological trauma, especially in the case of parental incest.

Miller et al. noted the following as types of sexual assault [4]; Rape: Insertion of a bodily organ or an object into the sex organ of a woman without her consent, sodomy: Insertion of a bodily organ or an object into a person's anus or mouth without their consent, attempted rape: Attempted insertion of a bodily organ or an object into the sex organ of a woman without her consent, gang rape: Rape carried out by more than one attacker, serial rape: Repeated incidents of rape carried out by the same attacker over an extended period of time, incest: Sexual abuse or assault at the hands of a family member.

Miller et al. postulated that sexual harassment is the extortion when the act the person required to perform is of a sexual nature characterized by an indecent act [4], i.e. an act performed to cause humiliation, stimulation or sexual satisfaction, repeated propositions that are of a sexual nature addressed to a person who has previously demonstrated to the harasser that they are not interested in said propositions, repeated remarks relating to the person's sexuality when that person has already shown the harasser that they are not interested in said remarks, degrading or humiliating remarks relating to a person's sex or sexuality, including their sexual orientation, publishing a picture, video or recording of someone focusing on their sexuality for the purpose of humiliating or degrading the person without their consent, propositions or remarks of a sexual nature when the harasser is aware that their target is not interested due to circumstances of exploiting a working relationship, dependency.

Physical abuse by way of bodily contact, in most cases, children are the victims of physical abuse, but adults can also be victims, as in cases of domestic violence or workplace aggression. Alternative terms sometimes used include physical assault or physical violence, and may also include sexual abuse. Physical abuse may involve more than one abuser, and more than one victim. Physical abuse means any non-accidental act or behavior causing injury, trauma, or other physical suffering or bodily harm. Abusive acts toward children can often result from parents' attempts at child discipline through excessive corporal punishment.

US Department OF Health Service postulated the following as the common causes of physical abuse; family dynamic (financial struggle, relationship issues, parents struggling with addiction), environmental factors (poverty, social isolation), child characteristics (behavioural issues), parent-child relationship (poor attachment, unrealistic expectations), and domestic violence [5]. Physically abused children are at risk for later interpersonal problems involving aggressive behavior, and adolescents are at a much greater risk for substance use disorders. Symptoms of depression, emotional distress, and suicidal ideation are also common observable signs on people who have been physically abused. Studies have also shown that children with a history of physical abuse may meet DSM-IV-TR criteria for post-traumatic stress disorder (PTSD). As many as one-third of children who experience physical abuse are also at risk to become abusive as adults [6]. Researchers have pointed to other potential psycho-biological effects of child physical abuse on parenting. When abused children become adults, these recent findings may at least in part, be carried forward by epigenetic changes that impact the regulation of stress physiology [4].

Whether or not trauma is a frequent occurrence in their adult life, anxiety can persist in the long term for individuals with a history of trauma. Hence, they will carry into stressful situations, or even into their everyday lives, a learned helplessness that is not a true reflection of their abilities. It is a projection of that real helplessness that they suffered through in childhood. Calleo and Stanley explained that after death, many children feel sad, angry or anxious, some might be confused and struggle to understand what has happened, or they might feel guilty that something they said or did cause the death [7]. Anxiety is a natural response of the attachment system to separation from loved one. Children who experience physical abuse are more likely to develop anxiety disorder, depression and memory problem. Children may block out traumatic memories, which may lead to memory issues and other problems that affect areas of life beyond the abuse.

Social media provides an online medium that allows users to add friends to the same network and share their personal feelings, and photos. With these friends, the use of social media makes social comparison easier among young students, adults, leading to poor mental health and life dissatisfaction. Van et al. postulated that some studies have found that social media use may trigger social anxiety in individuals [6]. A study conducted in Kolkata discovered that social networking sites (SNSs) and dependence on them had significant associations with anxiety and depression among medical students. Van et al. maintained that, students who spent more time on social networking sites had more severe depression and anxiety problems [6]. Users of social media may experience a physiological stress response as a result of receiving negative feedback from others, cyberbullying, becoming more aware of stressful events occurring in the lives of others, and feeling pressure to keep social networks updated. Social media use may also lead to general communication overload, as individuals are bombarded with messages from multiple electronic channels at the same time, which is linked to anxiety.

Cyberbullying is a type of bullying in which one or more individuals use digital technologies to intentionally and repeatedly cause harm to another person. Cyberbullies use mobile phones, computers or other electronic devices to send texts, emails or instant messages; post comments on social media or in chat rooms; or in other ways use private or public forums to attack their victims.

Social media and Technology Abuse (Also referred to as Digital Abuse) is defined by the National Domestic Violence Hotline in Chapman et al. as the use of technologies such as texting and social networking to bully, harass, stalk or intimidate a partner [8]. Often this behavior is a form of verbal and emotional abuse perpetrated online. In a healthy relationship, respectful communication includes any online activity. It is never ok for someone to do or say anything that makes you feel bad lowers your self-esteem or manipulates you. You may be experiencing abuse if your partner; tells you who you can or cannot be friends with on Facebook and other sites, sends you negative, insulting or even threatening emails, Facebook messages, tweets, DMs or other messages online, uses sites like Facebook, Twitter, foursquare and others to keep constant tabs on you, puts you down in their status updates, sends you unwanted, explicit pictures and demands you send some in return, and pressures you to send explicit videos

Researcher have shown that social media is a major risk factor for a person to develop trauma symptoms, or even be diagnosed with post-traumatic stress disorder. The frequency of exposure to traumatic or disturbing information through media is related to the development of anxiety and P.T.S.D. Similarly, the outcomes of cyberbullying perpetration were found to be

associated with a variety of problems such as depression, anxiety, loneliness, low self-esteem, aggressive cognition, moral disengagement, and substance use. It was also associated with lower academic achievement and life satisfaction [2].

In 2019, researchers at the Cyberbullying Research Center conducted a national survey of middle and high school students in the United States in Aron et al. between the ages 12 through 17 [1]. Their results 36.5% of the students reported that they had been victims of cyberbullying at some point in their lives (34.1% of the boys and 38.7% of the girls). In addition, 17.4% of those surveyed had been cyberbullied within the previous 30 days, during which time, the bullies carried out a variety of attacks, such as the following: posted mean or hurtful comments about the victim online (24.9%), spread rumors about the victim online (22.2%), threatened to hurt the victim through mobile phone text (12.2%), posted mean names or comments with sexual meaning about the victim (12.0%), threaded to hurt the victim online (11.7%), posted a mean or hurtful picture online of the victim (10.8%), and impersonated the victim online (10.1%).

Over 30% of those surveyed also reported that they had been victims of one or more of the above categories two or more times. The participants were also asked whether they had carried out cyberbullying. Nearly 15% admitted to having cyberbullied others during their lifetimes, and 6.3% admitted to having done so in the previous 30 days. In every category, boys carried out more cyberbullying than girls [1].

Keeton et al. defined anxiety as an unpleasant emotion usually accompanied by a feeling that something undesirable is about to happen [3]. Varcarolis defined anxiety as feeling of fear, worry, and uneasiness usually generalized and unfocused by reason of overreaction to a threat situation [9]. Fear in the absence of real danger, or fear of something that is not clearly understood. Furthermore, the American Psychological Association (APA) (2021) in Barker described anxiety as a signal to the ego of a potential threat [10]. These signals are received physiologically through the brain and responds with an instantaneous release of adrenaline and other chemical. He described anxiety as an objectless fear; though, it alerts the individual that the ego is being threatened and that unless action is taken, the ego might be overthrown. Freud therefore postulated several defense mechanisms that can be used to cope with anxiety such as denial, rationalization and regression, while Van et al. believed that anxiety is not a medical condition but a natural emotion that is vital for survival when an individual find out that he is facing a danger [6].

Anxiety disorders are the most common type of mental disorder. They affect nearly 30% of adults at some point in their lives, an estimated 4% of the global population currently experiencing an anxiety disorder. Anxiety disorders are a cluster of mental disorders characterized by significant and uncontrollable feelings of anxiety and fear such that a person's social, occupational, and personal functions are significantly impaired. Anxiety may cause physical and cognitive symptoms, such as restlessness, irritability, easy fatigue, difficulty concentrating, increased heart rate, chest pain, abdominal pain, and a variety of other symptoms that may vary based on the individual [6].

The American Psychological Association (APA, 2019) in Keeton et al. classified anxiety into Reality anxiety; which refers to the fact that there exists a genuine threat or danger [3]. Or, it is the fear of danger from the external world, and the level of anxiety is proportionate to the degree of real threat. It is an anxiety that gives signal to the ego which is governed by the reality principle, that something awful is about to happen; therefore, the ego needs to be

strengthened in finding ways to deal with the situation through the use of defense mechanisms such as denial, rationalization or regression.

Neurotic anxiety is considered to be an outcome of the threat caused by the id which is governed by the pleasure principle, which indicates the presence of a threat to the integrity of the ego. Freud noted that life is easy specifically, when the id and ego make conflicting demand on the superego, the individual feels threatened, overwhelmed, confused and anxious [3]. Moral anxiety is based on the feelings that one's internalized values are about to be compromised. It is an emotional feeling when individuals face difficult moral decision. It arises as a result of contemplated actions and conflicts which lead to a sense of guilt for behaving in a manner that is not expected from the individual. When this occurs, the individual will experience confusions, discomfort and frustration. Passer et al. in a study classified anxiety into anticipatory and spontaneous anxiety [11]: Anticipatory anxiety manifests itself when it is usually based on an imagined or exaggerated threat or worry about a predictable outcome. Anticipatory anxiety can be brought on merely thinking about a particular situation. Or, when an individual experience worries and fear by thinking about an event that may occur or may not occur in the future.

Statement of the Problem

Children at the ages of seven thirteen can feel anxious about different things at different times. Many of these worries are a normal part of growing up. It is also common for preschool-age children to develop specific fears or phobias. Common fears in middle childhood include bad people, snake, animals, insects, storms, heights, water, blood and the dark. These fears may fade with time. There may also be other times in a child's life when they feel anxious; for example, many children feel anxious when going to a new school or before tests and examinations. Some children feel shy in social situations and may need support with this. Anxiety disorder becomes a problem for children when it starts to get in the way of their everyday life. Severe anxiety like this can harm children's' mental and emotional wellbeing, affecting their self-esteem and confidence. They may become withdrawn and go to great lengths to avoid things or situations that make them feel anxious. When young children feel anxious, they cannot always understand or express what they are feeling. You may notice that they: become irritable, tearful or clingy have difficulty sleeping, and wake in the night. Some children are more likely to have worries and anxiety disorders than others. The researcher believed that children who have had a distressing or traumatic experience, such as death of loved one, sexual abuse, physical abuse, frequent serious illness, or getting injured in an accident, school related issues like examinations or bullying, and neglecting, a car accident or house fire, physiological stress response as a result of receiving negative feedback from others, cyberbullying, general communication overload may have anxiety disorders afterwards. Therefore, the problem of the study is to investigate middle childhood trauma and social media use as correlates of anxiety disorders among junior secondary school students in Obio/Akpor local government area of Rivers State, Nigeria.

Research Questions

The following research questions guided the study:

1. To what extent does physical abuse relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State?
2. To what extent does sexual abuse relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State?

3. To what extent does cyberbullying relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State?

Hypotheses

The following null hypotheses guided the study:

1. Physical abuse does not significant relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State?
2. Sexual abuse does not significant relate to anxiety disorders among senior secondary school students in Obio/Akpor LGA of Rivers State?
3. Cyberbullying abuse does not significant relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State?

2. Research Method

The Correlational research design was used for this study. Chikwe (2017) defined a correlational research design as the foundation of relationship that exists between two or more variables designed at a better mastery of each of the two or more variables by determining them separately and scrutinizing how each of the variables changes in accordance with or in association with changes in the other.

The population of the study comprised all the junior secondary school 2 students in Obio/Akpor local government Area of Rivers State, totalling 2,000 students. Source; (Obio/Akpor Zonal Schools Board, 2026). The sample size of 200 junior secondary school students was determined for the study using a systematic sampling technique. First, the researcher determines the sampling interval as expressed below;

$$\text{Sampling Interval} = \frac{\text{Total Population}}{\text{Sample Size}}$$

Statistically, the above is expressed as shown below;

$$\text{Sampling Interval} = \frac{2000}{200} = 10$$

The researcher randomly choose student 10th as the starting point. Starting from student 10, the researcher then selects every 10th student. The selected students were: 10th, 20th, 30th, 40th and so on until 200 students were selected.

Self-constructed instrument titled; 'Middle Childhood Trauma, Social Media Use and Students' Anxiety Disorder Scale (MCTSMUSADS) was used for data collection. It was divided into two sections 'A' and 'B'. Section 'A' reflected the demographic data of the respondents, while section 'B' reflected Middle Childhood Trauma Subscale, Social Media Use Subscale with 3 items each, Students' Anxiety Disorder Subscales have 6 items each, and they were modified in a Likert's four point Scale indicating Very High Extent (VHE), High Extent (HE), Low Extent (LE), and Very Low Extent respectively. Two experts validated the instruments, and were used to correct the items of the instruments before field work. The reliability of the instruments was determined by administering 30 copies of the instrument to students randomly selected, who were not part of the study in Port Harcourt City Local Government Area, the scores so obtained were then subjected to Cronbach Alpha reliability technique which gave reliability indices of Physical Abuse=0.079, Sexual Abuse =0.80, and Cyberbullying Abuse =0.82, and Students Anxiety Disorders= 0.83 respectively.

The researcher personally administered 200 copies of the questionnaires to the respondents with the help of research assistants in their various assembly halls, and only 184 filled copies of the questionnaires were retrieved. Pearson Product Moment Correlation

analysis was used to answer the research questions and also test the corresponding null hypotheses at 0.05 level of significance using SPSS version 25.

3. Results

Research Question One: To what extent does physical abuse relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State?

Hypothesis One: Physical abuse does not significantly relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State.

Table 1. Relationship between Physical Abuse and Anxiety Disorders.

Variables		Physical Abuse	Anxiety Disorders
Physical Abuse	Pearson	1	.678
	Correlation		
	Sig. (2-tailed)		.000
	N	184	184
Anxiety Disorders	Pearson	.678	1
	Correlation		
	Sig. (2-tailed)	.000	
	N	184	184

$\alpha = 0.05$

Analysis of data in Table 1 reveals an r-value of .678 indicating a positive relationship between physical abuse and anxiety disorders among junior secondary school students. This result implies that as physical abuse increases, there is a corresponding increase in students' anxiety disorders. The table also revealed that the relationship between physical abuse and anxiety disorders is significant at 0.05 alpha level, because the p-value of .000 is less than 0.05 alpha level (.000 < .05). This means that the null hypothesis is rejected indicating that; Physical abuse does significant relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State.

Research Question Two: To what extent does sexual abuse relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State?

Hypothesis Two: Sexual abuse does not significantly relate to anxiety disorders among senior secondary school students in Obio/Akpor LGA of Rivers State.

Table 2. Relationship between Sexual Abuse and Anxiety Disorders.

Variables		Verbal Abuse	Anxiety Disorders
Sexual Abuse	Pearson	1	.811
	Correlation		
	Sig. (2-tailed)		.000
	N	184	184
Anxiety Disorders	Pearson	.811	1
	Correlation		
	Sig. (2-tailed)	.000	
	N	184	184

$\alpha = 0.05$

Analysis of data in Table 2 reveals an r-value of .811 indicating a high positive relationship between sexual abuse and anxiety disorders among junior secondary school students. This result implies that as sexual abuse increases, there is a corresponding increase

in students' anxiety disorders. The table also revealed that the relationship between sexual abuse and anxiety disorders is significant at 0.05 alpha level, because the p-value of .000 is less than 0.05 alpha level (.000 < .05). This means that the null hypothesis is rejected indicating that; sexual abuse does significant relate to anxiety disorders among senior secondary school students in Obio/Akpor LGA of Rivers State.

Research Question Three: To what extent does cyberbullying relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State?

Hypothesis Three: Cyberbullying abuse does not significantly relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State.

Table 3. Relationship between Cyberbullying Abuse and Anxiety Disorders.

Variables		Cyberbullying Abuse	Anxiety Disorders
Cyberbullying Abuse	Pearson	1	.648
	Correlation		
	Sig. (2-tailed)		.000
	N	184	184
Anxiety Disorders	Pearson	.648	1
	Correlation		
	Sig. (2-tailed)	.000	
	N	184	184

$\alpha = 0.05$

Table 3 reveals an *r*-value of .648 indicating a positive relationship between cyberbullying abuse and anxiety disorders among junior secondary school students. This result implies that as cyberbullying abuse increases, there is a corresponding increase in students' anxiety disorders. Again, in Table 3, the table revealed that the relationship between cyberbullying abuse and anxiety disorders is significant at 0.05 alpha level, because the p-value of .000 is less than 0.05 alpha level (.000 < .05). This means that the null hypothesis is rejected indicating that; cyberbullying abuse does significant relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State.

Summary of Findings

The summary of the findings of the study was thus:

1. The findings indicated a positive relationship between physical abuse and anxiety disorders among junior secondary school students. Furthermore, the null hypothesis is rejected, indicating that; Physical abuse does significant relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State.
2. The findings indicated a high positive relationship between sexual abuse and anxiety disorders among junior secondary school students. Furthermore, the null hypothesis is rejected, indicating that sexual abuse does significantly relate to anxiety disorders among senior secondary school students in Obio/Akpor LGA of Rivers State.
3. Again, the findings indicated a positive relationship between cyberbullying abuse and anxiety disorders among junior secondary school students. Furthermore, the null hypothesis is rejected, indicating that cyberbullying abuse does significantly relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State.

4. Discussion

Relationship between physical abuse and anxiety disorders among junior secondary school students in Obio/Akpor Local Government Area

Research question one/hypothesis one revealed a positive relationship between physical abuse and anxiety disorders among junior secondary school students. The result also revealed that physical abuse does significant relates to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State. This is so because, some children may develop resilience and coping mechanisms that help them manage anxiety, and people's response to trauma can vary greatly, and may not develop anxiety disorders. This corresponded with the result of Quarty (2021). Quarty (2021) carried out a study in Himachal Pradesh on childhood trauma as correlate of anxiety among secondary school students. The findings also indicated that the calculated t-value in the difference in the mean rating of children's abuse based on educational qualification on childhood trauma is 2.56, which is less than the critical t-value of 2.79 at 0.01 alpha level is significant. Therefore, the hypothesis was rejected. The finding showed that children with PTSD experience more physical abuse relative to their feeling than children who have Master, PhD. The findings of the study indicated significant difference in quality of life [12].

Relationship between sexual abuse and anxiety disorders among junior secondary school students in Obio/Akpor Local Government Area

Research question two/hypothesis two revealed a high positive relationship between sexual abuse and anxiety disorders among junior secondary school students. The result also revealed that sexual abuse does significant relates to anxiety disorders among senior secondary school students in Obio/Akpor LGA of Rivers State. This is because individual's responses to trauma can vary resulting to the inability to manifest anxiety disorders. This finding is in-line with the findings of Aduke (2021). Aduke (2021) carried out a study on sexual abuse as correlate of anxiety among secondary school students in Ijumu land, Nigeria. The study indicated that networking as a profession is good, but the condition under which children trauma based on feedback could be responsible for the anxiety among secondary school students. This can be explained further that child's anxiety can be fuelled by the experiences of the leaving environment of instability, insecurity, poor communication and mishandled aggression [13].

Relationship between cyberbullying abuse and anxiety disorders among junior secondary school students in Obio/Akpor Local Government Area

Research question three/hypothesis three revealed a positive relationship between cyberbullying abuse and anxiety disorders among junior secondary school students. The result also revealed that cyberbullying abuse does significant relate to anxiety disorders among junior secondary school students in Obio/Akpor LGA of Rivers State. This is because individual's responses to trauma vary, presence of supportive caregivers, family members, or friends can mitigate the impact of cyberbullying on anxiety. This corresponded with the findings of Great (2022). Great (2022) conducted a study on cyberbullying and anxiety amongst school secondary school students in Delta State. Therefore, the findings revealed that cyberbullying did not predict anxiety based on nature and use of social media. The finding further indicated that the mean scores in the analysis indicated no clear mean difference in cyberbullying among the different use of social media based on the level of anxiety among secondary school students. The finding presented the following mean scores (1-5 years (1.620), 6-10 years (1.337), 11-15 years (1.531), 16-20 years (1.639), 21-25 years (1.613) 26-30 years (1.595)

and 30 years and above (1.820)), while the total mean score for sources of cyberbullying based on years of hours spend in social media was 1.59. The findings indicated that, to some extent no specific mean differences were recorded so far among subjects on years of time spent based on the responses to cyberbullying and anxiety level [14], [15].

5. Conclusion

The study on "Childhood Trauma and Social Media Use as Correlates of Anxiety Disorders among Junior Secondary School Students in Obio/Akpor Local Government Area of Rivers State" sheds light on the significant and complex relationships between early adverse experiences, digital behavior, and mental health outcomes in adolescents. The findings reveal that childhood trauma, including various forms of abuse and neglect, is strongly associated with the development of anxiety disorders in junior secondary school students. Therefore, in conclusion, the importance of understanding and addressing the dual impact of childhood trauma and social media use on anxiety disorders among junior secondary school students.

Recommendations

Based on the research findings that demonstrate a positive relationship between various forms of abuse (physical, sexual, and cyberbullying) and anxiety disorders among junior secondary school students, the following recommendations are made:

1. Schools should provide access to trained counselors and psychologists who can offer early intervention and ongoing support to students who have experienced physical abuse. Regular mental health screenings and counseling sessions can help identify students at risk and provide them with the necessary support to manage anxiety and related issues.
2. Parents and guardians should be actively involved in efforts to prevent sexual abuse and support students who may be affected. Schools can organize workshops and seminars for parents to raise awareness about the different forms of sexual abuse, the associated risks, and the signs of anxiety disorders.
3. Schools should integrate digital literacy and online safety education into the curriculum. Teaching students how to navigate the online world safely, recognize cyberbullying, and report social media abusive behaviour which is essential in preventing cyberbullying and its psychological effects.

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