



Research Article

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Echoes of Childhood: Gender and Coping Strategies as Moderators of Social Anxiety in Survivors of Maltreatment

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Abstract

The relationship between child maltreatment and elevated rates of psychopathology is widely recognized with research showing that the survivors of child abuse are more likely to experience higher levels of social anxiety than those in the general population. Studies confirm gender differences, with females generally exhibiting higher rates of social anxiety than males. Research suggests that coping styles may influence the connection between adverse childhood experiences and subsequent impacts, with evidence indicating that the use of specific coping strategies may vary between genders. This study examined the effects of coping styles and gender in moderating the relationship between childhood maltreatment severity and social anxiety in a sample of 200 students from the University of Tirana. Participants completed three self-reporting questionnaires: The Childhood Questionnaire-Short Form (CTQ-S), the Social Phobia and Anxiety Inventory Short Version (SPAI-18), and the Coping Inventory for Stressful Situations Short Form (CISS-21). Data analysis employed hierarchical multiple regression for moderator analyses and multivariate analysis of variance (MANOVA). Results indicated that emotion-oriented coping significantly moderated the relationship between maltreatment and social anxiety, while task-oriented and avoidance coping did not. Gender also moderated this relationship, with females demonstrating greater sensitivity to maltreatment's effects. Additionally, females scored higher on emotion-oriented coping, though no significant gender differences were found for the other coping styles. These findings highlight the nuanced roles of coping styles and gender in understanding the impact of childhood maltreatment on social anxiety.

Keywords: childhood maltreatment, gender, social anxiety, task-oriented coping style, emotion-oriented coping style, avoidance coping style

1. Introduction

Child maltreatment is widely recognized as the most prevalent form of childhood trauma (Sethi et al., 2013). Extensive research has established a robust connection between early childhood maltreatment and its long-term negative impact on psychopathology in both adolescents and adults (Gardner et al., 2019; Hughes et al., 2017; Busso et al., 2017). Studies emphasize that children who experience abuse or neglect are at a heightened risk for a variety of developmental, health, and mental health challenges, including learning difficulties (Adejobi et al., 2013), peer relationship issues, internalizing and

externalizing behaviors, and post-traumatic stress disorder (PTSD) (Gardner et al., 2019; Jaffee, 2019; Van Den Heuvel et al., 2023). Moreover, as these children grow into adulthood, they continue to face an increased likelihood of psychiatric disorders, substance abuse, and chronic medical conditions (Petersen, 2014).

A growing body of research has also focused on the link between childhood maltreatment and anxiety disorders, particularly social anxiety (Sachs-Ericsson et al., 2006). The development of social anxiety is significantly shaped by factors such as parenting styles, social interactions, life stressors, cultural context, and overall social experiences (Liu et al., 2023; Ji & Lü, 2021). Childhood maltreatment, as a significant environmental stressor, has been consistently identified as a risk factor for social anxiety in both clinical and nonclinical samples (Kuo et al., 2011). Children subjected to rejection, shame, or criticism are more likely to develop a heightened fear of negative evaluation, leading to the onset of social anxiety (Rapee & Spence, 2004).

Research highlights that maltreatment influences the development of coping strategies (Gruhn & Compas, 2020), while coping strategies moderate the relationship between adverse childhood experiences and psychopathology (VanMeter et al., 2020). Lazarus and Folkman (1990) proposed a model that identifies two primary coping styles: task-oriented coping and emotion-oriented coping. This model has since become a foundational framework for understanding functional and dysfunctional behaviors in stress management and psychopathology. Task-oriented coping, which directly addresses stressors, is considered the most adaptive, as it reduces perceived stress and internalized distress. Emotion-oriented coping, focused on managing stress-induced emotions, can reduce anxiety but is linked to maladjustment when overused (Carlo et al., 2012; VanMeter et al., 2020). Avoidant coping, which involves distancing from stressors or emotions, may offer short-term relief but often results in negative long-term mental health outcomes (Seiffge-Krenke & Klessinger, 2000; Phanichrat & Townshend, 2010).

Additionally, research has highlighted gender differences in coping styles and social anxiety, with females being more prone to developing social anxiety and reporting higher distress levels than males (Asher & Aderka, 2018; Zalta & Chambless, 2012). Females are also more likely to use emotion-oriented coping, while males tend to favor task-oriented strategies (Sinha & Latha, 2018).

2. Literature Review

According to World Health Organization (2024) child maltreatment “includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.” Studies in Albania have revealed a high prevalence of child maltreatment, with the 2013 Adverse Childhood Experiences (ACE) study indicating that physical (40%), psychological (50%), and sexual (6%) abuse were the most common forms, marking the highest rates among the nine countries participating. Even higher levels of abuse were reported in the 2013 Balkan Epidemiological Study on Child Abuse and Neglect (BECAN), with physical abuse at 59%, psychological abuse at 69%, and sexual abuse at 4.9%. Neglect was reported at 26%, and gender-disaggregated data showed that girls experienced higher rates of abuse (70%) compared to boys (67%) (CORDIS, 2013).

2.1 Outcomes associated with childhood maltreatment

Early trauma, including physical, sexual, and emotional abuse, is strongly linked to an increased risk of psychopathology across the lifespan (Gilbert et al., 2009). Studies have shown that childhood physical abuse is linked to long-term consequences like depression, anxiety, suicidal behaviors, and eating disorders (Norman et al., 2012; McFarlane et al., 2003), while emotional abuse with anxiety, depression, and suicidal tendencies (Norman et al., 2012; McLaughlin et al., 2012), while sexual abuse is strongly linked to psychological issues such as depression, PTSD, substance abuse, and sexual

dysfunction, particularly in men (Romano & Luca, 2001; Pérez-González & Pereda, 2015). Neglect, especially physical neglect, can result in developmental delays, emotional issues, and behavioral problems (McCoy et al., 2013; Antle et al., 2010).

2.2 *Childhood maltreatment and social anxiety*

Childhood maltreatment has been identified as a significant risk factor for social anxiety in both clinical and community samples (Chartier et al., 2001; Kuo et al., 2011). Additionally, the quality of parent-child relationships can influence the development of social anxiety. Insecure attachment in infancy has been linked to shyness, low peer status, and a tendency to be victimized during childhood (Brook & Schmidt, 2008), and over a third of adolescents with social anxiety had insecure attachment during infancy (Knappe et al., 2010). Children who experience rejection, shame, or criticism are more likely to focus excessively on others' evaluative comments, leading to generalized fear of negative evaluation and social anxiety (Rapee & Spence, 2004).

2.3 *Maltreatment subtypes and social anxiety*

While many studies have highlighted a link between childhood maltreatment and social anxiety, findings on the relationship between specific maltreatment subtypes and social anxiety have been inconsistent. Some studies suggest sexual abuse increases the risk of social anxiety, particularly in women (Chartier et al., 2001; Cogle et al., 2010), and physical abuse and neglect are also associated with social anxiety (Iffland et al., 2012; Ghazwani et al., 2016), with physical abuse in childhood linked to higher risk in adulthood (Byrne et al., 2021). Recent studies show that emotional abuse may influence social anxiety indirectly through maladaptive cognitive styles and low self-esteem (Chen & Qin, 2020; Shahar et al., 2015), and longitudinal studies suggest it can predict changes in social anxiety (González-Diez et al., 2016). Research on emotional neglect and its relationship with social anxiety remains limited and inconsistent (Hamilton et al., 2016; Kircaburun et al., 2019; Shahar et al., 2015).

2.4 *Gender and social anxiety*

Asher and Aderka (2018) found that women are more prone to developing social anxiety than men, exhibiting more severe symptoms and higher distress levels. Women also report greater social fear and a broader range of phobias, with social anxiety often comorbid with depression and internalizing disorders, while men more commonly have externalizing disorders and use substances to cope (Xu et al., 2012; MacKenzie & Fowler, 2013). Despite this, men are more likely to seek treatment for social anxiety, which contrasts with the general pattern of women seeking treatment more often for other anxiety disorders (American Psychiatric Association [APA], 2013; Shear et al., 2000).

2.5 *Coping styles*

Coping style refers to the cognitive and behavioral strategies individuals use to manage stress (Zhou, 2016). Lazarus and Folkman's (1990) model identifies two main coping types: task-oriented coping, which directly addresses the stressor, and emotion-oriented coping, which manages emotional responses. Critics argue these categories overlook strategies like avoidance coping (Seiffge-Krenke & Klessinger, 2000). Studies suggest task-oriented coping is adaptive, while emotion-oriented and avoidance coping are maladaptive, with avoidance coping linked to long-term psychological issues such as anxiety and depression (Herman-Stabl et al., 1995; Gold et al., 1994).

2.6 Gender and coping styles

Research indicates gender differences in coping strategies, with women more likely to employ emotion-oriented approaches, such as seeking social support and cognitive reframing, while men often favor task-oriented strategies like accepting responsibility (Sinha & Latha, 2018; Matud, 2004). Women also tend to internalize stress, contributing to higher anxiety levels, whereas men are more likely to externalize stress through behaviors such as self-blame or humor (Leadbeater et al., 1999; Madhyastha et al., 2014). However, other studies report no significant gender differences in task-oriented or avoidance coping styles (Lengua & Stormshak, 2000; Carpenter, 2013).

2.7 Social anxiety and coping styles

Effective coping skills enhance an individual's internal locus of control, fostering task-oriented strategies that mitigate anxiety and fear (Panayiotou et al., 2014). Research by Tamannaefar and Sanatkarfar (2017) demonstrates a negative correlation between task-oriented coping and social anxiety, with strategies such as planning and proactive engagement shown to reduce anxiety by addressing problems directly (Hofmann, 2007). Conversely, emotion-oriented coping has been positively associated with social anxiety. Tamannaefar and Sanatkarfar's study revealed this link, aligning with findings from Keough et al. (2016), who observed that individuals with high social anxiety often rely on emotion-oriented coping to manage their distress.

2.8 Childhood maltreatment and coping styles

Children exposed to chronic stress often lack task-oriented coping skills, instead relying on emotion-oriented strategies to manage overwhelming emotions (Carlo et al., 2012; Kim & Cicchetti, 2010; Ullman & Peter-Hagene, 2014; VanMeter et al., 2020). While avoidant coping can temporarily shield them from distress, it impairs long-term stress management and is generally considered maladaptive (Gruhn & Compas, 2020; Hager & Runtz, 2012). Emotion-oriented coping, though occasionally beneficial in reducing immediate emotional overwhelm, is associated with poorer outcomes when overused, particularly in individuals with histories of abuse (Carlo et al., 2012; Kim & Cicchetti, 2010; VanMeter et al., 2020). In contrast, task-oriented coping promotes better psychological adjustment and long-term well-being, making it a more effective approach for managing stress (Sesar et al., 2010; VanMeter et al., 2020). While emotion-oriented strategies may serve a protective function in childhood, excessive reliance on them into adulthood can perpetuate maladaptive coping patterns (Gruhn & Compas, 2020; VanMeter et al., 2020).

This study aims to investigate the following research questions:

1. Are there significant differences in coping strategies between males and females?
2. Does coping style influence the association between the severity of adverse childhood experiences and social anxiety?
3. Does gender moderate the link between the severity of adverse childhood experiences and social anxiety?

3. Methods

To address the study's aims, we tested three hypotheses: (1) females will score higher in emotion-oriented coping and males in task-oriented coping; (2) coping styles moderate the relationship between adverse childhood experiences and social anxiety; and (3) gender moderates the relationship between adverse childhood experience and social anxiety. The study employed a cross-sectional design using validated self-report measures to assess childhood maltreatment, coping styles, and social anxiety symptoms. Moderation analyses were conducted to evaluate hypotheses 2 and 3.

3.1 Participants and procedure

The study sample consisted of 200 undergraduate students from the University of Tirana, drawn from five faculties: Social Sciences, Economics, Law, Natural Sciences, and Foreign Languages. Participants were recruited across various academic years using a non-probability convenience sampling method. Data collection was conducted online via Google Forms after obtaining informed consent. The sample comprised 61% female students ($n = 122$) and 39% male students ($n = 78$). Participants' ages ranged from 18 to 23 years ($M = 21.60$, $SD = 1.61$, $\text{Range} = 5$).

3.2 Measures

The Childhood Trauma Questionnaire-Short Form (CTQ-SF), a 28-item self-report measure, was used to assess childhood trauma. It comprises five subscales: Emotional Abuse, Physical Abuse, Sexual Abuse, Physical Neglect, and Emotional Neglect, as well as a Minimization/Denial scale. Participants rated their experiences on a 5-point Likert scale, ranging from 1 (Not True) to 5 (Very True). The CTQ-SF has demonstrated strong convergent validity and is associated with increased risk for PTSD, depression, and other mental health conditions (Bethell et al., 2019). In this study, the total scores ranged from 28 to 106, with a mean score of 44.19 ($SD = 16.01$).

The Social Phobia and Anxiety Inventory-Short Version (SPAI-18) was employed to evaluate the severity of social anxiety. This 18-item self-report instrument assesses three dimensions—cognitive, somatic, and behavioral—addressing thoughts, physical symptoms, and avoidance behaviors in social contexts. Responses are rated on a 7-point Likert scale, from 1 (Never) to 7 (Always). The SPAI-18 has shown excellent internal consistency and convergent validity (De Vente et al., 2014). In this study, only the Social Phobia subscale was utilized, with scores ranging from 5 to 34 ($M = 16.01$, $SD = 7.17$). The Coping Inventory for Stressful Situations-Short Form (CISS-21) was used to measure participants' coping strategies. This 21-item self-report tool assesses three coping styles: task-oriented, emotion-oriented, and avoidance coping, with each style measured by 7 items. Responses are scored on a Likert scale ranging from *Never* (1) to *Very Often* (5). Task-oriented coping involves active problem-solving strategies, emotion-oriented coping centers on emotional regulation, and avoidance coping reflects distraction or disengagement. In this sample, mean scores for each coping style were as follows: task-oriented ($M = 25.92$, $SD = 4.48$), emotion-oriented ($M = 21.92$, $SD = 5.83$), and avoidance ($M = 22.26$, $SD = 5.42$).

3.3 Data Analysis

Data analyses were conducted using SPSS 22.0 and employed t-tests, hierarchical multiple regression for moderator analyses, and multivariate analysis of variance (MANOVA).

4. Results

The analysis verified that the fundamental assumptions of normality, linearity, homoscedasticity, and homogeneity of regression slopes were satisfied. Skewness and kurtosis values for childhood maltreatment severity, coping styles, social anxiety, and gender were within normal limits. As anticipated, Pearson's correlation analysis demonstrated a significant positive relationship between the severity of childhood maltreatment and social anxiety ($r = .367$, $p < .01$). Similarly, a positive correlation was identified between avoidance coping and task-oriented coping ($r = .438$, $p < .01$). However, the strength of these correlations, while statistically significant, was moderate at best (Table 1). Furthermore, an independent samples *t*-test revealed a statistically significant gender difference in emotion-oriented coping, with females exhibiting higher levels than males ($t = 3.331$, $p < .01$).

Table 1. Correlation of Primary Variables

Variable	1	2	3	4	5	6
1. Childhood Maltreatment Severity	-					
2. Task-Oriented Coping	-.117	-				
3. Emotion-Oriented Coping	.281**	-.230**	-			
4. Avoidance Coping	-.117	-.028	.438**	-		
5. Social Anxiety	.367**	-.256**	-.117	.564**	-	

N=200, *p<.05, **p<.01

4.1 Gender differences in coping styles

To assess whether each of the three coping styles was related to gender, a multivariate analysis of variance (MANOVA) was conducted. The independent variable was gender, and the dependent variables were the three coping styles: task-oriented, emotion-oriented, and avoidance coping. The results of the MANOVA revealed significant effects, $F(3, 196) = 4.428$, Wilks' Lambda = .937, $p = .005$. Given the significant effect, post-hoc comparisons were conducted to examine group differences in coping styles. As shown in Table 3, a significant difference was found only for the emotion-oriented coping style ($F=11.098$, $p < .005$), with females reporting higher levels of this coping style ($M = 22.99$, $SD = .511$) compared to males ($M = 20.24$, $SD = .644$).

Table 2. Means and Standard Deviations for Coping Style by Gender

Variable	Total (N=200)		Males (n=122)		Females (n=78)		F	Sig
	M	SD	M	SD	M	SD		
Task-oriented Coping	26.003	.325	26.359	.508	25.648	.406	1.199	.275
Emotion-Oriented Coping	21.618	.412	20.244	.644	22.992	.515	11.098	.001
Avoidance Coping	22.231	.394	22.077	.615	22.385	.492	.153	.696

4.2 Coping style as a moderator in the relationship between childhood maltreatment and social anxiety

To explore the moderating role of coping styles in the relationship between the severity of childhood adversity and social anxiety, three hierarchical multiple regression analyses were performed. In these models, childhood adversity severity served as the independent variable (IV), while social anxiety was the dependent variable (DV). Each analysis assessed a different coping style—task-oriented coping, emotion-oriented coping, and avoidance coping—as the moderator variable (M), tested independently across the models.

Task-Oriented Coping. The first analysis examined whether task-oriented coping moderated the association between childhood adversity severity and social anxiety. In Step 1, the combined effects of childhood adversity severity (IV) and task-oriented coping (M_1) explained approximately 14% of the variance in social anxiety ($R = .374$, $R^2 = .140$, $F(2, 197) = 16.012$, $p < .001$). While childhood adversity severity emerged as a significant predictor of social anxiety, task-oriented coping did not demonstrate a significant predictive effect.

In Step 2, the interaction term between childhood adversity severity and task-oriented coping was included. This interaction did not result in a statistically significant change in explained variance ($\Delta F(2, 198) = 1.258$, $p = .263$, $\Delta R^2 = .005$), suggesting that task-oriented coping does not moderate the relationship between childhood adversity severity and social anxiety (see Table 3)

Table 3. Multiple Regression with Task-Oriented Coping as a Moderator

	B	SE B	β	t	p
Model 1: Childhood Maltreatment*	.160	.030	.358	5.377	.000
Task-Oriented Coping	-.119	.106	-.075	-1.122	.263
R ²				.140	
ΔR^2				.005	
Δp				.263	

*B = Unstandardized B coefficient; SE B = Standard Error of B; b = Beta coefficient; t = t-test; p = statistical significance.

Emotion-oriented coping. The second model assessed whether emotion-oriented coping moderated the relationship between childhood maltreatment severity and social anxiety. In Step 1, childhood maltreatment severity (IV) and emotion-oriented coping (M2) were entered into the regression model as predictors of social anxiety (DV). This step produced statistically significant results, explaining approximately 36.5% of the variance in social anxiety ($R^2 = .365$, $F(2, 197)$, $p < .001$). In Step 2, the interaction term between childhood maltreatment severity and emotion-oriented coping was introduced. The inclusion of this interaction yielded statistically significant results, indicating that emotion-oriented coping serves as a moderator in the relationship between childhood maltreatment severity and social anxiety (see Table 4).

Table 4. Multiple Regression with Emotion-Oriented Coping as a Moderator

	B	SE B	β	t	p
Model 2: Childhood Maltreatment*	.101	.027	.226	3.822	.001
Emotion-Oriented Coping	.615	.073	.500	8.458	.001
R ²				.365	
ΔR^2				.231	
Δp				.000	

Avoidance coping. The third analysis explored whether avoidance coping moderated the relationship between the severity of childhood maltreatment and social anxiety. In Step 1, childhood maltreatment severity (IV) and avoidance coping (M3) were included as predictors of social anxiety (DV). This step yielded statistically significant results, with the model accounting for approximately 13.5% of the variance in social anxiety ($R = .367$, $R^2 = .135$, $F(2, 198) = 15.330$, $p < .001$). Both childhood maltreatment severity and avoidance coping were significant predictors of social anxiety. In Step 2, the interaction term between childhood maltreatment severity and avoidance coping was added to the model. However, the inclusion of this interaction did not result in a statistically significant increase in explained variance, indicating that avoidance coping does not moderate the relationship between childhood maltreatment severity and social anxiety (see Table 5).

Table 5. Multiple Regression with Avoidance Coping as a Moderator

	B	SE B	β	t	p
Model 3: Childhood Maltreatment*	.163	.030	.364	5.460	.001
Avoidance Coping	-.025	.088	-.019	-.278	.781
R ²				.135	
ΔR^2				.000	
Δp				.781	

*B = Unstandardized B coefficient; SE B = Standard Error of B; b = Beta coefficient; t = t-test; p = statistical significance.

4.3 Gender as a moderator in the relationship between childhood maltreatment and social anxiety

A hierarchical multiple regression analysis was performed to investigate whether gender moderates the relationship between childhood maltreatment severity and social anxiety. In the first step of the analysis, childhood maltreatment severity (CM) and gender (G) were entered as predictors of social anxiety (SA). This step yielded statistically significant results, with the model accounting for 18.2% of the variance in social anxiety ($R = .426$, $R^2 = .182$, $F(2, 197) = 21.900$, $p < .001$). Both childhood maltreatment severity and gender were significant contributors to the model. The results of Step 2 were also statistically significant, demonstrating that moderation occurs (see Table 6).

Table 6. Multiple Regression with Gender as a Moderator

	B	SE B	β	t	p
Childhood Maltreatment*	.154	.029	.343	5.292	.001
Gender	-3.219	.951	-.219	-3.384	.001
R^2	.182				
ΔR^2	.048				
Δp	.001				

*B = Unstandardized B coefficient; SE B = Standard Error of B; b = Beta coefficient; t = t-test; p = statistical significance.

5. Discussions

Building on previous research, this study hypothesized that coping styles would vary by gender, with females expected to exhibit higher scores on emotion-oriented coping and males tending to score higher on task-oriented coping (Sinha & Latha, 2018). The study proposed that all coping styles would differentially moderate the relationship between the severity of childhood adverse experiences and social anxiety. Given the documented gender differences in social anxiety, with females showing significantly higher rates (Asher & Aderka, 2018), it was further hypothesized that gender would act as a moderator in the relationship between childhood maltreatment severity and social anxiety.

5.1 Gender differences in coping styles

The present study revealed significant gender differences exclusively in emotion-oriented coping, with females reporting higher levels than males. The hypothesis that males would exhibit higher levels of task-oriented coping was not substantiated, as no significant gender differences were found in either task-oriented or avoidance coping strategies. These results are consistent with prior studies indicating that females have a greater tendency to use emotion-oriented coping style (Sinha & Latha, 2018; Graves et al., 2021), yet they also corroborate findings showing no significant gender differences in task-oriented or avoidance coping (Lengua & Stormshak, 2000; Carpenter, 2013).

5.2 Moderating effects of coping styles

This study posits that emotion-focused coping moderates the relationship between childhood maltreatment severity and social anxiety, while task-oriented and avoidance coping styles do not. Step 2 of the regression analysis showed no significant moderation effects for these two coping styles. In conclusion, this hypothesis is partially supported. Future research should focus on the effectiveness of emotion-oriented coping in moderating this relationship and explore other moderating factors, such as social support and resilience.

5.3 Moderating effects of gender

The current study confirms that gender moderates the relationship between childhood maltreatment and social anxiety. The findings show that both childhood maltreatment and gender significantly influence social anxiety, with females being more affected by childhood trauma. These results suggest that gender-sensitive approaches are crucial in addressing social anxiety and maltreatment.

6. Conclusions

This study examined the relationship between childhood maltreatment severity, coping styles, gender, and social anxiety among university students in Albania. The results showed that females have a higher tendency to use emotion-oriented coping, while no significant gender differences were found in task-oriented or avoidant coping styles. Only emotion-oriented coping moderated the relationship between childhood maltreatment and social anxiety, and gender emerged as an important moderator, suggesting that females are more sensitive to the effects of childhood maltreatment in relation to social anxiety. These findings emphasize the importance of considering gender in the treatment of social anxiety and suggest that therapeutic interventions should be tailored to meet the specific needs of each gender. Future research should explore additional factors such as social support and resilience, use more diverse samples, and examine the impact of age on these relationships.

7. Limitations

A few limitations related to the methodological variables must be considered when interpreting the results of this study. First, childhood maltreatment severity was assessed using the Childhood Trauma Questionnaire-Short Form (CTQ-SF), a retrospective self-report tool, which relies on participants' recollections of their childhood and may be subject to biases or inaccuracies in recall. Second, social anxiety was measured using the Social Phobia and Anxiety Inventory Short Version (SPAI-18), which, although showing high internal consistency, may not fully capture the diverse experiences of social anxiety.

The study utilized a relatively small sample with an uneven gender distribution, which may have impacted the psychometric robustness of the findings. Future research should strive to achieve a more balanced representation of males and females to enhance the reliability and generalizability of the results.

Finally, the sample consisted exclusively of university students aged 18 to 23, drawn as a convenient, non-representative sample. This limitation restricts the generalizability of the findings to other populations, particularly non-university young adults. Future research should incorporate more diverse and representative samples to improve the applicability of the results across different groups.

References

- Adejobi, A. O., Osonwa, O. K., Iyam, M. A., Udonwa, R. E. & Osonwa, R. H. (2023). Child Maltreatment and Academic Performance of Senior Secondary School Students in Ibadan, Nigeria. *Journal of Educational and Social Research*, 3(2), 175. <https://doi.org/10.5901/jesr.2013.v3n2p175>
- American Psychiatric Association. (2013). *Social Anxiety*. (pp. 204-206). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- Antle, B., Barbee, A., Yankeelov, P., & Bledsoe, L. (2010). *A Qualitative Evaluation of the Effects of Mandatory Reporting of Domestic Violence on Victims and Their Children*, *Journal of Family Social Work*, 13:1, 56-73, DOI: 10.1080/10522150903468065
- Asher, M., & Aderka, I. M. (2018). Gender differences in social anxiety disorder. *Journal of Clinical Psychology*, 74(10), 1730-1741. <https://doi.org/10.1002/jclp.22624>

- Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA pediatrics*, 173(11), e193007. <https://doi.org/10.1001/jamapediatrics.2019.3007>
- Brook, C. A., & Schmidt, L. A. (2008). *Social anxiety disorder: A review of environmental risk factors*. *Neuropsychiatric Disease and Treatment*, 4(1), 123–143. <https://doi.org/10.2147/ndt.s1799>
- Busso, D. S., McLaughlin, K. A., Brueck, S., Peverill, M., Gold, A. L., & Sheridan, M. A. (2017). *Child Abuse, Neural Structure, and Adolescent Psychopathology: A Longitudinal Study*. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56(4), 321–328.e1. <https://doi.org/10.1016/j.jaac.2017.01.013>
- Byrne, S. P., Fogle, B. M., Asch, R., Esterlis, I., Harpaz-Rotem, I., Tsai, J., & Pietrzak, R. H. (2021). *The hidden burden of social anxiety disorder in U.S. military veterans: Results from the National Health and Resilience in Veterans Study*. *Journal of affective disorders*, 291, 9–14. <https://doi.org/10.1016/j.jad.2021.04.088>
- Carlo, G., Crockett, L. J., Wolff, J. M., & Beal, S. J. (2012). *The Role of Emotional Reactivity, Self-regulation, and Puberty in Adolescents' Prosocial Behaviors*. *Social Development (Oxford, England)*, 21(4), 667–685. <https://doi.org/10.1111/j.1467-9507.2012.00660.x>
- Carpenter, A. (2013). *Gender differences in coping styles or just individual differences in the stress appraisal process*. (Bachelor thesis in Psychology Specialisation, DBS School of Arts). Dublin. <https://esource.dbs.ie/server/api/core/bitstreams/12967109-a8bc-45f2-a8bb-9cia60d23f7e/content>
- Chartier, M. J., Walker, J. R., & Stein, M. B. (2001). *Social phobia and potential childhood risk factors in a community sample*. *Psychological Medicine*, 31(2), 307–315. <https://doi.org/10.1017/s0033291701003348>
- Chen, C., & Qin, J. (2020). *Emotional abuse and adolescents' social anxiety: The roles of self-esteem and loneliness*. *Journal of Family Violence*, 35(5), 497–507. <https://doi.org/10.1007/s10896-019-00099-3>
- CORDIS, EU research results. (2013). *Final report summary - BECAN (Balkan Epidemiological Study on Child Abuse and Neglect), FP7, CORDIS: European Commission*. <https://cordis.europa.eu/project/id/223478/reporting>
- Cougle, J. R., Timpano, K. R., Sachs-Ericsson, N., Keough, M. E., & Riccardi, C. J. (2010). *Examining the unique relationships between anxiety disorders and childhood physical and sexual abuse in the National Comorbidity Survey-Replication*. *Psychiatry Research*, 177(1-2), 150–155. <https://doi.org/10.1016/j.psychres.2009.03.008>
- Folkman, S., & Lazarus, R. S. (1990). *Coping and emotion*. In N. L. Stein, B. Leventhal, & T. Trabasso (Eds.), *Psychological and Biological Approaches to Emotion* (pp. 313–332). Lawrence Erlbaum Associates, Inc.
- Gardner, M., Gardner, M., Thomas, H., Thomas, H., & Erskine, H. (2019). The association between five forms of child maltreatment and depressive and anxiety disorders: A systematic review and meta-analysis. *Child abuse & neglect*, 96, 104082. <https://doi.org/10.1016/j.chiabu.2019.104082>
- Ghazwani, J. Y., Khalil, S. N., & Ahmed, R. A. (2016). Social anxiety disorder in Saudi adolescent boys: Prevalence, subtypes, and parenting style as a risk factor. *Journal of Family & Community Medicine*, 23(1), 25–31. <https://doi.org/10.4103/2230-8229.172226>
- Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., & Macmillan, H. L. (2009). *Recognising and responding to child maltreatment*. *Lancet (London, England)*, 373(9658), 167–180. [https://doi.org/10.1016/S0140-6736\(08\)61707-9](https://doi.org/10.1016/S0140-6736(08)61707-9)
- Gold, S. R., Milan, L. D., Mayall, A., & Johnson, A. E. (1994). *A Cross-Validation Study of the Trauma Symptom Checklist: The Role of Mediating Variables*. *Journal of Interpersonal Violence*, 9(1), 12–26. <https://doi.org/10.1177/088626094009001002>
- González-Díez, Z., Orue, I., & Calvete, E. (2016). *The role of emotional maltreatment and looming cognitive style in the development of social anxiety symptoms in late adolescents*. *Anxiety, Stress, & Coping*, 30(1), 26–38. <https://doi.org/10.1080/10615806.2016.11889200>
- Graves, B. S., Hall, M. E., Dias-Karch, C., Haischer, M. H., & Apter, C. (2021). *Gender differences in perceived stress and coping among college students*. *PloS One*, 16(8), e0255634. <https://doi.org/10.1371/journal.pone.0255634>
- Gruhn, M., & Compas, B. (2020). Effects of maltreatment on coping and emotion regulation in childhood and adolescence: A meta-analytic review. *Child abuse & neglect*, 103, 104446. <https://doi.org/10.1016/j.chiabu.2020.104446>
- Hager, A. D., & Runtz, M. G. (2012). *Physical and psychological maltreatment in childhood and later health problems in women: An exploratory investigation of the roles of perceived stress and coping strategies*. *Child Abuse & Neglect*, 36(5), 393–403. <https://doi.org/10.1016/j.chiabu.2012.02.002>
- Hamilton, J. L., Potter, C. M., Olino, T. M., Abramson, L. Y., Heimberg, R. G., & Alloy, L. B. (2016). *The Temporal Sequence of Social Anxiety and Depressive Symptoms Following Interpersonal Stressors During Adolescence*. *Journal of Abnormal Child Psychology*, 44(3), 495–509. <https://doi.org/10.1007/s10802-015-0049-0>
- Herman-Stabl, M.A., Stemmler, M., & Petersen, A.C. (1995). *Approach and avoidant coping: Implications for adolescent mental health*. *J Youth Adolescence*. 24, 649–665 <https://doi.org/10.1007/BF01536949>

- Hofmann, S. (2007). Cognitive Factors that Maintain Social Anxiety Disorder: a Comprehensive Model and its Treatment Implications. *Cognitive Behaviour Therapy*, 36, 193 - 209. <https://doi.org/10.1080/16506070701421313>.
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). *The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis*. *The Lancet. Public health*, 2(8), e356–e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
- Iffland, B., Sansen, L. M., Catani, C., & Neuner, F. (2012). *Emotional but not physical maltreatment is independently related to psychopathology in subjects with various degrees of social anxiety: a web-based internet survey*. *BMC Psychiatry*, 12, 49. <https://doi.org/10.1186/1471-244X-12-49>
- Jaffee, S. (2019). Child Maltreatment and Risk for Psychopathology in Childhood and Adulthood. *Annual review of clinical psychology*, 13, 525-551. <https://doi.org/10.1146/annurev-clinpsy-032816-045005>.
- Ji, H., Lü, W. (2021). *Childhood abuse and social anxiety symptoms among young adults: Moderating role of respiratory sinus arrhythmia suppression to social stress*. *Child Abuse Negl. Epub*. 117:105118. doi: 10.1016/j.chiabu.2021.105118. 2021
- Keough, M.T., Badawi, G., Nitka, D, O'Connor, R.M., & Stewart, S.H. (2016). *Impulsivity increases risk for coping-motivated drinking in undergraduates with elevated social anxiety*. *Pers Individ Dif*. 1;88(1):45-50. DOI: 10.1016/j.paid.2015.08.036.
- Kim, J., Cicchetti, D. (2010). *Longitudinal pathways linking child maltreatment, emotion regulation, peer relations, and psychopathology*. *J Child Psychol Psychiatry. Epub* 51(6):706-16. DOI: 10.1111/j.1469-7610.2009.02202.x.
- Kircaburun, K., Griffiths, M.D., & Billieux, J. (2019). *Psychosocial factors mediating the relationship between childhood emotional trauma and internet gaming disorder: a pilot study*. *Eur J Psychotraumatol*. 14;10(1):1565031. DOI: 10.1080/20008198.2018.1565031.
- Knappe, S., Beesdo-Baum, K., & Wittchen, H. U. (2010). *Familial risk factors in social anxiety disorder: Calling for a family-oriented approach for targeted prevention and early intervention*. *European Child And Adolescent Psychiatry*, 19(12), 857–871
- Kuo, J.R., Goldin, P.R., Werner, K., Heimberg, R.G., & Gross, J.J. (2011). *Childhood trauma and current psychological functioning in adults with social anxiety disorder*. *J Anxiety Disord. Epub*, 25(4):467-73. DOI: 10.1016/j.janxdis.2010.11.011.
- Leadbeater, B.J., Kuperminc, G.P., Sidney, B., & Christopher, H. (1999). *A multivariate model of gender differences in adolescents internalizing and externalizing problems*. *J Dev Psychol*, 35:1268-82.
- Lengua, L. J., & Stormshak, E. A. (2000). *Gender, gender roles and personality: Gender differences in the prediction of coping and psychological symptoms*. *Sex Roles: A Journal of Research*, 43(11-12), 787–820. <https://doi.org/10.1023/A:1011096604861>
- Liu, J., Deng, J., Zhang, H., & Tang, X. (2023). The relationship between child maltreatment and social anxiety: A meta-analysis. *Journal of Affective Disorders*, 329, 157–167. <https://doi.org/10.1016/j.jad.2023.02.081>
- MacKenzie, M.B., Fowler, K.F. (2013). *Social anxiety disorder in the Canadian population: exploring gender differences in sociodemographic profile*. *J Anxiety Disord*, 27: 427-34. DOI: 10.1016/j.janxdis.2013.05.006.
- Madhyasdha, S., Latha, K.S., & Kamath, A. (2014). Stress, coping and gender differences in third year Medical Students. *Journal of Health Management*, 16, 1-25.
- Matud, M. (2004). *Gender differences in stress and coping styles*. *Personality and Individual Differences*. 37. 1401-1415. 10.1016/j.paid.2004.01.010.
- McCoy, M.L., Keen, S.M. (2013). *Child abuse and neglect. 2nd ed.* (pp.87-88). New York, NY, Psychology Press.
- McFarlane, J.M., Groff, J.Y., O'Brien, J.A., & Watson, K. (2003). *Behaviors of children who are exposed and not exposed to intimate partner violence: an analysis of 330 black, white, and Hispanic children*. *Pediatrics*, 112 (3):e202-7
- McLaughlin, K.A., Green, J.G., Grukber, M.J., Sampson, N.A., Zaslavsky, A.M., & Kessler, R.C. (2012). *Childhood adversities and first onset of psychiatric disorders in a national sample of US adolescents*. *Arch General Psychiatry*, 69(11):1151-60.
- Norman, R.E., Byambaa, M., Butchart, A., Scott, J., & Vos, T. (2012). *The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis*. *PLoS Medicine*, 9(11), e1001349.
- Panayiotou, G., Karekla, M., & Mete, I. (2014). Dispositional coping in individuals with anxiety disorder symptomatology: Avoidance predicts distress. *Journal of contextual behavioral science*, 3, 314-321. <https://doi.org/10.1016/j.JCBS.2014.07.001>.
- Pérez-González, A., & Pereda, N. (2015). *Systematic review of the prevalence of suicidal ideation and behavior in minors who have been sexually abused*. *Actas Espanolas de Psiquiatria*, 43(4), 149–158.

- Petersen, A.C. (2014). *Consequences of child abuse and neglect*. (pp. 111-174). New Directions in Child Abuse and Neglect Research. National Academies Press. Retrieved from <https://nap.nationalacademies.org/read/18331/chapter/6>
- Phanichrat, T., & Townshend, J. (2010). Coping Strategies Used by Survivors of Childhood Sexual Abuse on the Journey to Recovery. *Journal of Child Sexual Abuse*, 19, 62 - 78. <https://doi.org/10.1080/10538710903485617>.
- Rapee, R. M., & Spence, S. H. (2004). *The etiology of social phobia: Empirical evidence and an initial model*. *Clinical Psychology Review*, 24(7), 737-767. <https://doi.org/10.1016/j.cpr.2004.06.004>
- Romano, E., & Luca, R. (2001). Male sexual abuse: A review of effects, abuse characteristics, and links with later psychological functioning. *Aggression and Violent Behavior*, 6, 55-78.
- Sachs-Ericsson, N., Verona, E., Joiner, T., & Preacher, K. J. (2006). Parental verbal abuse and the mediating role of self-criticism in adult internalizing disorders. *Journal of Affective Disorders*, 93(1-3), 71-78. <https://doi.org/10.1016/j.jad.2006.02.014>
- Seiffge-Krenke, I., & Klessinger, N. (2000). *Long-Term Effects of Avoidant Coping on Adolescents' Depressive Symptoms*. *Journal of Youth and Adolescence* 29, 617-630. <https://doi.org/10.1023/A:1026440304695>
- Sesar, K., Simic, N., & Barisic, M. (2010). *Multi-type childhood abuse, strategies of coping, and psychological adaptations in young adults*. *Croat Med J*, 51(5):406-16. doi: 10.3325/cmj.2010.51.406.
- Sethi, D., Bellis, M., Hughes, K., Gilbert, R., Mitis, F., & Galea, G. (2013). *European report on preventing child maltreatment*. World Health Organisation Regional Office for Europe. <https://iris.who.int/handle/10665/326375>
- Shahar, B., Doron, G., Szepsenwol, O. (2015). *Childhood Maltreatment, Shame-Proneness and Self-Criticism in Social Anxiety Disorder: A Sequential Mediation Model*. *Clin Psychol Psychother*. 22(6):570-9. DOI: 10.1002/cpp.1918.
- Shear, M. K., Feske, U., & Greeno, C. (2000). *Gender differences in anxiety disorders: Clinical implications*. In E. Frank (Ed.), *Gender and its effects on psychopathology* (pp. 151-165). American Psychiatric Publishing, Inc.
- Sinha, S., & S, Latha. (2018). *Coping response to same stressors varies with gender*. *National Journal of Physiology, Pharmacy and Pharmacology*. DOI: 10.5455/njppp.2018.8.0206921032018.
- Tamannaefar, M., & Sanatkarfar, M. (2017). *Social Anxiety Study Based on Coping Styles and Attachment Styles. Practice in Clinical Psychology* 5(2):115-122. Research Gate. DOI:10.18869/acadpub.jpcp.5.2.115
- Ullman, S. E., Peter-Hagene, L. C., & Relyea, M. (2014). *Coping, emotion regulation, and self-blame as mediators of sexual abuse and psychological symptoms in adult sexual assault. Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 23(1), 74-93. <https://doi.org/10.1080/10538712.2014.864747>
- World Health Organization. (2024, November 5). *Child maltreatment*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>
- Van Den Heuvel, L., Assim, A., Koning, M., Nöthling, J., & Seedat, S. (2023). Childhood maltreatment and internalizing/externalizing disorders in trauma-exposed adolescents: Does posttraumatic stress disorder (PTSD) severity have a mediating role?. *Development and psychopathology*, 1-13. <https://doi.org/10.1017/S0954579423001414>.
- VanMeter, F., Handley, E., & Cicchetti, D. (2020). The role of coping strategies in the pathway between child maltreatment and internalizing and externalizing behaviors. *Child abuse & neglect*, 101, 104323. <https://doi.org/10.1016/j.chiabu.2019.104323>.
- Xu, Y., Schneider, F., Heimberg, R. G., Princisvalle, K., Liebowitz, M. R., Wang, S., & Blanco, C. (2012). *Gender differences in social anxiety disorder: results from the national epidemiologic sample on alcohol and related conditions*. *Journal of Anxiety Disorders*, 26(1), 12-19. <https://doi.org/10.1016/j.janxdis.2011.08.006>
- Zalta, A., & Chambless, D. (2012). Understanding Gender Differences in Anxiety. *Psychology of Women Quarterly*, 36, 488 - 499. <https://doi.org/10.1177/0361684312450004>.
- Zhou, Y. (2016). Childhood trauma and subjective well-being in postgraduates: The mediating of coping style. *Chinese Journal of Clinical Psychology*, 24(3), 509-513.