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Mediating Role of Shyness between Childhood Abuse and Social Anxiety in University Students: Narrative from Pakistan

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ABSTRACT

Social Anxiety Disorder (SAD) represents one of the most common psychological problems of today. It received a great deal of attention over the past two decades. Still, relatively little is known about its prevalence and its impact on students in higher education (HE). The other two variables that need to be added to this equation are those of childhood abuse and shyness and their correlation with SAD. This paper uses the case of Pakistan to explore the intricate and yet, the under-discussed relationship between these factors i.e., abusive parenting, shyness, and social anxiety. The key findings of this research are: (i) male students have higher levels of social, performance, interaction and evaluation anxieties than female students; (ii) age and education are positively correlated with performance anxiety only; (iii) shyness serves as a mediator between physical and psychological abuse and neglect from both parents and social anxiety, yet it does not mediate the relationship between sexual abuse by both parents and social anxiety, as reflected in surveys conducted among university students. This paper suggests that more research is needed to design targeted prevention and intervention tools, which would enable us to address abusive parenting and its implications, such as shyness and SAD. In other words, tools are needed to facilitate effective early screening and intervention in heightened risk groups.

Keywords

social anxiety; social anxiety disorder; abusive parenting; shyness; students' university performance; sustainable education; sustainability

Introduction

Social Anxiety Disorder (SAD) is one of the most common psychological problems of today. It received a great deal of attention over the past two decades. Still, relatively little is known about its prevalence and its impact on students in higher education (HE). Other two variables that need to be added to this equation are those of childhood abuse and shyness and their correlation with SAD. The past decade has seen an immense development across the world in exploring various categories of early traumatic experiences that increase the risk of SAD in adulthood. In this context, clinical studies received increased support, thus producing new insights into the topic (Bishop et al., 2014; Lieb, 2000). That research focus is still missing in Pakistan and study seeks to fill in the gap in research. In short, this paper uses the case of Pakistan to explore the intricate and yet, under-discussed relationship between these factors i.e. abusive parenting, shyness and social anxiety. The study examines the issue by looking at university students' performance, thus making a tacit case that sustainability of highlighter education (HE) and in fact also the prospect of sustainable development depend on a variety of factors so far neglected in the analysis (Visvizi, Lytras, & Daniela, 2018; Anjum et al., 2019). The argument is structured as follows. First, the key concepts used in the study are explained and the key lines of their co-dependence are highlighted. Then, the methodological framework is detailed, including sampling, measures, and analysis including correlation and structural equation modeling. Discussion and conclusions follow.

2. The methodological framework: explaining social anxiety, abusive parenting and shyness

Mental health issues continue to present serious concerns for college and university students and also represent a widespread public health problem (WHO, 2004). Most mental disorders have their first onset by the age 24. Therefore, a young adult's progression through college and university marks a crucial period that in his/her life. It involves many risk factors making him/her vulnerable to develop any sort of mental disorder. Hence, becoming the victim of any psychological disorder during this crucial stage may hinder one's academic performance, level of productivity, social affiliations and even future success (Hunt & Eisenberg, 2010).

Social anxiety disorder

As one of the most common psychiatric disorders, social anxiety disorder (SAD) is described as a persistent irrational fear of and a compelling desire to avoid situations in which a person may be exposed to strangers or to the scrutiny by others resulting in considerable distress and impaired ability to function in at least some parts of daily life (Kessler, 2005). People with this psychiatric disorder experience excessive and unreasonable fear of social interaction, difficult to overcome, hence making an attempt to avoid it. Examples include: fear of speaking in public, fear of eating, drinking or taking a test in the presence of others, fear of using public washrooms, fear of attending a social engagement alone, fear of communicating with the opposite sex or with strangers, fear or making complaints, and fear of becoming the center of attention (Yidebeck, 2011).

Consequently, the fear of interaction with other people intensifies self-consciousness, avoidance, feelings of inadequacy and inferiority, fear of humiliation, embarrassment, lower self-esteem and depression. These underlying issues can lead to a substantial economic burden, since people with social anxiety are more likely to be unemployed, can remain absent from work or have reduced work productivity. Unfortunately, most cases go untreated as, generally, people are unaware of the symptoms and their meaning (Schneier, 2006).

SAD is found to be present in 16% of college students (Eisenberg, Gollust, Golberstein, & Hefner, 2007), even if typical SAD prevalence rate among adults and young people in general population is 7-13% (Furmark, 2002). In higher education institutions (HEI), those affected and untreated have poor autonomy and impaired college functioning (Park, Edmondson, & Lee, 2012) which often results in them quitting the university prematurely. Several epidemiological studies of social anxiety have determined that SAD usually begins in adolescence, often having a chronic course (Schneier et al., 1992).

Specifically talking about prevalence and environmental risk factors of SAD among student population, we come to know that there is dearth of knowledge and limited amount of data available about Pakistani students. SAD, though quite common, remains undiagnosed and untreated, and it seems, the situation is likely to be similar among Pakistani students. Individuals suffering from SAD might not usually report their social fears etc. to psychiatrists or psychologists and consider it something that will improve with time.

Multiple mechanisms seem to account for the development of social anxiety in student population (Hidalgo, Barnett, & Davidson, 2001). However, taking into consideration the complexity of the most prominent risk factors believed to be the antecedents of social anxiety disorder specifically, distinct and relatively understudied areas are parent-child interaction patterns and adverse life events, especially childhood trauma or abuse.

Abusive parenting

Abusive parenting can be described as actions or inactions directed at the child by an adult such as mother, father or care giver, preventing or degrading his healthy development and most importantly are considered to be inappropriate or damaging by societal laws or professionals. Further it can be explained as practice a child faces by his/her parent in terms of getting insulted, or facing non-physical aggression and emotional neglect by being deprived of feeling special, loved, or being part of a nurturing environment during their childhood,. Described by another

term as 'early traumatic events", it refers to various incidences occurring in childhood and adolescence, which are so far out of the child's control, causing stress, suffering and disrupted normal development (Burgermeister, 2007). The situation in Pakistan in not better than any other developing or developed country but non availability of the statistics at government level regarding the prevailing situation of child abuse makes it more crucial. The main difference between developed world and developing countries such as Pakistan is that the discourse of and institutional structures to cope with child abuse within the family are relatively overt unlike in Pakistan where it remains invisible and silenced in the name of internal family discipline.

The generic concept of abuse has five major categories: physical abuse, emotional abuse, sexual abuse (Tyler et al., 2006; Kara, Biçer, & Gökalp, 2004), physical neglect and emotional neglect (Bernstein et al., 2003). Physical injury inflicted deliberately through the violent acts like hitting, stabbing, burning, suffocating, biting, poisoning, strangling and suffocating is referred to physical abuse (MacDonald, 2001; Myers & Stern, 2002). A no. of actions, intentionally carried out by a parent or guardian with respect to the child including frequent punishment for minor misdemeanors or sometime over positive behaviors like smiling or playing, criticism and humiliation over minor issues, ridicule, threats, frequent rejection/ disapproval, discouraging attachment and development of appropriate peer relationships cover the domain of emotional abuse (Carr, 2006). An act of a sexual nature, presumably performed by a parent or caretaker upon or with a child without his/her consent for sexual gratification is referred as child sexual abuse (Berliner & Elliot, 2002). Talking about neglect, physical neglect occurs when a child is deprived of the fulfillment of basic needs of nurturance and nourishment like food, clothing, and shelter and his/her health or safety is at stake. It also involves failure to protect the child from environmental hazards, infections and illnesses, whereas lack of emotional support and failure on the part of the parents, guardian or caretaker to provide psychological nurturance essential for a child's psychological uplifting, independence, stimulation and development represents emotional neglect (National Centre on Child Abuse and Neglect, 1978).

Episodes of parental abuse have been found to significantly impact an individual's emotional and personality development during childhood reporting insecurity, low self-esteem, and poor social relationing (Flynn, Cicchetti, & Rogosch 2014; Young & Widom, 2014). These deficits can sometimes persist into adulthood, leading to a worse physical condition and numerous psychopathologies (Shonkoff et al., 2011), with mood disorders, post-traumatic stress disorder, social anxiety disorder and substance abuse disorders being top of the list (Agorastos et al, 2014; Van Nierop et al, 2014).

Literature has presented alarming prevalence rates of various forms of abuse among people suffering from social anxiety disorder across the world. It has been estimated that one out of ten children, on average, is either neglected or psychologically abused and that approximately 4% -16% are physically abused (Gilbert et al., 2008). In one prospective study both adult males and females with anxiety disorder had higher rates of childhood physical abuse comparative to those without an anxiety disorder. In addition, females with social anxiety disorder were found to be victims of childhood sexual abuse (Stein et al., 1996). Research (Cutajar et al., 2010) has supported these findings who found sexual abuse to be strongly correlated with SAD and higher rates of childhood emotional abuse and emotional neglect in SAD victims respectively.

Shyness
Another construct that seems to be closely related to social anxiety is shyness- a trait characterized by state of tension, uneasiness and avoidance in the presence of others around oneself (Cheek & Buss, 1981; Jones, Briggs, & Smith, 1986). This brief description manifests that behaviors associated with shyness and social anxiety are mostly common. Available literature in this area also reveals that social anxiety and shyness share similar symptomatology. Shy as well as socially phobic individuals exhibit similar somatic (blushing, shivering, sweating), cognitive (fear of negative assessment by others), and behavioral symptoms (discomfort in and inhibition of social

situations) (Henderson & Zimbardo, 2008). Although social anxiety and shyness are both associated with emotional, behavioral and social difficulties, but the degree to which these difficulties cause impairment in daily functioning vary at large. Apart from having some commonalities, both constructs of shyness and social anxiety have some striking differences too. Shyness is often a transitory condition (Zimbardo et al., 1975; Bruch et al., 1996; Beidel & Turner, 1999), whereas social anxiety is a severe, unremitting condition (Turner & Beidel, 1989). Another most obvious distinguished feature is the prevalence rate- shyness having the greater than social phobia.

Shyness and SAD

The impact of shyness on social anxiety has not been widely investigated and is an important clinical domain that demands extensive research. It is needed to explore whether extreme obsession, a shy person experiences about people's thinking about him/her and getting fearful of negative assessment can predict the occurrence of social anxiety disorder in later life.

People suffering from SAD are mostly chronically shy. Although they want to be socially active but they fail to do so because of their anxiety and fear of being embarrassed. They report the irrational belief that most of their life has been spent being shy so they might fail to bear even minor rejections by people around them. They deliberately remain in isolation which resultantly affects their academic, professional and social life (Watkins, 2004).

Shy people tend to have intense self-awareness as social objects which may lead to increased self-criticism, in turn leading to higher probability of developing social anxiety disorder (Cheek & Buss, 1981).

Despite efforts to delineate the boundary between the two conditions, the relationship between social anxiety and shyness remains blurred as different researchers have presented varied viewpoints. Cardducci (1999) considered the two conditions to be completely different; whereas it is hypothesized by Rapee (1998) that the conditions are essentially the same. Yet a third perspective is

that social anxiety is an extreme form of shyness (Henderson and Zimbardo, 2008). It is also assumed by Heckelman and Schneier (1995) that shyness is a more heterogeneous category than social phobia. Similarly, so it can be concluded that the overlapping behavioral features of shyness and social phobia support the notion that a relationship between them exists, but the specific nature remains to be elucidated. Although the characteristic of social reticence appears to support a relationship between these two conditions, the exact nature is still unclear. The current study is therefore conducted with the aim to open this fold and examine the relationship between shyness and social anxiety in the same sample of Pakistani university students.

The Methodological Framework

The Sample

A sample of 800 students including men (N= 400) and women (N= 400) ranging between the age of 17-29 years (M= 20.04, SD= 1.92) was obtained from various public and private sector universities of Lahore, Pakistan. A non-probability convenience sampling technique was employed to select the research sample. This technique nonetheless sought to maximize sample diversity and thus improve representativeness. Students from various educational parameters (intermediate, graduates, and post graduates) and from various disciplines (Social Sciences, Languages, Humanities, Pure Sciences, and Art) were included in the sample. 37% of the sample reported to be Intermediate students, 57.8% were graduate level pupils and 5.3% were MS scholars.

Measures

Social Anxiety Scale (SAS)

The indigenous Social Anxiety Scale (SAS) (Ejaz et al., 2020) was used to assess participants' level of anxiety in various social situations where interaction with or performance in front of others is involved. It is a 22 item self-reporting measure on which the respondents have to carefully respond by choosing one response from the 5-point Likert rating scale with 'Never' scored 0 and 'Always' scored 4. The scale consists of three subscales- Performance Anxiety and Avoidance (PAA) comprised of 8 items, Interaction Anxiety

(IA) with 10 items and Evaluation Anxiety (EA) with 4 items. Scores are obtained separately for each subscale and for the total scale. Higher scores on each of the factors are suggestive of elevated level of anxiety on that dimension. Cronbach's alpha for Social Anxiety Scale.90, .84 .81 and .78 for Performance Anxiety and Avoidance, Interaction and Evaluation Anxiety Scales respectively indicate internal consistency of the scale.

Childhood Abuse Scale (CAS)

The Childhood Abuse Scale (Malik & Ghaffar, 2015) was an indigenous measure used to gauge aversive childhood experiences of physical, emotional and sexual nature. The scale has two separate questionnaires constructed to assess abuse from both parents (father and mother) each consisting of similar 43 items. The items of the scale are distributed in three factors pertaining to three major categories of childhood abuse and neglect with subscales labelled as Physical and Psychological Abuse containing 22 items, Physical and Psychological Neglect having 14 items, and Sexual Abuse with 7 items. Each statement is provided with four response categories ranging from 'Never= 1' to 'Always= 4'. Participants' score on the CAS is calculated as the sum of the score on all the items, additionally score on each of the subscales is the sum of the scores on the items of the respective category. The scoring range on total scale of CAS is 43–172. Higher scores on any domain of the scale and/or total scale is indicative of severe abuse or neglect in childhood. The scale has good internal consistency as Cronbach's alpha of both scales are above 0.70.

Revised Cheek and Buss Shyness Scale (RCBSS)

For the purpose of measuring shyness in target population of university students, the Revised Cheek and Buss Shyness Scale (RCBSS) (Cheek & Buss, 1981), a 13-item uni-factorial measure of shyness based on the original 9-item measure of shyness and sociability was used. The scale is adapted for the Urdu language to make it easier and more comprehendible for participants. The participants' response to each item of the scale is

recorded on a 5-point scale ranging from 1 = 'very uncharacteristic or untrue' scored 1 and 'Very characteristic or true scored 5. Higher scores on the scale are representative of increased subjective anxiety, shyness and social awkwardness during a behavioral task. Cronbach's alpha achieved in this study is .70.

Procedure

After obtaining written permission from the concerned universities' authorities, the researchers contacted the students. Only willing and interested pupils were included in the study. Written informed consent was taken from the participants after briefing them about the nature and aim of the study. They were also assured that data provided by them would be kept confidential. The set of all research questionnaires were arranged in a sequence and then provided to all the participants to practice uniformity in data collection. The sequence followed was: demographic sheet, SAS, CAS (Father and Mother Versions), and RCBSS. Written guidelines were also provided on filling out the questionnaires. On average 15-20 minutes were taken by the participants to complete the set of questionnaires.

Key Findings

The data was analyzed in three steps. In the first step, demographic characteristics of the study sample were analyzed. In the second step, reliability analysis of all scales were computed using Cronbach's alpha and descriptive statistics were calculated. In the third step, Pearson product moment correlation analysis was carried out to investigate the relationship between demographic variables and social anxiety. In the final step, mediation analysis using structural equation modeling (SEM) was conducted to determine the mediating role of shyness between childhood abuse and social anxiety.

Table 1

Cronbach's Alpha and Descriptive Statistics of Childhood Abuse Scale, Shyness Scale and Social Anxiety Scale (N=800)

Scale & Subscales	k	α	Men M(SD)	Women M(SD)	Score Range Actual	Potential
Maternal Abuse	43	.72	128.56(15.02)	136.01(11.76)	89-164	43-172
Physical Psychological Abuse	22	.81	78.40(10.85)	83.19(6.48)	54-88	22-88
Physical Psychological Neglect	14	.87	22.9(96.66)	25.94(10.58)	14-48	14-56
Sexual Abuse	7	.70	27.17(2.08)	26.88(2.36)	18-28	7-28
Paternal Abuse	43	.82	140.25(21.62)	151.66(13.48)	87-169	43-172
Physical Psychological Abuse	22	.83	76.56(12.84)	83.57(7.45)	48-88	22-88
Physical Psychological Neglect	14	.70	39.81(7.52)	43.60(6.17)	23-53	14-56
Sexual Abuse	7	.71	23.89(2.38)	24.49(1.84)	16-28	7-28
Shyness	13	.70	34.39(6.14)	36.51(7.07)	16-55	13-65
Social Anxiety	22	.90	27.15(12.58)	39.16(14.29)	2-72	0-88
Performance Anxiety and Avoidance	8	.84	13.68(5.23)	16.44(5.65)	0-30	0-32
Interaction Anxiety	10	.81	10.07(6.82)	17.39(7.69)	0-36	0-40
Evaluation Anxiety	4	.78	3.41(3.30)	5.33(3.62)	0-16	0-16

Note. k= no. of items, $α$=Cronbach's alpha, M= mean, SD= Standard Deviation

Table 1 shows that all the scales (Childhood Abuse Scale, Shyness Scale, and Social Anxiety Scale) and their subscales had good alpha values ranging from .70 to.90 indicating the appropriateness of the measures for their administration on the sample

Table 2

Correlation between Gender, Age, Education, Birth Order and Social Anxiety (N=800)

Variables	2	3	4	5	6	7	8
1. Gender	.19***	.25***	-.02	.40***	.24***	.45***	.26***
2. Age		.81***	-.26***	.02	.10**	.01	-.06
3. Education			-.15**	.04	.12**	.01	-.05
4. Birth Order				-.03	-.03	-.02	-.03
5. Social Anxiety					.80***	.91***	.77***
6.Performance Anxiety and Avoidance						.55***	.47***
7. Interaction Anxiety							.62***
8. Evaluation Anxiety							-

*p<.05,**p<.01,***p<.001

Table 2 is showing the results of the analysis highlighting significant positive correlation between gender, social anxiety and its subtypes including performance anxiety and avoidance, interaction anxiety, and evaluation anxiety (p<.001) which showed that men had a higher level of social, performance, interaction and evaluation anxieties and avoidance from social situations. The age and educational level of the sample were observed to be significantly positively associated with performance anxiety and avoidance only (p<.01). No significant correlations were seen between birth order of the participants, social anxiety and all of its domains.

Structural Equation Modeling

Structural equation modeling (SEM) using AMOS (Analysis of moment structure) version 24.0 was employed to examine the mediating role of

Shyness between Childhood Abuse (Maternal and Paternal (Physical & Psychological Abuse, Physical & Psychological Neglect, Sexual Abuse)) and Social Anxiety (Performance Anxiety and Avoidance, Interaction Anxiety, Evaluation Anxiety) in university students. It was hypothesized that shyness would mediate the relationship between childhood abuse and social anxiety among university students.

Table 3

Model Fit Indices for Shyness as Mediator between Childhood Abuse and Social Anxiety.

| Model	χ^2	Df	GFI	CFI	NFI	RMSEA	SRMR
Initial model	1191.76	37	.86	.84	.84	.19	.11
Model fit	179. 92	30	.97	.98	.97	.07	.07
$\Delta\chi^2$	1011.84*						

Note. *N*=800, All change in chi square values are computed relative to model, χ^2 >.05, GFI= Goodness of fit index, CFI=comparative fit index, NFI = normed fit index; RMSEA=root mean square error of approximation, SRMR=Standardized root mean square, $\Delta\chi^2$ = chi square change.

The absolute fit for presented model was χ^2 (30, 800) = 179.92, *p* < .05. Root Mean Square Error of Approximation and Standardized Root Mean Square (RMSEA, SRMR) for the initial model were .19 and .11 whereas the GFI, CFI, NFI values were .86, .84 and .84 respectively. The model was not good enough as per the standard criteria of the indices of fits. So the model modification procedure was initiated. The model modification process was conducted in one step in order to fit the data on the tested model. In this step covariance was added as guided by the modification indices (a built-in function in AMOS). The Root Mean Square Error of Approximation (RMSEA) and Standardized Root Mean Square Residual (SRMR) for the model fit after drawing covariance were .07 and .07 respectively whereas the GFI, CFI and NFI values were .97 .98, .97 respectively. Eventually, these indices were fit enough to generalize the model on the tested data (Figure 1).

Figure 1

Empirical Results from a Complex Multivariate Model Representing Standardized Regression Coefficients.
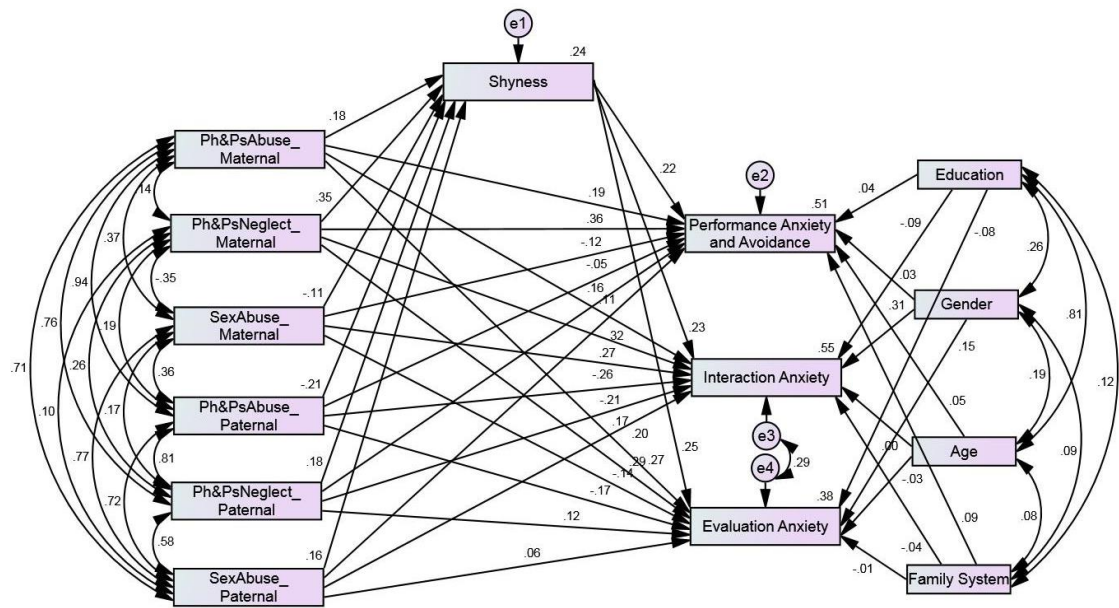
Note: A complex multivariate model of four endogenous variables and ten exogenous variables. Completely standardized maximum likelihood parameter estimates.

Table 4

Standardized Estimates of Direct Effects for Childhood Abuse, Shyness and Social Anxiety (N = 800).

Variables	Shyness		Evaluation Anxiety		Interaction Anxiety		Performance Anxiety and Avoidance	
	B	*SE*	B	*SE*	B	*SE*	B	*SE*
Maternal Abuse								
Physical Psychological Abuse	.18*	0.08	.27**	0.10	.32***	0.09	.19*	0.08
Physical Psychological Neglect	.35***	0.04	.29***	0.05	.27***	0.04	.36***	0.04
Sexual Abuse	-.11	0.08	-.14	0.09	-.26**	0.08	-.12*	0.06
Paternal Abuse								
Physical Psychological Abuse	-.21*	0.10	-.17	0.11	-.21*	0.09	-.05	0.09
Physical Psychological Neglect	.18**	0.06	.12*	0.06	.17**	0.05	.16***	0.05
Sexual Abuse	.16	0.10	.06	0.11	.20**	0.09	.11	0.07
Shyness	-		.25***	0.03	.23***	0.03	.22***	0.03
Total R^2	.241		.381		.553		.506	

*$p<.05$, **$p<.01$, ***$p<.001$

The results of direct effects for childhood abuse, shyness and social anxiety (Table 4) showed that two domains of maternal childhood abuse (physical and psychological abuse and physical and psychological neglect) were observed to be significant positive predictors of shyness, and all aspects of social anxiety (evaluation, interaction and performance anxiety and avoidance). Whereas maternal sexual abuse appeared as significant negative predictor of interaction anxiety, performance anxiety and avoidance and non-significant predictor of shyness and evaluation anxiety. On the other hand, paternal physical and psychological abuse was seen to be significant negative predictor of shyness and interaction anxiety but a non-significant predictor of evaluation anxiety, performance anxiety and avoidance in students. Paternal physical and psychological neglect was found to significantly and positively predict shyness and all domains of social anxiety (evaluation, interaction, performance anxiety and avoidance) in university students. As far as paternal sexual abuse was concerned, it was found to significantly and positively predict interaction anxiety among university students and not significantly predict shyness, evaluation anxiety, performance anxiety and avoidance. Further shyness was found to be significant positive predictor of all domains of social anxiety (evaluation, interaction, performance anxiety and avoidance) in the sample.

Table 5

Standardized Estimates of Indirect Effects through Shyness between Childhood Abuse and Social Anxiety (N = 800).

Variables	Evaluation Anxiety		Interaction Anxiety		Performance Anxiety and Avoidance	
	B	*SE*	B	*SE*	B	*SE*
Maternal Abuse						
Physical Psychological Abuse	.05*	0.02	.04*	0.02	.04*	0.02
Physical Psychological Neglect	.09***	0.02	.08***	0.01	.08***	0.01
Sexual Abuse	-.03	0.02	-.03	0.02	-.03	0.02
Paternal Abuse						
Physical Psychological Abuse	-.05*	0.02	-.05*	0.02	-.05*	0.02
Physical Psychological Neglect	.04**	0.02	.04**	0.02	.04**	0.01
Sexual Abuse	.04	0.02	.04	0.02	.04	0.02

*p<.05. **p<.01. ***p<.001

The results of indirect effect mentioned in Table 5 showed that shyness was found to be significant positive mediator between two aspects of maternal childhood abuse (physical and psychological abuse and physical and psychological neglect) and social anxiety (evaluation, interaction, performance anxiety and avoidance) hence determining the strong influence of maternal abuse on social anxiety by inclusion of shyness as a mediator. On the contrary, shyness was observed to be a non-significant mediator between maternal sexual abuse and social anxiety (evaluation, interaction, performance anxiety and avoidance). As far as violent behavior from father was concerned, shyness was found to significantly yet negatively mediate the relationship between paternal physical & psychological abuse and social anxiety (evaluation, interaction, performance anxiety and avoidance) and significantly yet positively mediate between paternal physical & psychological neglect and social anxiety (evaluation, interaction, performance anxiety and avoidance). Moreover no significant mediation occurred between shyness, paternal sexual abuse and social anxiety (evaluation, interaction, performance anxiety and avoidance).

Discussion

During the last decade, child abuse has been significantly emphasized as a social issue demanding focus of concern and rigorous productive activities from research organizations, law professionals, non-governmental and public services agencies, and the mass media all over the world and especially in Asian countries. While talking about prevalence of child abuse in Pakistan, unaccountable number of such incidents doesn't get disclosed and remains unreported and the actual ratio is unknown. Children, suffering quietly at the hands of the adults who are supposed to nurture and protect them, are developing as adults with impaired physical, psychological, emotional and behavioral functioning becoming the victim of psychiatric disorders. Despite the growing interest in this phenomenon, information regarding the effects of negative childhood events on social functioning of the target sample was scarce.

During data collection, the most common forms of abuse and neglect from either or both parents reported by the participants were physical abuse (hitting, scaring, and harm to a their physical integrity etc.), sexual abuse (physical exploitation for the purpose of sexual gratification), emotional abuse (humiliation, ridicule, exercising domination etc.), physical neglect (failure to

protect from environmental hazards like infections and illnesses etc.) and emotional neglect (depriving from attention and love). Students considered all these forms of violence from parents to have significant impact upon their social functioning making them timid and phobic in their environment.

The results of mediation analyses in the current study have revealed that students have reported incidences of physical and emotional abuse as well as neglect by single and/or both parents resulting them to experience shyness and troubles in performing well in social environments because of their tendency to withdraw. A number of studies in the past have also established the predicting role of neglectful or abusive attitude of single or both parents in determining the occurrence of social anxiety disorder in later life. Both these styles of rearing behaviors are found to have independent or combined effect on children; consequently causing failure in making healthy interactions with people in social situations (Arrindell, et al., 1989). Another research with similar research objectives found children with social anxiety reporting their parents to be rejecting, neglecting, humiliating and having no social warmth (Anhalt, et al., 2008). Along with childhood abuse, shyness serves as a potential precursor for later development of social anxiety disorder and has also been linked to cause a broad range of adjustment problems including internalizing problems, obstacles in interpersonal relationships, and academic hazards (Greco & Morris, 2001; Kerr, 2000; Rubin, Coplan, & Bowker, 2009).

Maternal and paternal neglect and abuse came out to be significant predictors of social anxiety in study sample. During the process of conducting the study, participants reported their experiences of parental emotional abuse in terms of insulting, disgracing, and non-physical aggressing and emotional neglect like deprivation of emotional expression or the absence of feeling special or loved as important factors in raising the bar of shyness and social anxiety in them. Women with a high rate of social anxiety have been found to experience significantly more paternal rejection, paternal authority and discipline, paternal and maternal neglect, as compared to women low in

social anxiety (Klonsky, Dutton and Liebel, 1990). In a study by Wittchen (2000), adolescents reported to experience emotional abuse and neglect by their parents while recollecting their childhood experiences. A study of similar nature conducted on students from 16 universities of Turkey examined the relationship of traumatic childhood experiences with psychological symptoms. Results detected strong associations between both constructs with greater impact of abuse upon personal sensitivity, shyness, phobic anxiety, and hostility among students (Azize, Nermin, & Mehmet, 2013).

Episodes of sexual assault by single and/or both parents were also reported by a fraction of the population having discriminant impact upon their vulnerability to become shy and socially phobic. Victims of sexual abuse by mothers experienced reduced shyness and anxiety in their social settings while paternal sexual abuse made the sufferers shyer and socially phobic. Existing literature supporting these findings narrate that being subject to sexual abuse especially by fathers during childhood results in psychosocial deteriorations including problems in developing and sustaining interpersonal relations (Aktepe, 2009; Freshwater, Leach, & Aldridge, 2001). Undergraduate women being subject to sexual abuse by fathers in childhood, are found to experience more symptoms of anxiety, possessing shy and timid personality, fear and distress in social gatherings, and PTSD symptoms. Pressure, age of onset of abuse, abuse by a close relative, an acquaintance or a family friend, and abuse by other perpetrators are all significant abuse characteristics in predicting adult social anxiety (Feerick & Snow, 2005).

Shyness exists universally. Every single being possesses this trait and experiences it at certain point of time in life; what matters is how severe it takes the form and affects one's functioning. Parenting practices involving a pattern of rigid, punitive, or harsh restrictive control, are the most likely to determine social, psychological, emotional and behavioral problems resulting in withdrawal from society and shyness in later life (Maccoby & Martin, 1983).

The findings of this study have highlighted a probable mediating role of shyness between traumatic episodes of abuse and neglect by mothers, interaction and performance anxiety in students. Participants reporting to be victimized by their mothers were found to exhibit high level of shyness, facing fear and lack of self-confidence meeting and socializing people as well as becoming over anxious and extremely conscious about themselves and regarding people's thoughts about them. Being shy sometimes is not bad but if it becomes a habit, it can negatively affect an individual's social, educational and occupational life.

Absence of a warm and secure working relationship with parents, guardian and/or primary care-giver is expected to set a child on the path towards social conflicts. During this study, verbal and physical abuse and neglectful rearing from fathers, while exploring their association with distress experienced in making social interactions and fear regarding judgment of behavior by others, with inclusion of shyness as a mediator came up with different findings. Students, who were physically as well as emotionally abused by their father reported to be shy but less socially anxious whereas those who were physically and emotionally deprived of warmth, care, concern and nourishment from fathers were found to be shyer as well as phobic in their social dealings. This means that paternal psychological control, weak emotional bond between the child and the father, withdrawal of love and warmth from fathers, conflict of any sort and anxious intrusiveness are some of the prominent practices increasing the probable development of shyness and social anxiety in personality of Pakistani student population. Previously this area has been somewhat neglected by parenting researchers, however, renewed recent interest across the world has also confirmed role of psychological control in children's risk for shyness and social anxiety (Mills & Rubin, 1998).

Incidences of sexual abuse by either or both parents were not very clearly and frequently stated by the participants of the study as it is one of the most sensitive part of one's life which people don't like to disclose openly. Therefore on the basis of reported cases, level of shyness came out

to be insignificant mediator between this form of aversive life events and social anxiety. University students have previously been studied to explore the association between negative early life events, shyness and social anxiety where sexual abuse was not reported to be significant enough in determining social anxiety in students (Binelli et al., 2012).

The most important requirement today is that studies should not just primarily focus on abusive parenting (harsh, abusive and dominating), but also emphasize the role of positive parenting (warmth and induction) that might diminish children's shyness, social fears and incapacities and promote social competence and positive personality structure.

Conclusion

SAD, being one of the most prevalent psychological problems across gender, various cultures, racial groups and socioeconomic statuses has received a great deal of research over last two decades. Still, the specific way it affects student population remains largely under-discussed. Any sort of childhood abuse might make significant contribution in the development of shyness and social phobia that should not be ignored or it can be said that abusive parenting, shyness and SAD, ultimately may lead to worse performance and, hence social exclusion. Infact the frequency and severity of these events should be thoroughly attended and recorded. The relationship of the perpetrator(s) and the age of onset of childhood abuse are also important considerations as they provide a useful starting point to assess impact over the life course. All these advancements can help to design targeted prevention and intervention efforts to address abusive parenting, reducing the risk of developing social anxiety disorder and shyness in the victims and promoting healthy and balanced personalities. In future, we plan to employ state-of-the-art natural language processing and machine learning techniques to better understand the relationships among the variables – which have proven to be significantly useful in understanding other disorders that can lead to psychological problems directly or indirectly. Ultimately, an understanding of such pathways would facilitate effective early screening and intervention of students at risk for severe social anxiety who prefer to remain isolated, under estimate themselves and consider

their entity as worthless avoiding social gatherings and public interactions and active participation in the routine life activities as compared to non-anxious students.

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