

## The Relationship between Childhood Trauma, Coping Mechanisms and Substance Abuse in Young Adults

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### ABSTRACT

Childhood trauma is a significant factor that can have lasting effects on individuals, particularly in how they cope with stress and the potential for substance abuse in young adulthood. This study explores the complex relationship between childhood trauma, coping mechanisms and substance abuse among young adults. With the help of various scales such as the Adverse Childhood Experience Questionnaire for Adults and the Brief COPE Scale, data was collected from 159 participants aged 17-26. The findings indicate a positive relationship between childhood trauma and coping mechanisms, as well as substance abuse among young adults. The results emphasize the importance of understanding how traumatic experiences in childhood can influence coping strategies and potentially lead to substance misuse. Further research and interventions are necessary to support young individuals who have experienced childhood trauma and to address the associated challenges effectively.

**Keywords:** *Adverse Childhood Experiences (ACEs), Coping Mechanism, Substance Abuse*

The correlation between childhood trauma, how young adults cope with it, and subsequent substance use is a multifaceted and intricate subject that demands a comprehensive examination. This area of study encompasses various factors and influences that are closely interrelated, making it a complex and challenging topic to understand fully. Therefore, in-depth research and analysis are necessary to gain insights into the underlying mechanisms and develop effective interventions to address the issue.

As children grow up, bad things do happen in life. Some are evident, such as a parent passing away, a home being destroyed by a natural disaster, or physical abuse. Other factors, such as parental substance abuse or acts of community violence, can seriously undermine a child's sense of safety and well-being. For many children, even seemingly little events like being involved in a vehicle accident or listening to their parents argue frequently and intensely can cause trauma. Learning how to understand, process and cope with challenges, including tragedies, is a normal aspect of a child's growth. However, children can become trapped sometimes. A child may develop an intense sense of loss and anxiety as a result of one or more traumas, leading them to believe they are helpless and have no control over

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their life. Some children experience these feelings to the point that it hinders their development on the emotional, social or physical levels. This is called childhood trauma.

Even as adults, childhood trauma may have a noteworthy and enduring effect on an individual's psychological and mental health. These traumatic experiences may have involved neglect, abuse— either physical or psychological— or exposure to violence or other upheavals. In order to assist healing or resilience, it's critical to acknowledge the long-term impacts of childhood trauma and to look for the right tools and support.

In response to these experiences, individuals often develop coping mechanisms as a means of navigating the emotional turmoil and distress. Coping mechanisms can vary widely ranging from adaptive strategies such as seeking social support or engaging in hobbies, to maladaptive ones such as substance abuse as a self-medication strategy.

Coping mechanism methods or strategies that individuals use to deal with stress, emotions or challenging situations. People utilize these mechanisms to help them navigate difficult times and manage their psychological well-being. Coping mechanisms can either be adaptive or maladaptive. Adaptive mechanisms are helpful and effective in dealing with stressful situations, while maladaptive mechanisms can make things worse and cause harm. Adaptive coping mechanisms include meditation, engaging in physical exercise, practising mindfulness and deep breathing, or problem-solving. Maladaptive coping strategies, on the other hand, such as substance abuse, avoidance, self-harm, or aggression might offer temporary comfort but possess detrimental long-term negative consequences on an individual's mental health and wellness.

The techniques or behaviours that individuals employ to deal with stress, trauma, challenges or difficult emotions are called coping mechanisms. Psychological stress can be caused by positive or negative life experiences. A tough situation such as experiencing loss, past experiences of trauma or abuse, or strained relationships with family, and friends can cause most people to feel depressed or distressed. But even generally seen as joyful events such as having kids or moving to a new place, may be quite stressful. People may employ a combination of conduct, thinking and emotion to deal with these stressful situations.

People with effective techniques of coping mechanisms can manage their stress levels and enable them to regulate their emotions, leading to healthy mental health and reduced risk of mental health disorders. Effective coping mechanisms can boost self-confidence and self-esteem by empowering individuals to overcome challenges and contribute to a higher quality of life and greater overall wellness.

A person with a substance use disorder has a condition where their body and brain are altered to such an extent that they are unable to control or abstain from the use of the substance in question. When a person with a substance use disorder consumes a substance excessively, their body develops a dependence on it, making it impossible for them to quit using it on their own. Addiction is a common term used to describe this disorder. Substance use disorders can involve a wide variety of substances.

They can include:

- Alcohol
- Cigarettes

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- Prescribed medications
- Illegal drugs
- Inhalants
- Solvents

Coping mechanisms and childhood trauma are closely related because people frequently adopt coping mechanisms in reaction to negative events they had throughout their early years. The techniques people employ to deal with stress, emotions and difficult circumstances are known as coping mechanisms. Children may acquire coping techniques as a means of adjusting to and navigating the emotional upheaval brought on by trauma, which can involve a variety of abuse, neglect, or major life pressures.

People who have gone through traumatic situations during childhood may use drugs as a coping mechanism for the emotional suffering, anxiety or sadness brought on by the events. Substance abuse can offer a momentary reprieve from the upsetting memories or emotions connected to trauma, acting as a numbing agent for emotional suffering.

Childhood trauma and coping mechanisms are closely associated because people often utilize coping mechanisms as a response to adverse experiences they had during their early years. Coping mechanisms are methods people use to manage stress, emotions and challenging situations. In order to cope with and navigate the emotional turmoil caused by trauma — which can include various forms of abuse, neglect, or significant life pressures — children may learn coping mechanisms. Childhood trauma is known to be a determinant of several mental health conditions. Substance abuse is a common way for people to self-medicate these symptoms of mental illness.

This research aims to look into the connection between childhood trauma, coping mechanisms and substance abuse in young adults. Adverse Childhood Experience Questionnaire for Adults (ACEs), Brief COPE scale and Alcohol, Smoking and Substance Involvement Screening Test may be used to assist individuals in understanding how their childhood experiences might affect their coping mechanisms and how they can result in substance misuse.

### ***Rationale***

The study acknowledges young adults who experienced childhood trauma's vulnerability and the potential long-term effects on their mental health and general well-being. This research aims to shed light on the unique requirements of this population by investigating how coping processes impacted by trauma might result in substance abuse and to discover solutions to promote their resilience and recovery. However, the existing body of research on the complex interactions between childhood trauma, coping mechanisms and substance abuse in young adults is acknowledged to be insufficient. There is a lack of comprehensive study that looks at how these parts interact and affect one another over time although these components have been the motif of individual studies. This study aims to investigate how childhood trauma can affect a person's ability to cope, which can lead to substance abuse. It is essential to comprehend how coping mechanisms influenced by childhood trauma impact young adults' risk of substance misuse in order to design focused treatments and preventive measures. The study's findings can inform the development of targeted interventions, trauma-informed care approaches and substance abuse prevention programs tailored to the needs of this population.

## **METHODOLOGY**

### *Objectives*

1. To investigate the relationship between childhood trauma and coping mechanisms among young adults.
2. To investigate the relationship between childhood trauma and substance abuse among young adults.

### *Hypotheses*

- H1 There is a positive relationship between childhood trauma and coping mechanisms among young adults.
- H2 There is a positive relationship between childhood trauma and substance abuse among young adults.

### *Sample*

Purposive sampling was employed to select 159 individuals from the sample, encompassing both male and female participants. The majority of the sample's members were young adults in the 17–26 age range.

### *Variables*

#### **Independent variable**

- IV - Adverse Childhood Experiences
- Mediating Variable MV- Coping Mechanism
- DV- Substance Abuse

### *Operational Definitions*

- Childhood trauma: Unfavourable incidents or experiences that take place in the early years of a person's life, usually before the age of 18, are referred to as childhood trauma. This might involve being subjected to different types of abuse (physical, emotional, or sexual), neglect, dysfunction in the home (such as substance misuse or mental illness in the parents), or exposure to violence (either domestic or community).
- Coping mechanisms: The strategies and tactics individuals use to deal with stress, adversity or challenging situations are known coping strategies. These systems may function in an adaptive or maladaptive manner—constructive tactics known as adaptive coping mechanisms aid people in managing pressures and preserving their mental health.
- Substance abuse: Substance abuse describes the harmful and excessive consumption of psychoactive substances including alcohol, drugs (both legal and illegal), and tobacco. It frequently acts as a coping strategy for people going through trauma, emotional difficulty, or distress.

### *Measures*

#### **General Demographics**

Participants responded to a series of inquiries regarding their names, current age and gender.

#### **Adverse Childhood Experiences Questionnaire**

The ACEs questionnaire, developed by Felitti et al (1998), comprises 10 items which assess the mistreatment of children and the unfavourable environments in which they are raised.

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Parents can give the ACE-Q to their child or they can do it as a self-report exercise. The total number of "Yes" answers to each question determines the ACE-Q score. An acceptable internal consistency is shown by Cronbach's alpha reliability ( $\alpha = 0.700$ ). Similar findings were obtained when the concurrent criterion validity of the 10-item and 9-item versions—apart from the parental separation/divorce item—was evaluated. The 9-item variant showed a little higher capacity for prediction. Significant correlations between the accumulation of ACEs and symptoms of SEB, such as emotional distress, behavioral issues, signs of hyperactivity and inattention, and general difficulties, were found using generalized linear models. Peer connection issues, however, did not significantly correlate with ACE ratings. Higher ACE ratings were associated with a higher chance of experiencing bullying, especially cyberbullying, and getting into physical altercations, according to logistic regression analysis. Bullying behaviour had non-significant correlations that were getting close to relevance in the sample.

### **Brief COPE Scale**

The Brief COPE scale was developed by Carver in 1997 as a shorter version of the multidimensional coping inventory (COPE). This scale is a 28-item questionnaire assessing how well people handle stressful life situations. In medical contexts, it's frequently employed to measure a patient's reaction to serious circumstances. Higher scores indicate more regular use of the coping method. The Brief COPE is assessed on a 4-point Likert scale. The internal consistency of the Brief COPE scale is good. The range of Cronbach's alpha for caregivers of dementia patients is 0.72–0.84, while that of caregivers of patients with acquired brain damage is 0.55–0.75.

### **Alcohol Smoking and Substance Involvement Screening Test**

A questionnaire entitled the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) is used to determine the health risks and problems associated with substance use. The World Health Organization (WHO) created the ASSIST as a technical instrument in 2000. It is applicable to general medical care, basic healthcare, and other contexts. Add up the answers to questions 2 through 7 for each medication category to determine the score for that category. For example, total the scores for questions 2c, 3c, 4c, 5c, 6c, and 7c regarding cannabis use. Tobacco has a maximum score of 31, whereas each of the other drug categories has a maximum score of 39. Test-retest reliability coefficients (kappas) exhibit a range between 0.58 and 0.90, with values varying across substance classes. Specifically, reliability coefficients span from 0.61 for sedatives to 0.78 for opioids on average. The alcohol subscale and the AUDIT exhibited a strong correlation of 0.71. With a threshold score of 8 for the alcohol subscale, optimal sensitivity (83.8%) and specificity (80%) were attained, producing the maximum area under the ROC curve (81.9%). For this reason, the self-administered ASSIST is a reliable screening tool for determining drug use.

### **Research Design**

Convenience sampling, a non-probability sampling technique was made use of in this study. As well as, quantitative correlational design and mediational analysis to investigate the research questions.

### **Statistical Analysis**

SPSS software was utilized for this investigation. Both descriptive statistical tests and Pearson correlation analysis supported the hypothesis.

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### RESULTS

Comprehending the complex relationship among childhood trauma, coping strategies, and drug misuse in young people is crucial for tackling the many issues they encounter. This chapter explores the conclusions and interpretations drawn from a thorough study of this intricate relationship. By means of methodical examination and amalgamation of information, our objective is to shed light on the subtleties that are intrinsic to every constituent and clarify the complex dynamics that support their interplay.

**Table 1: Demographics of respondents (gender 17-26 years)**

Gender	Count of Gender
Male	90
Female	69
Total	159

The above table displays the gender breakdown of the respondents in the 17–26 age group. In this age range, there were 159 responses overall 90 male respondents and 69 female respondents

**Table 2 Descriptive statistics of all variables (17-26years)**

	Count	Mean	Std. Deviation
Substance Abuse	159	39.52201	31.98849
Coping	159	64.93082	12.80384
Adverse Childhood Experience	159	2.553459	2.2294

Descriptive statistics for three variables—adverse childhood experiences, coping methods, and drug abuse—among respondents aged 17 to 26 are shown in Table 2. The average score for substance abuse is around 39.52, signifying a moderate level of abuse among the participants. The standard deviation, nevertheless, is approximately 31.99, indicating significant variability. Comparatively speaking, coping methods had a higher mean score of around 64.93, meaning that respondents reported using coping strategies at substantially greater levels. This lower variability is mirrored in a standard deviation of roughly 12.80. With a standard deviation of around 2.23, adverse childhood experiences had a mean score of approximately 2.55, indicating a relatively low degree of such events among respondents. The levels and variability of these characteristics within the given age group are shown by these data in a useful way, laying the groundwork for more research and comprehension of the experiences and actions of the respondents.

**Table 3: Pearson correlation analysis of the Relationship between childhood trauma and coping mechanisms among young adults.**

		Adverse childhood experience	Coping Mechanisms
Adverse childhood experience	Pearson Correlation	1	.282**
	Sig. (2-tailed)		0
	N	159	159

\*\**. Correlation is significant at the 0.01 level (2-tailed).*

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**Null Hypothesis (H0):** There is a positive relationship between childhood trauma and coping mechanisms among young adults.

**Alternative Hypothesis (H1):** There is a positive relationship between childhood trauma and coping mechanisms among young adults.

The relationship with a coefficient of 0.282 indicates that young adults' coping methods and childhood trauma are positively correlated. This implies that the usage of coping mechanisms tends to rise in proportion to the degree of childhood trauma. The hypothesis that there is a positive link between coping methods and childhood trauma (H0) is rejected in light of the statistically significant positive correlation that has been discovered. Rather, the findings support the alternative hypothesis (H1), which proposes a positive correlation between coping methods and early trauma.

**Table 4: Pearson correlation analysis of the Relationship between childhood trauma and substance abuse among young adults.**

		Adverse Childhood Experience	Substance Abuse
Adverse Childhood Experience	Pearson Correlation	1	.379**
	Sig. (2-tailed)		0
	N	159	159

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Null Hypothesis (H0):** There is a positive relationship between childhood trauma and coping mechanisms among young adults.

**Alternative Hypothesis (H1):** There is a positive relationship between childhood trauma and coping mechanisms among young adults.

Substance misuse and traumatic experiences in childhood have a Pearson correlation value of 0.379. This suggests that there is a direct link between young people's substance misuse and their childhood trauma. The null hypothesis (H0), according to which young adults' drug addiction and childhood trauma are positively correlated, is rejected. Accepted is the alternative hypothesis (H1), which proposes a positive correlation between young adults' drug usage and childhood trauma. In conclusion, the data shows a statistically significant positive link between young adults' substance addiction and childhood trauma.

## DISCUSSION

The results and interpretation of the interaction between coping methods, substance misuse, and childhood trauma in young adults illustrated the complex dynamics within this demographic. This analysis explored the relevance and consequences of these results, shedding light on the processes at work and suggesting possible directions for assistance and intervention.

Initially, evidence showed that young people who had endured traumatic events in childhood were more prone to utilizing coping techniques to manage the stresses that came with those experiences. With a Pearson correlation value of 0.282 ( $p < 0.01$ ), this discovery highlighted how people could adapt to difficult situations. On the other hand, it raised questions about

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whether individuals might turn to unhealthy habits like substance misuse as a way to deal with stressful situations.

With a Pearson correlation value of 0.379 ( $p < 0.01$ ), the strong positive association between drug addiction and childhood trauma highlighted the substantial influence of early negative experiences on the emergence of addictive behaviours in young adulthood. Substance abuse was suggested as a maladaptive coping method for those who had suffered trauma as children, according to this association. Intervention and assistance for those who had endured trauma in childhood were deemed crucial to reducing the likelihood of substance misuse in later years.

Furthermore, both correlation analyses confirmed the existence of a link between traumatic experiences in childhood and coping strategies and drug misuse in young adults by rejecting the null hypothesis and accepting the alternative hypothesis. The importance of addressing trauma-related issues and promoting healthy coping mechanisms was emphasized. A comprehensive strategy was deemed necessary to tackle the intricate interplay between these elements.

In conclusion, this study's results highlighted the importance of learning about the connection between coping strategies, drug misuse, and childhood trauma in young people. By clarifying these connections, this study contributed significantly to our understanding of how to best serve people who had endured trauma in childhood and lessen the likelihood that they may abuse substances. Further understanding of these multifaceted problems and interventions were deemed necessary to help young people who had experienced trauma as children.

### **CONCLUSION**

The struggles of young adults have been better understood through research into the complex interplay of traumatic experiences, coping strategies, and drug usage. New insights into the intricate processes at work and directions for possible assistance and intervention have resulted from a comprehensive examination of correlation data.

The results highlighted the need to investigate and treat the ways in which traumatic experiences in childhood affect coping mechanisms and drug misuse behaviours in young people. Firstly, those who had traumatic experiences as children were found to be more prone to using coping techniques when encountering stress later on. While this demonstrated how people could overcome challenges, it also raised concerns about the possibility of resorting to unhealthy coping methods, including substance misuse.

Additionally, the robust positive association between traumatic experiences in childhood and drug misuse underscored the significant impact of early-life traumatic events on the emergence of addictive behaviours in adolescence and young adulthood. Interventions aimed at addressing underlying trauma-related issues are crucial to decrease the likelihood of drug addiction, as substance usage can be a maladaptive coping technique for those who have experienced childhood trauma.

There was a substantial association between childhood trauma, coping methods, and drug misuse in young adults, as both correlation analyses rejected the null hypothesis and accepted the alternative hypothesis. To reduce the likelihood of substance usage among this



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susceptible group, it is imperative to provide comprehensive programs that assist individuals in coping with trauma.

Lastly, this study's results highlighted the absolute necessity of tailored treatments to help young adults who have suffered trauma in childhood and lessen the probability that they would abuse substances. Young people impacted by childhood trauma can greatly benefit from evidence-based therapies, and this study sheds light on the intricate relationship between these factors. Supporting the resilience and recovery of young adults affected by childhood trauma requires further research and intervention initiatives.

### ***Limitations and Implications***

The study utilized sampling bias which is one potential drawback and limits the applicability of the results to a broader population. It is difficult to apply the study's conclusions to other groups because it may have targeted particular demographics or geographical regions. For instance, the 159 participants in the sample might not be entirely representative of all young adults who have gone through traumatic experiences as children.

The reliance on self-report measures, such as questionnaires assessing childhood trauma, coping mechanisms and substance use, may be subject to recall bias and social desirability bias. The data's accuracy may be impacted by the participant's underreporting of sensitive information or their provision of socially acceptable answers.

Coping mechanisms are complex and multifaceted constructs, encompassing a wide range of strategies such as avoidant, emotion and problem-focused coping. It is also possible that the study only evaluated a small number of coping mechanisms, thereby missing some crucial distinctions in how individuals manage stress and trauma. This restriction could affect how thorough the research is on coping strategies and how they relate to substance abuse.

Moreover, there can be unmeasured factors impacting the relationship coping methods, substance abuse and childhood trauma despite efforts to account for confounding variables. Peer pressure, family dynamics, genetic predispositions and co-occurring mental health disorders might skew the results and reduce their validity.

This study emphasizes how crucial early intervention and preventive techniques are for helping young adults who have had traumatic experiences in the past. It is possible to build good coping mechanisms and lower the likelihood of substance abuse by implementing preventative measures after learning about the connection between trauma, coping methods and substance abuse.

Looking ahead, the study's limitations draw attention to the necessity of greater investigation into the intricate link between coping mechanisms, substance abuse and childhood trauma. To improve the validity and generalizability of the results future researchers might investigate more confounding variables, encompass a larger range of coping mechanisms and address sample biases.

## **REFERENCES**

Anna Kline, Marc D. Weiner, Donald S. Ciccone, Alejandro Interian Lauren St. Hill, Miklos Losonczy (2015). Increased risk of alcohol dependency in a cohort of National Guard

## The Relationship between Childhood Trauma, Coping Mechanisms and Substance Abuse in Young Adults

- troops with PTSD: A longitudinal study, *Journal of Psychiatric Research*, 50,18-25. <https://shorturl.at/foyl7>
- Annett Lotzin, Lena Haupt, Julia von Schönfels, Katia Wingenfeld, Ingo Schäfer (2016). Profiles of Childhood Trauma in Patients with Alcohol Dependence and Their Associations with Addiction-Related Problems, *Alcoholism: Clinical and Experimental Research*. 40, (3) 543-552. <https://shorturl.at/wKW67>
- Amar Mandavia, Gabriella G. N. Robinson, Bekh Bradley, Kerry J. Ressler, Abigail Powers (2016). Exposure to Childhood Abuse and Later Substance Use: Indirect Effects of Emotion Dysregulation and Exposure to Trauma. *Journal of traumatic stress*. 23 (5), 422-429. <https://onlinelibrary.wiley.com/doi/pdf/10.1002/jts.22131>
- Bassema Abufarsakh, Chizimuzo, T.C. Okoli, Audrey K. Darville, Lovoria, B. Williams, Antonio R. Garcia, Catherine Martin (2014). Tobacco use behaviour among adults exposed to cumulative adverse childhood experiences: A systematic review and meta-analysis. *Addictive Behaviors*, 152, 107948. <https://www.sciencedirect.com/science/article/abs/pii/S030646032300343X>
- Breanna Boppre and Cassandra Boyer (2019), "The traps started during my childhood": The role of substance abuse in women's responses to Adverse Childhood Experiences (ACEs), *Journal of Aggression, Maltreatment & Trauma*, 30 (4) 429-449. [https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1120&context=cj\\_fac\\_articles](https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1120&context=cj_fac_articles)
- Cathy Soatz Widom, Naomi R. Marmorstein, Helene Raskin White (2016). Childhood victimization and illicit drug use in middle adulthood. *Psychology of Addictive Behaviors*, 20(4), 394-403. <https://shorturl.at/BKPV8>
- Cheyenne Downey, Aoife Crummy (2022) The impact of childhood trauma on children's wellbeing and adult behavior, *European Journal of Trauma and Dissociation*, Vol 6, Issue 1 100237 <https://www.sciencedirect.com/science/article/pii/S2468749921000375>
- Dixon, K. E., Owens, A., Lac, A., Samuelson, K. W., & Mahoney, C. T. (2024). Do coping self-efficacy, coping flexibility, and substance use coping mediate the connection from PTSD symptoms to problematic alcohol use behaviors? *Journal of Psychopathology and Behavioral Assessment*. Advance online publication. <https://doi.org/10.1007/s10862-024-10128-1>
- Eric R. Pedersen, Jordan P. Davis, Liv Canning, Joan S. Tucker, John Prindle, Rachana Seelam, Michael S. Dunbar, Daniel Siconolfi, Elizabeth J. D'Amico (2023). Longitudinal associations among experiences of sexual assault, stress disorder symptoms and heavy drinking. *Journal of Traumatic Stress*, 37 (2) 243-256. <https://onlinelibrary.wiley.com/doi/pdf/10.1002/jts.23000>
- Emily M. Zarse, Mallory R. Neff, Rachel Yoder, Leslie Hulvershorn, Joanna E. Chamvers & R. Andrew Chambers (2019), The Adverse Childhood Experiences Questionnaire; Two decades of research on childhood trauma as a primary cause of adult mental illness, addiction and medical diseases, *Cogent Medicine*, Vol 6 (1) 9. <https://www.tandfonline.com/doi/pdf/10.1080/2331205X.2019.1581447>
- Hannah Carliner, Katherine M. Keyes, Katie A. McLaughlin, Jacquelyn L. Meyers, Erin C. Dunn, Silvia S. Martins (2016), Childhood Trauma and Illicit Drug Use in Adolescence; A Population-Based National Comorbidity Survey Replication Adolescent Supplement Study, *Journal of the American Academy of Child & Adolescent Psychiatry* 55(8), 701-708. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4964281/>

## The Relationship between Childhood Trauma, Coping Mechanisms and Substance Abuse in Young Adults

- Jill Levenson & Melissa Grady, Childhood adversity, Substance abuse and violence; Implication for trauma-informed social work practice, *Journal of Social Work Practice in Addictions*, 16(1-2) 24-45. <https://www.tandfonline.com/doi/abs/10.1080/1533256X.2016.1150853>
- J.P. Mersky, J.Topitzes, A.J Reynolds (2013). Impacts of Adverse Childhood Experiences on health, mental health and substance use in early adulthood; A cohort study of an urban, minority sample in the U.S. *Child Abuse & Neglect*, 37 (11) 917-925. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4090696/>
- L. Mandelli, C. Petrelli and A. Serretti (2015). The role of specific early trauma in adult depression; A meta- analysis of published literature. *Childhood trauma and adult depression*. *European Psychiatry* 30 (6), 665-680. <https://t.ly/EaTBr>
- Majia Konstenius et al, (2017). Childhood trauma exposure in substance use disorder patients with and without ADHD, *Addictive Behaviors* 65, 118-124. <https://www.sciencedirect.com/science/article/abs/pii/S0306460316303707>
- Matthew Kwan, Sarah Bobko, Guy Faulkner, Peter Donnelly, John Cairney (2014). Sport participation and alcohol and illicit drug use in adolescents and young adults; A systematic review of longitudinal studies, *Addictive Behaviors*. 39(3), 497-506. <https://t.ly/ZKMQR>
- Melanie L.Hill, Alexander C. Kline, Tanya C.Saraiya, Jordan Gette, Lesia M. Ruglass, Sonya B. Norman, Sudie E. Back, Lissette M. Saavedra, Denise A. Hien, Antonio A. Morgan-Lopez (2024) Cannabis use and trauma-focused treatment for co-occurring posttraumatic stress disorder and substance use disorders; A meta-analysis of individual patient data, *Journal of Anxiety Disorder*, 102. <https://www.sciencedirect.com/science/article/abs/pii/S0887618524000033>
- Mara L. Ferrie, Abby Lheureux, Anka A. Vujanovic, Michael J. Zvolensky, Amanda M.Raines (2023) Co-occurring Posttraumatic stress disorder symptoms and alcohol use behaviors: The mediating role of drinking with PTSD symptoms. *Journal of Dual Diagnosis*. 19 (4), 221-230.<https://www.tandfonline.com/doi/abs/10.1080/15504263.2023.2260326>
- Neil P Roberts, Pamela A. Roberts, Neils Jones, Jonathan I Bisson (2015). Psychological interventions for post-traumatic stress disorder and comorbid substance use disorder: A systematic review and meta-analysis. *Clinical Psychology Review*, 38, 25-38. <https://www.sciencedirect.com/science/article/abs/pii/S0272735815000380>
- Philipia L.Farrugia, et al (2011) Childhood Trauma among individuals with co-morbid substance use and post-traumatic stress disorder, *Mental health and substance use*. 4(4) 314-326. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3188414/>
- Richard Hammersley, Phil Dalgarno, Sean McCollum, Marie Reid, Yvonne Strike, Austin Smith, Jason Wallace, Audrey Smart Moria Jack, Dave Liddell (2016). Trauma in the childhood stories of people who have injected drugs, *Addiction Research & Theory* 24 (2), 135-151.<https://www.tandfonline.com/doi/abs/10.3109/16066359.2015.1093120>
- Sarah E. Ullman, Mark Relyea, Liana Peter-Hagene, Amanda L. Vasquez (2013) Trauma histories, substance use coping PTSD, and problem substance use among sexual assault victims. *Addictive Behaviors*. 38(6) 2219-2223. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3622163/>
- Sunny H.Shin, Gabriela Ksinan Jiskrova, Susan H Yoon, Julia M. Kobulsky (2020) Childhood maltreatment, motives to drink and alcohol-related problems in young adulthood. *Child Abuse & Neglect*. 108, 104657. <https://www.sciencedirect.com/science/article/abs/pii/S0145213420303124>

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Thomas Ehring, Renate Welboren, Nexhmedim Morina, Jelte M. Wicherts, Janina Freitag, Paul MG Emmelkamp (2014) Meta\_analysis of psychological treatments for post traumatic stress disorder in adult survivors of childhood abuse. *Clinical Psychology Review*. 34(8), 64-657. <https://t.ly/Xgtat>

Tammy C.Ayres (2021) Childhood trauma, problematic drug use and coping. *Deviant Behavior*. 42(5),578-599. <https://www.tandfonline.com/doi/abs/10.1080/01639625.2020.1746132>

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### ***Conflict of Interest***

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