

The Relationship between Childhood Trauma and Substance Abuse Disorders

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ABSTRACT

It is a well-known fact that childhood trauma has been perceived as one of the major risk factors when it comes to the occurrence of numerous mental illnesses, including substance abuse disorder. Persons that had traumatic childhood experiences tend to have difficulties in emotional control, stress control, and interpersonal relationships, which can make them more vulnerable to using substances as a coping strategy. The present paper aims to present the relationship between childhood trauma and the emergence of substance abuse disorders. In particular, it examines the popularity of traumatic experiences among substance use disorder patients and the effects of psychological processes involved in the development of the relationship between trauma and addictive behaviors. The proposed study will assume a quantitative correlational research design. The instruments to be used in gathering the data will include the standardized psychological tests, which will include the Childhood Trauma Questionnaire (CTQ), Adverse Childhood Experiences Scale (ACE), and the Substance Abuse Screening Test (SAST). The statistical means of analyzing the relationship between exposure to trauma and substance use patterns will be the statistical tools of descriptive statistics, Pearson correlation analysis, and regression analysis. Previous research has established that individuals who experience a high level of childhood trauma develop substance use disorder during adulthood. Trauma-related psychological issues such as depression, post-traumatic stress disorder (PTSD), emotional regulation issues, and anxiety are also usual causes of self-medication by use of substances. The study results are believed to contribute to the current literature on the topic of trauma-informed addiction treatment. The paper highlights the importance of early psychological intervention, prevention programs, and trauma-oriented therapy in reducing the chances of substance abuse among vulnerable populations.

Keywords: *Childhood trauma, Substance abuse disorder, Adverse childhood experiences, Trauma-informed care, Addiction, Psychological distress, PTSD, Emotional dysregulation*

Childhood is a significant period of development during which people acquire emotional control, reasoning skills, and socialization. Events at this age are very important for the development of psychological well-being and behavioral patterns in later life. Nonetheless, traumatic experiences in childhood may have a devastating impact on the normal development of psychology and predispose individuals to several mental health

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disorders (Shonkoff and Garner, 2012). Childhood trauma is a negative experience that happens before the age of eighteen years that endangers the physical or emotional health of a child. These traumatic events can be physical maltreatment, emotional maltreatment, sexual maltreatment, neglect, and contact with family dysfunction (domestic violence, parental drug abuse, or mental illness). The consequences of such experiences may be long-term and profound for an individual's emotional stability, psychological functioning, and ability to cope with stressful situations (Cicchetti and Toth, 2016).

Traumatized children tend to develop extreme stress reactions and negative feelings of the negative emotions. Such individuals can also have issues of trust, self-esteem, and interpersonal relationships (De Bellis and Zisk, 2014). Moreover, researchers have found that childhood adversity has the potential to change brain development and affect emotional and behavioral control over the lifespan (McLaughlin, Sheridan, and Lambert, 2014). These neurobiological and psychological changes are long-term effects that indicate the immense influence that childhood traumatic experiences may have on the overall development and mental well-being of an individual (Teicher and Samson, 2016). Among the most alarming consequences related to childhood trauma, there is the enhanced risk of substance use either in adolescence or adulthood. Substance abuse disorder can be described as a harmful or excessive use of psychoactive drugs like alcohol, opioids, cannabis, stimulants, or sedatives, which results in considerable impairment of day-to-day functioning.

Patients with substance abuse disorders usually have trouble controlling substance use, though it affects their lives negatively, whether in personal, social, or professional life (Abuse, 2019). Substance abuse is a significant community health issue in the whole world. 'The World Health Organization shows that millions of people in the world experience substance use' disorders, which creates a major social, economic, and health-related burden. Mental illness, chronic diseases, accidents, and premature mortality are linked to alcohol and drug abuse (World Health Organization, 2018). An increasing amount of evidence points to the close correlation between childhood exposure and the subsequent emergence of addictive behaviour. Traumatized people in childhood might resort to the use of 'substances in an attempt to cope with emotional pain, mental distress,' or unresolved trauma. The theoretical approaches can elucidate this trend by hypothesizing the possibility that substance use is a coping intervention to deal with unpleasant feelings and traumatic memories (Briere and Scott, 2015; Herman, 2015).

Changes in the activity of neurotransmitters and stress hormone regulation are a potential risk factor of addiction because they can influence impulse control, emotional control, and the process of reward (Perry and Szalavitz, 2017). Certain biological changes may elevate the powers of substances that reinforce the susceptibility of individuals. Substance use behaviors may begin at a young age in people brought up in unstable or dysfunctional families. exposure can sanction the use of substances and enhance the chances of experimentation and subsequent addiction (Widom, Marmorstein, and White, 2006).

The interrelationship of childhood trauma and substance abuse is thus multidimensional and complex and entails the interplay of psychological, biological, and social variables leading to the development and sustenance of addictive behaviors. This relationship has to be understood in order to develop effective strategies of prevention and treatment. 'Trauma-informed care' of addicts focuses on underlying trauma, as opposed to substance use behaviors. All these strategies are used to assist individuals in processing trauma, acquire more healthy coping strategies, and become more resilient (Courtois and Ford, 2013).

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Figure 1. Understanding the Trauma

Aim of the Study

The study seeks to review the connection between childhood trauma and the emergence of substance abuse disorders.

Objectives of the Study

The objectives of the study, in particular, are:

1. To investigate the rate of childhood trauma in individuals with substance abuse diseases.
2. To examine the correlation between diverse forms of childhood trauma and substance use tendencies.
3. To define the psychological processes involved in the connection between childhood trauma and addiction.
4. To examine gender variations in substance abuse disorders of trauma.

Significance of the Study

This study will be important in several scholarly, clinical, and social aspects. First, ‘it contributes to the growing body of literature’ on the long-term effects of childhood trauma on psychological research. The researchers and clinicians can understand how to come up with better treatment plans based on the knowledge of how negative experiences during an early age can influence the subsequent use of substances. Second, the findings of the current research may be applied to help develop trauma-informed therapy programs.

Most conventional treatment programs on addiction concentrate on substance use and not on underlying psychological trauma. Given that trauma is one of the contributing factors, recognizing it will help in enhancing the outcome of the treatment process since it is the root of the addiction. Third, the research has significant implications for prevention measures. It is possible that early detection of traumatized children can lead to timely psychological treatment that will lower the probability of substance abuse in the future. Lastly, the study adds to the overall concept of mental health awareness as it offers the significance of the psychological support systems offered to individuals who have gone through traumatic childhood experiences.

LITERATURE REVIEW

Concept of Childhood Trauma

Childhood trauma can be defined as highly distressing or disturbing events that happen during childhood and adolescence, which are long-lasting in terms of their impact on the development of an individual, emotionally, psychologically, and socially. Childhood is a serious time in the development of the brain, forming personality and learning emotions. Children who have to deal with traumatic or harmful circumstances at such a delicate period of development may have their feelings of security, trust, and stability harshly shaken. Consequently, the consequences of traumas can continue into adolescence and adulthood, which shape behavior, mental health, and coping strategies.

Childhood trauma may occur as a result of numerous experiences. Such experiences can include direct injuries to the child, like abuse or neglect, or indirect damage to the child, like family conflict, violence, or substance abuse in the home. Traumatized children tend to have problems with their emotional control, the establishment of healthy relationships, and stress management. Studies in developmental psychology indicate that with a long period of exposure to trauma, the brain stress response system may be changed, especially the 'hypothalamic-pituitary-adrenal (HPA)' axis that governs how the body reacts to stress. Repetitive 'activation of this system' in childhood may result in a high level of stress sensitivity and exposure to psychological disorders in adulthood.

Physical Abuse

Physical abuse entails physical force that inflicts 'physical harm' or injury to a child. This might involve acts of hitting, punching, kicking, burning, shaking, or any other activity that causes physical harm.' Physical abuse may be a way of punishment or even a way of caregivers to be unable to control their anger.

Emotional Abuse

Emotional abuse is an action by the caregiver or whoever is in authority that harms the emotional state of the child, as well as the child themselves. As opposed to physical abuse, emotional abuse may not necessarily entail physical injuries, but it may have its fair share of psychological effects that may be as devastating. Verbal insults, humiliation, intimidation, perpetual criticism, denial, manipulation, or neglect of the emotional needs of a child are examples of emotional abuse.

Sexual Abuse

Sexual abuse can be defined as any sexual act on a child upon which the child cannot make informed consent. These are actions like inappropriate touching, sexual exploitation, exposure to sexual acts, or being forcefully coerced to engage in sexual practices.

Neglect

Neglect can be described as a condition in which the caregivers do not meet the primary 'physical, emotional' educational, or medical needs of a child. There is a difference between neglect and abuse, as the former is concerned with a lack of needed support and care, unlike the latter, which is characterized by harmful behaviors. Children who feel neglected may feel unwanted, unwelcomed and in touch with others. Such experiences may adversely affect the process of emotional management, attachment, and confidence. The unattended children tend to develop the isolated feeling of loneliness and insecurity, which can lead to substance use as a solution to the emotional pain.

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Household Dysfunction

Under adverse family conditions, children are subjected to instability, fear, or emotional distress. Such environments might involve a scenario where the family members have problems with drug abuse, mental illness, domestic abuse, imprisonment, or divorce.

Adverse Childhood Experiences (ACE) Model

The 'Adverse Childhood Experiences (ACE) model' is one of the most powerful theories of childhood trauma. The ACE model was created based on massive research by researchers Vincent Felitti and Robert Anda in the late 1990s. 'The article investigated the long-term effect of childhood adversity on the health outcomes of adults. The ACE study revealed that there were several types of adverse childhood experiences, among which are abuse, neglect, and household dysfunction. Patients involved in the study were requested to answer questions on whether they had encountered certain forms of adversity before the age of eighteen. The total number of adversities was one ACE score. The study findings indicated that there was a significant and steady correlation between an elevated ACE outcome and risk of adverse health outcomes in later life.' Respondents who experienced several negative childhood events were highly prone to develop mental disorders, get involved in risky behaviors, and have chronic physical illness.

Psychological Effects of Childhood Trauma

The effects of childhood trauma on psychological functioning may be long-term and enormous. Those who undergo traumatic experiences in their early development stages tend to have problems in controlling emotions, interpersonal and managing stress. The common psychological effects of childhood trauma are:

Anxiety

In survivors of trauma, the results are chronic anxiety because of the attention to the stressful conditions. It may present itself in the form of constant fear, hypervigilance, and a problem with feeling safe.

Depression

It has been noted that depression is common in people with childhood trauma. Hopelessness and sadness, low self-esteem are common consequences.

Post-Traumatic Stress Disorder (PTSD)

The presence of 'traumatic events' in flashbacks, nightmares, and experiential memories that the victims undergo on multiple occasions could also result in PTSD. These symptoms can have a significant impact on day-to-day functioning.

Emotional Dysregulation

Traumatized children are unable to control their emotions. They can have cases of high emotional responses, impulsivity, and stress coping. These mental challenges make people susceptible to substance abuse as they seek to contain the excessive emotions by using external forces.

Substance Abuse Disorders

Substance abuse disorders are those in which an individual continues using the substances even after they have adverse effects. The disorder is marked by a loss of control in the use of substances, tolerance, withdrawal symptoms, and its persistence despite adverse health and social functioning effects.

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- **Alcohol:** This is one of the most commonly used drugs around the world, which is usually associated with dealing with stress and emotional distress.
- **Opioids:** This category includes drugs like heroin and prescription pain drugs, which cause severe physical dependence.
- **Cannabis:** Cannabis usage can also lead to psychological dependency, even though it may be seen as less harmful than it would be in chronic use.
- **Stimulants:** Stimulants are drugs like cocaine and amphetamines that make individuals feel alert and energetic but have high addictive potential.

It has always been shown that those individuals who have a history of trauma are more likely to develop substance abuse disorders than other individuals who do not have such a history.

RESEARCH METHODOLOGY

Research Design

The research design adopted in this 'study implied a quantitative correlational research design.' This design was meant to test the correlation between childhood trauma and substance abuse disorders without controlling for any of the variables. A correlational method enables the researcher to establish the nature (strength) and direction of the correlation between variables.

Population and Sample

This study had a population comprising people diagnosed with substance abuse disorders. The participants were identified in addiction treatment facilities as well as in rehabilitation centers. A total of 150 participants were 'included in the sample' using purposive sampling. This was done so that all the participants were documented to have a history of substance abuse.

Data Collection Tools

In the current research, several standardized psychological assessment tools have been employed to obtain credible and valid data concerning the experiences of childhood trauma and the way participants used substances. These measures are very popular in studies dealing with psychology, since they are effective in assessing exposure to trauma and substance abuse behaviors. 'Childhood abuse and neglect experiences of the participants were measured using the Childhood Trauma Questionnaire (CTQ). The CTQ is a self-report instrument that assesses various aspects of childhood-related trauma, such as emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect.' It can enable researchers to measure the intensity and frequency of these traumatic experiences and give a full picture of early negative experiences. 'Besides the CTQ, the Adverse Childhood Experiences (ACE) Scale was applied to determine the exposure to different types of childhood adversity.' The ACE scale dwells on the events preceding the age of eighteen and covers such categories as abuse, neglect, and household dysfunction.

The ACE scale generates a cumulative score that gives the number of negative experiences that an individual is reported to have experienced, which helps the researcher to examine the interdependence between the accumulation of childhood adversities and the ensuing negative psychological and behavioral effects later in life. Behavior of substance use was measured using the Substance Abuse Screening Test (SAST). The SAST is a screening instrument that is intended to identify the patterns of substance use and also gauge the

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severity of substance-related problems. It assists in determining the presence of substance misuse, dependence, or substance addiction tendencies among people. The test has questions related to the frequency of using the substance, loss of control in the use of the substance, and the impact of substance use on personal, social, and work functioning. This amalgamation of such standardized instruments facilitated the acquisition of the information that represents the general picture of the event of childhood trauma and the degree to which substance abuse occurred, and therefore provided a deep analysis of the relationships between the two variables.

Data Collection Procedure

To conduct the study within the ethical standards stipulated by the institutions on research involving human subjects, first, 'ethical approval of the study was received through the relevant institutional review board. Once the consent was obtained, the potential subjects were contacted and informed of the purpose and aims of the research. They were also assured that they had the right of participation as well as their involvement was on a voluntary basis, and any information they gave would be confidential and would only be utilized for research purposes. The participants who were willing to participate in the study signed informed consent forms that stated that they were willing to participate. The questionnaires were then given out to the respondents separately in a private and comfortable setting to ensure privacy and reduce bias when giving responses.' This environment entitled the participants to respond to the questions without any outward forces or pressure. 'A group of standardized measures was given to every subject, such as the Childhood Trauma Questionnaire (CTQ), the Adverse Childhood Experiences (ACE) Scale, and the Substance Abuse Screening Test (SAST).' All the questionnaires needed about 30 to 40 minutes to be filled in by each participant.

Statistical Techniques

The statistical software was used to interpret the data collected to further ensure that the correct results were acquired. In the research that was conducted 'on the relationship between childhood trauma and substance abuse disorders, different statistical methods were used to analyze the data. Firstly, descriptive statistics were used to describe and provide the demographic characteristics of the participants, such as age, gender, and socioeconomic background. This provided an overview of the sample population for use in the study. Secondly, Pearson correlation was conducted to determine the quality and direction of the relationship between childhood trauma' and substance abuse.

This statistical test helped to establish whether there was a correlation between a high level of trauma and increased use of substances. Additionally, the regression analysis was done to determine the predictive quality of the variables and also to determine the extent to which childhood trauma is predictive of substance abuse behavior. It could be further expounded on the information through the means of statistical analysis, and meaningful conclusions could be drawn about the correlation of childhood trauma with substance abuse disorders.

RESULTS AND DATA ANALYSIS

Demographic Characteristics

The individuals aged 18-45 years were the sample in the study. Both males and females have been involved in the study to have a broader insight into the 'relationship between childhood trauma and substance abuse in males and females.' However, the proportion of males in the sample was a little higher than the female sample. The respondents were also a very broad group that included the representation of low-income, middle-income, and high-income

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families. This socioeconomic diversity was used to provide a more holistic perspective of childhood trauma and substance use behavior among individuals with diverse social and economic backgrounds.

Prevalence of Childhood Trauma

The proportion of the study participants who reported having experienced some type of childhood trauma was large. The results showed that a number of categories of negative experiences among the respondents were common. Emotional abuse, emotional neglect, and household dysfunction were reported as the most prevalent types of trauma. Some of the common experiences of emotional abuse included verbal humiliation, criticism, or even being rejected by those who were supposed to take care of them. Emotional neglect meant that they did not receive emotional support, care, and attention as children. Household dysfunction encompassed witnessing unstable family conditions, like conflict between the parents, substance abuse among the individuals, mental illness, or domestic violence. Though a few participants also reported physical abuse and sexual abuse, they were relatively not as high as compared to emotional traumas. Moreover, the reviews found that the respondents who had multiple forms of childhood trauma were the ones who were more likely to develop more substance abuse. This implies that a combination of multiple traumatic events can make a person susceptible to becoming a substance user in the future.

Table 1. Summary of Results: Childhood Trauma and Substance Abuse

Result Category	Key Findings	Remarks
Demographic Characteristics	Participants were aged 18–45 years and included both males and females, with a slightly higher proportion of males. Respondents belonged to low, middle, and high socioeconomic backgrounds.	The sample represented diverse demographic characteristics
Overall Prevalence of Childhood Trauma	A majority of participants reported experiencing at least one form of childhood trauma during childhood.	Indicates high exposure to early-life adversity
Types of Childhood Trauma	‘Emotional abuse, emotional neglect, and household dysfunction’ were the most frequently reported forms of trauma. Physical and sexual abuse were reported less frequently.	Emotional trauma was more prevalent than physical forms
Multiple Trauma Exposure	Participants exposed to ‘multiple forms of childhood trauma’ showed higher levels of substance abuse severity.	Cumulative trauma increased vulnerability to substance abuse

DISCUSSION

Interpretation of Findings

The findings suggest a huge positive correlation between childhood trauma and substance abuse disorders. Those who had greater levels of childhood trauma tended to develop substance dependency in their later life. The results ‘are in line with previous studies’, which indicate that traumatic experiences make an individual more susceptible to addiction.

Comparison with Previous Studies

The results of this study could be correlated with the earlier studies that have shown a close ‘relationship between childhood adversity and substance use disorders.’ The research studies have always indicated that victims of abuse, neglect, or other negative events in childhood are at a higher risk of participating in some dangerous behaviors, such as using drugs and alcohol. Traumatic experiences at a tender age usually result in emotional distress and

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inadequate coping, and impaired psychological adjustments, thereby predisposing them to substance abuse later in their life. This relationship has been highly supported by past studies. Indicatively, in their seminal Adverse Childhood Experiences (ACE) study, Felitti et al. (1998) discovered that those who reported various types of childhood trauma had high chances of developing substance abuse issues during their adulthood.

Likewise, Ando et al. (2006) also reported that higher ACE scores were related to more risks of alcohol misuse, drug abuse, and other health-risk behaviors. Furthermore, a study conducted by Dube et al. (2003) found that a person who went through childhood abuse and family dysfunction was predisposed to begin substance use at an earlier age and a lifetime of substance dependence. The present results are in line with these findings since it has been shown that those subjects who responded with greater rates of childhood trauma also exhibited greater rates of substance abuse behavior. Hence, the present research is in line with the available evidence on the long-term effects of negative childhood experiences on the emergence of addictive.

Implications

The implications of the study are a number of factors. Addiction treatment programs must also be clinically provided using trauma-informed modes to treat underlying psychological problems. Early detection of trauma and support of vulnerable children should constitute the preventive strategies. During therapy, professionals in mental health must also focus on emotional regulation and healthy coping skills that are healthy.

CONCLUSION

Summary of Findings

The paper proves that childhood trauma is closely related to substance abuse conditions. The latter were much more prone to develop addiction-related problems in individuals with adverse childhood experiences. Early childhood trauma is very important in determining the psychological effects in the long term, such as susceptibility to substance abuse. The prevention and treatment programs should also focus on tackling the issue of trauma to decrease the number of addicts.

Recommendations

According to the results of the research, several recommendations can be provided to overcome 'the connection between childhood trauma and substance abuse disorders.' To begin with, there should be trauma-oriented rehabilitation programs in the addiction centers. These programs are supposed to include trauma-informed care strategies, which would consider the underlying emotional and psychological concerns caused by early traumatic experiences. Through the trauma recovery and treatment of the addiction, the long-term recovery outcomes and the reduction of relapses can be enhanced by the rehabilitation programs. Second, it is necessary to come up with effective strategies of early childhood intervention that will help identify and work with 'children who have been exposed to traumatic experiences. Prevention of the development of maladaptive coping behaviors, such as substance use, and alleviation of psychological consequences of trauma' in the long run may be achieved through early intervention programs that include counseling, family support services, and protective social policies.

Limitations of the Study

The findings are limited in several ways that must be taken into account. To begin with, the 'research was based mostly on self-report questionnaires' which can introduce bias into

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responses. There are also possibilities of underreporting or overreporting experiences of childhood trauma or substance use by participants because of memory errors, social desirability or embarrassment about revealing traumatic or sensitive details. Second, the study's authority was limited, which 'may limit the generalizability of the results to the whole population. The bigger and more diverse sample would give more stable and representative results. Lastly, the study used a cross-sectional research design, in which the variables were analyzed at a single time point. It therefore does not permit causal relationships between childhood trauma and substance abuse to be determined. Although the results show that the relationship between the two variables is significant, longitudinal studies would be required to better comprehend the cause-and-effect relations and long-term consequences of childhood trauma on substance use' practices.

Future Research Directions

The complexity of the childhood trauma and substance abuse relationship is the topic that future research should take into account in several significant aspects. Firstly, longitudinal 'research needs to be done to examine the effects of childhood trauma over the course of time. These studies would help the researchers have a clearer understanding of how' early traumatic experiences relate to the emergence of substance use behaviours in the different life developmental stages. Second, neurobiological mechanisms of the relationship between trauma and addiction are to be studied in the future research. Further details about the ways in which traumatic experiences can increase vulnerability to substance abuse may be provided by taking 'a closer look at changes that occur in' the brain structure, system of stress responses, and processes of emotional control. Finally, the researchers should also examine cultural differences of substance abuse pattern leading to trauma. The cultural beliefs, social norms and support systems could be relevant in influencing how individuals experience trauma and how they manage their psychological distress. The differences of cultures might be acquired and applied in order to make prevention and treatment programs more effective and culturally competent.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Mishra, K. (2026). The Relationship between Childhood Trauma and Substance Abuse Disorders. *International Journal of Indian Psychology*, 14(2), 2243-2253. DIP:18.01.205.20261402, DOI:10.25215/1402.205