

**The exploration into childhood trauma and its influence on dysfunctional drug use in
young adults**

[Research Proposal]

[Name of Writer]

TABLE OF CONTENTS

CHAPTER 2: LITERATURE REVIEW1

Overview of Chapter1

1. Childhood trauma.....2

 1.1 Childhood Trauma2

 1.2 The Causes of Childhood Trauma3

 1.2.1 Abuse3

 1.2.2 Neglect3

 1.2.3 Violence4

 1.3 The Effects of Childhood Trauma4

 1.3.1 Post Traumatic Stress Disorder4

 1.3.2 Prolonged health issues.....5

 1.4 The methods of treatment of childhood trauma5

 1.4.1 Injury Focused Cognitive Behavioural Therapy (TF-CBT).....5

 1.4.2 Intellectual Behavioural Intervention for Trauma in Schools (CBITS)6

 1.4.3 The Child and Family Traumatic Stress Intervention (CFTSI).....6

 1.5 Trends in the prevention of childhood trauma6

 1.6 The Need for Trauma-Informed Practice in Social Work.....7

2. Functional and Dysfunctional Use of Drugs8

 2.1. Conceptualising Functional Use of Drugs8

 2.2 Conceptualising Dysfunctional Use of Drugs9

 2.3 Factors Leading to Functional or Dysfunctional Drug Abuse9

 2.3.1 Psychological Factors9

 2.3.2 Socio-Demographic Factors.....10

 2.3.3 Economic Factors11

2.4 Dysfunctional Families and Drug Abuse 11

2.5 Stages of Dysfunctional Drug Abuse and its Impact..... 12

3. Brief on current drug use among adults 12

3.1 Contemplating the Use of the Drug Among Young Adults 12

3.2 Reasons for High Drug Use Among Young Adults 13

3.3 Factors Influencing the Drug Use Among Young Adults in Today's World..... 14

 3.3.1 Family History of Addiction 14

 3.3.2 Mental Health Disorder..... 15

 3.3.3 Peer Pressure 15

3.4 Drawbacks of drug use among young adults 16

 3.4.1 Infectious diseases 16

 3.4.2 Poor mental health 17

3.5 Importance of a Healthy Childhood for a Better Later Adult Life 17

Chapter Summary 18

CHAPTER 4: ANALYSIS AND DISCUSSION 19

4.1 Introduction..... 19

4.2 Content Analysis 19

 4.2.1 Critically Investigating the Prominence of Healthy Childhood for Better Adult Life 19

 4.2.2 Identifying and Accessing the Factors that Cause Childhood Trauma..... 21

 4.2.3 Critically evaluating the influence of Childhood Trauma on drug use among young adults' 22

 4.2.4 Assessing the benefits of trauma-informed practice to social institutions that can be promoted. 24

4.3 Discussion..... 25

 4.3.1 To promote the use of trauma-informed practice in social work 25

4.3.2 Gain a deeper insight into the link between having a traumatic childhood and the
dysfunctional drug use in later adult life26

4.3.3 To see if children who have substantial family support outside the home have the
opportunity to be resilient and overcome the exposure to trauma and abuse.27

4.3.4 To see and highlight the importance of a healthy childhood for a better later adult life ..28

4.4 Chapter Summary.....28

References30

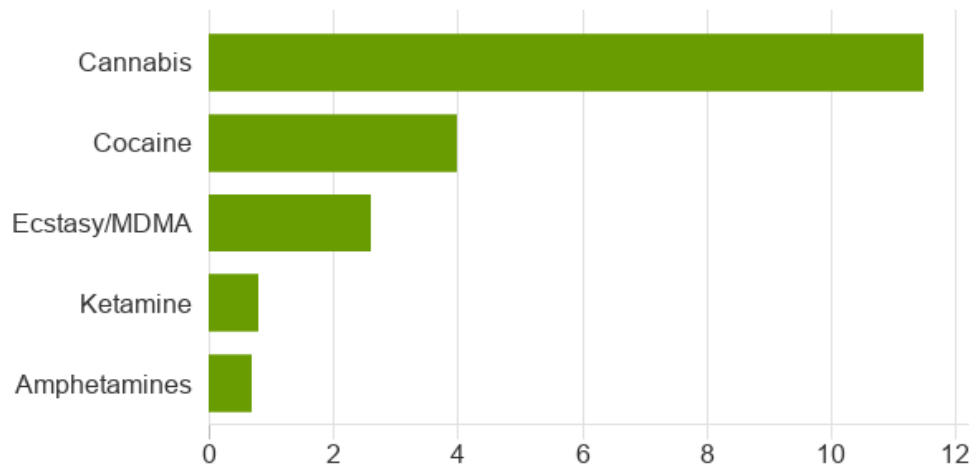
CHAPTER 2: LITERATURE REVIEW

Overview of Chapter

Griffin et al. (2019) identified the normal period of first utilisation of dysfunctional drugs is during late puberty to early adulthood, making pre-adulthood a significant formative stage for instruction and mediations to prevent substance abuse. Grecu, Dave and Saffer (2019) agreed and stated that the initiation of drug abuse at an earlier age can dominate the entire life of the individual as it influences the later habits of drug use. The chart shows the high number of young adults involved in the habit of using drugs especially at the times of festivals.

Drug use among UK 15 to 34-year-olds

■ Percentage



Source: European Monitoring Centre for Drugs and Drug Addiction

BBC

Figure 1 The use of drugs in young adult around festivals (BBC News, 2020)

Verdejo-Garcia et al. (2018) agreed with Fig. 1 and stated that due to the high number of individuals using dysfunctional drugs there is a need to identify the factors leading to the high rate of substance abuse. Brown and Shillington (2017) stated that young individuals with traumatic

Childhood have a high chance of substance use; inadequate research has analysed the relationship of childhood trauma with initiation of substance use in earlier stage of adulthood. Kirsch, Nemeroff and Lippard (2020) argued and stated that not many studies expressly analysed the role of traumatising event in childhood, for example, family difficulty and abuse in substance use in pre-adulthood. Taken together, many studies announced that parts of youth injury were related to before period of medication and liquor use inception, heavier liquor use among young men detailing rape, and drinking as adapting conduct (Teese, 2018).

1. Childhood trauma

1.1 Childhood Trauma

According to Zaykowski (2019), childhood trauma can happen when a person witnesses or encounters overpowering negative encounters in young age. Allbaugh et al. (2018) stated that restricted interaction with people is a major cause of negative effects that can overpower a child. Similarly, Van der Kolk (2017) agreed and stated that negative interaction with people at a young age for example misuse, neglect, and brutality can cause traumatic situations for children and can be declared as relational injury. However, Miller (2019) argued and stated that mishaps that occur at a young age such as illness, war and other distress in region, accidents, natural disasters and the unexpected loss of a loved ones is the major cause which traumatises people at young age. Similarly, Chung et al. (2018) discussed another notion of childhood trauma which affect people due to them being witness of something horrible which happened to someone close to them such as family or friends and sometimes or sometimes to strangers. Similarly, Bryant-Davis et al. (2017) added coming in contact with media portraying violence and brutality can also be the cause of trauma in people at a young age. Vogt (2019) argued and stated that there is a high chance that this

kind of media may upset and frighten the children however it doesn't necessarily traumatise them. Kitta et al. (2016) agreed to this and stated that the actual violent and disturbing situations such domestic violence, parental divorce or uncontented family can be more lacerating to children.

1.2 The Causes of Childhood Trauma

1.2.1 Abuse

Abuse has been related to or may be identified as a variable as a factor behind childhood trauma. Emotional mistreatment, physical maltreatment are critical indicators of childhood trauma in individuals (McQueen et al., 2018). An investigation by Wekerle et al. (2018) contrasted patients with childhood trauma with healthy people and distinguished emotional mistreatment as the most significant indicator of childhood trauma identification. Oshri, et al. (2017) found that emotional mistreatment and emotional neglect were fundamentally higher in ladies with childhood trauma than in sound controls. Bentovim (2018) contended and expressed that physical and sexual maltreatment has been the significant reason behind the childhood trauma.

1.2.2 Neglect

Krüger and Fletcher (2017) demonstrated that childhood emotional neglect predicted childhood trauma in women. Similarly, Akbey, Yildiz and Gündüz (2019) found an association between childhood neglect and adult dissociation. Childhood trauma can also create a negative cycle as according to Cecil et al. (2017), childhood trauma among individuals has been identified as one of the reasons for their future negligence towards children. Marshall et al. (2018) agreed and stated that these individuals may have good intentions towards children however their past experiences hinder the process of provision of security towards children that is required for them to grow healthily and the process of bonding with the children.

1.2.3 Violence

Izaguirre and Cater (2018) stated that violence is terrible for children and young adults. It is destructive for them to be abused or mishandled by adults, to be bullied by others of their age, to observe aggressive behaviour at home or to witness a crime. Cutuli, Alderfer and Marsac (2019) agreed many, however not every single child who is presented to viciousness responds to this unfriendly experience by creating social, enthusiastic, or learning issues. Rosen et al. (2018) agreed and stated that experiencing and witnessing violence can also be determined as the cause behind the health issues in children and one of the major causes of the trauma.

1.3 The Effects of Childhood Trauma

1.3.1 Post Traumatic Stress Disorder

Numerous kids are presented to an awful mishap at some point (Rosen et al., 2018). It has been discussed that while most of the children experience trouble following a dreadful accident however most of them come back to ordinary working conditions of their lives in a generally brief timeframe. Cook et al. (2017) however argued and stated that most children experiencing mishaps and abuse or violence are prone to get effected by Post Traumatic Stress Disorder (PTSD). The children with PTSD may re-experience the trauma virtually on a timely basis. They may likewise abstain from whatever helps them to remember the trauma (Powers et al., 2016). Mergler et al. (2018) agreed and added that children with PTSD may likewise have issues like fear, depression, anxiety, violent behaviour, self-harming tendencies, and preference towards isolation, poor confidence and trust issues.

1.3.2 Prolonged health issues

Negative interactions and incidents or in short trauma can influence the mental and physical development of the affected child (Cohen, 2017). Turner et al. (2017) agreed and stated that negative incidents at young age can have deep-rooted outcomes. Craig et al. (2017) in the study indicated that the more adverse childhood encounters an individual has, the higher is the chance of them having health issues further down the road. Llabre et al. (2017) agreed and stated that childhood trauma may make children prone to health problems like asthma, depression, coronary illness, stroke and diabetes. Valles, Harris and Sargent, (2019) agreed and stated that childhood trauma caused by incidents for example, physical maltreatment, sexual maltreatment, and parental abusive behaviour at home, as a child is one of the major reasons behind the numerous mental disorders among young adults such as suicidal tendencies, depressions and panic attacks. In summary all these causes of trauma also have a prolonged adverse effect on the health of a child considering both mental and physical health.

1.4 The methods of treatment of childhood trauma

1.4.1 Injury Focused Cognitive Behavioural Therapy (TF-CBT)

Several treatments have proven to diminish the after effects of childhood trauma and are designated proof based treatments (Cohen, Deblinger and Mannarino, 2018). Neelakantan, Hetrick and Michelson (2018) agreed and stated that one of these proof based treatments is the Trauma-Focused Cognitive Behavioural Therapy (TF-CBT). TF-CBT is a 16-20 meeting treatment model for children. TF-CBT targets youngsters ages 4-21 and their parental figures who have encountered a critical dreadful situation and are encountering long-lasting effects of the trauma (Runyon et al., 2019).

1.4.2 Intellectual Behavioural Intervention for Trauma in Schools (CBITS)

This is another treatment that is a school-based intervention group that has proven to decrease PTSD and lessen side effects and psychosocial issues among children who have encountered trauma (Thompson and Kaufman, 2019). Haas (2018) agreed and stated that schools are progressively seen as a basic setting for the foundation of administrations for securing the physical and mental health of children. This method of treatment is considered to be essential while treating a child from post-traumatic stress.

1.4.3 The Child and Family Traumatic Stress Intervention (CFTSI)

CFTSI is a 4-6 meeting precaution model for children aging from 7-18 years (Epstein, et al., 2017). The objectives of CFTSI are to diminish awful side effects of traumatic event, developed increased guardian and child correspondence and provide skills to the children to adapt to the after effects of trauma (Oliver and Abel, 2017).

1.5 Trends in the prevention of childhood trauma

According to Haas (2018), there is a need for prevention of childhood trauma which is done by means of some standard practices. A group of interdisciplinary experts is build up which focuses on supporting children who have been a traumatised (McElvaney and Tatlow-Golden, 2016). Ogden and Hagen (2018) agreed and stated that this group consist of individuals from the school emergency, safety, and mental health departments to encourage the consistent transmission of exercises for the avoidance, willingness, and intervention to diminish the probability of trauma. It likewise offers an organised framework for the help that can effectively address the needs of the children. Higgins, Kaufman and Erooga (2016) stated that this network providing stability,

consistency, and support are fundamental for students to construct defensive mechanism or potentially to heal from trauma. In order to effectively facilitate in case of childhood trauma, it is essential to give training on how trauma impacts youngsters to develop mindfulness, affectability, and improve the identification of kids who may require extra help. All staff ought to be prepared and routinely reminded to look for and perceive signs, regular practices and trauma reactions frequently showed at various formative stages (Banitt, 2018).

1.6 The Need for Trauma-Informed Practice in Social Work

In the field of social work, several patients require special care for particular cases. Similarly, in the specific case of trauma induced patients, it is important that social workers know exactly how to treat a patient, without being intrusive. Cicchetti and Banny (2014) note that children that have undergone trauma are not receptive at all to any care received by medical workers. In such cases, it is important for social workers to have the knowledge that conventional forms of treatment will be inapplicable. It is also important to note that 66%-94% of college aged students have been through trauma at least at one point in their lifetime (Levenson, 2017). With such a high number of cases that are affected by trauma, it is imperative for the current social care system to adapt. Another aspect in childhood trauma is the absence of a sense of the safe environment in the children, which is why it is noted that the children do not trust that social workers will be able to help. To offer a solution to the problem, Knight (2015) has discussed that social workers must have a sense of the client's problems, needs along information about the history of trauma and the possible impact of trauma.

When social workers neglect to react in an empathic way to the clients suffering from trauma, the entire process becomes fruitless and it gives birth to negative interaction which

discourages such clients, creating a barrier in the restorative process (Duffell and Basset, 2016). Usually, people with traumatic childhood show resistance to such processes which may remind them of the trauma however social workers in some cases do not consider this and react in a manner that appears dismissing, judgmental or disapproving (Chamberlayne and Smith, 2019). There is a high chance that those with the most off-putting conduct might be the people most needing post-traumatic therapy (Corrigan and Hull, 2018). Social workers ought to consider the ways that their convictions, qualities, perspectives, and encounters may hamper their work process and interaction with the client.

2. Functional and Dysfunctional Use of Drugs

2.1. Conceptualising Functional Use of Drugs

A functional drug addict has a dependence on drugs based on a person's physical needs and not psychological or emotional needs (Müller, 2018). Usually, violent or abusive factors are considered as initiators of drug use, but in functional usage, it is not applicable. According to Askew (2016), in functional usage of drugs people start taking drugs due to friends or peers for recreational purposes, but as time passes they become addicted. Therefore, a previously non-addict person on exposure to drugs involuntarily or unintentionally starts administering drugs daily. Furthermore, Cormack and Carr (2013) add that this transition happens in two main stages, tolerance and withdrawal. Tolerance means that the individual becomes immune to smaller doses of drugs and slowly the number of dosage increases. While, withdrawal means that the person stops considering drug abuse as a problem and accepts it, without trying to stop it. Thus, functional drug abuse is based on the physical needs of a person and with time the person fully becomes dependent on drugs.

2.2 Conceptualising Dysfunctional Use of Drugs

Dysfunctional drug abuse is majorly dependent on a person's dysfunctional emotional state. Wang, Zhang and Zhang (2017) explains that a dysfunctional attitude in a person forces them to look at themselves, others and their future from a very pessimistic viewpoint. This makes the person susceptible to depressive behaviours and an increased tendency to administer drugs to overcome such depressive episodes. Based on this definition, dysfunctional abuse is very different from functional abuse, as one is based on emotional needs while the other is based on physical needs, respectively. Another study by Clarke et al. (2012) believes that a person can only acquire a dysfunctional attitude when social pressures and family or friends are abusive and violent. According to the study, a person may not have depression, but behaviour of close loved one's can force the person to develop a dysfunctional attitude, which consequently increases the ability of a person to use drugs. Hence, in dysfunctional drug abuse a person feels a need to use drugs to overcome the emotional or psychological stresses.

2.3 Factors Leading to Functional or Dysfunctional Drug Abuse

Drug addiction or abuse is a social disease that has both physical and psychological implications on the person. Pourallahvirdi et al. (2016) believe that the determinants of drug abuse play a crucial role in the long term addiction and health planning for the drug addict. Several factors can encourage or force a person to start administering drugs, a few are given below:

2.3.1 Psychological Factors

One of the major psychological factors that expose a person to drugs and ensures that the person fails in rehabilitation are coping mechanisms and a sense of responsibility (Petrova et al., 2015). A person with a sensitive coping mechanism can easily be engaged in illicit activities of

taking drugs and the absence of a sense of responsibility fuels this habit. Another factor that encourages drug usage is psychological disorders like anxiety, depression, schizophrenia etc. These diseases can become underlying problems that motivate a person to inject drugs, in order to escape the realities of emotional stress.

Furthermore, among psychological disorders, childhood trauma is a major instrument in forcing people in adulthood to take drugs. Mandavia et al. (2016) discuss the role of memories of trauma and abuse that people try to escape through drugs. Therefore, among the psychological factors escapism is very important to consider as an initiator of drug abuse. On the contrary, Tang, Tang and Posner (2016) believes that drug abuse is not from abusive relationships, rather the person's own violent behaviour. The study correlates anger and hostility within a person as factors that lead to drug abuse.

2.3.2 Socio-Demographic Factors

Several social and demographic factors determine a person's attitude and behaviour towards addictive substances like drugs, alcohol and others. Degenhardt et al. (2017) discuss the role of certain cultural norms that require a person to administer drugs, more importantly, the culture found within mafia or criminal organisations that forces all its members to use drugs. Another aspect is religion, as certain religious practices make it compulsory on the followers to use drugs. Davenport and Pardo (2016) use the example of Rasta's and Rastafari as a Jamaican tribe that conducts certain worshipping rituals after administration of cannabis. The study discusses that such practices introduce drug usage to a person and in the long run makes them an addict.

However, for the current digital age, cultural and religious norms are as effective as the influence of social media. The study of Kim et al. (2017) has discussed the role of social media websites in normalising drug addiction among young adults and even children. Such practices

expose individuals to drug abuse, even though they may not be directly linked to any psychological or social factors that cause drug abuse. Another aspect of socio-demographic drug abuse that is not much discussed in the literature is geographic location (Degenhardt et al., 2017). If a country or city is near a major producer of drug, then people in that area are bound to be exposed more and become drug addicts.

2.3.3 Economic Factors

Although depleting economic factors are often considered a consequence of drug abuse. As stated in the research of Yang and Xia (2019), drug abuse leads to low cash inflow, as the person has minimum to no source of earning and falls into poverty. However, this viewpoint has shifted, as economic factors are now also considered as the cause of drug abuse. A study carried out by Carpenter, McClellan and Rees (2017), found that as soon as economic conditions in a country declined, drug usage within that region increased manifold. Therefore, it can be said that economic conditions and drug abuse have an inverse relationship and to tackle drug addiction, the economy must be developed. Similarly, this is applicable on a smaller scale of individual economic means as well. A person's economic decline initiates depression and a pessimistic point of view, which results in a higher tendency in the person to use drugs.

2.4 *Dysfunctional Families and Drug Abuse*

A dysfunctional family is a source of major trauma and abuse for the children in the family, which is present even in their adulthood. A dysfunctional family is characterised by poor parent-children relationships, physical forms of punishment, conflict among parents in the presence of children and an overall violent atmosphere within the household (Karson and Sparks, 2013). Such an abusive household usually leads to severe complications for the children in later life and may even be causes for the children's drug abuse. A study was conducted by Wu and Slesnick (2019),

to understand the relationship between adult drug abuse and dysfunctional families by carrying interviews with children from such backgrounds. The study found that parents with drug or alcohol addiction mean that the children have a much higher chance of becoming addicts also, unless proper intervention is done.

2.5 Stages of Dysfunctional Drug Abuse and its Impact

Drug addiction is not a simple single step procedure however, it is complicated with several cognitive and psychological factors involved. For a person to become an addict there are three stages, binge and intoxication, withdrawal and compulsory drug use (Crews et al., 2017). In binge stage, the person tries drugs for the first time, in withdrawal, it becomes harder for the person to avoid usage and in the final stage, the person becomes a compulsive drug addict. In the case of dysfunctional drug addicts, as the stages progress their mental and physical health deteriorates as well. This impacts the person's overall wellbeing and increases the tendency in the person to develop depression and attempt suicide (Brockie et al., 2015).

3. Brief on current drug use among adults

3.1 Contemplating the Use of the Drug Among Young Adults

According to the study of Aldridge, Measham and Williams (2013), the use of drugs among young adults is common in recent years due as the drugs can be easily accessed by such group of people. Moreover, the research of Wilens et al. (2011) highlighted that the individuals that lies in the age of 18-22 are considered as young adult. Additionally, the study of Humensky (2010) indicated that young adults are more prone to using drugs than older adults. According to the research of Mojtabai, Olfson and Han (2016), the common drugs being consumed by young adults are alcohol, tobacco and marihuana. In contrast, the study of Bachman et al. (2013); Mojtabai,

Olfson and Han (2016) found that ecstasy and cocaine are the most common kind of drugs being consumed by young adults. Furthermore, the report of BBC News. (2019) highlighted that some record of drug use among young adults began in 1996 in UK. Additionally, the similar study identified that with the passage of time, the rate of drug use has kept on increasing among young adults (BBC News. 2019).

Also, it has been highlighted that the use of Class A drug has been significantly increasing among young adults in the UK (Wilens et al. 2011). Approximately 8.7% of young adults have been using Class A drugs in the year 2018; among them, around 10.4% of individuals' lie in the age bracket of 20-24 (BBC News. 2019). In the research of Humensky (2010), the author indicated that around 3000 young adults die due to substance abuse. The majority of deaths were caused by opiate-based drugs known as heroin (Aldridge, Measham and Williams, 2013; Bachman et al. 2013). However, the research of Mojtabai, Olfson and Han (2016) identified that the death from the use of cocaine has doubled within the last three years among young adults of the UK.

3.2 Reasons for High Drug Use Among Young Adults

The study of Kong et al. (2015) contemplated that multiple reasons encourage young adults for using drugs. A similar study identified that young adult tends to increase the use of drug due to significant level of depression and stress (Kong et al. 2015). The study of Humensky (2010) supported the idea by highlighting that stress and depression in teenage years is a primary factor that raised the use of the drug among young adults. Additionally, the research of Mojtabai, Olfson and Han (2016) considered the bonding experience and boredom has been a reason that increased the frequency of drug use among young adults. However, the study of Cotto et al. (2010); Aldridge, Measham and Williams, (2013) contradicted the argument by stating that lower self-esteem and

other mental issues have been one of the prominent reasons that raised the use of the drug among young adults. While the research of Redonnet et al. (2012); Wilens et al. (2011) asserted that weight loss and curiosity for trying drug has been a major reason that increases the drug consumption among adults.

Furthermore, the study of Hanson et al. (2011) indicated that peer pressure inclined the individuals to use the drug during young age that consequently increased the use of the drug when those individuals become young adults. In contrast, the research of Bachman et al. (2013) specified that the family history of drug addiction and genetics played a primal role in increasing the dosage of the drug among young adults. Moreover, the research of Kong et al. (2015) stated that most of the young adults were exposed to now or never situation due to which their addiction level has raised of using certain drugs. While the research of Ramo et al. (2010) specified that young adults increase the use of drugs in order to get better in academics and sports.

3.3 Factors Influencing the Drug Use Among Young Adults in Today's World

3.3.1 Family History of Addiction

The research of Pilatti et al. (2014) identified that one of the major factors that influence the use of drug among young adults is a family history of addiction. A similar author added that genetic predispositions play a significant role in influencing the young adult for trying the drug for the first time (Pilatti et al. 2014). Additionally, the research of Acheson et al. (2011) emphasised on a close family member that imposes a greater risk to young adult for using the drug. However, the research of Cservenka (2016); Richardson et al. (2013) indicated that complicated environment at home such as child abuse by family member influence young adults for using drug in today's

world. Although, the research of Mayo Clinic. (2017) the regarded weak bond among family members highly encourages the young adult to develop drug addiction.

3.3.2 Mental Health Disorder

According to the study of Mojtabai, Olfson and Han (2016), multiple mental disorders during young age tend to increase drug use among young adults in recent years. A similar author added that depression is among one of the major factors that increase drug use among young adults (Mojtabai, Olfson and Han, 2016). Moreover, the study of Mayo Clinic (2017) indicated the causes of depression such as bad relationship, high work pressure and low self-esteem that influences young adult for using the drug. Additionally, the study of Pilatti et al. (2014) highlighted that hyperactivity disorder or attention-deficit disorder is among some of the factors that encourages a young adult for drug use. A similar author added that hyperactivity disorder or attention-deficit clouds the judgment of young adults in terms of what is morally right and wrong that consequently creates a habit of substance abuse among young adults (Pilatti et al. 2014).

3.3.3 Peer Pressure

The research of Iwamoto and Smiler (2013) indicated that in recent years, peer pressure has been a dominant factor that influenced drug use among young adults. Additionally, the study of Cservenka (2016) highlighted that friends are most common element of peer pressure as they are major motivators for letting one try the drug for the first time and thus this leads to addiction of drug use until an individual becomes a young adult.

3.4 Drawbacks of drug use among young adults

3.4.1 Infectious diseases

According to Fig. 2, it has been demonstrated that there is an increase in the use of drugs amongst young adults specifically in England and Wales.

Adults by age, England and Wales, %

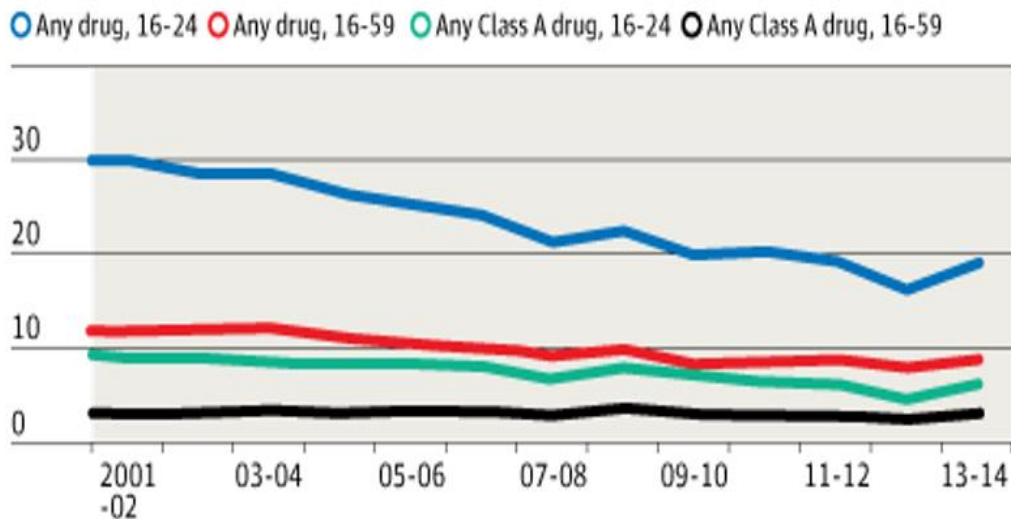


Figure 2 The Rise Of Drug Use In Young Adults Of The UK (Gov.uk, 2020)

Platt et al. (2017) agreed with the statistics and stated that the utilisation of used and contaminated injection is an essential transmission course for both HIV and hepatitis C. Expanding infusion medicate use has set new populaces, including youngsters, in danger. The ease in the availability of drugs and the failure of the narcotics department in regulating the drug supply and use has resulted in the occurrence of blood-borne contaminations, including hepatitis B infection and hepatitis C, human immunodeficiency infection (HIV), and microorganisms that cause heart diseases (Williams,2019).

3.4.2 Poor mental health

All dysfunctional drugs such as nicotine, cocaine, cannabis and others influence the brain activities of individuals (Vergara et al., 2018). Morrall, Worton and Antony (2020) agreed and stated that drug use among young adults might be wilful however these drugs harm the mental health of the individuals. This can change how the brain performs and it effects the individual's capacity to make decisions or to perform routine actions (Hobkirk et al., 2019). It can prompt extreme yearnings and habitual medication use. After some time, this conduct can transform into a substance reliance or medication and liquor dependence (Erickson, 2018).

3.5 Importance of a Healthy Childhood for a Better Later Adult Life

According to the study of Milteer, Ginsburg and Mulligan (2012) healthy childhood play a significant role in improving the quality of adult life of a child. A similar author highlighted that a healthy childhood assists an individual in achieving his/her lifetime goals (Larkin, Felitti and Anda, 2014). According to Piotrowska, et al. (2017) the behaviour of parents is one of the many factors that are active in the provision of a healthy childhood. Kiesel, Piescher and Edleson (2016) stated that students with less stressed home environment are proven to show good academic progress. Moreover, the study of Larkin, Felitti and Anda (2014) stated that healthy childhood minimises the risk of developing chronic disease later in adult life. Whereas, the study of Cook et al. (2017) highlighted that healthy childhood considerably minimises the probability of mental disorders during adult stage. McQueen et al. (2018) agreed and stated the children prone to traumatic childhood are more likely to develop social anxiety and mental disorders in adulthood. Furthermore, the research of Kitta et al. (2016) emphasised on the physical health of an individual that declines with a slower pace of a child having a healthier childhood than an individual having traumatic childhood. In contrast, the research of (Craig et al. 2017).

Also, the dissertation of Larkin, Felitti and Anda (2014) considered healthy childhood as a major determinant that minimises the risk of metabolic disorder in adulthood. According to the study of Iwamoto and Smiler (2013), self-motivation and higher self-esteem are found among adults having a healthier childhood. In contrast, the study of Milteer, Ginsburg and Mulligan (2012) regarded that healthier childhood significantly increases the morale of an individual towards life such as the perception of higher life expectancy.

Chapter Summary

The literature review has been provided concerning childhood trauma experiences and their role in the development of dysfunctional drug usage in later life, especially among young adults. Initially, the subject of childhood trauma is reviewed, with basic concepts and causes of the trauma. It is seen in the study that abusive relationships in childhood from physical violence to sexual violence can impose severe trauma on a child. Other causes can be dysfunctional families, in which either of the parents is violent, abusive and addicts themselves. These instances can increase the chances of an individual becoming a functional or dysfunctional drug addict as they grow up. Among the major factors for developing drug abusive patterns in young adults, is the background of a dysfunctional family. Such habits can greatly impact the mental health of the person as well as the family or friends of that person. In such situations, it is found that there is a chance of repeating the cycle of the same dysfunctional family from parents to children. Furthermore, data and statistics are also analysed to understand the scope of the drug use problem among young adults. It is seen that instances of drug abuse are rising and causes for it range from an abusive relationship to even boredom.

CHAPTER 4: ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter has been written to add to the topic of childhood trauma and its effect on drug usage in young adult life. A thorough analysis has been done on available studies, to explore different causes of childhood trauma and their probable effects. As noted by Bengtsson (2016), content analysis helps in developing a multidimensional insight into the topic to better understand it. Therefore, the chapter has been developed in such a way that research aims are met and research questions are answered. In the later part of the study, a discussion about the content and literature is added, followed by a chapter summary.

4.2 Content Analysis

4.2.1 Critically Investigating the Prominence of Healthy Childhood for Better Adult Life

According to the study of Campbell, Walker and Egede (2016), multiple factors affect childhood experiences and shape a person's adult life. A similar study conducted on the subject identified that childhood influences are critical in improving the quality of life in later adulthood (Milteer, Ginsburg and Mulligan, 2012). On the other hand, Reuben et al. (2016) argue that not all aspects of childhood affect adult life, as most are forgotten until the time a person reaches the early 20s. Therefore, it is argued that certain selected instances determine a person's attitude in later life.

In terms of factors affecting childhood experiences, Piotrowska, et al. (2017) highlight the importance of children and parent relationship in determining the nature of a person's upbringing. On the contrary, the research conducted by Moffitt (2013) pin point's external factors like school bullies as critical in maintaining a healthy or unhealthy childhood. A similar study of Grohmann, Kouwenberg and Menkhoff (2015), suggests that environmental factors of finances and savings

are foremost in regulating the experiences of infancy that affect life in adulthood. Among external aspects of upbringing, Sobkin et al. (2016) note that the socio-demographic characteristics of society are critical in shaping the mindset of children that are carried out throughout their lifetime.

In the context of the nature of the effect, Kiesel, Piescher and Edleson (2016) believe that experiences of childhood only determine the academic excellence of the person's life. While, another study conducted on the same subject has concluded that matters of early childhood determine the physical health of the person in adulthood (Larkin, Felitti and Anda, 2014). According to this study, a person with a traumatic childhood is more prone to developing chronic illnesses, as compared to a person with a healthy childhood. To support this argument, the study of Kitta et al. (2016) has illustrated that the rate of deterioration of physical health is directly dependent on the nature of childhood.

Cook et al. (2017) researched the same topic and concluded that instead of physical health, early childhood experiences shape the mental health of a person in later life. Another article by McQueen et al. (2018) also supported the view of childhood and mental health by arguing that traumatic childhood oftentimes results in severe social anxiety in the person as an adult. A study also found that childhood experiences affect the way an adult handles stress, with victims of childhood trauma being more prone to panic attacks even in non-stressful situations (Nurius et al., 2015). On the other hand, Merrick et al. (2017) believe that experiences in infancy can seriously alter the remainder of the person's life by initiating mental disorders like depression and forcing the person to become suicidal.

4.2.2 Identifying and Accessing the Factors that Cause Childhood Trauma

The study of Szilagyi et al. (2016) has identified that the majority of the factors leading to childhood trauma are due to the nature, attitude and behaviour of parents towards children. To add to the discussion, the study of Hogan et al. (2018) has illustrated that trauma in childhood is divided into two groups, intentional and unintentional. As parents may have been subjected to past experiences that become hindrances in their care towards their children. Among unintentional causes of childhood trauma, emotional neglect is the foremost reason for distresses in upbringing (Krüger and Fletcher, 2017). This neglect gives rise to further problems, as Tashjian et al. (2016) note that sexual abuse of children usually happens in families where at least one of the parents is negligent of the child's wellbeing. While comparing people of traumatic and healthy childhoods, Wekerle et al. (2018) found that emotional mistreatment is the biggest reason for childhood neglect and trauma. Cecil et al. (2017) have further added that emotional abuses and neglect are not only the biggest cause of childhood trauma but also the most destructive form of trauma received in childhood. This is attributed to the fact that children that receive emotional neglect are bound to repeat the same neglect on their children when they become parents.

In contrast, Van der Kolk (2017) has highlighted that intentional abuse or violent behaviour from parents is more problematic in causing trauma. The research of Izaguirre and Cater (2018) has pointed out the role of mishandling, bullying and aggressiveness in parents as three main factors of physical causes of trauma among children. Whereas, Oshri, et al. (2017) believes that emotional mistreatment and judgmental behaviour in parents critical in terms of causes of childhood treatment. As discussed by Hartling and Lindner (2016), parents can be psychologically abusive by regularly projecting insults and humiliations on their children. However, Camilo,

Garrido and Calheiros (2016) argue that unrealistic expectations academically and restricting children from socialising is a more common form of emotional abuse.

Apart from physical and emotional abuse, sexual mistreatment and violence are other factors that lead to childhood trauma (Bentovim, 2018). Motta (2020) denotes that sexual misconduct against children predominantly occurs from close family members or friends. Although, Moffitt (2013) believes that more cases of sexual abuse are registered where exposure in school is the major cause of sexual misconduct among children. Furthermore, the study conducted by Venta, Velez and Lau (2016) has highlighted that children from dysfunctional families have a higher chance of being sexually assaulted, as they are not fully protected by their parents.

4.2.3 Critically evaluating the influence of Childhood Trauma on drug use among young adults'

According to the study of Martin et al. (2014), there is a range of traumas experienced by an individual during a young age that leads to drug use among young adults. The similar author elaborated that bullying has been identified as major trauma that influences the young adults for using the drug (Martin et al. 2014). However, the research of Taplin et al. (2014) indicated that community violence such as racist comments and hostile behaviour affects young adults emotionally that leads to drug use. Although, the research of Quinn et al. (2016) contradicted the idea by indicating that young adults tend to get become drug addict due to the experience of intimate partner violence during young age. The similar author regarded that physical violence between parents causes childhood trauma on their children due to which, those children begin using the drug when becoming a young adult (Quinn et al. 2016). Furthermore, the research of Wu et al. (2010) highlighted that traumatic grief such as the death of close family member makes

the childhood traumatic due to which the individual tends to use the drug when becoming young adults. Similarly, the research of Svingen et al. (2016) identified that post-traumatic stress is caused by the death of close family member that persists till the individual becomes a young adult and begin using the drug to minimise the stress.

Additionally, the research of Wu et al. (2010) contemplated that childhood trauma is caused by physical abuse during young age that influences young adult for using the drug. However, the study of Quinn et al. (2016) argued that emotional abuse such as sensitive comments on being indifferent makes the childhood traumatic for an individual due to which, they become drug addict later in life. While the research of Taplin et al. (2014) highlighted that sexual abuse is among the factors that affect child traumatically and leads to drug use among young adults. Although, the study of Harley et al. (2010) indicated that weak nurturing of a child during young age creates the childhood traumatic for such individuals that lead to drug use among these individuals during the young adult stage. According to the study of Porche et al. (2011), weak bonding between the parents and a child due to several factors such as the imprisonment of a parent creates childhood traumatic for such individual that inclines them for using the drug when becoming a young adult. Some studies, such as Svingen et al. (2016); Quinn et al. (2016) asserted that weak academic performance during a young age can also cause a young adult for using the drug. Whereas, the dissertation of Porche et al. (2011) stated that parental illness restricts the effective bonding between the parents and child due to which, the individual inclines towards drug use when becoming a young adult. Similarly, the studies of Martin et al. (2014); Harley et al. (2010) illustrated that parental substance abuse and emotional negligence by parents makes the childhood traumatic that consequently motivates young adults for using the drug.

4.2.4 Assessing the benefits of the trauma-informed practice to social institutions that can be promoted.

According to the research of Wilson, Fauci and Goodman (2015), trauma-informed practices assist multiple social institutions in minimising the effect of trauma among the various group of individuals. The similar author added that trauma-informed practices consist of four major stages known as a trauma aware, trauma-sensitive, trauma-responsive and trauma-informed. These stages reduce the level of insecurity among victim of some kind of trauma (Wilson, Fauci and Goodman, 2015). The research of Knight (2015) highlighted that one of the major benefits of trauma-informed practices is it creates a proactive approach to safety. However, the study of Brown, Harris and Falloot (2013) stated that trauma-informed practices allow social activist in creating a trauma-free environment for their clients, staff and family. Additionally, the study of Donisch, Bray and Gewirtz (2016) asserted that trauma-informed practices provide benefit to the individual by preventing the occurrence of re-traumatisation. Although, the study of Goodman et al. (2016) indicated that trauma-informed practices provide benefit to social institutions by creating sustainable opportunities for empowering the victims of trauma. While the research of Morgan et al. (2015) emphasised on the social environment that is created from trauma-informed practices at social institutions that contribute to building a fruitful relationship between the victims of trauma.

The research of Lucero and Bussey (2012) stated that one of the prominent benefits of trauma-informed practices is it minimises the symptoms of trauma among the victims. However, the study of Berger, Quiros and Benavidez-Hatzis (2018) argued that trauma-informed practices reduce the severity of drug use among traumatic individuals. Whereas, the dissertation of

Donisch, Bray and Gewirtz (2016) considered diminishing of mental health symptoms among affected victims as a major benefit for trauma-informed practices. Additionally, the research of Brown, Harris and Fallot (2013) highlighted that trauma-informed practices make the treatment of trauma cost-effective for multiple victims. Moreover, the similar author specified that trauma-informed practices promote the resilience and strength within social institutions that assist them in minimising the effect of trauma among the victims (Brown, Harris and Fallot, 2013).

4.3 Discussion

4.3.1 To promote the use of the trauma-informed practice in social work

The first objective of this research is to promote the use of the trauma-informed practice in social work. The studies of Levenson (2017) in literature indicated that approximately 64-94% students of college experience some kind of trauma that affects their adult life. Similarly, the studies of Morgan et al. (2015) from content analysis highlighted that a high number of traumatic cases among young adults requires the promotion of trauma-informed practices at social institutions that can contribute in bringing sustainability in the lives of young adults.

Furthermore, the study of Corrigan and Hull (2018) in literature emphasised on the element of empathy among the staff of the social institution that improves the condition of victims of childhood trauma. However, the studies of Donisch, Bray and Gewirtz (2016); Quiros and Benavidez-Hatzis (2018) from content analysis found that trauma-informed practices allow social activist in creating a trauma-free environment for their clients, staff and family at social institutions that facilitates their social work of promoting the trauma-informed practice in the society.

The studies of Cicchetti and Banny (2014); Chamberlayne and Smith (2019) in literature asserted that traumatic individuals resist in opening up about their traumatic experiences of childhood, thus, the utilisation of trauma-informed practices creates a comfortable environment in their surrounding and assists them in opening up. While, the research of Brown, Harris and Falloot, (2013); Lucero and Bussey (2012) from content analysis illustrated that the trauma-informed practices can be promoted when the social work is entirely based on resilience and strength of victims of childhood trauma.

4.3.2 Gain a deeper insight into the link between having a traumatic childhood and the dysfunctional drug use in later adult life.

The second objective of the study is to thoroughly create a link between traumatic childhood and the dysfunctional drug use in later adult life. The research of Izaguirre and Cater (2018) from literature highlighted that traumatic childhood has been one of the major reasons that create dysfunctional drug use in later adult life among young adults. The similar research identified that physical abuse such as sexual abuse during childhood creates trauma among individuals due to which, these people get involved in using a dysfunctional drug for minimising the pain (Izaguirre and Cater, 2018). In contrast, the study of Campbell, Walker and Egede (2016) from content analysis asserted that emotional negligence by parents in childhood creates substantial possibility dysfunctional drug use in later adult life due to childhood trauma.

The study of Cutuli, Alderfer and Marsac (2019) in literature stated the factors that make the childhood traumatic which were abuse, neglect and violence. The author further described that parental substance abuse highly affects the mental health of a child during childhood due to which they get highly inclined towards dysfunctional drug use in later adult life (Cutuli, Alderfer

and Marsac, 2019). However, the study of Piotrowska, et al. (2017) from content analysis emphasised on physical violence such as bullying at schools and other surroundings during childhood is a major determinant that causes dysfunctional drug use among young adults in later adult life.

4.3.3 To see if children who have substantial family support outside the home have the opportunity to be resilient and overcome the exposure to trauma and abuse.

The third objective of the study is to highlight the family support outside the home that provides the opportunity to be resilient and overcome the exposure to trauma and abuse. The studies of Karson and Sparks (2013) in the literature indicated that the children tend to visit several social groups that consist of traumatic people where discussion related to their trauma and abuse takes place. The similar author elaborated that these groups respect the pain of every individual and provide moral support to overcome the trauma. However, the studies of Martin et al. (2014); Harley et al. (2010) from content analysis focused on social institutions that promote trauma-informed practice among the victims of trauma so that they can overcome the issue and lead a sustainable life.

Furthermore, the research of Crews et al. (2017) from literature emphasised on support from a close relative such as uncles, aunts and grandparents about trauma and abuse faced by children in young age who takes responsibility for nurturing the children by themselves to minimise the exposure to trauma and abuse. While the study of Quinn et al. (2016) in content analysis contemplated that teachers in educational institution play a dominant role in minimising the exposure of young children to trauma and abuse as they make sure to be vigilant in identifying the issues related to trauma and abuse among young adults.

4.3.4 To see and highlight the importance of a healthy childhood for better later adult life.

The final objective of the study is to highlight the importance of a healthy childhood for better later adult life. The study of Milteer, Ginsburg and Mulligan (2012) in literature specified that healthy childhood assists an individual in achieving their lifetime goals in later adult life. Similarly, the study of Grohmann, Kouwenberg and Menkhoff (2015) from the content analysis indicated that young adults that have healthier childhood tend to be more focused towards fulfilling their dreams. Additionally, from the studies of Iwamoto and Smiler (2013); Larkin, Felitti and Anda (2014) in literature, it has been found that individuals with healthier childhood tend to have greater life expectancy during their adult life as compare to the people with traumatic childhoods. However, the studies of Kiesel, Piescher and Edleson (2016) from content analysis stated that people with healthier childhood have greater self-esteem that assists them in leading prosperous life in later adulthood. Furthermore, the studies of Morrall, Worton and Antony (2020), Williams (2019) in literature asserted that healthy childhood significantly minimises the probability of developing the mental disorder in adult age. However, the research of McQueen et al. (2018) from content analysis found that socio-demographic aspects of society create healthier childhood due to which an individual leads a better adult life.

4.4 Chapter Summary

The current chapter discussed the analysis of the study by employing content analysis technique in which multiple secondary sources such as journals, articles, books and magazines are used for comparing and contrasting distinct ideas related to the topic. By critically examining the content, it has been found that trauma-informed practices play a prominent in improving the

quality of social work performed social institutions to eradicate the symptoms and issues of childhood trauma. Additionally, it has been evaluated that children get moral support from close relatives, teachers and friends to minimise the exposure of trauma and abuse. Moreover, the studies found that physical, mental and emotional abuse in early childhood plays a prominent role in promoting dysfunctional drug use in later adult life. Lastly, the findings indicated that healthier childhood assists the individuals in achieving life goals and lead sustainable adult life in future.

REFERENCES

- Acheson, A., Richard, D.M., Mathias, C.W. and Dougherty, D.M., 2011. Adults with a family history of alcohol related problems are more impulsive on measures of response initiation and response inhibition. *Drug and alcohol dependence*, 117(2-3), pp.198-203.
- Akbey, Z.Y., Yildiz, M. and Gündüz, N., 2019. Is There Any Association Between Childhood Traumatic Experiences, Dissociation and Psychotic Symptoms in Schizophrenic Patients? *Psychiatry investigation*, 16(5), p.346.
- Aldridge, J., Measham, F. and Williams, L., 2013. *Illegal leisure revisited: Changing patterns of alcohol and drug use in adolescents and young adults*. Routledge.
- Allbaugh, L.J., Mack, S.A., Culmone, H.D., Hosey, A.M., Dunn, S.E. and Kaslow, N.J., 2018. Relational factors critical in the link between childhood emotional abuse and suicidal ideation. *Psychological services*, 15(3), p.298.
- Askew, R., 2016. Functional fun: Legitimising adult recreational drug use. *International Journal of Drug Policy*, 36, pp.112-119.
- Bachman, J.G., Wadsworth, K.N., O'Malley, P.M., Johnston, L.D. and Schulenberg, J.E., 2013. *Smoking, drinking, and drug use in young adulthood: The impacts of new freedoms and new responsibilities*. Psychology Press.
- Banitt, S.P., 2018. *Wisdom, Attachment, and Love in Trauma Therapy: Beyond Evidence-Based Practice*. Routledge.
- BBC News, 2020. The Drugs Being Used At UK Festivals. [online] BBC News. Available at: <<https://www.bbc.com/news/uk-44482290>> [Accessed 27 March 2020].
- BBC News. 2019. Class A Drug Use 'At Record Levels'. [Online] Available at: <<https://www.bbc.com/news/newsbeat-49766047>> [Accessed 27 March 2020].

- Bengtsson, M., 2016. How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, 2, pp.8-14.
- Bentovim, A., 2018. *Trauma-organized systems: Physical and sexual abuse in families*. Routledge.
- Berger, R., Quiros, L. and Benavidez-Hatzis, J.R., 2018. The intersection of identities in supervision for trauma-informed practice: Challenges and strategies. *The Clinical Supervisor*, 37(1), pp.122-141.
- Brockie, T.N., Dana-Sacco, G., Wallen, G.R., Wilcox, H.C. and Campbell, J.C., 2015. The relationship of adverse childhood experiences to PTSD, depression, poly-drug use and suicide attempt in reservation-based Native American adolescents and young adults. *American journal of community psychology*, 55(3-4), pp.411-421.
- Brown, S.M. and Shillington, A.M., 2017. Childhood adversity and the risk of substance use and delinquency: The role of protective adult relationships. *Child Abuse & Neglect*, 63, pp.211-221.
- Brown, V.B., Harris, M. and Fallot, R., 2013. Moving toward trauma-informed practice in addiction treatment: A collaborative model of agency assessment. *Journal of Psychoactive Drugs*, 45(5), pp.386-393.
- Bryant-Davis, T., Adams, T., Alejandre, A. and Gray, A.A., 2017. The trauma lens of police violence against racial and ethnic minorities. *Journal of Social Issues*, 73(4), pp.852-871.
- Camilo, C., Garrido, M.V. and Calheiros, M.M., 2016. Implicit measures of child abuse and neglect: A systematic review. *Aggression and violent behavior*, 29, pp.43-54.

- Campbell, J.A., Walker, R.J. and Egede, L.E., 2016. Associations between adverse childhood experiences, high-risk behaviors, and morbidity in adulthood. *American journal of preventive medicine*, 50(3), pp.344-352.
- Carpenter, C.S., McClellan, C.B. and Rees, D.I., 2017. Economic conditions, illicit drug use, and substance use disorders in the United States. *Journal of Health Economics*, 52, pp.63-73.
- Cecil, C.A., Viding, E., Fearon, P., Glaser, D. and McCrory, E.J., 2017. Disentangling the mental health impact of childhood abuse and neglect. *Child Abuse & Neglect*, 63, pp.106-119.
- Chamberlayne, P. and Smith, M. eds., 2019. *Art, Creativity and Imagination in Social Work Practices*. Routledge.
- Chung, M.C., Shakra, M., AlQarni, N., AlMazrouei, M., Al Mazrouei, S. and Al Hashimi, S., 2018. Posttraumatic stress among Syrian refugees: trauma exposure characteristics, trauma centrality, and emotional suppression. *Psychiatry*, 81(1), pp.54-70.
- Clarke, R.J., Clarke, E.A., Roe-Sepowitz, D. and Fey, R., 2012. Age at entry into prostitution: Relationship to drug use, race, suicide, education level, childhood abuse, and family experiences. *Journal of Human Behavior in the Social Environment*, 22(3), pp.270-289.
- Cohen, D., 2017. *How the child's mind develops*. Routledge.
- Cohen, J.A., Deblinger, E. and Mannarino, A.P., 2018. Trauma-focused cognitive behavioral therapy for children and families. *Psychotherapy Research*, 28(1), pp.47-57.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liataud, J. and Mallah, K., 2017. Complex trauma in children and adolescents. *Psychiatric annals*, 35(5), pp.390-398.

- Cormack, C. and Carr, A., 2013. 7 Drug abuse. *What Works with Children and Adolescents?: A Critical Review of Psychological Interventions with Children, Adolescents and their Families*, p.155.
- Corrigan, F. and Hull, A.M., 2018. The emerging psychological trauma paradigm: An overview of the challenge to current models of mental disorder and their treatment. *International Journal of Cognitive Analytic Therapy and Relational Mental Health*, 2, pp.121-146.
- Cotto, J.H., Davis, E., Dowling, G.J., Elcano, J.C., Staton, A.B. and Weiss, S.R., 2010. Gender effects on drug use, abuse, and dependence: a special analysis of results from the National Survey on Drug Use and Health. *Gender medicine*, 7(5), pp.402-413.
- Craig, J.M., Piquero, A.R., Farrington, D.P. and Ttofi, M.M., 2017. A little early risk goes a long bad way: Adverse childhood experiences and life-course offending in the Cambridge study. *Journal of Criminal Justice*, 53, pp.34-45.
- Crews, F.T., Walter, T.J., Coleman, L.G. and Vetreno, R.P., 2017. Toll-like receptor signaling and stages of addiction. *Psychopharmacology*, 234(9-10), pp.1483-1498.
- Cservenka, A., 2016. Neurobiological phenotypes associated with a family history of alcoholism. *Drug and alcohol dependence*, 158, pp.8-21.
- Cutuli, J.J., Alderfer, M.A. and Marsac, M.L., 2019. Introduction to the special issue: Trauma-informed care for children and families. *Psychological services*, 16(1), p.1.
- Davenport, S. and Pardo, B., 2016. The Dangerous Drugs Act amendment in Jamaica: Reviewing goals, implementation, and challenges. *International Journal of Drug Policy*, 37, pp.60-69.
- Degenhardt, L., Peacock, A., Colledge, S., Leung, J., Grebely, J., Vickerman, P., Stone, J., Cunningham, E.B., Trickey, A., Dumchev, K. and Lynskey, M., 2017. Global prevalence

- of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review. *The Lancet Global Health*, 5(12), pp.e1192-e1207.
- Donisch, K., Bray, C. and Gewirtz, A., 2016. Child welfare, juvenile justice, mental health, and education providers' conceptualizations of trauma-informed practice. *Child maltreatment*, 21(2), pp.125-134.
- Duffell, N. and Basset, T., 2016. *Trauma, Abandonment and Privilege: A guide to therapeutic work with boarding school survivors*. Routledge.
- Epstein, C., Hahn, H., Berkowitz, S. and Marans, S., 2017. The child and family traumatic stress intervention. In *Evidence-Based Treatments for Trauma Related Disorders in Children and Adolescents* (pp. 145-166). Springer, Cham.
- Erickson, C.K., 2018. *The science of addiction: From neurobiology to treatment*. WW Norton & Company.
- Garner, A.S., Shonkoff, J.P., Siegel, B.S., Dobbins, M.I., Earls, M.F., McGuinn, L., Pascoe, J., Wood, D.L., Committee on Psychosocial Aspects of Child and Family Health and Committee on Early Childhood, Adoption, and Dependent Care, 2012. Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. *Pediatrics*, 129(1), pp.e224-e231.
- Goodman, L.A., Sullivan, C.M., Serrata, J., Perilla, J., Wilson, J.M., Fauci, J.E. and DiGiovanni, C.D., 2016. development and validation of the trauma-informed practice scales. *Journal of Community Psychology*, 44(6), pp.747-764.
- Gov.uk, 2020. *Welcome To GOV.UK*. [online] Gov.uk. Available at: <<https://www.gov.uk/>> [Accessed 27 March 2020].

- Greco, A.M., Dave, D.M. and Saffer, H., 2019. Mandatory access prescription drug monitoring programs and prescription drug abuse. *Journal of Policy Analysis and Management*, 38(1), pp.181-209.
- Griffin, K.W., Lowe, S.R., Botvin, C. and Acevedo, B.P., 2019. Patterns of adolescent tobacco and alcohol use as predictors of illicit and prescription drug abuse in minority young adults. *Journal of prevention & intervention in the community*, 47(3), pp.228-242.
- Grohmann, A., Kouwenberg, R. and Menkhoff, L., 2015. Childhood roots of financial literacy. *Journal of Economic Psychology*, 51, pp.114-133.
- Haas, L., 2018. *Trauma-Informed Practice: The Impact of Professional Development on School Staff*. University of St. Francis.
- Hanson, K.L., Medina, K.L., Padula, C.B., Tapert, S.F. and Brown, S.A., 2011. Impact of adolescent alcohol and drug use on neuropsychological functioning in young adulthood: 10-year outcomes. *Journal of child & adolescent substance abuse*, 20(2), pp.135-154.
- Harley, M., Kelleher, I., Clarke, M., Lynch, F., Arseneault, L., Connor, D., Fitzpatrick, C. and Cannon, M., 2010. Cannabis use and childhood trauma interact additively to increase the risk of psychotic symptoms in adolescence. *Psychological medicine*, 40(10), pp.1627-1634.
- Hartling, L.M. and Lindner, E.G., 2016. Healing humiliation: From reaction to creative action. *Journal of Counseling & Development*, 94(4), pp.383-390.
- Higgins, D.J., Kaufman, K. and Erooga, M., 2016. How can child welfare and youth-serving organisations keep children safe?. *Developing Practice: The Child, Youth and Family Work Journal*, (44), p.48.

- Hobkirk, A.L., Bell, R.P., Utevsky, A.V., Huettel, S. and Meade, C.S., 2019. Reward and executive control network resting-state functional connectivity is associated with impulsivity during reward-based decision making for cocaine users. *Drug and alcohol dependence, 194*, pp.32-39.
- Hogan, C.M., Weaver, N.L., Cioni, C., Fry, J., Hamilton, A. and Thompson, S., 2018. Parental perceptions, risks, and incidence of pediatric unintentional injuries. *Journal of emergency nursing, 44*(3), pp.267-273.
- Humensky, J.L., 2010. Are adolescents with high socioeconomic status more likely to engage in alcohol and illicit drug use in early adulthood?. *Substance abuse treatment, prevention, and policy, 5*(1), p.19.
- Iwamoto, D.K. and Smiler, A.P., 2013. Alcohol makes you macho and helps you make friends: The role of masculine norms and peer pressure in adolescent boys' and girls' alcohol use. *Substance use & misuse, 48*(5), pp.371-378.
- Izaguirre, A. and Cater, Å., 2018. Child witnesses to intimate partner violence: Their descriptions of talking to people about the violence. *Journal of interpersonal violence, 33*(24), pp.3711-3731.
- Karson, M. and Sparks, E., 2013. *Patterns of child abuse: How dysfunctional transactions are replicated in individuals, families, and the child welfare system*. Routledge.
- Kiesel, L.R., Piescher, K.N. and Edleson, J.L., 2016. The relationship between child maltreatment, intimate partner violence exposure, and academic performance. *Journal of Public Child Welfare, 10*(4), pp.434-456.

- Kim, S.J., Marsch, L.A., Hancock, J.T. and Das, A.K., 2017. Scaling up research on drug abuse and addiction through social media big data. *Journal of medical Internet research*, 19(10), p.e353.
- Kirsch, D., Nemeroff, C.M. and Lippard, E.T., 2020. Early life stress and substance use disorders: underlying neurobiology and pathways to adverse outcomes. *Adversity and Resilience Science*, pp.1-19.
- Kitta, M., Gouva, M., Hadjigeorgiou, G., George, K. and Bonotis, K., 2016. Childhood Trauma and Adult Distress Symptoms. *J Trauma Stress Disor Treat* 5, 3, p.2.
- Knight, C., 2015. Trauma-informed social work practice: Practice considerations and challenges. *Clinical Social Work Journal*, 43(1), pp.25-37.
- Kong, G., Morean, M.E., Cavallo, D.A., Camenga, D.R. and Krishnan-Sarin, S., 2015. Reasons for electronic cigarette experimentation and discontinuation among adolescents and young adults. *Nicotine & tobacco research*, 17(7), pp.847-854.
- Krüger, C. and Fletcher, L., 2017. Predicting a dissociative disorder from type of childhood maltreatment and abuser–abused relational tie. *Journal of Trauma & Dissociation*, 18(3), pp.356-372.
- Larkin, H., Felitti, V.J. and Anda, R.F., 2014. Social work and adverse childhood experiences research: Implications for practice and health policy. *Social work in public health*, 29(1), pp.1-16.
- Llabre, M.M., Schneiderman, N., Gallo, L.C., Arguelles, W., Daviglius, M.L. and Gonzalez, F., 2017. Childhood trauma and adult risk factors and disease in Hispanics/Latinos in the US: Results from the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) Sociocultural Ancillary Study. *Psychosomatic medicine*, 79(2), p.172.

- Lucero, N.M. and Bussey, M., 2012. A collaborative and trauma-informed practice model for urban Indian child welfare. *Child Welfare*, 91(3), p.89.
- Mandavia, A., Robinson, G.G., Bradley, B., Ressler, K.J. and Powers, A., 2016. Exposure to childhood abuse and later substance use: Indirect effects of emotion dysregulation and exposure to trauma. *Journal of Traumatic Stress*, 29(5), pp.422-429.
- Marshall, M., Shannon, C., Meenagh, C., Mc Corry, N. and Mulholland, C., 2018. The association between childhood trauma, parental bonding and depressive symptoms and interpersonal functioning in depression and bipolar disorder. *Irish journal of psychological medicine*, 35(1), pp.23-32.
- Martin, L., Viljoen, M., Kidd, M. and Seedat, S., 2014. Are childhood trauma exposures predictive of anxiety sensitivity in school attending youth?. *Journal of affective disorders*, 168, pp.5-12.
- Mayo Clinic. 2017. Drug Addiction (Substance Use Disorder) - Symptoms And Causes. [online] Available at: <<https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>> [Accessed 27 March 2020].
- McElvaney, R. and Tatlow-Golden, M., 2016. A traumatised and traumatising system: Professionals' experiences in meeting the mental health needs of young people in the care and youth justice systems in Ireland. *Children and Youth Services Review*, 65, pp.62-69.
- McQueen, D., Itzin, C., Kennedy, R., Sinason, V. and Maxted, F. eds., 2018. *Psychoanalytic psychotherapy after child abuse: The treatment of adults and children who have experienced sexual abuse, violence, and neglect in childhood*. Routledge.
- Mergler, M., Driessen, M., Havemann-Reinecke, U., Wedekind, D., Lüdecke, C., Ohlmeier, M., Chodzinski, C., Teunißen, S., Weirich, S., Kemper, U. and Renner, W., 2018. Differential

- relationships of PTSD and childhood trauma with the course of substance use disorders. *Journal of substance abuse treatment*, 93, pp.57-63.
- Merrick, M.T., Ports, K.A., Ford, D.C., Afifi, T.O., Gershoff, E.T. and Grogan-Kaylor, A., 2017. Unpacking the impact of adverse childhood experiences on adult mental health. *Child abuse & neglect*, 69, pp.10-19.
- Miller, S., 2019. What Doesn't Kill You Still Hurts: Trauma and Post-Traumatic Stress Disorder in Modern Young Adult Literature.
- Milteer, R.M., Ginsburg, K.R. and Mulligan, D.A., 2012. The importance of play in promoting healthy child development and maintaining strong parent-child bond: Focus on children in poverty. *Pediatrics*, 129(1), pp.e204-e213.
- Moffitt, T.E., 2013. Childhood exposure to violence and lifelong health: Clinical intervention science and stress-biology research join forces. *Development and Psychopathology*, 25(4pt2), pp.1619-1634.
- Mojtabai, R., Olfson, M. and Han, B., 2016. National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics*, 138(6), p.e20161878.
- Morgan, A., Pendergast, D., Brown, R. and Heck, D., 2015. Relational ways of being an educator: Trauma-informed practice supporting disenfranchised young people. *International Journal of Inclusive Education*, 19(10), pp.1037-1051.
- Morrall, P., Worton, K. and Antony, D., 2020. Why is murder fascinating and why does it matter to mental health professionals?. *Mental Health Practice*, 23(1).
- Motta, R., 2020. Secondary trauma in children and school personnel. In *Addressing Multicultural Needs in School Guidance and Counseling* (pp. 65-81). IGI Global.

- Müller, C.P., 2018. Animal models of psychoactive drug use and addiction—present problems and future needs for translational approaches. *Behavioural brain research*, 352, pp.109-115.
- Neelakantan, L., Hetrick, S. and Michelson, D., 2018. Users' experiences of trauma-focused cognitive behavioural therapy for children and adolescents: a systematic review and metasynthesis of qualitative research. *European child & adolescent psychiatry*, pp.1-21.
- Nurius, P.S., Green, S., Logan-Greene, P. and Borja, S., 2015. Life course pathways of adverse childhood experiences toward adult psychological well-being: A stress process analysis. *Child abuse & neglect*, 45, pp.143-153.
- Ogden, T. and Hagen, K.A., 2018. *Adolescent mental health: Prevention and intervention*. Routledge.
- Oliver, B. and Abel, N., 2017. Special populations of children and adolescents who have significant needs. *Counseling children and adolescents: Working in school and clinical mental health settings*, pp.371-407.
- Oshri, A., Carlson, M.W., Kwon, J.A., Zeichner, A. and Wickrama, K.K., 2017. Developmental growth trajectories of self-esteem in adolescence: associations with child neglect and drug use and abuse in young adulthood. *Journal of youth and adolescence*, 46(1), pp.151-164.
- Petrova, H.A., Zavarzina, O.O., Kytianova, I.P. and Kozyakov, R.V., 2015. Social and personal factors of stable remission for people with drug addictions. *Psychology in Russia*, 8(4), p.126.
- Pilatti, A., Caneto, F., Garimaldi, J.A., Vera, B.D.V. and Pautassi, R.M., 2014. Contribution of time of drinking onset and family history of alcohol problems in alcohol and drug use behaviors in Argentinean college students. *Alcohol and alcoholism*, 49(2), pp.128-137.

- Piotrowska, P.J., Tully, L.A., Lenroot, R., Kimonis, E., Hawes, D., Moul, C., Frick, P.J., Anderson, V. and Dadds, M.R., 2017. Mothers, fathers, and parental systems: A conceptual model of parental engagement in programmes for child mental health—Connect, Attend, Participate, Enact (CAPE). *Clinical Child and Family Psychology Review*, 20(2), pp.146-161.
- Platt, L., Minozzi, S., Reed, J., Vickerman, P., Hagan, H., French, C., Jordan, A., Degenhardt, L., Hope, V., Hutchinson, S. and Maher, L., 2017. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. *Cochrane Database of Systematic Reviews*, (9).
- Porche, M.V., Fortuna, L.R., Lin, J. and Alegria, M., 2011. Childhood trauma and psychiatric disorders as correlates of school dropout in a national sample of young adults. *Child development*, 82(3), pp.982-998.
- Pourallahvirdi, M., Rahmani, F., Ranjbar, F., Ebrahimi Bakhtavar, H. and Ettehad, A., 2016. Major causes of drug abuse from the viewpoint of addicted persons referred to addiction treatment centers of Tabriz city, Iran. *Archives of Neuroscience*, 3(3).
- Powers, A., Fani, N., Cross, D., Ressler, K.J. and Bradley, B., 2016. Childhood trauma, PTSD, and psychosis: findings from a highly traumatized, minority sample. *Child abuse & neglect*, 58, pp.111-118.
- Quinn, K., Boone, L., Scheidell, J.D., Mateu-Gelabert, P., McGorray, S.P., Beharie, N., Cottler, L.B. and Khan, M.R., 2016. The relationships of childhood trauma and adulthood prescription pain reliever misuse and injection drug use. *Drug and alcohol dependence*, 169, pp.190-198.

- Ramo, D.E., Grov, C., Delucchi, K., Kelly, B.C. and Parsons, J.T., 2010. Typology of club drug use among young adults recruited using time–space sampling. *Drug and alcohol dependence*, 107(2-3), pp.119-127..
- Redonnet, B., Chollet, A., Fombonne, E., Bowes, L. and Melchior, M., 2012. Tobacco, alcohol, cannabis and other illegal drug use among young adults: the socioeconomic context. *Drug and alcohol dependence*, 121(3), pp.231-239.
- Reuben, A., Moffitt, T.E., Caspi, A., Belsky, D.W., Harrington, H., Schroeder, F., Hogan, S., Ramrakha, S., Poulton, R. and Danese, A., 2016. Lest we forget: comparing retrospective and prospective assessments of adverse childhood experiences in the prediction of adult health. *Journal of Child Psychology and Psychiatry*, 57(10), pp.1103-1112.
- Richardson, G.A., Larkby, C., Goldschmidt, L. and Day, N.L., 2013. Adolescent initiation of drug use: effects of prenatal cocaine exposure. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(1), pp.37-46.
- Rosen, A.L., Handley, E.D., Cicchetti, D. and Rogosch, F.A., 2018. The impact of patterns of trauma exposure among low income children with and without histories of child maltreatment. *Child abuse & neglect*, 80, pp.301-311.
- Runyon, M.K., Risch, E. and Deblinger, E., 2019. Trauma-focused cognitive behavioral therapy: An evidence-based approach for helping children overcome the impact of child abuse and trauma.
- Sobkin, V.S., Veraksa, A.N., Yakupova, V.A., Bukhalenkova, D.A., Fedotova, A.V. and Khalutina, U.A., 2016. The connection of socio-demographic factors and child-parent relationships to the psychological aspects of children's development. *Psychology in Russia*, 9(4), p.59.

- Svingen, L., Dykstra, R.E., Simpson, J.L., Jaffe, A.E., Bevins, R.A., Carlo, G., DiLillo, D. and Grant, K.M., 2016. Associations between family history of substance use, childhood trauma, and age of first drug use in persons with methamphetamine dependence. *Journal of addiction medicine*, 10(4), pp.269-273.
- Szilagyi, M., Kerker, B.D., Storfer-Isser, A., Stein, R.E., Garner, A., O'Connor, K.G., Hoagwood, K.E. and Horwitz, S.M., 2016. Factors associated with whether pediatricians inquire about parents' adverse childhood experiences. *Academic pediatrics*, 16(7), pp.668-675.
- Tang, Y.Y., Tang, R. and Posner, M.I., 2016. Mindfulness meditation improves emotion regulation and reduces drug abuse. *Drug and Alcohol Dependence*, 163, pp.S13-S18.
- Taplin, C., Saddichha, S., Li, K. and Krausz, M.R., 2014. Family history of alcohol and drug abuse, childhood trauma, and age of first drug injection. *Substance use & misuse*, 49(10), pp.1311-1316.
- Tashjian, S.M., Goldfarb, D., Goodman, G.S., Quas, J.A. and Edelstein, R., 2016. Delay in disclosure of non-parental child sexual abuse in the context of emotional and physical maltreatment: A pilot study. *Child Abuse & Neglect*, 58, pp.149-159.
- Teese, R., 2018. *Reckless Behaviour in Emerging Adulthood: A Psychosocial Approach*.
- Thompson, E. and Kaufman, J., 2019. *Prevention, Intervention, and Policy Strategies to Reduce the Individual and Societal Costs Associated with Adverse Childhood Experiences (ACEs) for Children in Baltimore City*.
- Turner, H.A., Mitchell, K.J., Jones, L. and Shattuck, A., 2017. Assessing the impact of harassment by peers: Incident characteristics and outcomes in a national sample of youth. *Journal of school violence*, 16(1), pp.1-24.

- Valles, N.L., Harris, T.B. and Sargent, J., 2019. Mental Health Issues: Child Physical Abuse, Neglect, and Emotional Abuse. In *A Practical Guide to the Evaluation of Child Physical Abuse and Neglect* (pp. 517-543). Springer, Cham.
- Van der Kolk, B.A., 2017. Developmental trauma disorder: toward a rational diagnosis for children with complex trauma histories. *Psychiatric annals*, 35(5), pp.401-408.
- Venta, A., Velez, L. and Lau, J., 2016. The role of parental depressive symptoms in predicting dysfunctional discipline among parents at high-risk for child maltreatment. *Journal of child and family studies*, 25(10), pp.3076-3082.
- Verdejo-Garcia, A., Chong, T.T.J., Stout, J.C., Yücel, M. and London, E.D., 2018. Stages of dysfunctional decision-making in addiction. *Pharmacology Biochemistry and Behavior*, 164, pp.99-105.
- Vergara, V.M., Weiland, B.J., Hutchison, K.E. and Calhoun, V.D., 2018. The impact of combinations of alcohol, nicotine, and cannabis on dynamic brain connectivity. *Neuropsychopharmacology*, 43(4), pp.877-890.
- Vogt, R., 2019. *The Traumatized Memory—Protection and Resistance: How traumatic stress encrypts itself in the body, behaviour and soul and how to detect it*. Lehmanns Media.
- Wang, C.Y., Zhang, K. and Zhang, M., 2017. Dysfunctional attitudes, learned helplessness, and coping styles among men with substance use disorders. *Social Behavior and Personality: an international journal*, 45(2), pp.269-280.
- Wekerle, C., Wolfe, D.A., Cohen, J.A., Bromberg, D.S. and Murray, L., 2018. *Childhood maltreatment* (Vol. 4). Hogrefe Publishing.
- Wilens, T.E., Martelon, M., Joshi, G., Bateman, C., Fried, R., Petty, C. and Biederman, J., 2011. Does ADHD predict substance-use disorders? A 10-year follow-up study of young adults

- with ADHD. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(6), pp.543-553.
- Williams, K.L., 2019. Origins and Evolution of Drug Regulation. In *Endotoxin Detection and Control in Pharma, Limulus, and Mammalian Systems* (pp. 17-52). Springer, Cham.
- Wilson, J.M., Fauci, J.E. and Goodman, L.A., 2015. Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches. *American Journal of Orthopsychiatry*, 85(6), p.586.
- Wu, N.S., Schairer, L.C., Dellor, E. and Grella, C., 2010. Childhood trauma and health outcomes in adults with comorbid substance abuse and mental health disorders. *Addictive behaviors*, 35(1), pp.68-71.
- Wu, Q. and Slesnick, N., 2019. Interruption of dysfunctional mother–child reciprocal influences associated with family therapy. *Journal of Family Psychology*.
- Yang, X. and Xia, G., 2019. Causes and Consequences of Drug Abuse: A Comparison Between Synthetic Drug and Heroin Users in Urban China. *AIDS Education and Prevention*, 31(1), pp.1-16.
- Zaykowski, H., 2019. Victim consciousness among youth and their responses to violent encounters. *Journal of interpersonal violence*, 34(3), pp.516-544.