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Influence of Early Childhood Trauma and Adverse Experiences on Development of Addiction in Adulthood; A retrospective Study

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بِسْـــمِ

﴿ إِنَّمَا يُرِيدُ الشَّيْطَانُ أَنْ يُوقِعَ بَيْنَكُمُ الْعَدَاوَةَ وَالْبَغْضَاءَ فِي الْخَمْرِ وَالْمَيْسِرِ وَيَصُدَّكُمْ عَنْ ذِكْرِ اللَّهِ وَعَنِ الصَّلَاةِ فَهَلْ أَنْتُمْ مُنْتَهُونَ ﴾

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I certify that this thesis which is titled **(Influence of Early Childhood Trauma and Adverse Experiences on Development of Addiction in Adulthood; A retrospective Study)** was prepared under my supervision at the College of Nursing / University of Kerbala in partial fulfillment of the requirements for the Master's Degree of Science in Nursing.

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Dedication

To..

- My love and respect for all the martyrs, especially the martyrs of Holy Popular Mobilization Forces.
- The sun that nourishes my life planet with his wisdom rays... My father.
- The spring of my soul... My mother gives me support and courage with all my love and respect.
- My love and thanks to my wife for encouraging me in my research work.
- My sisters and brothers, with all my love and my respect.

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Abstract

Background: Addiction is a phenomena that affect people in different age groups worldwide. There are many factors that affect its prevalence. Scientists suggested that there is a link between childhood trauma, adverse childhood experiences and addiction. This study was conducted to identify the influence of early childhood trauma and adverse experiences on developing addiction in adulthood.

Methods: A retrospective (descriptive) design was used in the present study to determine early childhood trauma and adverse experiences that influence on developing addiction in adulthood, The study was conducted over a specific timeframe, from September 26th, 2023, to July 3th, 2024. The study utilized a questionnaire comprising four sections: First to gather sociodemographic data of addict patients; Second, Early Childhood Trauma Questionnaire Short Forma (CTQ-SF); Third section, adverse Childhood experiences (ACEs) Questionnaire and four section a Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD). Reliability of questionnaire for; childhood trauma (r = 0.925), adverse childhood trauma (r = 0.793), and alcohol and drugs screen (r = 0.890). Convenient sampling was employed, involving 142 addict patients admitted to psychiatric unit or visiting psychiatric consultation. Data analysis encompassed descriptive and inferential statistics.

Results: The results revealed that the exposure to early childhood trauma and adverse childhood experience have a significant influence on addiction in adults later, and there is a significant difference in severity of addiction with regard to level of education.

Conclusions: Developing of addiction in adulthood has increased by increasing early childhood trauma and adverse experiences.

Recommendations: Increasing awareness programs on television about the risks of early childhood trauma, adverse experiences and its influence on developing of negative behaviors like addiction.

Table of Contents

List of Tables

List of abbreviation

Symbols	Meaning
ACEs	Adverse Childhood Experiences
APA	American Psychiatric Association
ASD	Acute Stress Disorder
ATS	Amphetamine-Type Stimulants
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Center for Disease Control and Prevention
CT	Childhood Trauma
CTQ-SF	Childhood Trauma Questionnaire- Short Form
CTT	Contemporary trauma theory
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

ELS	Early Life Stress
FQHC	Federally Qualified Health Center
HMS	Health Morbidity Scale
HRQoL	Health-Related Quality of Life
INHSAD	The Iraq National Household Survey on Alcohol and Drug Use
MENA	Middle East and North Africa
MHD	Mental Health Disorders
NESARC	National Epidemiologic Survey on Alcohol and Related Conditions
NSF	National Science Foundation
PAS	Psychoactive Substances
PTSD	Post-Traumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SBHCs	School-based health centers
SES	Socioeconomic Status
SPSS	Statistical Package for Social Science Program
SSI-AOD	Simple Screening Instrument for Alcohol and Other Drugs
SUDs	Substance Use Disorders
THC	Tetrahydrocannabinol
TIC	Trauma Informed Care
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

List of figures

List of Appendices

Appendices	Title
Appendix A	Scientific Research Ethics Form
Appendix B	Administrative Arrangements
Appendix B1	
Appendix B2	
Appendix C	Study Instrument- Arabic Version
Appendix D	Panel of Experts
Appendix E	Statistician' opinion
Appendix F	Linguistic opinion

Symbol Table

Symbol	Meaning
Ass	**Assessment**
A	Cronbach Alpha
Df	Degree of freedom
F	Frequency
F	F-statistic
H. S	High significant
M	Mean
N. S	Not significant
%	Percentage
P	Probability value
r	Reliability
Sig	Significance
S. D	Standard Deviation

Chapter one

Introduction

Chapter One

Introduction

1.1.Introduction:

Addiction is a persistent and recurrent neurological condition marked by an uncontrollable desire to seek and consume drugs, regardless of the negative outcomes it can result in (Volkow et al., 2014 and Felitti et al., 2019).

Drug addiction, also known as substance dependency, is a chronically relapsing state that consists of compulsion to use, lack of control over intake, and unpleasant emotional state (e.g., dysphoria, anxiety, irritability) (Bogetić et al., 2023).

Substance usage exhibits a substantial influence on worldwide health, leading to the development of substance use disorders and a variety of adverse consequences, including unintentional harm, chronic illnesses, and suicide (Grummitt et al., 2022)

Adolescent substance misuse is a substantial worldwide issue. It is linked to an increased risk of several documented outcomes, such as mental illness, impaired relationships with peers, a higher likelihood of suicide, disturbed learning, and higher unemployment rates (Salih et al., 2021).

The Iraq National Household Survey on Alcohol and Drug Use (INHSAD) discovered that tobacco, alcohol, nonmedical prescription drug use, and illegal drug use were 28.8%, 8.1%, 2.9%, and 0.7%, respectively, in Iraq (including the Kurdistan Region) (Pilkington et al., 2021 and Mahmood et al., 2019).

Research conducted in Iran revealed that a substantial number of young adults reported engaging in substance intake. Research has indicated that high school students in Iran frequently engage in the consumption of cigarettes, alcohol, and drugs (Qasem et al., 2022).

Worldwide, the number of people who use alcohol is close to 2 billion, while the number of people who smoke is 1.3 billion. Approximately 185 million individuals worldwide are engaged in the consumption of illicit substances, as reported by the World Health Organization (WHO) (Al-Hinaai et al., 2021 and Moustafa et al., 2021).

According to New York research, approximately ninety percent of women who use substances are in their reproductive years, and 212,000 pregnancies involve illegal drugs, 370,000 alcohol, and 606,000 tobacco (Kim et al., 2017).

Early childhood trauma occurs when a young kid is exposed to harmful or hazardous situations, such as abuse, neglect, parental substance misuse, or parental separation. These occurrences generate extreme emotions such as terror, dread, and helplessness that exceeds ordinary emotional reactions (Bartlett et al., 2017).

Childhood Trauma (CT) is a type of Early Life Stress (ELS) caused by a traumatic event that harms somebody's physical health, life, or others, creating intense feelings of horror, terror, or helplessness. Examples include physical and sexual abuse, medical trauma, accidents, acts of terrorism, war experiences, natural disasters, man-made disasters, and witnessing suicides or homicides (Agorastos et al., 2019).

Stressors include significant negative life events, such as childhood abuse, the death of a loved one, parental divorce, and conflicts. However, they may also result from everyday psychological or social situations, such as managing difficult relationships, living in a poor community, and experiencing societal discrimination (Buss et al., 2015).

Adverse Childhood Experiences (ACEs) often makes use of a cumulative measure that takes into account all of the ACEs. Some examples of ACEs include physical and emotional abuse, sexual abuse, neglect, and both types of abuse. Other examples include exposure to maternal violence, parental divorce or separation, parental imprisonment, a family member with

substance abuse issues, or a family member with mental illness (Merrick et al., 2017).

The correlation between childhood trauma and adult depression has been the subject of research. These studies have shown that exposure to different types of violence in childhood can cause developmental delays, neurological impairments, and emotional and behavioural problems that can show develop later in life (Al Shawi et al., 2019).

Moreover, it is typical for many unfavourable risk factors to be present in numerous cases, like as poverty, parental absence, parental mental illness, and drug addiction. This results in a complex environment with multiple persistent causes of long-term stress. The severity of physical and psychological consequences may also be associated with the number of early life stress or childhood trauma (Agorastos et al., 2019).

Adolescence is a crucial phase in human development, where being exposed to substances greatly increases the probability of developing substance use disorders (SUDs). Individuals confirmed with SUDs who have encountered early life stressors are more likely to have shorter periods of abstinence, experience more frequent relapses, and show lower treatment adherence compared to SUD patients without a history of early life stress (Kirsch et al., 2022).

The Center for Disease Control and Prevention (CDC) employs Adverse Childhood Experiences (ACEs) as a method for evaluating potential traumatic events that may have an ongoing impact on an individual's health and general well-being. According to the CDC, ACEs have been linked to high-risk health behaviours, chronic health issues, restricted life opportunities, and early death (Evers et al., 2018).

Furthermore, the psychological concerns that are associated with ACEs can cause individuals to experience a decrease in their self-esteem and a desire to engage in behaviours that bring immediate relief at the expense of their long-term safety and health (Bellis et al., 2016).

Heavy and binge drinking, as well as other forms of excessive alcohol use, have serious social and health consequences. For men, heavy drinking is defined as fifteen or more alcoholic beverages consumed weekly, whereas for women, it is eight or more (Fang et al., 2017).

There is a correlation between the use of drugs and an increased risk of poor health outcomes, such as anxiety, depression, participating in sexual activity without protection, and contracting sexually transmitted illnesses. This, in consequently, can lead to a higher mortality rate among individuals who use drugs (Li et al., 2023).

Research done in Florida shows a strong correlation between CT or ACE and the onset of SUDs in later life. Those who experienced of ACEs are more likely to experience problems like addiction to substances, according to the World Health Organization (Aynsley et al., 2019 and Goodman, 2017).

Studies conducted in colombia have concentrated on the connection between traumatic events and the use of drugs by adolescents, with a particular emphasis on the association between childhood abuse and problems within the family (Carliner et al., 2016).

Increased risk of SUDs is associated with ELS for a variety of drugs, including alcoholic beverages, cannabis, nicotine, opioids, cocaine, and nicotine (Kirsch et al., 2022).

1.2. Importance of the Study:

Substance addiction is a worldwide health concern because of the increasing mortality and morbidity linked to the consumption of illegal substances (Al-Matrouk et al., 2020).

Since 2009, there has been a notable rise in alcohol and substance use, both legal and illegal, among adolescents in Iraq, particularly in the Kurdistan Region. Data from the Iraqi Community Epidemiology Work Group indicates a significant increase in smoking and alcohol consumption over the past decade (Mahmood et al., 2019).

Substance misuse among Iraq's adolescents is increased, according to Iraqi community epidemiology committee found that drug usage, including prescription medications, alcohol, and illicit substances, has been on the rise, particularly among the younger generation (Salih et al., 2021).

Worldwide, nearly half of all children (around 48 percent) have experienced a form of trauma in children. This number rises to nearly 35 million children in the US only. A larger risk is also associated with younger children than with adults (Bartlett et al., 2017).

Most people experience or witness trauma in childhood, according to a report from the Substance Abuse and Mental Health Services Administration (SAMHSA, 2011). Sixty percent of adults report experiencing child abuse or other difficult family situations, and 26 percent of American children will witness or experience a traumatic event (National Center for Mental Health Promotion and Youth Violence Prevention, 2012).

There is a correlation between exposure to ACEs and an increased risk of death from seven of the top ten leading causes of death in the United States, as well as with health-risk behaviours such as substance use, physical inactivity, and high-risk sexual behaviours (Bryan, 2019).

Different research has reported on the prevalence of childhood trauma in people who suffer from alcohol or drug dependence. It was shown that over 60% of those struggling with drug misuse had been exposed to physical or sexual abuse as children (Moustafa et al., 2021).

Resilience and coping skills are therapeutic elements that reduce the impact of childhood trauma on substance use disorders in adulthood, according to research (Goodman, 2017).

The involvement of mental health organisations, community support groups, and counsellors in the lives of child abusers improves the relationship between the parent and the kid, which in turn leads to a reduction in the amount of stress experienced by the family (Evans et al., 2017).

This study is an attempt to full the knowledge gap about early childhood trauma and adverse experiences on developing addiction in adulthood, this study can help to detect early trauma and adverse experiences and provide interventions help patients to identify early trauma and adverse experiences lead to addiction.

1.3. Problem Statement:

A major public health concern is the high rate of adult addiction, which affects not just the individuals but also their families and communities. Drug and alcohol use increase in the Arab world recently, contributing to factors such as the rise of violent crime in the Gulf Arab nations. The use of addictive substances has been on the rise throughout the Arab world, particularly in Gulf Arab countries (Hamza et al., 2022).

Trauma exposure raises the likelihood of drug misuse, incarceration, and co-occurring mental health disorders. These risks are examined together with the importance of determining mitigating factors, evaluating resilience, and choosing evidence-based treatment approaches to reduce symptoms in trauma survivors (Dye, 2018).

Adolescent having a history of ACEs increases the risk of having difficulties in school, engaging in unhealthy behaviors like alcohol or drug use, developing chronic diseases like diabetes, being violent, suffering from mental illness, and even thinking or attempting suicide. Additionally, it decreases people's lives and lowers their health-related quality of life (HRQoL) (Cohrdes et al., 2020).

Adverse Childhood Experiences and other forms of early trauma have long-lasting effects on children and youth. Childhood depression and anxiety, delays in growth, poor cognitive and social-emotional health, problems in school, behavioral health problems, and specific medical care are all more common in children with high ACE scores (Brien, 2019).

There is a strong association between the development of opioid addiction and the presence of early life trauma, particularly abuse and

neglect. Adverse childhood experiences are associated with an earlier initiation of opioid consumption, poly-drug usage, and poor treatment retention rates (Carlyle et al., 2021).

1.4. Objectives of the study:

1.4.1. To assess early childhood trauma and adverse experiences.

1.4.2. To assess the severity of addiction in adulthood.

1.4.3. To identify the influence of early childhood trauma, adverse experiences on development of addiction in adulthood.

1.4.4. To identify the variations in adult addiction severity based on specific sociodemographic characteristics (Age, Gender, Marrital status, Educational level, Monthly income, and Residency) .

1.5. Research Hypotheses:

1.5.1. **H1 (Alternative Hypothesis):** Individuals who experience to childhood trauma and adverse experiences will be more likely to develop addiction in adulthood.

1.5.2. H0 (Null Hypothesis): There is no influence of trauma and adverse experiences in childhood upon developing addiction in adulthood.

1.6. Definition of Terms:

1.6.1. Early Childhood Trauma:

Theoretical Definition:

Trauma in early childhood results from a young child experiencing harmful or risky events such as abuse, neglect, parental substance misuse, or separation from a parent are all examples of negative or dangerous experiences that can cause early childhood trauma. These events generate extreme feelings that exceed normal emotional reactions, such as fear, horror, and powerlessness (Bartlett et al., 2017).

Operational Definition:

Addict patient was exposed to one or more serious traumatic incidents throughout their childhood. This information is expressed by the addict

patient during the data gathering by using the childhood trauma questionnaire- short form (CTQ-SF).

1.6.2. Adverse Experiences:

Theoretical Definition:

The ACEs is used to describe a series of negative events that occur to a child before they reach the age of 18. Consistent with previous studies, these events may indicate a variety of mental and physical health issues that might impair an adult's quality of life (Asmussen, 2020).

Operational Definition:

A wide variety of potentially traumatic events or situations that happen throughout childhood, reported by addict patients by utilizing ACEs questionnaire for adults.

1.6.3. Addiction

Theoretical Definition:

Is a disorder that affects the brain that is persistent and recurrent, and it is characterized by uncontrollable need to seek and use drugs, despite the negative consequences associated with doing it (Volkow, 2014).

Operational Definition:

The patient's inability to manage or stop the substance use, despite efforts to do, this information express by addict patient when gathering data by using Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD).

Chapter Two
Review of Literature

Chapter Two

Literature Review

Chapter two discusses early childhood trauma and adverse childhood experiences and adult substance abuse while examining past and present research on the topics.

2.1. Historical Background:

Trauma distinguishes itself from regular stresses by producing strong feelings of fear, terror, and helplessness that exceed what is normally felt (Bartlett et al., 2017).

Child maltreatment in Iraq's Kurdistan area is understudied. A study examined childhood maltreatment prevalence and risk factors.A total of 20.0% of students had suffered childhood maltreatment, including physical (6.5%), emotional (16.4%), and sexual (2.9%) abuse. Additionally, 19.0% of students reported childhood neglect regarding basic demands (Saed et al., 2013).

Center of Disease Control and Prevention and Kaiser Permanente identified a strong correlation between health risk behaviour and disease in adulthood. This correlation is linked to the level of exposure to childhood emotional, physical, or sexual abuse, as well as household dysfunction. The underlying factors contributing to this correlation have not been previously clarified (Felitti et al., 2019 and Petruccelli et al., 2019).

From 1995 to 1997, CDC and Kaiser Permanente worked together on a major study about ACEs. The division of violence prevention supervised the selection of more than 17,000 people for this study (Anda, 2018).

Based on CDC data from 25 states' Behavioural Risk Factor Surveillance System (BRFSS), 61% of people reported at least one ACE in

2019. Just about 20% of adults had four or more ACEs. Women and minorities were more likely to have encounter four or more ACEs (Jones et al., 2020).

According to Sedlak and colleagues (2010), research has shown that the presence of several risk factors increases the likelihood of negative consequences for children and adolescents who have experienced or been through traumatic experiences (Dye, 2018).

According to the 2018 worldwide status report on alcohol and health by the World Health Organisation (WHO), almost 40% of adult men in Belarus engage in excessive episodic drinking. Furthermore, more than 33% of the population in Belarus suffers from an alcohol use disorder, while approximately 20% experience alcohol dependency. The rates are almost 4-5 times greater than average in Europe (Marais et al., 2020).

2.2. Theoretical Framework:

Drug and alcohol use in adulthood is significantly influenced by CT and ACEs that occurred throughout childhood. ACEs include events including sexual or physical abuse, neglect, domestic violence, or losing a parent before the age of 18 (Agorastos et al., 2019).

There are many theories and models that adopts this research variables:

2.2.1. Adverse Childhood Experiences (ACEs) Model:

According to this model or framework, ACEs may increase an individual's likelihood of developing an addiction in adulthood through many mechanisms, according to figure (1) ACEs ⟶ Neurobiological changes ⟶ Altered coping mechanisms ⟶ Social and environmental factors ⟶ Addiction. Exposures ACEs can lead to serious problem or death (Felitti et al., 2019).

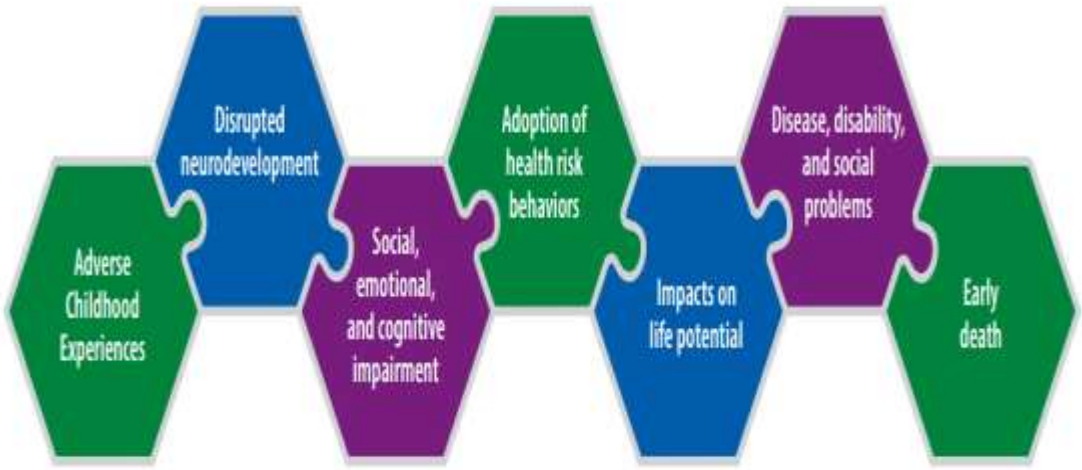

Figure 1: How ACEs influence health and opportunity (CDC, 2019).

2.2.2. The theory of trauma:

Pays attention to the mental and emotional consequences of going through painful experiences. As with other mental health problem, post-traumatic stress disorder (PTSD) can develop among individuals who experienced trauma in childhood, such as neglect or abuse. Some people may engage in substance use as a way of self-medicating and coping with the painful effects following traumatic experiences (Bloom, 1999).

2.2.3. Contemporary trauma theory (CTT):

Explains the correlation between experiencing CT or ACE and developing SUDs in adulthood. Additionally, emphasises that trauma informed care (TIC) in social work practice with co-occurring trauma and SUDs is based on CT as its fundamental principle. According to figure (2) TIC re-conceptualizes SUDs as a mechanism to cope with the effects of trauma (Goodman, 2017).

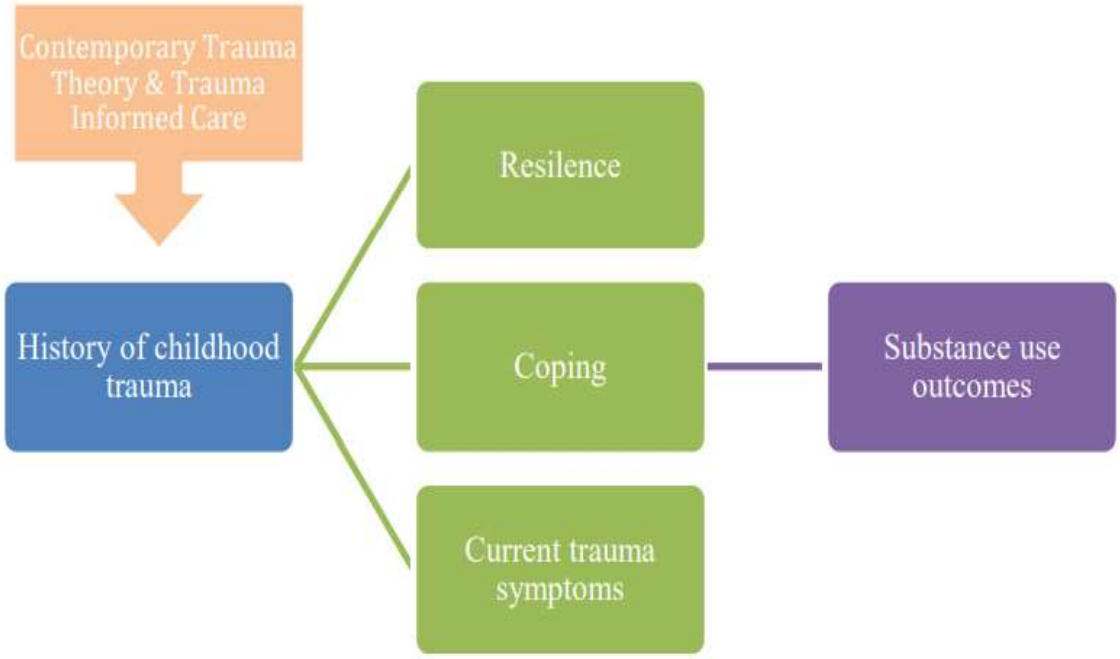

Figure (2) Contemporary Trauma Theory and Trauma-Informed Care: An Emerging Conceptual and Integrative Model for Enhancing Coping and Resilience (CORE) (Goodman, 2017).

Trauma-informed care encompasses three fundamental components: Identifying the frequent incidence of trauma, understanding the effects of trauma on all individuals associated with the programme, organisation, or system, including its own staff, and applying this understanding to practical techniques (Office of the surgeon general, 2021).

Research studies conducted in miami (USA) have demonstrated a strong association between trauma and substance dependence. ACEs are also associated with significant problems related to drug use. Moreover, trauma has been identified as a substantial risk factor for relapse in those suffering with substance use disorders (Goodman, 2017).

2.3. Early Childhood Trauma:

A stressor is defined as a stimuli that breaks the body's balance, causing predicted behaviours and physiological reactions when encountered

repeatedly, and beyond the individual's capacity to regain balance (Moustafa et al., 2021).

Trauma is defined by the American Psychiatric Association (APA) as an experienced event that holds the potential for harm, whether it be physical injury, loss of life, or negative effects on one's physical health, and generates emotions like fear, terror, and an intense sense of helplessness (Dye, 2018).

Childhood trauma encompasses a broader range of traumatic experiences that occur during childhood. Incidents that happen to a person when they are younger and cause emotional or psychological pain can be considered childhood trauma. These occurrences can have long-lasting negative impacts on their health and development (Karamanos etal., 2022 and Prather, 2009).

Exposure to actual or threatened death, serious injury, or sexual violence can lead to trauma, according to APA. This can happen through directly witnessing the event, exposed of close friend or family member's to traumatic experience (whether accidental or violent), or repeatedly reading or hearing about the traumatic event's details (Evans et al., 2017).

When a person encounters a series of terrible difficulties that don't go away, whether they happen one time, a few times, or over the course of decades, they are referred to a traumatic event. These events might make it difficult for the individual to cope with their current situation, which can lead to major problems (Singh, 2018 and Goodman, 2017 and Huang et al., 2014).

Children may have difficulty coping with excessive stress if they do not have the assistance of a trustworthy family member who can assist them in managing their high emotions. This might make it difficult for children to adequately express their feelings or demands (Los Angeles, 2010).

Childhood trauma may vary from extremely traumatic events like war or terrorist attacks or disaster to more typical stressful situations like neglect, medical emergencies, physical or sexual abuse (CDC, 2019).

A children's likelihood of experiencing violence throughout their lives, both as victims and as the criminals, can be increased if they have been exposed to child abuse or other adverse experiences throughout childhood (Bellis, 2023).

The recognition and definition of trauma have seen changes over time, influenced by developments in research and our understanding of the impact of traumatic experiences on individuals, families, communities, and society, and the definition also changes according to types of trauma (Goodman, 2017).

2.4. Prevelence of childhood trauma:

According to the CDC's 2020 data, over 61% of adults have experienced ACEs, which increases risky behaviour and health hazards. ACEs' negative consequences on health, quality of life, and life people are a major public health issue (Garcia et al., 2021).

The National Centre for Mental Health Promotion and Youth Violence Prevention conducted a survey in 2012, the results indicated that , twinty six percent of Americans children would experience or get exposed to a traumatic event before four years of age. Besides, 40% of children state they were physically attacked in the last year (Goodman, 2017).

According to study conducted in colombia demonstate that seventy percent of children, encounters three or more traumatic or extremely stressful situations before they become six years old (Bartlett et al., 2017).

2.5. Factors that determine the impact of traumatic events include the following:

2.5.1. Age:

Young children are more prone to harm even young children who are unable to express their experiences have "sense memories" of stressful situations that can impact their health as adults.

2.5.2. Frequency:

Repeated exposure to the same or different forms of trauma is more damaging than a single traumatic incident.

2.5.3. Relationships:

Children who have a good relationship with family members who are in good health and more likely to get better.

2.5.4. Coping skills:

Coping is easier for kids when they're smart, healthy, and confident.

2.5.5. Perception:

The child's perception of the level of danger they're currently in, as well as the intensity of dread they experience in the moment, plays a crucial role.

2.5.6. Sensitivity:

Each child possesses unique qualities, and certain individuals may naturally exhibit a greater degree of sensitivity compared to other children (Children’s Bureau, 2015).

A traumatic incident is any circumstance that raises the risk of bodily damage, death, or injury to the individual or others, leading to emotions of fear and helplessness (Buss et al., 2015).

The prevalence of traumatic life events, such as physical and sexual abuse, neglect, and other forms of maltreatment, is alarming and has been recognised as a major concern in the united state public health (Khoury, 2010).

Issues with substance use and co-occurring disorders may deteriorate mental health, which frequently triggered by traumatic situations. These are all factors that influence a person's ability to find and keep a safe place to live (Woodhall, 2018).

Over the past few years, the Arab world has been paying attention to the issue of child abuse and the long-term implications that they have in adulthood (Mansour et al., 2010).

According to WHO, child abuse can take many forms, including physical and/or emotional mistreatment, violations of regulations, neglect, careless handling, or exploitation in an industrial or other setting. It is defined as any behaviour that harms or threatens to harm a child's well-being, growth, or self-respect within a relationship marked by responsibility, trust, or authority (Ahad, 2019).

Additional risk factors for the emergence of psychological distress in young children include low socioeconomic status, having been born into a minority, having parents with poor education. Young children might also experience trauma as a result of parental stress and repeated transfers (Friedman, 2018).

Children often experience the recurrence of traumatic events, triggered by many factors that cause them to remember the trauma, resulting in a state of preoccupation. For instance, young children may repeatedly

repeat components of a distressing incident while engaging in play. Occurrences of nightmares, flashbacks, and episodes of detachment are further signs of trauma in young children (Singh, 2018).

Child abuse is used by CDC to refer to both acts of commissions which involve actions that are harmful or potentially harmful to a child, and acts of omission, which refer to a situation in which a child is neglected because they are not provided for their basic needs or protected from harm (Wilkinson, 2017).

All aspects of a child's life, both internal and external, contribute to the broad context in which childhood trauma occurs. Factors that are internal to the child include things like personality, history of mental health disorders, and trauma exposure. A child's physical surroundings, family-related, social, and cultural environments are all examples of external factors (Singh, 2018).

Early childhood trauma is the consequence of a young child being exposed to harmful or hazardous incidents, such as abuse, neglect, a parent's alcohol or drug use, or parental separation. These occurrences generate strong emotions such as fear, horror, and helplessness that exceed normal emotional reactions (Bartlett et al., 2017 and Dye, 2018).

There is a common belief that infants and young children, due to their small age, are susceptible to the effects of traumatic occurrences. This is due to the actual fact that younger children often display distinct responses compared to older adult and may encounter difficulties in expressing their feelings through verbal communication (Los Angeles, 2010 and Center for Youth Wellness, 2018).

Individuals who have experienced childhood trauma not only experience difficulties in their physical, mental, and emotional health, but also encounter problems in their relationships, especially in the area of intimacy and attachment (Brown, 2020).

In addition, young children who have experienced traumatic events may intentionally avoid engaging in conversations, interacting with certain individuals, staying around specific objects or places, or engaging in situations that remember him of the trauma (Singh, 2018).

Young children who have gone through traumatic experiences may show changes in their eating and sleeping habits, become easily agitated, experience heightened fear of being alone, or show symptoms like wetting the bed or soiling themselves, which can cause a decrease in their previously learned skills (Buss, 2015).

Additional symptoms were emergence involved: negative mood and thought changes due to maladaptive thinking in response to trauma led to negative self-perceptions and beliefs about oneself, negative views of the world, and self-blame cognitions, as well as anger, guilt, and shame (Dye, 2018).

Other common signs include increased activity levels, heightened physical aggressiveness, increased irritability, disturbed sleep, hypervigilance, difficulties with focus, and heightened arousal (such as temper tantrums) (Videbeck et al., 2020).

Trauma may cause a heightened perception of danger, causing the child or young individual to remain in a continuous state of vigilance, prepared to either freeze, fight or flight response, or escape from additional difficulties (Aynsley et al., 2022).

Difficulty expressing emotions and detachment are symptoms of intense arousal. Personality challenges including low self-esteem, embarrassment, and trouble resolving conflicts with others can develop in the absence of a secure environment. Excessive reliance, social isolation, distrust, and difficulty of establishing significant relationships are all potential results of these problems (Singh, 2018).

Because every child has a unique level of sensitivity and awareness, his or her reactions to traumatic experiences are different from one another (Evans et al., 2017).

Trauma has negative impacts on physical health, social and emotional development, learning, cognitive growth, the ability to build stable relationships with others, and early brain development (Agorastos etal., 2019 and Bryan, 2019 and Woodhall-Melnik., 2018).

A more recent study found that being exposed to violence in one's neighborhood and family as a young child is associated with poor emotional health and poor academic performance. There is a correlation between low socioeconomic position and a history of childhood trauma and poor academic achievement (Buss et al., 2015).

Several studies done in USA have shown that children who suffer long-term trauma frequently exhibit symptoms such as difficulty attaching to others, having challenges controlling their emotions, problems forming healthy relationships, difficulty staying focused, problems with cognitive functioning, and engaging in risky behaviors (Dye, 2018).

One of the major challenges for parents of abused children is dealing with their distorted sense of security and extreme absence of trust, which can lead to poor communication abilities as an adult (Evans et al., 2017).

In adulthood, individuals with such a history of trauma are often described as having superficial connections with others, experiencing difficulties in establishing deep relationships, exhibiting a noticeable lack of resilience, and frequently exhibiting severe disruptive behavior (Evans et al., 2017).

2.6. Types of Childhood Trauma:

2.6.1. Physical abuse:

Intentional use of force on a child with the intent to cause injury or put the child at risk of harm (Higgs, 2012).

The Impact of Childhood Physical Abuse: immediate and Long-lasting Psychological Health Consequences:

2.6.1.A. Immediate impairments in functionality arising from physical abuse in children:

Physically abused children can exhibit externalizing problems. Exposure to traumatic events in childhood is associated with impaired self-regulation, which manifests in external signs including hypervigilance, impulsivity, and aggressiveness (Gerrish, 2019).

Internalizing problems and insecure attachment can be the result of childhood maltreatment, particularly in the early years of a child's life. These problems can lead to long-term challenges, such as difficulties in social interactions, increased aggression in school, decreased readiness for learning (Swenson et al., 2006).

Children who are maltreated may also suffer from cognitive impairments, particularly in areas such as language abilities, reading, comprehension, and social cognition. These deficiencies are limited to certain cognitive domains and do not necessarily affect overall cognitive functioning (Swenson et al., 2006).

2.6.1.B. Long-term psychological health problems resulting from physical abuse in children:

Long-lasting consequences of early childhood trauma on individuals' mental and physical health, mental health symptoms may manifest

immediately after suffering trauma, although in some cases, these symptoms may not become apparent until several years later (Buss et al., 2015).

Long-term problems include violent criminality, antisocial behaviour, substance use disorders, suicide attempts, impaired cognitive abilities and executive function , negative effects on psychological and self-esteem, and difficulty with forms of attachment and interpersonal relationships (Swenson et al., 2006).

2.6.2. Emotional or psychological abuse:

Indicates that the provider or parent failed to provide an environment that is appropriate for the child's healthy growth and development. Such abuse includes behaviours such as limiting movement and, blaming others, threatening, frightening the child, and discriminating between child within the home (Bellis et al., 2023).

2.6.3. Sexual abuse:

Refers to the act of being encouraged or pressured into participating in sexual activity, which might or might not incorporate physical touch (Bellis et al., 2023).

2.6.4. Childhood neglect:

Inability of a parent, guardian, or another provider to meet a child's fundamental requirements," which can include a child's physical, medical, educational, and emotional needs (Higgs, 2012).

Neglect and abuse both lead to significant cognitive deficits and a failure to meet academic requirements from childhood into adulthood. As an adult, those who experienced moderate to severe childhood abuse are more likely to have problems with low self-esteem, dissociation, self-harm, anger, and impulsivity (Al Shawi et al., 2019; Mansour et al., 2010).

2.7. The Effects of Trauma Experienced in Early Childhood

Following a distressing incident, certain children experience rapid recovery, particularly if it was a single event. Nevertheless, children who undergo complex trauma can experience severe and long-lasting consequences (Bartlett et al., 2017).

2.7.1. Neurological Impact:

Trauma has been shown to impact the neural networks and hormonal systems that regulate stress, leading to impaired function in brain areas responsible for controlling strong emotions. Consequently, individuals who have experienced trauma often struggle with emotion and behavior regulation in stressful situations (Dye, 2018 and Karamanos et al., 2022).

2.7.2. Impact on Cognition and Learning:

Over twenty-five percent of abused children had substantial impairments in language development, according to the study. Furthermore, nearly 20% of abused children had very low on a test that measured their attention span, conceptual understanding, and school readiness (Bartlett et al., 2017).

2.7.3. Physiological Impact:

People who experienced trauma and abuse during their childhood are more likely to be overweight, suffer from high blood pressure, difficulty sleeping, and develop diabetes (Dye, 2018 and Karamanos et al., 2022).

2.7.4. Influence on Socio-Emotional Growth:

Several social and emotional problems can develop in response to childhood trauma and continue into adulthood. Immediate effects may include problems with stress management, feelings of helplessness, blaming

oneself, and low self-esteem (Bartlett et al., 2017 and Karamanos et al., 2022).

2.7.5. Impact on psychological condition:

Several individuals who survived trauma also experience co-occurring mental problems. These can include substance abuse, depression, PTSD, anxiety, mood, eating, attachment, conduct, personality, aggression, criminal, and suicidal behaviors (Dye, 2018 and Karamanos et al., 2022).

2.7.6. Influence on attachment:

Victimized young children , may aggressive toward others , socially withdrawal , or show signs of mistrust against others. They may also have difficulty forming and maintaining meaningful relationships with peers and adults. Work with these youngsters must so concentrate on strengthening their primary attachment relationships (Bartlett et al., 2017).

2.8. Adverse Childhood Experiences:

Also known as ACEs, are recognised as a global health problem that has been linked to the development of mental disorders and dangerous behaviours in adulthood (Al Shawi et al., 2019).

Adverse childhood Experiences refer to a variety of forms of mistreatment, including physical, emotional, and sexual abuse, as well as neglect. In addition, they encompass household-related problems such as witnessing occurrences of domestic violence, substance use, or mental illness (Karamanos et al., 2022 and Carr et al., 2013).

Adverse childhood Experiences study was developed by two family physicians, Robert Anda and Vincent Felitti (Friedman, 2018).

Adverse childhood Experiences study was developed by Kaiser Permanente. In collaboration with the Centers for Disease Control and Prevention from 1995 to 1997 (Dobson et al., 2020).

Nearly half of all Wales adults (those between the ages of 18 and 69) have reported having experienced at least one ACEs. Also, 13.5 percent of this group reported that they've had four or more ACEs (Di Lemma et al., 2019).

Children minds are like sponges; they absorb all the knowledge they can find. Because of their youth and lack of experience, it is essential that they grow up in safe places that encourage positive learning (Burgess, 2021).

Recent research has shown that hippocampus neurons can be impacted by stress and abuse in children, leading to structural alterations in the brain and possible delays in development. In addition, there is evidence that the development of delusional symptoms in later childhood is associated with early childhood trauma, bullying, and accidents (Buss et al., 2015 and Bryan, 2019).

Negative early life experiences alter brain and behavioural development in ways that help with survival but impair physical health in the long term (Duffy et al., 2018).

Children living in stressful environments might find it difficult to build healthy, lasting relationships. As adults, they may face insecure employment and other financial, family, and mental health difficulties. They may additionally communicate these impacts to their children (Jones et al ., 2020).

Unemployment, retirement due to disability, living in poverty, and homelessness are all more likely to occur in those who have experienced ACEs (Bellis et al., 2023 and Asmussen et al., 2020).

There is substantial evidence ACEs to negative physical and mental health outcomes. ACEs can cause toxic stress, which in turn affects brain structure (such as damaged neural circuits), lowers immunological response, and makes people more susceptible to negative health outcomes all their lives (Tonmyr et al., 2020).

The mental health and health-related quality of life of young people can be affected by ACEs in two ways: directly and indirectly (Cohrdes et al., 2020 and Fuller-Thomson et al., 2016 and Al Shawi et al., 2019).

Adverse childhood Experiences include experiences that cause harm directly (e.g., abuse, neglect) and indirectly as a result of household challenges (e.g., exposure to parental separation, substance misuse, mental illness, domestic violence, and incarceration) (Fuller-Thomson et al., 2016 and Stevens et al., 2019 and Grummitt et al., 2022).

2.9. ACEs Consist of:

2.9.1. Child maltreatment:

Child abuse and neglect can have numerous consequences on different children based on the type of abuse or neglect, the child's particular characteristics, and the environment in which the child is living. The outcomes can be either moderate or severe, and their effects can be immediate or long-term (Mansour et al., 2010).

2.9.2. Childhood household:

2.9.2.A. Parental alcoholism and substance abuse:

Parental alcoholism and substance abuse are another risk factor for child and for a variety of adverse outcomes in children These outcomes mostly refer to lower academic functioning (i.e., failure of education, weaker performance in reading, spelling and math's, etc.), problematic emotional

functioning (anxiety, depression, conduct problems, social incompetence), as well as substance abuse (Milutin et al., 2019).

2.9.2.B. Household mental ill:

The presence of mental illness in a household demonstrates the potential for ongoing difficulty to be passed down through generations in an ongoing cycle (Bullock, 2019).

2.9.2.C. Household incarceration:

When a family member has been incarcerated during a child's crucial developmental years, it is associated with a higher probability of a reduced quality of life in adulthood, highlighting the significant long-term consequences of incarceration on children (Milutin et al., 2019).

Imprisonment has a significant effect not only on the incarcerated individual but also on their loved ones - the friends and family members who offer support and care for them (Burgess, 2021).

2.9.2.D. Parental separation:

From an overall perspective, family structures that move away from the one where a child lives with both biological parents are associated with a higher probability of experiencing mistreatment or additional difficulties (Bullock, 2019).

2.9.2.E. Parental death:

Children who have lost a parent are more likely to struggle emotionally and behaviorally as they grow up, according to experts. This includes depression, anxiety, withdrawal, poor academic performance, and a host of other issues, as compared to children who did not go through a similar loss (Milutin et al., 2019).

Divorce and separation may have severe impacts on children, children love their parents subconsciously and hope that they will never be separated. If this expectation fails to be met, it might negatively impact the child's health and development (Burgess, 2021).

2.9.2.F. Domestic violence:

Children who are exposed to domestic violence have a higher likelihood of experiencing child maltreatment compared to children who are not exposed. The risk of physical and sexual abuse in children increases significantly from 30% to 60% when they witness domestic violence (Milutin et al., 2019).

Parental use of violence towards children can significantly increase the child's likelihood of developing serious mental health problems and, ultimately, participating in violent criminal behaviour and other antisocial conduct (Swenson et al., 2006).

Previous research has shown a correlation between drug use and violent assaults. Women of domestic violence and child abuse may suffer from low self-esteem as adults (Stein et al., 2002).

After some time had passed, it became clear that the original ACES study overlooked several potentially traumatic events, including as poverty, bereavement, and bullying (Scotland, 2018 and Petruccelli et al., 2019).

It is important to examine these household characteristics in order to avoid wrongly comparing long-term impacts to isolated forms of maltreatment and failing to consider the overall effect of various negative childhood experiences (Felitti et al., 2019).

Mental health issues and dangerous behaviours in adulthood are concern (Al Shawi et al., 2019 and Cohrdes et al., 2020).

Sex differences often manifest in the prevalence of ACEs, with females typically exhibiting a higher prevalence and experiencing more ACEs than males (Grummitt et al., 2022).

According to WHO, ACEs are among the leading causes of serious and common health problems in adults (Alhowaymel et al., 2021).

In addition, children frequently experience different types of ACEs repeatedly, resulting in a substantial accumulated impact on the growth of child and adolescent health as a result of chronic ACEs and their simultaneous occurrence, in addition to the immediate effects of ACEs, individuals of all ages, including both young and older adults, may also experience enduring physical and mental health problems (Cohrdes et al., 2020).

Adverse childhood Experiences increase the possibility of academic underachievement, increases the likelihood of involvement in criminal behaviour, and ultimately diminishes the opportunities for being a productive member of society (Bellis et al., 2016).

The negative outcomes associated with ACEs may include addiction, self-inflicted harm, disability, teenage pregnancy, and early death (Friedman, 2018).

Adverse childhood Experiences study looks at things like risk factors and incidence as well as the long-term impacts of abuse and family dysfunction in childhood on adult outcomes. Life expectancy, health care use, and quality of life (Felitti et al., 2019).

Those who have been exposed to at least six ACEs are more susceptible to develop illnesses that are frequently detected in primary care, and they have a greater risk of dying 20 years earlier than those who have not (Bryan, 2019).

Adverse childhood Experiences not only have complex and significant impacts on general health, but they can also lead to high-risk behaviours including substance misuse, excessive drinking, and even suicidal ideation and behaviour (Al Shawi et al., 2019).

Adverse childhood Experiences increase the risk of having problems in school, engaging in unhealthy behaviours like substance abuse, developing chronic diseases like diabetes, becoming violent, suffering from mental illness, and even thinking or attempting suicide. Additionally, it shortens people's lives and lowers their HRQoL (Cohrdes, 2020).

People who have experienced ACEs at a higher rate are more likely to engage in health-harming behaviours and display anti-social inclinations, which usually appear all through adolescence. Engaging in excessive drinking, smoking, and drug usage are all examples of such behaviours (Bellis et al., 2016 and Brien, 2019).

Negative childhood experiences are linked to a higher risk of substance use and drug use disorders. Additional factors influencing drug use behaviors include socioeconomic status, alcohol dependence, attitudes towards drug use, parenting methods, and peer influence (Li et al., 2023).

2.10. Difference between childhood trauma and adverse experience

Childhood trauma primarily refers to distressing events or situations that induce significant physically and mental stress. ACEs refers to a concept that encompasses not only traumatic situations, but also explores other potentially stressful or negative experiences. Any types of childhood trauma are classified as ACEs, but not all ACEs are childhood trauma (Karamanos et al., 2022).

Adverse childhood Experiences cause children to experience stress and discomfort, either directly through maltreated or indirectly through domestic violence. These events have the potential to have a negative impact on the health of children that will experience for a long time as they grow up (Bellis et al., 2016).

Trauma in childhood refers to actual-life events that could cause significant emotional pain, such as being a victim of abuse or seeing a violent incident. If there is no evidence of a specific traumatic occurrence, ACEs can take the form of factors that contribute to a stressful environment, such as a family history of drug misuse (Bartlett et al., 2019).

2.11. Addiction and Substance use:

Addiction and substance use have been categorised as a single illness under the umbrella term SUD in the most recent edition of the DSM-5 (Alblooshi et al., 2016).

Substance use is a complex mental illness that causes destructive and unhealthy behaviors, which itself have profound effects for the addict, their family and friends, and the community as a whole (Moustafa et al ., 2021).

Addiction to substances remains to be a substantial and rising health problem in the United States. Based on the most recent nationwide survey, 9.4% of the population stated that they had used illicit drugs in the prior month (Kim et al., 2017).

The recent increase in alcohol use, prescribed drug usage, and illegal drug use suggests a potential rise in substance use disorders within this country, therefore requiring an increased demand for treatment interventions (Al-Hemiary et al., 2014).

Addiction is characterized by an intense focus on and dependence on psychoactive substances (PAS). It involves the continuation of substance use

despite evidence of harm, as well as feelings of dissatisfaction and high desire when the substance is not readily accessible (Koob et al., 2008 and Bogetić et al., 2023).

In Iraq, the substances that are most commonly used for their mind-altering effects are alcohol and a range of prescription pharmaceuticals, including benzodiazepines, benzhexol, codeine, and other psychiatric medications (Al-Hemiary, et al., 2014).

Drugs addiction have been classified as a brain disorder due to their capacity to alter the structure as well as function of the brain. These modifications can result in long-term consequences and contribute to the harmful behaviors found in those who abuse substances (Volkow, 2014).

Some of the factors that have been linked to substance use disorders according to studies done in community, school, and clinical settings including low socioeconomic status, antisocial behavior of males, the influence of peers, substance use in the family, and traumatic experiences experienced as a child, and community factors as well as social networks (O'connell, 2007 and Mahmood et al., 2019 and Abomughaid et al., 2018).

Addiction affects multiple regions of the brain, such as the brainstem which regulates vital activities like heart rate and breathing, the frontal lobe which is responsible for cognitive processes like thinking, planning, problem-solving, and decision-making, and the limbic system which influences emotional responses, both positive and negative, and can change one's mood (Volkow, 2014).

2.12. Addiction Cycle:

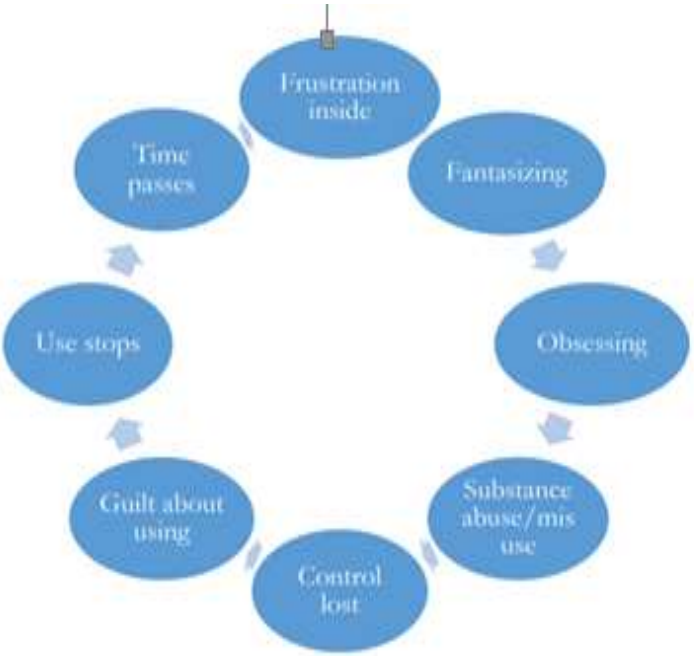

Figure (3) Addiction cycle (Substance Use Best Practice Tool Guide 2016).

Throughout the addiction cycle, ELS impacts each stage, from the first stages of compulsive drug-seeking and use to the stages of losing control over the amount taken and the start of unpleasant emotional state (Kirsch et al., 2022).

Because many people who meet the diagnostic criteria for substance abuse do not seek treatment, it is difficult to determine the actual prevalence of the problem. Also, self-reported data is vulnerable to errors, which is a problem for prevalence estimation studies (Videbeck et al., 2020).

In Iraq (including Kurdistan Region), the final report of the Iraq INHSAD found that, over the course of an individual's life, 28.8% of the population smoked cigarettes, 8.1% drank alcohol, 2.9% used prescription drugs for nonmedical purposes, and 0.7% used illicit drugs (Mahmood et al., 2019).

Over the course of time, the use of addictive substances that increased in the Arab world, lead to an increase in the spread of violence in the countries of the Gulf Arab region (Hamza et al., 2022).

A separate study carried out in Oman revealed that 17% of high school students engaged in tobacco usage, while 5% reported alcohol consumption. The overall prevalence of substance misuse, including other substances, was found to be 20.7% (Al-Hinaai et al., 2021).

Many people realize that the Middle East and North Africa (MENA) region serves as a major center for the trafficking of illegal substances. The main drugs produced in this region are amphetamine-type stimulants (ATS) in Egypt and Lebanon, opiates in Egypt, cannabis in Morocco and Lebanon, and khat, which is produced in both Yemen and Somalia (Al-Matrouk et al., 2020).

In Egypt, there is a notable problem of addiction arising from the rapid and constantly shifting patterns of substance consumption. Based on a study, out of the total population of 87,963,276 individuals documented in the 2015 Egyptian survey, it was discovered that approximately 19.1% of the sample analyzed was engaging in regular substance use (excluding tobacco smoking) (Mehany et al., 2021).

Worldwide, alcohol is responsible for 3.3 million fatalities per year, according to the World Health Organization. There is a strong link between excessive drinking and mental health problems, which in turn affects the health and wellbeing of those around the alcoholic (Fang et al., 2017).

Globally, there are approximately 2 billion persons who consume alcohol, 1.3 billion individuals who smoke, and 185 million individuals who use illegal substances (Al-Hinaai et al., 2021).

The term of "drug trafficking" refers to the whole broad range of illicit drug-related activities, including cultivation, production, distribution, and sales (Al-Matrouk et al ., 2020).

Substance use and its related disorders are a significant and critical problem within the field of public health. More than 16.6 million adult people of the United States, along with 697,000 adolescents aged between 12 to 17 years, suffer from an alcohol-related disorder (Videbeck et al., 2020).

Cannabis and amphetamine usage have been on the rise in recent years, cannabis is a hallucinogenic chemical derived from the cannabis sativa plant. It can be consumed by smoking it as herbal medicine or by vaporizing and inhaling it using e-cigarettes or similar devices, amphetamines are highly addictive substances that induce stimulation of the central nervous system. They are alternatively referred to as captagon, biocapton, and fitton (Abomughaid et al., 2018).

The most commonly used substance is alcohol (41.3%). Drugs such as tetrahydrocannabinol (THC), benzodiazepines, and inhalants are reported by 22.5% of patients, and heroin by 16.3%. The remaining drugs include prescription narcotics like tramadol, methadone, codeine, and sedatives like Xanax and valium, and psychoactives like kemadrine, artane, and khat (Alahmari et al., 2019).

Peer pressure, psychological , and the prevalence of online social networks and websites all increase the likelihood of this beginning. With all of these factors increase substance use and distribution (Abomughaid et al., 2018).

Unluckily, numerous addictive substances are frequently utilized in combination, posing a particularly hazardous practice. It could involve the combined consumption of two legal drugs, such as nicotine and alcohol; the

haphazard combination of prescription medicines; and/or the lethal use of cocaine or heroin with fentanyl (Substance Use Best Practice Tool Guide, 2016).

Women have a lower alcohol tolerance than men, meaning they become intoxicated with a lesser amount of alcohol. Additionally, when women consume the same amount of alcohol as men, they have more harmful effects, such as blackouts and loss of consciousness, in comparison to men (Fang et al., 2017).

Women who consume excessive amounts of alcohol or engage in binge drinking are more likely to be at risk of experiencing sexual assault that is directly related to alcohol, as opposed to women who choose not to consume alcohol (Fang et al., 2017).

Significant differences between sexes have become apparent in relation to SUD and childhood maltreatment. Women who reported suffering child abuse and neglect had a much greater chance of using illicit drugs in the past year, compared to men who reported similar childhood traumas (Moustafa et al., 2021).

Further identifying a relationship of substance use and childhood trauma require careful examination of time span and comparison of ages of onset (Khoury et al., 2010).

Individuals seeking treatment for alcohol dependency who have reported experiencing childhood maltreatment, such as physical, sexual, and emotional abuse, have been found to develop alcohol abuse at a younger age and experience more severe alcohol abuse compared to patients who have not reported any childhood maltreatment (Moustafa et al., 2021).

People who are exposed to substances while they are young are more likely to develop substance-use issues than those who are exposed later in life (Whitesell et al., 2009).

Utilizing a trauma-informed perspective is absolutely necessary when dealing with substance use. Because there is a cyclical connection between early childhood trauma and exposure to adult substance addiction, and consequences use of substances during adolescence and adulthood (Aynsley et al., 2022).

Research has demonstrated that those who have experienced childhood abuse are affected in terms of the severity, progression, and duration of alcohol dependence (Lotzin et al., 2016).

There is a connection between experiencing abuse or neglect throughout childhood and developing a substance misuse problem in early life. Research has shown that young adults who experienced physical abuse during their childhood are 48% more likely to engage in illicit drug use within the last year, and 37% more likely to engage in illicit drug use within the past 30 days, in comparison to a group of individuals who did not experience abuse (Moustafa et al., 2021).

Approximately 20.8 million persons who go through the process of transitioning from adolescent to adulthood develop substance use problems due to their exposure to ACEs (Garcia et al., 2021).

Children residing in abusive households are subjected to a multitude of risk factors that heighten their vulnerability to substance use during adolescence, therefore increasing the likelihood of encountering adverse consequences associated with substance use (Cicchetti et al., 2019).

According to a recent analysis of young adults, three out of the five studies investigated sex as a factor influencing the association ACE and substance use . More precisely, the study revealed that the correlation between ACEs and issues related to alcohol use, illegal drug use, and e-cigarette usage was more substantial among males than girls (Grummitt et al., 2022).

Studies have found that the underlying causes, risk factors, and consequences of SUDs different between the sexes. Substance use is more common among women as a coping mechanism for stress and negative emotions, especially those linked to traumatic experiences like sexual or physical abuse in childhood, the few gender-specific studies undertaken have mostly concentrated on childhood abuse or neglect in men and childhood sexual abuse in women (Evans, 2017).

Poly-substance use is more common among individuals who have had ACEs. People who have adverse childhood events are more likely to use substances, and some may even develop substance use disorders. Recent evidence showed that the prevalence of ACEs is increasing. As compared to 66.2%-75% among non-drug users, it varied from 85.4% to 100% among drug users (Li et al., 2023).

The misuse of substances is a widespread health consequence that is linked to negative events that occurred throughout childhood and constitutes a substantial threat to public health (LeTendre et al., 2017).

Early traumatic events can heighten the likelihood of developing SUDs. This may be due to persons trying to self medicate or reduce mood problems linked to an imbalanced biological stress response. In contrast, the initiation of substance use or misuse at a young age throughout adolescence can exacerbate the disruption of the physiologic stress response by increasing the levels of cortisol in the bloodstream (Khoury et al., 2010).

While alcohol consumption is prevalent in the United States, the misuse of illicit substances also significantly impacts society in an adverse manner (LeTendre et al., 2017)..

Individuals who experienced four or more adversities during their youth were more prone to engaging in excessive alcohol use and faced an elevated chance of utilizing cocaine or heroin (Aynsley et al., 2020).

Through the time, especially during adolescence, the young child may develop maladaptive coping strategies, such as engaging in substance abuse or engaging in self-harming behaviors. Over time, these strategies for dealing with difficulties can lead to the development of illnesses, impairments, and issues in social interactions, as well as an early death. (Anda, 2018).

Adolescence is a crucial phase in life because it creates the foundation for the majority of actions that will impact health during adulthood. In addition, some harmful behaviors frequently initiate throughout adolescence and represent a substantial public health obstacle (Salih et al., 2021).

Health risk behaviors include activities such as alcohol use, participation in violent acts, cigarette smoking, engaging in unprotected sexual intercourse, drug use, poor dietary habits, and lack of physical activity. These behaviors often originate during adolescence and have the potential to result in sickness and mortality (Saed et al., 2013).

The shift from casual substance and nicotine consumption to more problematic patterns often takes place throughout the critical phases of adolescence and early adulthood (Groenman et al., 2017).

During adolescence, the negative consequences of ACEs may become evident due to biological and social changes, as well as an increased likelihood of engaging in substance use (Grummitt et al., 2022).

Between late adolescence and early adulthood, which is the typical age range when individuals initiate illegal drug use, it is essential to prioritize education and programs aimed at preventing substance use and related problems. This emphasizes the importance of adolescence as a crucial phase for such undertakings (Carliner et al., 2016).

Adolescent substance misuse is often associated with behavioral problems that interfere with regular functioning (Cicchetti, 2019).

Various factors, such as a lower socioeconomic status, unscheduled social connections with peers, parental influences, psychosocial issues, and community factors, lead to substance consumption. Substance use and addiction are becoming prevalent worldwide, especially among young people. Furthermore, noticeable patterns can be identified among different countries (Mahmood et al., 2019).

The implications of abuse and neglect have profound effects that go beyond the children and their family, impacting society as a whole. This is primarily due to the financial burden placed on healthcare, social services, and educational institutions (Mansour et al., 2010).

Finally, while assessing the impact of ACEs on adverse adult consequences, it is essential to take into consideration a variety of characteristics that could potentially explain the connection. The following items are included: The factors that contribute to a person's mental health include: experiencing depression or anxiety, having physical health issues like sleep and pain disorders, using tobacco, lacking social support, and having a low socioeconomic status (Fuller-Thomson et al., 2016).

2.13. Drug or alcohol addiction is influenced by motivators and environmental factors, which contribute to a higher likelihood of developing an addiction.

2.13.1- Motivators to drugs or alcohol addiction:

2.13.1.A. In order to achieve a state of positive mental and physical health, certain substances that are frequently misused have the ability to produce strong sensations of pleasure. Individuals suffering from social anxiety, stress-related problems, and depression may turn to substance usage as a means to reduce their distress (Volkow, 2014).

2.13.1.B. In order to achieve improvement, certain individuals may desire to employ drugs to improve their cognitive or physical capacities (Volkow, 2014).

2.13.1.C. Adolescents are especially susceptible to curiosity and peer pressure, as they frequently get affected by the actions of their peers. (Volkow, 2014).

2.13.2- Environmental factors contribute to an increased risk of addiction:

2.13.2.A. Children are at increased risk of developing drug issues if family members abuse alcohol or drugs or engage in criminal activities. Additionally, the school environment plays a crucial role, as peer influence grows stronger over time (Milutin et al., 2019).

2.13.2.B. The relationship between family dynamics and teenage substance addiction is influenced by three main factors: the overall quality of family life, marital satisfaction, and mental health issues. Family problems can lead to substance misuse among teenagers, which in turn can adversely affect the mental well-being and quality of life of their parents (Hamza et al., 2022).

2.13.2.C. Young people who experiment with substances or develop an addiction, not only change their own health, including mental and physical, but also influence the health and behavior of people close to them, primarily members of their family (Evans, 2017).

2.13.2.D- Marital satisfaction and the presence or absence of addiction are reciprocal in nature. When a teenager has an addiction, the effect is that there is an alteration of the marital balance and both parents feel negative emotions, distress and disappointment (Moustafa et al., 2021).

2.14. Link between Early Childhood Trauma, Adverse Experiences and Addiction:

According to reports, 70% of individuals who suffer from dependence on alcohol had experienced some form of childhood trauma (Moustafa et al., 2021).

Individuals may utilize substances as a means of coping with internalized problems and symptoms of heightened alertness after experiencing trauma in childhood, which is a result of poor emotion regulation (Carlyle et al., 2021).

Relapse among alcoholics is associated with traumatic experiences in childhood, according to Greenfield and colleagues (2002). Relapse was reported in 88% of alcoholic patients with a history of childhood trauma and 64% of alcoholic patients without such a history (Moustafa et al., 2021).

The relationship between ELS and substance use disorders is a complicated one, and it is likely that there are several pathways that lead from ELS to negative effects associated with substance use. The association between ELS and substance use emerges in adolescence (Mansour et al., 2010 and Kirsch, 2022 and Garcia, 2021).

Heroin users have been shown that they experienced a significant prevalence of childhood trauma, such as injuries resulting from physical punishment, cases of sexual abuse , emotional abuse, and physical neglect (Moustafa et al., 2021).

Adverse Childhood Experiences are strongly associated with the development and frequency of many health problems throughout a person's life, including conditions related to substance abuse (Anda, 2018).

The main explanation for the connection between early adversity and SUD is that difficulties encountered during early stages of life might

interfere with typical developmental processes. This interruption might result in a disregulation, which subsequently restricts typical psychological development (Whitesell et al., 2009).

Other possible explanation for the connection between early adversity and SUD is that early experiences could indicate a prolonged period of exposure. For instance, a youngster may consistently observe persistent parental violence over an extended period of time (Whitesell et al., 2009).

Poor emotional control is a contributing factor in the correlation between childhood trauma and the emergence of substance use disorders. Substance use can be a coping mechanism for people in this situation, helping them deal with their internalized problems and symptoms of heightened arousal (Carlyle et al., 2021).

Adverse Childhood Experiences may increase the risk of addiction later in life by causing neurobiological changes that impair impulse control and craving resistance, ACEs are also linked to mental health disorders like depression and anxiety, which further elevate the risk of developing addiction (Goodman, 2017).

The most prevalent type of adverse experience during childhood is being exposed to parental substance addiction. Children who grew up by parents who abuse substances are more likely to develop substance abuse problems themselves during their teenage years and adulthood (Evans, 2017).

2.15. Factors that contribute to overcoming trauma include risk, Coping, resilience, and protective measures:

2.15.1. Risk factors:

Can increase the likelihood of adverse consequences when children and youth have been exposed to or have experienced a traumatic incident

directly. Maternal depreesion and anxiety, exposure to violent or abusive relationships, or traumatic experiences such as war or natural disasters are all examples of potential risk factors (National Center for Mental Health Promotion and Youth Violence Prevention, 2012).

2.15.2. Coping:

Encompasses a broad spectrum of behavioral and cognitive actions that significantly contribute to one's ability to function, adapt, and overall well-being (Singh, 2018).

The coping style is an essential component in preventing substance use relapse and maintaining alert. The ability to effectively cope with stress is associated with decreased internalized stigma and enhanced adaptation in individuals diagnosed with SUDs (Goodman, 2017).

A active coping strategy that establishes a connection between young individuals and other adults, such as teachers, social workers, and administrators, who can offer advice and guidance. Additionally, it could function as an indicator for evaluating the long-term impacts of trauma treatments (Min et al., 2007).

There is a significant and positive relationship between advanced coping and emotional abilities. The ability to regulate one's emotions is a reliable indicator of one's ability to employ various coping strategies to manage stressful situations and that play a crucial role in decreasing the adverse consequences of childhood trauma on subsequent substance use (Goodman, 2017).

2.15.3. Resilience:

The capacity to rebound or come back to normal and make appropriate adjustments in the face of difficulty (Goodman, 2017).

Enhanced resilience is a vital element in the effective recovery of SUDs. Research provides strong evidence for the connection between emotional abilities and resilience, as well as the role of resilience as a mediator in the interaction between advanced emotional skills, emotional balance, and general well-being (Singh et al., 2018).

The study revealed positive correlations between religiosity and other resilience features, such as optimism, social support, and an active coping strategy. Out of the 100 research analyzed, 79 of them showed a substantial and positive link between religion and good emotions, as well as total psychological well-being (LeTendre et al., 2017).

Individuals who are resilient can develop adaptive abilities and skills, even in the face of significant stress. In the area of substance abuse, resilience refers to an individual's ability to withstand, adjust to, or overcome challenging situations (Goodman, 2017).

Enhanced resilience is associated with heightened capacities to deal with stress and regulate emotions during difficult times, thus decreasing the individual's tendency to self-administer substances as a coping mechanism (Singh et al., 2018).

Important factors that contribute to resilience in adults include maintaining a strong relationship with an adult, engaging in sports clubs, participating in regular social activities, and stable income (Di Lemma et al., 2019).

2.15.4. Protective factors:

With appropriate help, children are able to cope with challenging circumstances and reduce adverse impacts on their behavior, emotions, and physical well-being. Protective factors encompass resilient parents, close connections with others, understanding of parenting and child development, practical support when required, and socially and emotionally mature

children (National Center for Mental Health Promotion and Youth Violence Prevention. 2012).

2.16. Early detection and intervention:

Early intervention can help relieve physical and mental problems. Primary prevention aims to cultivate positive interactions for all children, whereas secondary prevention aims to identify and assist with individuals who have experienced trauma in order to promote safety, self-control, and healthy growth (Snigh et al., 2018).

Emotional self-regulation can serve as a system that protects young children from experiencing extreme trauma responses (Buss et al., 2015).

The CDC is actively involved in establishing, assessing, and encouraging the implementation of programs and policies with the goal of preventing child maltreatment from happening (Bynum et al., 2010).

Early prevention, screening, diagnosis, and treatment in pediatric care, emergency medical services, child protection, and adolescent prisons admission procedures can all help identify trauma symptoms in children and their families (Singh et al., 2018).

It is believed that well-established, stable, and strong parent-child interactions can protect young children from the negative effects of trauma. Children who have a stable bond to their parents are better able to control their emotions (Buss et al., 2015).

Reducing the social and emotional consequences of a child's exposure to trauma can be achieved by prompt intervention and therapy. It is recommended that professional counselors consider referring children to specialists who specialize in providing early childhood mental health support (Singh et al., 2018).

Even if it is a dysfunctional childhood, intervention does not alter early attitudes and actions; rather, it aids in changing current attitudes and behaviors (Stein et al., 2002).

The results indicate that family and therapy environments have a vital impact on directing parent-child relations, but diagnostic methods have less significance. In addition, the study offers suggestions for specific cognitive and behavioral therapies (Prather et al ., 2009).

The importance of emotions in the start and acquisition of different behaviors, as well as their connection to therapy, is equally crucial to their role in the positive connections between parents and children (Prather et al., 2009).

Drug use prevention programmes aim to enhance preventative measures and decrease risk factors. There are three primary categories of programmes:

Universal programmes that are designed for all children in a particular setting, Selected programmes that target groups with a higher risk of drug use, Specified programmes that are specifically customised to young individuals who are currently taking drugs (Volkow, 2014).

2.17. Previous Studies:

First Study:

Min et al., (2007), The researchers carried out a study titled "Impact of childhood abuse and neglect on substance abuse and psychological distress in adulthood". **Aim of study:** Childhood trauma has been linked to a range of negative outcomes in adulthood, including substance misuse and psychological problems. **Methods:** The study included a sample of 285 moms who delivered birth at a large urban county teaching hospital. The hospital follows a routine procedure of evaluating women who are deemed

to have a high likelihood of drug use, which includes those who have not received proper prenatal care, exhibit signs of being under the influence of drugs, have a past record of engagement with the Department of Human Services, or have admitted to using drugs themselves. The evaluation of childhood abuse and neglect was carried out utilizing the Childhood Trauma Questionnaire (CTQ), a self-administered survey consisting of 28 items. This questionnaire assesses five distinct categories of trauma that individuals may have experienced during their childhood and adolescence, including emotional, physical, and sexual abuse, as well as emotional and physical neglect. **Results:** These women experienced a high incidence of childhood trauma. Out of the total sample size of 93 individuals, over one third (n = 93) had a history of sexual abuse. Similarly, 29% (n = 84) reported experiencing physical abuse, 22% (n = 64) reported emotional abuse, 31% (n = 88) reported emotional neglect, and 27% (n = 79) reported physical neglect. A majority of the participants (n = 154) indicated experiencing at least one kind of childhood abuse or neglect, whereas 39% (n = 10) reported multiple types of abuse or neglect, and 7% (n = 20) reported experiencing all five types of childhood abuse or neglect. The levels of substance use, as measured by the ASI, appeared to be rather modest. The mean score was 0.08, with a standard deviation of 0.14. The range of scores for alcohol usage was from 0 to 0.82.

Second Study:

Khoury et al., (2010), The researchers conducted a study referred to as "Substance use, childhood traumatic experience, and posttraumatic stress disorder in an urban civilian population." **Aim of study:** The experience of traumatic events, especially during childhood, has been linked to the development of SUDs, including addiction and dependence. SUDs often occur alongside PTSD and other mood-related mental health disorders. **Method**: The study included 587 participants who were recruited from medical and clinic waiting rooms at Grady Memorial Hospital in Atlanta.

Results: Within this highly impacted population, a notable occurrence of long-term dependence on various substances was seen (39% for alcohol, 34.1% for cocaine, 6.2% for heroin/opiates, and 44.8% for marijuana). There is a strong connection between the amount of substance use, particularly cocaine, and the occurrence of childhood physical, sexual, and emotional abuse, as well as the presence of contemporary symptoms of PTSD. **Conclusions**: The findings indicate strong links between childhood trauma and SUDs, as well as the entire influence on PTSD outcomes.

Third Study:

Allem et al., (2015), The researchers carried out a study titled "Adverse childhood experiences and substance use among Hispanic emerging adults in Southern California". **Aim of study:** Adolescents who experienced difficult childhood events may resort to substance abuse as a maladaptive coping mechanism. **Method**: The study included 1420 participants with a mean age of 22, of which 41% were male. Participants were instructed to fill out surveys indicating if they had experienced any of 8 specific unfavorable events during their developmental years, as well as their current involvement in smoking cigarettes, consuming marijuana, using illicit drugs, and engaging in excessive drinking. **Results**: There was a strong association between the frequency of adverse childhood events and each form of substance use. There is a direct correlation between the number of negative experiences during childhood, ranging from 0 to 8, and an increased probability of engaging in certain behaviors. Specifically, each additional adverse experience is associated with a 22% higher chance of smoking cigarettes, a 24% higher chance of binge drinking, a 31% higher chance of using marijuana, and a 12% higher chance of using hard drugs. **Conclusions**: These findings should be implemented in preventative and intervention programs with the goal of diminishing the duration and extent of substance abuse patterns among Hispanic young adults.

Fourth Study:

Larson et al., (2017), The researchers conducted a study titled "Chronic childhood trauma, mental health, academic achievement, and school-based health center mental health services." **Aim of study:** Children and adolescents who experience long-lasting trauma are more susceptible to developing mental health problems and enduring academic underperformance. Individuals belonging to minority racial/ethnic groups and living in disadvantaged conditions are at a higher risk of experiencing traumatic events and have limited availability of mental health services. School-based health centers (SBHCs) have the ability to address disparities in health care. **Methods**: The study focused on empirical research conducted on pediatric populations in the United States and SBHCs from 2003 to 2013. The research was included if it examined the effects of childhood trauma, disparities in mental health care, mental health services offered by SBHCs, or the influence of SBHCs on academic performance. **Results**: Eight research have established a significant association between childhood trauma and a heightened vulnerability to mental health illnesses, as well as a loss in academic achievement. In addition, seven studies have found significant differences in mental health care for children in the United States. In addition, nine studies have investigated various aspects of mental health treatment delivery in SBHCs, encompassing topics such as accessibility, utilization, quality, funding, and the impact on academic performance. **Conclusion**: Prolonged exposure to childhood trauma has a harmful impact on academic achievement, especially when combined with mental health conditions. Inconsistencies are widespread in the delivery of mental health care for children in the United States. SBHC mental health treatments have shown some success in reducing, although not entirely eliminating, these disparities.

Fifth Study:

Evans et al., (2017), The researchers conducted a study entitled "Gender differences in the impact of childhood adversity on alcohol, drug, and polysubstance-related disorders." **Aim of study:** This study aims to examine the influence of childhood adversity on different forms of substance use disorders, and to determine if there are any gender disparities in these connections and if gender acts as a moderating factor in these relationships. **Methods**: Analyzed data from 19,209 female and 13,898 male participants in phase two (2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) to examine how gender influences the connections between childhood adversity and the occurrence of alcohol, drug, and polysubstance-related disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). **Results**: Each type of drug use disorder was found to have a higher probability of developing when individuals experienced more childhood trauma. Additionally, women demonstrated a decreased risk of acquiring the disorder compared to men. **Conclusions**: Gaining understanding into the gender-specific impacts of childhood adversity on substance use can aid in the creation of therapies that are supported by empirical evidence. This knowledge can also be useful in directing gender-sensitive public health strategies designed to reduce or prevent different substance use disorders.

Sixth Study:

Bryant et al., (2020), The researchers carried out a study titled "Association of adverse childhood experiences (ACEs) and substance use disorders (SUDs) in a multi-site safety net healthcare setting." **Aim of study:** ACEs and SUDs are prevalent public health concerns that have been shown to have a substantial association. **Methods**: The ACEs survey was conducted as a standard evaluation for all mental health patients receiving treatment at a well-known Federally Qualified Health Center (FQHC) in Connecticut.

The survey included a total of 4378 patients. The total score and individual ACE items were examined in connection to diagnostic history using chi-square and multiple-group structural equation modeling tests. **Results**: The study revealed that 84.8% of patients had experienced at least one ACE, while 49.1% had a score of 4 or more. Having one or more ACEs was linked to a higher probability of having a SUD, even after considering race/ethnicity and gender. Parental substance use, physical abuse, and sexual abuse were found to be the most influential factors in predicting the development of any SUD. **Conclusions**: ACEs increase the likelihood of developing SUDs. Further research is needed to understand why the association between ACEs and SUDs varies in this particular population compared to others.

Seventh Study:

Grummitt et al., (2022), The researchers carried out a study titled "An Umbrella Review of the Associations Between Adverse Childhood Experiences and Substance Misuse." **Aim of study:** Multiple studies have demonstrated that ACEs, such as abuse, neglect, aggression, or home disturbance, greatly enhance the probability of engaging in substance misuse. **Methods**: The digital databases PsycINFO and Medline were carefully searched for reviews on the correlation between ACEs and substance addiction. The search included articles published from 1998 to 2022. A total of twenty articles that fulfilled the stated eligibility criteria received qualitative synthesis. **Results:** The results consistently showed an increased probability of substance abuse or addiction in both teenagers and adults who have gone through ACEs. Research examining the basic causes of this connection have discovered multiple possible points for intervention, as stress experienced during childhood triggers a series of consequences in different physiological systems, such as the neurobiological, endocrine, immune, metabolic, and nervous systems. These consequences, in turn, affect psychosocial and cognitive functioning. Hence, it is crucial for

research, policy, and practice to accept a comprehensive strategy in comprehending and addressing the correlation between ACEs and substance usage within the broader framework of social aspects of health.

Eighth Study:

Li et al., (2023), The researchers performed a study titled "Pathway of effects of adverse childhood experiences on the poly-drug use pattern among adults using drugs: A structural equation modeling." **Aim of study:** Adult persons with a history of drug use are more likely to engage in poly-substance use if they had experienced ACEs. **Methods**: The study adopted a cross-sectional design and applied respondent-driven sampling and sequential sampling methods to collect data from adult drug users in Southwest China in 2021. **Results:** The mean age of the 406 individuals recruited from a substance misuse institution was 34 years. The majority of the population studied were male patients (98.3%) from ethnic minority origins (79.6%), who were not married (71.6%) and employed (81.2%). Nearly 95.5% of the individuals reported encountering ACEs, with 46.6% of them identifying four or more ACEs. **Conclusion:** The results indicate that ACEs have a clear and immediate effect on the use of multiple drugs by individuals, regardless of the influence of friends who use drugs and family income

Chapter Three

Methods and Materials

Chapter Three

Methods and Materials

This chapter encompasses the study's design, administrative arrangements and ethical considerations, setting, study instruments, instrument validity, pilot study and reliability, sampling, methods of data collection, data processing, and research limitations.

3.1. Study Design:

The present study used a retrospective (descriptive) design. This design is suitable for assessing childhood trauma and adverse experiences that have occurred early childhood and these experiences have an impact upon the development of addiction in current time. The study was conducted over a specific timeframe, from September 26th, 2023, to July 3th, 2024. This indicates that the researchers collected data and conducted their analysis during this defined period.

3.2. Administrative arrangements and ethical considerations:

Prior to the actual data collection, formal administrative approvals were obtained from the following institutions to perform the study.

3.2.1. Official permissions were obtained from relevant authorities prior to data collection. Approval was first secured from the Council of Nursing College\ University of Kerbala under number (UOK.CON.23.006) (Appendix A, Appendix B).

3.2.2. In order to obtain participants' informed consent and emphasize that their participation was entirely voluntary, explained the study's broad objectives and provided them with instructions on how to fill out the questionnaire. The researcher reassured participants that their information would be kept confidential before, during, and after completing the study.

3.2.3. Training and Development Center of the Holy Kerbala Health Directorate, Research Ethics Committee (Appendix B1, B2).

3.3.The Setting of the Study:

Research took place at the Imam Al-Hassan Al Mujtaba Hospital in Holy Kerbala City.

3.4. The Study Instrument: (Appendix C).

The study instrument was consisted from 4 parts:

Part 1: demographics characteristics of the samples: this part includes information such as (Age, Gender, Marital status, Level of education, Socioeconomic status, and occupation).

Part 2: The Childhood Trauma Questionnaire—Short Form (CTQ-SF)

The Childhood Trauma Questionnaire (CTQ) (Bernstein & Fink, 1998) is a standardized, retrospective 28-item self-report inventory that measures the severity of different types of childhood trauma, producing five clinical subscales each comprised of five items: Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, Physical Neglect. In 2003, they revised the original CTQ and developed the Childhood Trauma Questionnaire-Short Form (CTQ-SF) (Bernstein et al., 2003), CTQ-SF is a self-report assessment created by reducing the items from the original childhood trauma questionnaire 70 items to 28 items .

All questions on this scale measuring childhood trauma are negative, with the exception of the questions with serial numbers 2., 5., 7, 13, 16, 19, 22, and 28, which have positive questions.

The scale was scored using a 4-Likert scale, with the following scoring criteria: never true (0), sometimes true (1), often true (2), and always true (3).

The Childhood Trauma Questionnaire (CTQ), scale has been translated into arabic language by using a bilingual translation method.

Part 3: Adverse Childhood Experiences (ACEs) Questionnaire is designed for adults and is used by the California Surgeon General's Clinical Advisory Committee, Novopsych (Felitti et al., 1998). The ACEs is a 10-item questionnaire that efficiently assesses the presence of adverse experiences through the first 18 years of your life. This scale utilizes a 3 Likert scale with three response options: Yes, No, and Not Sure. The scoring scale is as follows: No = 0, Yes = 1, Not Sure = 2.

This scale is available in the english and arabic versions.

Part 4: Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD) by (Giard et al., 2011 and Videbeck et al., 2020). The short screening for histories of addiction during the last 30 days is provided by the (SSI-AOD), a 21-item inventory. The instrument is mostly used in three areas: 1-There are four questions in the addiction domain. 2-Only fourteen questions related to medical problems related to addiction. 3-The life experiences domain consists of three questions.

This scale have(2 answers),(Yes, No,). Scoring of scale: No = 0, Yes = 1.

Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD), scale has been translated into arabic language by using a bilingual translation method.

Although self-administered forms were used in the study instrument, data were gathered from illitrates through semistructured interviews.

3.5. Validity of instrumentation:

The instrument validity was achieved by a Panel of (14) experts: 3 of them from University of Baghdad/ College of Nursing, 5 of experts from University of Kerbala/ College of Nursing, 2 of experts from AL-kufa

University/ College of Nursing, 1 of expert from Babylon University/ College of Nursing, 1 of expert from Imam Jafar Al Sadiq Unviersity / Faculty of Arts and Language , 1 of experts from AL-Kut Unversity / College of Nursing, , and 1 of experts from University of Kerbala/ College of Medicine.

Face and content validity used to assess the content, simplicity, relevance, style, and applicability of the study instrument were to be evaluated by each expert member. Appendix (D).

The experts reviewed the questionnaire and recommended removing the "Rarely true" answer from the childhood trauma section since it was too similar to the "Sometimes true" section.

They also suggested removing four questions about sexual abuse from the early childhood trauma section (20,21,23,27) reducing the number of questions from 28 to 24. These questions were deleted according to the opinion of experts, as these questions do not fit with the nature of Iraqi society and because they are embarrassing questions for the sample that could cause the sample to withdraw and not participate in the research.

Consequently, the number of items becomes 24. The items (2, 5, 7, 10, 13, 16, 19, 20, 23, and 24) have reverse scored.

Therefore, "Never true" is equivalent to number 3, while "Very Often true" is equivalent to the number 0.

In order to test the hypothesis regarding to ACEs questionnaire of whether or not addict patients had adverse experiences, the experts who reviewed the questionnaire recommended removing the "Not Sure" choice from the adverse experiences section. Therefore score the adverse childhood experiences scale: No = 0, Yes = 1.

The experts recommend removing three questions from the adverse experiences questionnaire: (1) did you go hungry, (2) did you have unwanted

sexual relations, and (3) did a parent or other adult in your household ever physically abuse you, because these questions repeated in CTQ and because there is no previous study or research take two variables (Childhood trauma and adverse experiences) at the same time with addiction variables.

3.6. Pilot Study:

Ten addict patients participated in a pilot study that began in December 1st to 4th , 2023.

The purpose of the pilot study is to determine how long the study instrument takes to complete and whether the questions are easy to read. The task was finished in twenty to thirty minutes.

During the collection of pilot study, the participants objected to questions that contained sexual content because they caused embarrassment and an unwillingness to complete the interview, so the researcher was forced to delete these questions based on the experimental sample and the opinion of experts.

3.7. Reliability of the questionnaire

This study used the Cronbach alpha coefficient test to analyze the internal consistency reliability. The internal consistency of items was assessed using Cronbach's alpha coefficient, which was obtained using the Statistical Package for Social Science Program (SPSS) version 26.0 as referred in below Table on a sample of (10) participants.

Reliability Analysis of the Instruments (N= 10)

Scales	No. of Items	Cronbach`s alpha	Evaluation of Internal Consistency
Early Childhood trauma	24	0.925	Acceptable
Adverse Childhood Experience	7	0.793	Acceptable
Simple Screening Instrument for Alcohol and Other Drugs	21	0.890	Acceptable

The Cronbach's alpha suggests the questionnaires had an adequate level of internal consistency and equivalent measurability. The reliability scores for Cronbach's alpha are as follows: childhood trauma (r = 0.925), adverse childhood trauma (r = 0.793), and alcohol and drugs screen (r = 0.890). Reliability coefficients that are equal to or greater than 0.70 are deemed to be acceptable.

3.8. The Study Population:

The study population refers to a specific group of individuals that is a smaller part of the larger target population, . The study population of this research includes individuals who are addicted and visit psychiatric and mental health consultations, or those who are admitted to a psychiatric unit.

3.9.Sampling:

The study included a non-probability **(**convenience) sampling method was used for addict patients have been diagnosed with addiction who agreed to participate in this study. A paper survey was copied and was published on addict patients, where the purposes of the research were explained to them and their questions about how to fill out the study survey were answered and explained face to face. The study subjects were recruited from Imam Al-Hassan Al Mujtaba Hospital in Holy Kerbala City.

3.10. Inclusion Criteria:

Voluntred patients who are diagnosed with addiction and who are more than 17 years old.

3.10. Exclusion Criteria:

The researcher excluded subjects who have major depression disorder, and patients who have communication problem because of withdrawal symptoms.

3.12.Methods of data collection and Study Procedure :

Prior to starting data collection, the researcher obtained consent from all study participants, ensuring their agreement to participate in the study and explaining the study's objectives. Once the participants provided their consent (oral agreement) and were informed about the confidentiality of the information, before data collection procedure. Data collection began on December 5th , 2023 and ended on March 25th, 2024 in order to fulfill the objectives of the study. Data were gathered utilizing a semistructured interview methodology. Data collection for the study was carried out at Imam Al Hassan Al Mojtaba Hospital, four to five days each week, from 8:00 am to 2:00 pm. The place of data collection or interview with participants in psychological rehabilitation room in the psychiatric ward, and psychiatric consultation in psychotherapist room.

3.13. Data Analysis

SPSS version 26 for Windows was used for the statistical analysis (statistical software for the social sciences).

3.13.1 Descriptive Statistical Tests.

- **Frequency (f):** The purpose of this study was to analzse the sociodemographic and clinical characteristics of individuals with addiction, as well as their levels of early childhood trauma, negative childhood experiences, and the severity of their addiction.
- **Percentage (%):** In mathematics, a percentage is a numerical value or a ratio expressed as a portion of 100. The purpose was to analyse the sociodemographic and clinical characteristics of individuals with addiction, as well as assess the levels of early childhood trauma, unfavourable childhood experiences, and the severity of their addiction.
- **Mean of Score (M.S) and Standard Deviation** It used to determine the level of early childhood trauma, adverse experiences and addiction.

3.13.2 Inferential Statistical Tests.

- **Cronbach Alpha (α):** Cronbach's alpha coefficient assesses the internal consistency and reliability of a collection of survey items (Polit & Hungler, 2013). Utilize this test to determine the consistency of measurements for a group of objects in relation to a specific attribute
- **Simple Linear Regression**: Simple linear regression is a statistical technique employed to represent the connection between two continuous variables. The experiment consists of one independent variable and one dependent variable (Montgomery et al., 2013). The study aimed to assess the impact of early childhood trauma and adverse childhood experiences on addiction in adult individuals with addictive behaviours.
- **Independent sample t-test**: An independent sample t-test, sometimes referred to as a two-sample t-test, is a statistical test used to inferentially assess if there is a statistically significant distinction between the means of two unconnected groups. The test is applicable when there are different situations (e.g., participants) in each group, and the groups are not related to each other (SPSS Statistics, 2021). The purpose of this procedure was to assess the significant differences in addiction severity among addicts based on their sociodemographic variables.
- **One-way analysis of variance (ANOVA):** Analysis of variance (ANOVA) is a statistical technique employed to assess whether there are any significant differences between the means of three or more independent groups. The test is employed when there is a single independent variable with various levels, and the objective is to examine whether variations in that component have a measurable effect on a dependent variable (Statistical Knowledge Portal, 2024). The purpose of this study was to assess the notable variations in addiction severity among addicts based on their demographic characteristics.

3.14. Study Limitations:

1- Because the size of population unknown therefore generalizability of the findings could have been limited due to the study's small sample size.

2- The study's participant group may have been restricted gender (male), potentially limiting the representation of populations.

Chapter Four
Results of the Study

Chapter Four

Results of the Study

This chapter presents the descriptive analysis of the sample related to socio-demographic and clinical characteristics for addicts; and describes their childhood trauma and adverse experience as well as severity of addiction. This chapter also defines the influence of early childhood trauma and adverse experiences on development of addiction in adulthood, and determines the variations in adult addiction based on specific sociodemographic characteristics.

The statistical procedures were applied for the purpose of analyzing the results of the present study; the results were manipulated and interpreted. As following are based on the sample responses to the study questionnaire.

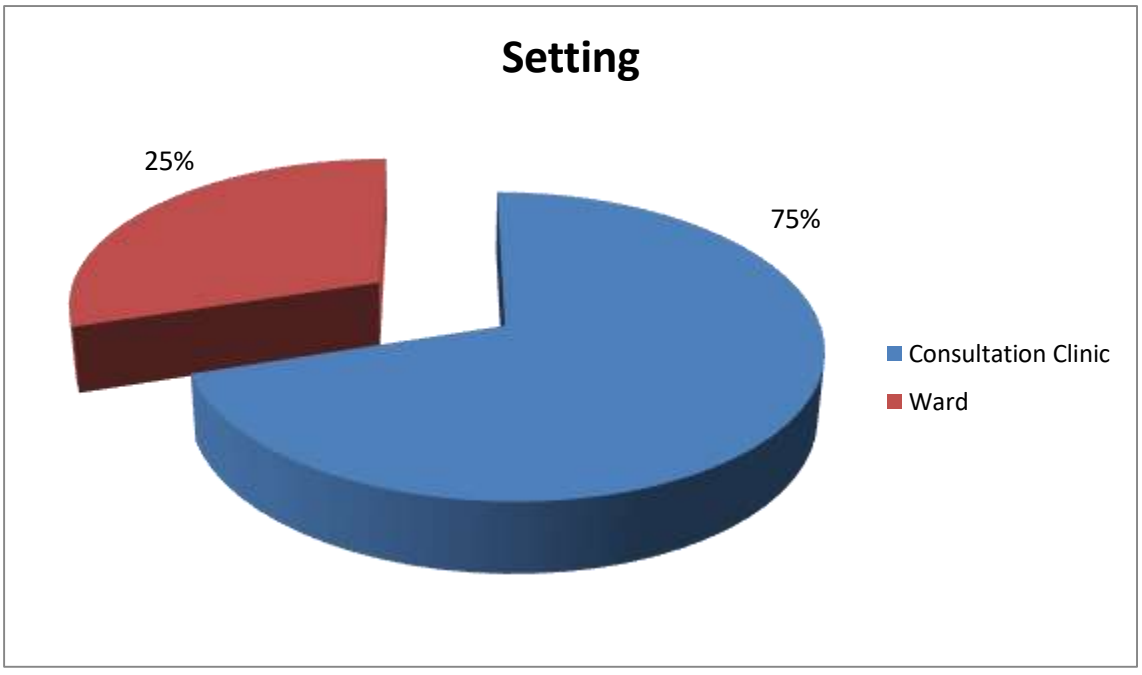

Figure (4-1): Distribution of Addicts according to setting they recruited (N=142)

This figure shows the addicts who are included in sample of current study; 75% of addicts were from consultation clinics and 25% were from wards.

Table (4-1): Distribution of Addicts according to their Socio-demographic Characteristics (N=142)

List	Characteristics		f	%
1	**Age**	< 20 year	12	8.5
		20 – 29 year	56	39.4
		30 – 39 year	48	33.8
		40 – 49 year	25	17.6
		50 and more	1	.7
2	**Sex**	Male	142	100
		Female	0	0
3	**Marital status**	Unmarried	71	50
		Married	70	49.3
		Separated/ Widower	1	.7
4	**Level of education**	Doesn't read & write	71	50
		Read & write	28	19.7
		Intermediate school	15	10.6
		Secondary school	18	12.7
		Diploma/bachelor	10	7
5	**Monthly income (Iraqi dinars)**	< 300000	14	9.9
		300000 – 600000	105	73.9
		601000 – 900000	8	5.6
		901000 – 1200000	13	9.2
		1201000 – 1500000	2	1.4
6	**Perceived monthly income**	Insufficient	114	80.3
		Barely sufficient	21	14.8
		Sufficient	7	4.9
7	**Occupation**	Free work	108	75.1
		Employee	24	16.9
		Student	10	.7
8	**Working hours**	1 – 4	1	.7
		5 – 8	132	93
		9 – 12	8	5.6
		13 +	1	.7
9	**Residency**	Rural	73	51.4
		Urban	67	47.2
		Su-urban	2	1.4

f: Frequency, %: Percentage

Table 4-1 shows that 39.4% of addicts are with age group of 20 – 29 year and 33.8% are with age group of 30 – 39 year. The sex indicates that all addicts are males (100%). The marital status refers that 50% of addicts are unmarried and 49.3% of them are married. Regarding level of education, the highest percentage refers to 50% for those who doesn't read and write and 19.7% for those who read and write. The monthly income indicates that 73.9% of addicts with 300000 – 600000 Iraqi dinars; 80.3% of addicts perceive insufficient monthly income. The occupational status reveals that 75.1% of addicts are working with free works and only 16.9% of them are working as governmental employee, 93% of addicts reported that they working for 5 – 8 hours per day. The residency reveals that 51.4% of addicts are resident in rural and 47.2% are resident in urban.

Table (4-2): Distribution of Addicts according to their Clinical Characteristics (N=142)

List	Characteristics		F	%
1	**Substance abused**	Alcohol	8	5.6
		Drugs	51	35.9
		Multiple substances	83	58.5
2	**Duration of substance abuse**	Less than 2 years	31	21.8
		2 – less than 5 years	76	53.5
		5 – less than 10 years	30	21.1
		10 years or more	5	3.5
3	**Physical or mental illness?**	No	116	81.7
		Anxiety	5	3.5
		PTSD	10	7
		Depression	11	7.7
4	**Addict family member?**	No	127	89.4
		Yes	15	10.6
5	**Number of admission**	None	98	69
		One	36	25.4
		Two	6	4.2
		Three	1	.7
		Six	1	.7

f: Frequency, %: Percentage, PTSD: post traumatic stress disorder

This table indicates that 58.5% of addicts are multiple substances abuser while 35.9% of them are on drugs abuse only. The duration of substances abuse refers that 53.5% are with moderate-term substance abuse (2 – less than 5 years), 21.8% are with short-term substance abuse (less than 2 years), while 21.1% are with long-term substance abuse (5 – less than 10 years). Regarding physical or mental illnesses, only 3.5% associated with anxiety, 7% associated with post-traumatic stress disorder, and 7.7% associated with depression. Relative to addict family member, only 10.6% of addicts reported that they have a family member with addiction. The number of admissions of hospital refers to one among 25.4% of addicts have only one admission while 69% have no admission.

Table (4-3): Overall Assessment of Early Childhood Trauma among Addicts

Trauma	F	%	M	SD	Ass.
Mild	61	43	27.74	15.063	Moderate
Moderate	80	56.3			
Severe	1	.7			
Total	***142***	***100***			

f: Frequency, %: Percentage
M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment
Mild= 0 – 24, Moderate= 24.1 – 48, Severe= 48.1 – 72

This table indicates that addicts experienced moderate level of early childhood trauma as reported by 56.3% of them (M±SD= 27.74±15.063) but 43% of them experienced low childhood trauma.

Table (4-4): Assessment of Early Childhood Trauma among Addicts (N=142)

List	Childhood trauma	Scale	f(%)	M	Assessment
1	I did not have enough to eat	Never	74((52.1)	.65	Mild
		Sometimes	47(33.1)		
		Often	18(12.7)		
		Always	3(2.1)		

2	I had someone to take care of me and protect me*	Never	79(55.6)	2.27	**Severe**
		Sometimes	42(29.6)		
		Often	1(.7)		
		Always	20(14.1)		
3	I've been called "stupid," "lazy," and/or "ugly	Never	54(38)	1.44	Moderate
		Sometimes	21(14.8)		
		Often	17(12)		
		Always	50(35.2)		
4	My parents were too drunk/high to take care of me	Never	127(89.4)	.21	Mild
		Sometimes	6(4.2)		
		Often	3(4.2)		
		Always	6(4.2)		
5	Someone helped me feel important*	Never	82(57.7)	2.32	**Severe**
		Sometimes	41(28.9)		
		Often	2(1.4)		
		Always	17(12)		
6	I had to wear dirty clothes	Never	60(42.3)	1.09	Mild
		Sometimes	23(16.2)		
		Often	45(31.7)		
		Always	14(9.9)		
7	I felt loved*	Never	76(53.5)	2.24	**Severe**
		Sometimes	44(31)		
		Often	2(1.4)		
		Always	20(14.1)		
8	I felt/thought that my parents wished I had never been born	Never	102(71.8)	.41	Mild
		Sometimes	23(16.2)		
		Often	16(11.3)		
		Always	1(.7)		
9	I got hit so hard that I had to see a doctor	Never	132(93)	.08	Mild
		Sometimes	9(6.3)		
		Often	1(.7)		
		Always	0(0)		
10	There is nothing I want to change in my family*	Never	4(2.8)	.09	Mild
		Sometimes	137(96.5)		
		Often	0(0)		
		Always	1(.7)		
11	I've been hit so hard that it left bruises and marks	Never	95(66.9)	.42	Mild
		Sometimes	35(24.6)		
		Often	12(8.5)		
		Always	0(0)		
12	I was punished with a belt, board, cord, or another hard object	Never	85(59.9)	.67	Mild
		Sometimes	21(14.8)		
		Often	34(23.9)		
		Always	2(1.4)		
13	My family looked out for each other*	Never	76(53.5)	2.29	**Severe**
		Sometimes	48(33.8)		
		Often	1(.7)		
		Always	17(12)		
14	My family said hurtful or insulting things to me	Never	62(43.7)	1.38	Moderate
		Sometimes	20(14.1)		

		Often	4(2.8)		
		Always	56(39.4)		
15	I was physically abused	Never	80(56.3)	.76	Mild
		Sometimes	17(12)		
		Often	44(31)		
		Always	1(.7)		
16	I had a perfect childhood*	Never	81(57)	2.26	**Severe**
		Sometimes	38(26.8)		
		Often	2(1.4)		
		Always	21(14.8)		
17	I got hit badly and it was noticed by teacher/ Neighbor, and or doctor?	Never	0(0)	.02	Mild
		Sometimes	139(79)		
		Often	3(2.1)		
		Always	0(0)		
18	Someone in my family hated me	Never	109(76.8)	.23	Mild
		Sometimes	31(21.8)		
		Often	1(.7)		
		Always	1(.7)		
19	My family felt close to each other*	Never	68(47.9)	2.19	**Severe**
		Sometimes	53(37.3)		
		Often	1(.7)		
		Always	20(14.1)		
20	I have the best family in the world*	Never	78(54.9)	2.27	**Severe**
		Sometimes	43(30.3)		
		Often	2(1.4)		
		Always	19(13.4)		
21	Someone molested me	Never	0(0)	.00	Mild
		Sometimes	142(100)		
		Often	0(0)		
		Always	0(0)		
22	I was emotionally abused	Never	50(35.2)	1.44	Moderate
		Sometimes	77(45.2)		
		Often	13(9.2)		
		Always	2(1.4)		
23	Someone look me to see the doctor when I needed to/ if I needed to*	Never	79(55.6)	.77	Mild
		Sometimes	39(27.5)		
		Often	3(2.1)		
		Always	21(14.8)		
24	My family gave me strength and support*	Never	78(54.9)	2.24	**Severe**
		Sometimes	43(30.3)		
		Often	2(1.4)		
		Always	19(13.4)		

M: Mean, SD: Standard Deviation

Mild= 0 – 1, Moderate= 1.1 – 2, Severe= 2.1 – 3

This table displays that addicts are associated with moderate to severe early childhood trauma as seen with mean scores among items.

Table (4-5): Overall Assessment of Adverse Childhood Experience among Addicts

Adverse experience	F	%	M	SD	Ass.
Mild	48	33.8	2.94	1.874	Moderate
Moderate	60	42.3			
Severe	34	23.9			
Total	***142***	***100***			

f: Frequency, %: Percentage
M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment
Mild= 0 – 2.33, Moderate= 2.34 – 4.66, Severe= 4.67 – 7

This table illustrates that addicts exposed to moderate level of adverse childhood experience as reported by 42.3% of them (M±SD= 2.94±1.874) but 33% of them exposed to mild level of adverse childhood experience.

This figure reveals that 43.3% of addicts associated with moderate adverse childhood experience.

Table (4-6): Assessment of ddverse experiences among Addicts (N=142)

List	Adverse childhood experience		f(%)	M	Assessment
1	Did you lose a parent through divorce, abandonment, death, or other reason?	No	53(37.3)	.63	Moderate
		Yes	89(62.7)		
2	Did you live with anyone who was depressed, mentally ill or attempted suicide?	No	109(76.8)	.23	Mild
		Yes	33(23.2)		
3	Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	No	98(69)	.31	Mild
		Yes	44(31)		
4	Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	No	98(69)	.32	Mild
		Yes	44(31)		
5	Did you live with anyone who went to jail or prison?	No	69(67.6)	.32	Mild
		Yes	46(32.4)		
6	Did a parent or adult in your home ever swear at you, insult you, or put you down?	No	59(41.5)	.58	Moderate
		Yes	83(58.5)		
7	Did you feel that no one in your family loved you or thought you were special?	No	65(45.8)	.54	Moderate
		Yes	77(54.2)		

M: Mean, SD: Standard Deviation

Mild= 0 – 0.33, Moderate= 0.34 – 0.66, Severe= 0.67 – 1

This table indicates that addicts associated with mild to moderate adverse childhood experience; 62.7% of them losing their parents through divorce or death; 58.5% of them insulted from their parents; and 54.2% felt that no one in their family loved them.

Table (4-7): Overall Assessment of Alcohol and Drug Abuse Severity among Addicts

Severity	F	%	M	SD	Ass.
Mild	40	28.2	8.02	1.074	Moderate
Moderate	102	71.8			
Severe	0	0			
Total	***142***	***100***			

f: Frequency, %: Percentage
M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment
Mild= 0 – 7, Moderate= 7.1 – 14, Severe= 14.1 – 21

This table manifests that addicts have moderate severity of alcohol and drugs abuse as reported by 71.8% of them (M±SD= 8.02±1.074).

This figure reveals that 71.8% of addicts associated with moderate severity of alcohol and drugs abuse

Table (4-8): Assessment of Addiction Severity among Addicts (N=142)

List	Addiction problems	Scale	f(%)	M	Assessment
1	Have you used alcohol or other drugs (such as wine, beer, marijuana, cocaine, heroin or other opiates, downers, hallucinogens, or inhalants)?	No	1(.7)	.99	Severe
		Yes	141(99.3)		
2	Have you felt that you use too much alcohol or other drugs?	No	0(0)	1.00	Severe
		Yes	142(100)		
3	Have you tried to cut down or quit drinking or using drugs?	No	0(0)	1.00	Severe
		Yes	142(100)		
4	Have you gone to anyone for help because of your drinking or drug use (such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine	No	39(27.5)	.77	Severe
		Yes	103(72.5)		

	Anonymous, counselors, or a treatment program)?				
Total average				***.94***	***Severe***

M: Mean, SD: Standard Deviation

Mild= 0 – 0.33, Moderate= 0.34 – 0.66, Severe= 0.67 – 1

This table reveals that addicts associated with severe addiction as indicated by total average mean score of addiction scale (Mean= .94)

Table (4-9): Assessment of Health Problems related to Addiction among Addicts (N=142)

List	Health Problems	Scale	f	%
1	Blackouts or other periods of memory loss?	No	48	33.8
		Yes	94	66.2
2	Injury to your head after drinking or using drugs?	No	140	98.6
		Yes	2	1.4
3	Convulsions or delirium tremens (DTs)?	No	5	3.5
		Yes	137	96.5
4	Hepatitis or other liver problems?	No	139	97.9
		Yes	3	2.1
5	Felt sick, shaky, or depressed when you stopped drinking or using drugs?	No	4	2.8
		Yes	138	97.2
6	Used needles to shoot drugs?	No	139	97.9
		Yes	3	2.1
7	Has drinking or other drug use caused problems between you and your family or friends?	No	2	1.4
		Yes	140	98.9
8	Has your drinking or other drug use caused problems at school or at work?	No	10	7
		Yes	132	93
9	Have you been arrested or had other legal problems (such as bouncing bad checks, driving while intoxicated, theft, or drug possession)?	No	73	51.4
		Yes	69	48.6
10	Have you lost your temper or gotten into arguments or fights while drinking or using drugs?	No	1	.7
		Yes	141	99.3
11	Do you need to drink or use drugs more and more to get the effect you want?	No	0	0
		Yes	142	100
12	Do you spend a lot of time thinking about or trying to get alcohol or other drugs?	No	1	.7
		Yes	141	99.3
13	When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?	No	131	92.3
		Yes	11	7.7
14	Do you feel bad or guilty about you drinking or drug use?	No	0	0
		Yes	142	100

f: Frequency, %: Percentage

This table indicates that the more common health problems reported among addicts are: memory loss (66.2%), feel bad or guilty about drinking or drug use (100%), and legal problems (48.6%).

Table (4-10): Assessment of Life Experience related to Addiction among Addicts (N=142)

List	Life Experience	Scale	f(%)	M	Assessment
1	Have you ever had a drinking or drug problem?	No	142(100)	.00	Mild
		Yes	0(0)		
2	Have any of your family members ever had a drinking or drug problem?	No	133(93.7)	.93	Mild
		Yes	9(6.3)		
3	Do you feel that you have a drinking or drug problem now?	No	141(99.3)	.01	Mild
		Yes	1(.7)		
Total average				***.34***	***Mild***

M: Mean, SD: Standard Deviation

Mild= 0 – 0.33, Moderate= 0.34 – 0.66, Severe= 0.67 – 1

This table reveals that addicts associated with mild severity of life experience related to addiction as indicated by total average mean score of life experience items (M = .34)

Table (4-11): Effect of Early Childhood Trauma and Adverse Childhood Experience on Severity of Addiction among Adult Addicts (N=142)

Addiction / Variable	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Early Childhood Trauma	.953	1.158	.211	2.551	**.012**
Adverse Childhood Experience	.373	.144	.214	2.593	**.011**

This table exhibits that exposure to early childhood trauma and adverse childhood experience have significant influence on addiction in adults as reported by significant difference with early childhood trauma and adverse childhood experience at p-values= .012 and .011 respectively.

Table (4-12): The difference in Severity of Addiction, Health Problem, and Life experiences with regard to Setting (N=142)

Addiction \ Setting		M	SD	t	df	P ≤ 0.05	Sig
Addiction	Consultation	3.63	.516	.317	98	.752	N.S
	Ward	3.59	.665				
Health problem	Consultation	3.51	1.029	.078	98	.938	N.S
	Ward	3.53	.879				
Life experience	Consultation	.96	.270	.832	98	.407	N.S
	Ward	.91	.296				
Overall	Consultation	.810	1.122	.289	98	.773	N.S
	Ward	.803	1.231				

M: Mean, SD: Standard deviation, t: t-test, df: Degree of freedom, Sig: Significance, p: Probability value, N.S: Not significant, S: Significant, H.S: High significant

This table indicates that there are no significant differences in severity of addiction with regard to setting of addicts.

Table (4-13): The difference in Severity of Addiction, Health Problem, and Life experiences with regard to Addicts' Age (N=142)

Age / Addiction	Source of variance	Sum of Squares	df	Mean Square	F	Sig.
Addiction	Between Groups	.651	3	.217	.674	.570
	Within Groups	30.909	96	.322		
	Total	31.560	99			
Health problems	Between Groups	2.616	3	.872	.906	.441
	Within Groups	92.344	96	.962		
	Total	94.960	99			
Life experience	Between Groups	.222	3	.074	.957	.416
	Within Groups	7.418	96	.077		
	Total	7.640	99			
Overall	Between Groups	5.828	3	1.943	1.486	.223
	Within Groups	125.532	96	1.308		
	Total	131.360	99			

df: Degree of freedom, F: F-statistic, Sig: Significance

This table depicts that there are no significant differences in severity of addiction with regard to addicts' age group.

Table (4-14): The difference in Severity of Addiction, Health Problem, and Life experiences with regard to Addicts' Marital Status (N=100)

Marital / Addiction	Source of variance	Sum of Squares	df	Mean Square	F	Sig.
Addiction	Between Groups	.246	2	.123	.381	.684
	Within Groups	31.314	97	.323		
	Total	31.560	99			
Health problems	Between Groups	.236	2	.118	.121	.886
	Within Groups	94.724	97	.977		
	Total	94.960	99			
Life experience	Between Groups	.037	2	.019	.236	.790
	Within Groups	7.603	97	.078		
	Total	7.640	99			
Overall	Between Groups	.861	2	.431	.320	.727
	Within Groups	130.499	97	1.345		
	Total	131.360	99			

df: Degree of freedom, F: F-statistic, Sig: Significance

This table reveals that there are no significant differences in severity of addiction with regard to addicts' marital status.

Table (4-15): The difference in Severity of Addiction, Health Problem, and Life experiences with regard to Addicts' Monthly Income (N=142)

Income / Addiction	Source of variance	Sum of Squares	Df	Mean Square	F	Sig.
Addiction	Between Groups	2.831	4	.708	2.341	.061
	Within Groups	28.729	95	.302		
	Total	31.560	99			
Health problems	Between Groups	1.479	4	.370	.376	.825
	Within Groups	93.481	95	.984		
	Total	94.960	99			
Life experience	Between Groups	.081	4	.020	.253	.907
	Within Groups	7.559	95	.080		
	Total	7.640	99			
Overall	Between Groups	5.972	4	1.493	1.131	.347
	Within Groups	125.388	95	1.320		
	Total	131.360	99			

df: Degree of freedom, F: F-statistic, Sig: Significance

This table depicts that there are no significant differences in severity of addiction with regard to addicts' monthly income.

Table (4-16): The difference in Severity of Addiction, Health Problem, and Life experiences with regard to Addicts' Level of Education (N=142)

Education / Addiction	Source of variance	Sum of Squares	Df	Mean Square	F	Sig.
Addiction	Between Groups	3.680	4	.920	3.135	**.018***
	Within Groups	27.880	95	.293		
	Total	31.560	99			
Health problems	Between Groups	2.428	4	.607	.623	.647
	Within Groups	92.532	95	.974		
	Total	94.960	99			
Life experience	Between Groups	.088	4	.022	.275	.893
	Within Groups	7.552	95	.079		
	Total	7.640	99			
Overall	Between Groups	4.205	4	1.051	.785	.537
	Within Groups	127.155	95	1.338		
	Total	131.360	99			

df: Degree of freedom, F: F-statistic, Sig: Significance

**Scheffe's Multiple Comparison Test: Significant among those who read & write at p-value= .029*

This table indicates that there is significant difference in severity of addiction with regard to level of education at p-value= .018.

Table (4-17): Scheffe' Multiple Comparison Test for Addiction Severity with regard to Level of Education (N=142)

(I) Educat	(J) Educat	Mean Difference (I-J)	Std. Error	Sig.
Doesn't read & write	Read & write	.563*	.168	**.029**
	Intermediate school	.217	.187	.852
	Secondary school	-.016	.158	1.000
	Diploma/bachelor	.050	.195	.999
Read & write	Doesn't read & write	-.563*	.168	**.029**
	Intermediate school	-.346	.228	.680
	Secondary school	-.579	.205	.102
	Diploma/bachelor	-.513	.235	.320
Intermediate school	Doesn't read & write	-.217	.187	.852
	Read & write	.346	.228	.680
	Secondary school	-.233	.221	.891
	Diploma/bachelor	-.167	.249	.978

Secondary school	Doesn't read & write	.016	.158	1.000
	Read & write	.579	.205	.102
	Intermediate school	.233	.221	.891
	Diploma/bachelor	.067	.228	.999
Diploma/bachelor	Doesn't read & write	-.050	.195	.999
	Read & write	.513	.235	.320
	Intermediate school	.167	.249	.978
	Secondary school	-.067	.228	.999

This table reveals that those who don't read and write are with high risk of addiction than those who read and write as indicated by significant difference at p-value= .029.

Table (4-18): The difference in Severity of Addiction, Health Problem, and Life experiences with regard to Addicts' Occupation (N=142)

Occupation / Addiction	Source of variance	Sum of Squares	df	Mean Square	F	Sig.
Addiction	Between Groups	.131	2	.066	.202	.817
	Within Groups	31.429	97	.324		
	Total	31.560	99			
Health problems	Between Groups	.214	2	.107	.109	.897
	Within Groups	94.746	97	.977		
	Total	94.960	99			
Life experience	Between Groups	.042	2	.021	.269	.765
	Within Groups	7.598	97	.078		
	Total	7.640	99			
Overall	Between Groups	.712	2	.356	.264	.768
	Within Groups	130.648	97	1.347		
	Total	131.360	99			

df: Degree of freedom, F: F-statistic, Sig: Significance

This table exhibits that there are no significant differences in severity of addiction with regard to addicts' occupation.

Table (4-19): The difference in Severity of Addiction, Health Problem, and Life experiences with regard to Addicts' Residency (N=142)

Residency / Addiction	Source of variance	Sum of Squares	df	Mean Square	F	Sig.
Addiction	Between Groups	.198	2	.099	.306	.737
	Within Groups	31.362	97	.323		
	Total	31.560	99			
Health problems	Between Groups	3.273	2	1.637	1.732	.182
	Within Groups	91.687	97	.945		
	Total	94.960	99			
Life experience	Between Groups	.010	2	.005	.066	.936
	Within Groups	7.630	97	.079		
	Total	7.640	99			
Overall	Between Groups	4.325	2	2.162	1.651	.197
	Within Groups	127.035	97	1.310		
	Total	131.360	99			

df: Degree of freedom, F: F-statistic, Sig: Significance

This table depicts that there are no significant differences in severity of addiction with regard to addicts' residency.

Chapter Five

Discussion

Chapter Five

Discussion of the Study Findings

5.1. Sociodemographic characteristics:

The study findings indicate that less than half of individuals with addiction are within the age group 20-29 years. These findings are not agree to those reported by Saed et al. (2013), who revealed that the majority of participants in their study were between the ages of 17 and 30. From researcher point of views this stage of life is marked by increased autonomy, social interaction, and exposure to new environments and individuals within age group spend a substantial time to interacting with peers, such as friends from college, colleagues, or social groups this results as indicated by Gowing et al. (2015).

The current findings indicates that all addicts in the study were males, these findings agree with the research conducted by Li Lemma et al. (2023), where almost all of the participants were male patients. This result related to Choi et al. (2017) aacording to researcher view of points, men may exhibit an increased tendency to turn to substances as a coping mechanism for dealing with stress, mental distress, or traumatic experiences.

The marital status of the addicts indicates that half of addicts are unmarried, almost half are married. This finding corresponds to the results of previous studies conducted by Garcia et al.(2021) and Milutin Kostić et al. (2019), which reported that half of addicts are unmarried, almost half are married, respectively. From Researcher point of view unmarried individuals have more freedom in their daily lives and fewer responsibilities in

comparison to those who are married or have children this supported by Misra (2023).

In terms of level of education, the highest percentage is half for individuals who are unable to read and write, these findings align with a study conducted by Al-Hemiary et al. (2015), which found that most of illiterate individuals were alcohol abusers. However, the present research disagrees with the results of a study by Hamza et al. (2022), which showed that more than half had obtained a bachelor's degree and ten percentage had completed a graduate degree/diploma. This results supported by Nijdam-Jones et al. (2019) according to researcher points of views individuals with a lack of knowledge or illiteracy may face restricted access to information regarding the hazards and consequences of substance usage. Insufficient knowledge can increase the probability of individuals experimenting with substances or engaging in risky actions without comprehending the potential adverse consequences .

Regarding monthly income, it is indicated that majority of addicts have a monthly income ranging from 300,000 to 600,000 Iraqi dinars. Additionally, all most all of addicts have insufficient monthly income. These findings are inconsistent with the results of a study done by Mansour et al. (2010), which showed that more than half of the study sample had an adequate monthly income. From researcher points of view financial challenges and economic stressors can increase the likelihood of engaging in substance misuse. People who are dealing with financial difficulties may encounter elevated levels of stress, which could increase the probability of adopting to substances as a means of coping as indicated by Mohammed (2016).

The finding of occupational status indicates that majority of individuals experiencing problems of addiction are engaged in freelance work, while only seventeen percentage of them work as government employees. Furthermore, all most all of addicts reported working for 5-8 hours per day. These findings contrast with the results of previous studies conducted by Evans et al. (2017) and Li Lemma et al. (2023), which demonstrated that the majority of their study participants were employed full-time, working 35 hours per week. Additionally, the present findings do not align with the research conducted by Hamza et al. (2022), which revealed that more than half of their sample consisted of government employees. According to researcher points of views freelance workers typically have more independence and less supervision in contrast to persons employed in traditional job environments. The lack of stringent schedules or monitoring can facilitate the involvement of certain persons in substance abuse without quick repercussions or responsibility this not supported by Moret et al. (2016).

Residency data show that fifty one percentage of addicts live in rural areas, while fourty seven live in urban areas. These findings are consistent with the research conducted by Milutin Kostić et al. (2019), who found that the sample population was nearly equally distributed between urban fifty one and rural fourty eight respondents. However, current results contradict the study conducted by Mansour et al. (2010), which reported that most of participants were from rural areas. This results supported by Jasani et al. (2019), according to researcher points of views rural areas may have higher poverty and unemployment rates. These issues can cause social and psychological stress, which may encourage substance use as a coping

technique. Medical facilities and addiction treatment centers are more limited in rural location.

5.2. Distribution of addicts according to their clinical characteristics:

Regarding the type of substance use, it is indicated that half of addicts are engaged in the abuse of multiple substances, where as thirty six percentage of them are only abusing drugs. These findings are inconsistent with the findings conducted by Evans et al. (2017), which revealed that fourteen of addicts are engaged in polysubstance abuse (alcohol and drugs), thirty five of addicts are just abusing alcohol, and two percentage of addicts are only abusing drugs, current research findings contrast the study results conducted by Leza et al. (2021) and Alblooshi et al. (2016), which indicated that the predominant substance utilised was alcohol, representing majority of participants. Most of the participants engaged in the use of at least two substances, while just nine percentage reported using a single substance. Research findings are disagreement with research conducted by Novins et al. (2004), which reported that majority of participants began using one type of substance, twinty two percentage used two, and nine percentage used three or more. From researcher points of views prolonged and habitual consumption of a particular substance might result in tolerance, necessitating increased doses to achieve the intended benefits. individuals can turn to different substances in order increase or intensify the effects of their primary drug of choice. Certain persons may engage in substance addiction as a means of self-medicating or coping with symptoms this consistent with Compton et al. (2017).

Regarding physical or mental problems, just three percentage have been associated to anxiety, seven percentage are linked to post-traumatic stress disorder, and eight percentage are associated to depression, the results contrast with the findings of a study conducted by Carlyle et al. (2021), which reported that four percentage of the samples exhibited physical health issues and fourteen percentage had a history of mild to moderate anxiety or depression. Furthermore, present research findings are in agreement with the study conducted by Larson et al. (2017), which demonstrated a significant correlation between childhood trauma and an increased susceptibility to mental health disorders, as well as a decline in academic performance. This results related to Szerman et al. (2019) according to researcher points of views some people with mental health problems self-medicate with substances. In order to cope with painful symptoms like depression, stress, or those caused by trauma, they could turn to substances like alcohol or drugs. Addiction is more likely to occur when substance use is used as a temporary means to deal with emotional discomfort.

Regarding a family member who is an addict, only ten percentage of addicts indicated they had a family member with addiction. These findings are identical to those reported by Carlyle et al. (2021), that five percentage of the study sample had a familial history of substance misuse disorders. Researcher point of view that adolescents raised in substance using families may perceive drug use as normal. They are more likely to accept or expect substance use from family members. Family substance addiction may increase the probability of starting and maintaining substance use this agreement with Nawi et al. (2021).

Twinty five of addicts have been admitted to the hospital, while 69% have not. These findings contrast the study conducted by Padyab et al. (2018), which reported that nearly two-thirds of the participants had been hospitalised at least once, The strongest indicator of future hospitalisation for mental health disorders (MHD) is drug use, followed by employment status, mental health condition, and, lastly, being male. Current findings contradict the results of a study conducted by (Padyab et al., 2018), which found that drug use ($p = 0.08$) was more prevalent among individuals who were subsequently hospitalised for MHD compared to those who were not.

5.3. Assessment of early childhood trauma among addicts:

The present findings indicate that more than half of individuals with addiction experienced a moderate level of childhood trauma. These results agree with a study conducted by Felitti et al. (2019), which found that over half of the participants reported experiencing at least one form of childhood trauma, and one-fourth reported multiple types of childhood exposures. Individuals who have encountered four or more types of childhood exposure, compared to those who have had none. According to researcher points of views certain individuals sometimes turn to substances as a means of dealing with the psychological pain, distress, or unresolved trauma linked to their early experiences this consistent by Bullock (2019)

The current research findings indicate that individuals with addiction often have experienced significant early childhood trauma, ranging from moderate to severe, which correspond with the research results done by of Mansour et al. (2010) found a correlation between moderate to severe childhood abuse and the development of various psychological disorders.

The findings indicates that fifty percentage of the study sample experienced severe physical abuse resulting in visible bruises and marks. Personally, was subjected to such a level of violence that required medical attention, this results are resembles to those of a study conducted by Dar et al. (2022) which found that the most common forms of physical abuse were "often or very often sworn at, insulted, or put down" (half of sample), "often or very often acted in a way that made them afraid that they would be physically hurt" (fourty eight percentage of cases), "often or very often pushed, grabbed, shoved, or slapped" (fourty percentage of cases), and "often or very often hit so hard that they had marks or injuries" (twinty eight of cases).

In response to the question, "Did you feel loved?" we found that the majority of participants obtained their love from their parents. This finding is in line with research by Saed et al. (2013), which found that majority people reported feeling cared for and loved by their mothers.

According to the questions about physical abuse, the current study's results indicates that the study participants experienced certain forms of physical abuse. These findings correspond with a study conducted by Saed et al. (2013), which found that six percentage of the participants reported experiencing physical abuse before the age of 17. Specifically, five percentage of the students recalled being hit, pushed, or punched by their fathers before the age of 17, and 4 of them required medical intervention due to the severity of their injuries.

Regarding physical abuse, over half of the respondents reported receiving either physical or emotional abuse. These findings align with a

study conducted by Bullock (2019), which found that half of respondents reported undergoing physical punishment.

Regarding physical abuse and physical neglect, current findings contrast with the study conducted by Garcia et al. (2021) their study found that physical abuse was the most common type of child trauma among men, with a prevalence rate of twinty five percentage, on the other hand, physical neglect was the most prevalent form of child trauma among women, with a prevalence rate of nineteen percentage. In general, the incidence of abuse, including both physical and emotional manifestations, was more common among males than women, and the present research findings align with the study conducted by Min et al. (2007), which revealed that a majority of the participants reported experiencing at least one form of childhood abuse or neglect. Additionally, most of the participants reported multiple types of abuse or neglect, while seven percentage reported experiencing all five types of childhood abuse or neglect.

5.4. Assessment of adverse childhood experience among Addicts.

The current findings reveal that almost half of addicts associated with moderate adverse childhood experience, these results resemble with study result done by Merrick et al. (2017) which revealed that ACEs were significantly associated with moderate adverse childhood experiences.

The results of current study are in line with those of Bogetić et al. (2023) and Bryant et al. (2020), which found that out of the adolescents examined only sixty percentage had no adverse childhood experiences, meaning that either eighty five percentage had at least one ACE. Over than half of the sample had two or more adverse childhood experiences.

The present research findings align with those of Grigsby et al. (2020), who found that a considerably greater rate of participants ($p < 0.001$) reported at least one ACE, with around majority of the sample reporting such an event. A total of half of the participants in the study had an ACE score greater than 4. From researcher point of view, ACEs can change neurobiology in ways that make it harder to control urges and resist cravings. Furthermore, ACEs may increase the risk of acquiring mental health issues including anxiety and depression, which in turn raise the likelihood of developing an addiction this resuts supported by Goodman (2017).

The current findings reveals that substantial number of addicts have experienced mild to moderate adverse childhood experiences. Specifically, over than half of them have lost their parents due to divorce or death, more than have been insulted by their parents, and over than have felt unloved by anyone in their family. These findings contradict the results of previous studies conducted by Karamanos et al. (2022) and Shanta et al. (2003), and Leza et al. (2021). These studies found that only most of participant experienced the loss of parents and three percentage were abused by a family member.

Current study results found that thirty percentage of addicts had a relative in prison or jail; however, this finding contrasts the findings of Perez et al. (2016), who found that over than half of addicts had a relative in prison or jail.

The present findings showed that twinty three percentage of the samples lived with someone who was depressed, had a mental illness, or attempted suicide; , the results disagree with the study results done by Saed

et al. (2013) showed that four percentage of the samples had parents who were suffering from a mental illness, and some of those parents were even seeking treatment for their condition.

Current results indicate that thirty one percentage of the participants lived with someone who had problems with alcohol or drug use, including prescription drugs. This finding corresponds to a study conducted by Felitti et al. (2019), which reported that twinty five percentage of respondents lived with someone who had a drinking problem or was an alcoholic. However, our results contrast with the findings of studies conducted by Fernandes et al. (2021) and Bullock (2019), which found that only two percentage of the sample had parents with alcohol or drug addiction problems.

5.5. Overall assessment of alcohol and drug abuse severity among addicts.

Regarding the severity of addiction to drugs and alcohol, the findings indicate that majority of individuals with addiction exhibit a moderate level of severity. These results correspond with a study conducted by Aas et al. (2021) who found that almost majority of individuals having addiction reported engaging in frequent substance use. The most commonly used substances were cannabis, with a prevalence rate of half, followed by benzodiazepines at thirty eight percentage.

The findings of current study disagree with the research conducted by Benjet et al. (2013), which indicates that a significant proportion of teenagers (eighty percentage) have been exposed to opportunities to consume alcohol. Among those, a majority have engaged in alcohol consumption, whereas a small percentage of alcohol users have acquired

alcohol abuse or dependency. Regarding illicit substances, fewer than one-third of individuals have had opportunities to take drugs. From researcher point of views level of addiction severity can affect by various factors , including the frequency and intensity of substance use, the impact on an individual's everyday functioning and relationships, the occurrence of withdrawal symptoms, and the persistence of encourages or compulsive drug-seeking activities this supported by Volkow (2014).

5.6. Assessment of health problems related to addiction among addicts.

The present research findings demonstrate that most of participants struggling with addiction recognized excessive alcohol or drug use and attempted to reduce or cease their consumption. These findings resembles with a study results conducted by Mehany et al. (2021), which identified that concerns about health and legal repercussions motivated individuals to quit and seek treatment. However, withdrawal symptoms represented the greatest obstacle to quitting addiction. Furthermore, the study reveals that the reasons for quitting varied among addicts. Approximately twinty five percentage of patients were concerned about future health consequences, twinty five worried about legal issues, sixteen percentage cited family factors, thirteen percentage aimed to save costs, seven percentage were concerned about income, and only seven percentage reported self-efficacy.

Current research findings contrast with the results reported by Younis SM and Hussain YH (2021), which indicate that over half of addicts did not make any attempts to quit, whereas twinty five did make an attempt.

Regarding to substance use, almost all participants in the study had a severe addiction to substances, as supported by the research conducted by

Conway et al. (2018) and Khoury et al. (2010). These studies reported that thirty four percentage of participants revealed to use alcohol or drugs at a certain time. Specifically, the most of participants were the most frequently used substances like, alcohol and marijuana.

Current findings indicates that the more common health problems reported among addicts are: sixty percentage of sample experienced of memory loss, all of participants feel bad or guilty about drinking or drug use, and half of them had legal problems, these findings align with a previous study conducted by Conway et al. (2018), which reported a higher percentage of individuals experiencing high severity of lifetime internalizing and externalizing problems.

The findings of present study reveal the variety of health and legal problems associated with addiction. These results correspond with the findings of a study conducted by Al-Hinaai et al. (2021), which highlights the adverse effects of substance misuse over a person's lifetime. Specifically, twinty eight percentage of respondents reported experiencing social problems, while twinty nine percentage of addict have health problems. The adverse effect of substance misuse on their academic performance was equally significant, with a prevalence rate of twinty nine percentage. The financial and legal consequences had the least negative consequences after substance consumption, with rates of fifteen percentage and five percentage respectively.

The findings of cuurent study relate to the health problems associated with addiction. These results indicate a moderate level of health issues associated with addiction. This is in contrast to the findings of a study conducted by Keaney et al. (2011), which showed that approximately half

of the participants were found to have at least one health problem that was classified as "moderate" or "severe." The health issues that had the highest likelihood of being classified as "moderate" or "severe" were gastrointestinal and liver illnesses (twinty percentage), cardiovascular conditions (eighteen percenatge), and neurological disorders (eleven percentage).

The findings of present study on health problems associated with addiction align with the results of research conducted by Rehm et al. (2013) and Baingana et al. (2015). The study indicated that prolonged and frequent usage is the primary cause of the neurobiological alterations linked to substance use disorders. Furthermore, there is substantial data indicating that prolonged and excessive usage may be responsible for the majority of social issues and the overall impact on health (both in terms of morbidity and mortality).

Current research findings corresponds to the study conducted by Baingana et al. (2015), which found that mental illness can increase the likelihood of substance misuse. Individuals frequently turn to alcohol, tobacco, or amphetamines as a form of self-medication to cope with distress and negative emotions.

5.7. Assessment of life experience related to addiction among addicts.

This results indicates that individuals with a mild level of addiction-related life experiences, such as having family members or friends with a history of drinking or drug problems, were inconsistent with the findings of a study conducted by Mahmood et al. (2019). The study demonstrated significant associations ($P < 0.001$) between substance use and the

substance use of family members or friends, as well as the availability of substances. Current findings, in contrast to the study conducted by Li Lemma et al. (2023), who indicate that Poly-drug use is strongly and directly influenced by factors such as family income and friends' drug use .

5.8. Effect of early childhood trauma and adverse childhood experience on severity of addiction among adult addicts.

Current study results exhibits that exposure to early childhood trauma and adverse childhood experience have significant influence on addiction in adults as reported by significant difference with early childhood trauma and adverse childhood experience at p-values= .012 and .011 respectively. These findings are consistent with previous studies conducted by Bogetić et al. (2023) and Fang et al. (2017) and Grummitt et al. (2022), which also found a positive correlation between childhood trauma, adverse childhood experiences, and the severity of addiction. Furthermore, these studies indicate that childhood trauma and adverse childhood experiences can serve as predictors of early substance use and addiction. The present research findings correspond with the results done by Leza et al. (2021) and Garcia et al. (2021) and Allem et al. (2015), which demonstrated a positive correlation between ACEs, onset and severity of SUDs during both adolescence and adulthood. The occurrence of ACEs and childhood trauma significantly increase the probability of individuals beginning to use illegal drugs during early adolescence, mid-adolescence, adulthood, or at any time in their lifespan. Specifically, the likelihood of initiation increases by fourteen percentage, ten percentage, and thirty percentage respectively, The findings of current study align with the research conducted by Khoury et al. (2010), which demonstrated a significant correlation between substance

use, specifically cocaine, and childhood physical, sexual, and emotional abuse, as well as current symptoms of PTSD. This correlation remained significant regardless of exposure to trauma in adulthood. The present research findings correspond with the results of research done by Whitesell et al. (2009) and Evans et al. (2017), which show that early adversity is strongly and positively correlated with early substance use. The earlier an individual experiences adversity, the earlier they are likely to initiate substance use. Additionally, greater exposure to childhood adversity increases the risk of developing substance use disorders. It is notable that women have a lower risk compared to men. The present results, in contrast to the study findings conducted by Choi et al. (2017) which found that emotional neglect, physical neglect, witnessing domestic violence, and parental/other adult's incarceration did not have a significant impact on the development of any substance use problem. Current research findings correlate with the results conducted by Grigsby et al. (2020) and Bryant et al. (2020) and Li Lemma et al. (2023) these studies indicate a correlation between levels of ACE) and various health outcomes, including physical, mental, and behavioral indicators such as substance use, depression, and sleep issues. From researcher point of view that traumatic childhood events can lead to altered stress responses, increasing susceptibility to stress. In response, individuals may resort to substance use as a coping mechanism to alleviate mood problems associated with an imbalanced stress response. This notion is supported by Khoury et al. (2010).

5.9. Addiction severity and sociodemogaphic charateristics.

The present research findings indicate that there are no significant variations in addiction severity with regards to demographic data. The

findings contradict the study conducted by Alahmari et al. (2019), which showed significant variations between various types of addiction and sociodemographic data. According to researcher point of view this results indicate there is pure relationships between independents and dependent variables and this relationships not affect by extraneous variables (Sociodemographic data) this contrast by Alahmari et al. (2019).

5.10. Significant Difference in Addiction Severity with regard to Addicts' Age.

The presents study results show there is no significant variations in the severity of addiction based on the age group of the addicts. These findings disagree with the results of previous studies conducted by Mahmood et al. (2019), Evans et al. (2017) , Alahmari et al. (2019), Al-Hemiary et al. (2015) and Abomughaid et al. (2018), which reported a significant correlation between substance use and age ($P < 0.001$).

There is no significant difference in addiction severity with regards to genders. This finding contradicts the results of previous studies conducted by Fang et al. (2017), Dar et al. (2022) and Evans et al. (2017), which showed a significant difference in addiction severity between adult males and females. In those studies, majority of the narcotic group consisted of males. The current findings disagree with the study conducted by Grummitt et al. (2022), which showed there typically sex differences in the occurrence of ACEs, with females having a higher prevalence and experiencing more cases of ACEs. The available evidence regarding the relationship between ACEs and use of substances indicates some variation, but strongly indicates a more significant correlation between ACEs and substance usage in females compared to males.

5.11. Significant Difference in Addiction Severity with regard to Addicts' Marital Status.

This findings indicates that there are no substantial differences in the intensity of addiction based on the marital status of addicts. These findings contrast with the results of a study conducted by Abomughaid et al. (2018), which reported a significant correlation (P value 0.034) between marital status and the type of drug used. According to their study, 24 individuals (eighty percentage) were single, while 6 individuals (twinty percentage) were married.

5.12. Scheffe' Multiple Comparison Test for Addiction Severity with regard to Level of Education.

Regarding the severity of addiction in relation to education, there is a significant difference in addiction severity based on the level of education, with a p-value of .018 for those who have the ability to read and write, and a p-value of .029. These findings are consistent with previous studies conducted by Alahmari et al. (2019) and Al-Hemiary et al. (2015), which also found significant associations between educational level and addiction to various substances. Alcohol dependence was more prevalent among individuals with lower education levels, but misuse and dependence on cannabis and stimulants were more commonly found among those with higher education levels.

5.13. Significant Difference in Addiction Severity with regard to Addicts' Monthly Income.

The present research findings contradict the study conducted by Mahmood et al. (2019), which showed a significant relationship between monthly income and drug and alcohol consumption. In contrast, current

results indicate that there are no significant differences in addiction severity based on addicts' monthly income. Similarly, current findings differ from the study conducted by Li Lemma et al. (2023), which found that monthly income had a direct and significant impact on poly-drug use.

5.14. Significant Difference in Addiction Severity with regard to Addicts' Occupation.

Regarding the severity of addiction and occupation, there is no significant variation in addiction severity based on the occupation of addicts. However, this finding contrast with the results of a study conducted by Alahmari et al. (2019), which indicated strong connections between employment status and addiction to alcohol and stimulants.

Conclusions and Recommendations

5.15. Conclusions:

5.15.1. The most of addict's patients exhibited moderate childhood trauma, adverse childhood experiences, and moderate severity of alcohol and drugs use.

5.15.2. Developing of addiction in adulthood has increased by increasing early childhood trauma and adverse experiences.

5.15.3. Addiction severity has affected by the level of education and not affected by other demographic characteristics of addicts.

5.16. Recommendations:

5.16.1. Increasing awareness programs on Television about the risks of early childhood trauma, adverse experiences and its influence on developing of negative behaviors like addiction.

5.16.2. Stable and strong parent-child relationships that are firmly established are expected to offer a safeguard against the adverse consequences of trauma in young children.

5.16.3. Early intervention and therapy can decrease a child's trauma's social and emotional effects. Intervention assists in changing attitudes and behaviors, not early results in abused child.

5.16.4. Further studies with large population and included male and female in the study to determine the differences between sex according to childhood trauma, adverse experiences and addiction.

5.16.5. Home visits by a nurse to the mother who is at high risk of involvement with child protective services and educational parenting programs that enhances the parents with knowledge and directs them towards learning new behavior and practices to avoid maltreating the child.

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Appendices

Appendix A

Ethical Consideration

Ministry of Higher Education and Scientific Research
University of Karbala / College of Nursing
Scientific Research Ethics Committee

UOK.CON.23.006
Ethical Committee Code:
Date: ٩ / ١٩ /2023

Research Ethical Approval Form

Title of the research project	
In the English language	**In the Arabic language**
Influence of Early Childhood Trauma and Adverse Experiences on the Development of Addiction in Adulthood: A retrospective Study	تأثير صدمات الطفولة المبكرة والتجارب السلبية على تطور الإدمان في مرحلة البلوغ :دراسة ارتجاعية

Data About the Main Researcher /Student:			
Full Name	**Scientific Title**	**Mobile Number**	**Email**
Muntadher Ahmed Ghanim	Academic Nurse	07723680385	muntadharahmed1996@gmail.com

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Dr. Ali Kareem Khudhair	Professor	07712733433	Profalialjbori@gmail.com

Study objectives

1. To assess early childhood trauma and adverse experiences.
2. To assess severity of addiction in adulthood.
3. To assess the influence of early childhood trauma and adverse experiences on the development of addiction in adulthood.
4. To identify variations in adult addiction severity based on specific socioeconomic characteristics.

Time and Setting of the Study

Time: Start from October 2023 to August 2024
The samples will be collected from Imam Al-Hassan Al-Mujtaba Hospital and private clinics.

Study Design

Quantitative/Descriptive study (Retrospectives Study)

Sampling method and sample size

Non probability (Purposive sampling) of 100 addict patients.

Statement of Ethical Commitment

The study will be conducted in accordance with what was mentioned in the protocol above and to commitment that all rules set by the ethical committee are followed in present research process. The researcher also makes a commitment to abide by ethical principles, moral values, law and instruction of the institutions. There is no bias will be during collecting the data, gender, regional aspects and is totally impartial and objective. The researcher will have taken an informed consent from the participants, and provide clarifications and information about the study to the sample members. The researcher deals with the data of the sample members in complete confidentiality.

Name and signature of the researcher

Recommendation of the College's Research Ethical Committee

☑ **Agreement to conduct the study** ☐ **Disagreement to conduct the study**

Instructor Dr. Sajidah Saadoon Oleiwi
Member

Ass. Prof. Dr. Zeki Sabah Musihb
Member

Ass. Prof. Dr. Ghazwan Abdalhussein
Member

Ass. Prof. Dr. Hasan Abdullah Athbi
Chairman of the Committee

Appendix B

Adminstrative Agreements

Republic of Iraq
Ministry of higher education & scientific research
University of Karbala
College of Nursing
Graduate studies Division

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جـــامعة كربلاء
كـلية التـمريـض
شعبة الدراسات العليا

العدد : د.ع/ 234
التاريخ: 9 / 11 / 2023

الى / دائرة صحة كربلاء المقدسة – مركز التدريب و التنمية البشرية

م/ تسهيل مهمة

تحية طيبة...

يرجى التفضل بالموافقة على تسهيل مهمة طالب الدراسات العليا / الماجستير (منتظر أحمد غانم) في كليتنا للعام الدراسي (2023-2024) لغرض جمع العينات الخاصة برسالته الموسومـــة :

"تأثير صدمات الطفولة المبكرة والتجارب السلبية على تطور الإدمان في مرحلة البلـــوغ : دراسة ارتجاعية"

"Influence of Early Childhood Trauma and Adverse Experiences on The Development of Addiction in Adulthood: A Retrospective Study"

** مـــع التقديـــر **

أ.م.د. سلمان حسين فارس الكريطي
معاون العميد للشؤون العلمية و الدراسات العليا
2023 /11/ 9

نسخة منه الى :
- مكتب السيد المعاون العلمي المحترم .
- شعبة الدراسات العليا .

العنوان : العراق - محافظة كربلاء المقدسة – حي الموظفين - جامعة كربلاء
Mail: nursing@uokerbala.edu.iq website:

Appendix B1

Administrative arrangements

وزارة الصحة
دائرة صحة كربلاء
مركز التدريب والتنمية البشرية
لجنة البحوث

استمارة رقم ٢٠٢١/٠٣

رقم القرار : ٢٠٢٣٢٢٧

تاريخ القرار ٢٠٢٣/١١/١٥

قرار لجنة البحوث

درست لجنة البحوث في دائرة صحة كربلاء مشروع البحث ذي الرقم (٢٠٢٣٢٢٧) المعنون

لإنجاز بحثه الموسوم

((تأثير صدمات الطفولة المبكرة والتجارب السلبية على تطور الادمان في مرحلة البلوغ : دراسة ارتجاعية))

والمقدم من الباحث:

((منتظـــر احمـــد غـــانم))

الى شعبة ادارة المعرفة / وحدة ادارة البحوث في مركز التدريب والتنمية البشرية في دائرة صحة كربلاء بتاريخ ٢٠٢٣/١١/١٥ وقررت:

قبول مشروع البحث اعلاه كونه مستوفيا للمعايير المعتمدة في وزارة الصحة والخاصة بتنفيذ البحوث ولا مانع من تنفيذه في مؤسسات الدائرة.

الدكتور
نعيم عبيد الشهداني
مقرر لجنة البحوث

15/11/2023

المرفقات:

-Choose an item.

ملاحظات:

- تم تخويل عضو لجنة البحوث (د.تقوى خضر عبد الكريم) او مقرر اللجنة (د.نعيم عبيد طلال) للتوقيع على هذا القرار استنادا الى النظام الداخلي للجنة البحوث.
- الموافقة تعني ان مشروع البحث قد استوفى المعايير الاخلاقية والعلمية لإجراء البحث والمعتمدة في وزارة الصحة. اما التنفيذ فيعتمد على التزام الباحث بتعليمات المؤسسة الصحية التي سينفذ فيها البحث.

Appendix B2

Administrative arrangements

Holy Karbala governorate
Karbala Health Department
Training and Human Development Center
Research and knowledge management division

جمهورية العراق

محافظة كربلاء المقدسة
دائرة صحة كربلاء المقدسة
مركز التدريب والتنمية البشرية
شعبة ادارة البحوث والمعرفة
العدد: ٢٢٠٤
التاريخ: ٥ / ١١ / ٢٠٢٣

إلى / جامعة كربلاء /كلية التمريض

الموضوع /تسهيل مهمة

تحية طيبة....

تـود إعلامكـم بأنـه لا مـانع لـدينا مـن تسـهيل مهمـة طالـب الدراسـات العليا/الماجستير (منتظر احمد غانم) لإنجاز بحثه الموسوم:

((تأثير صدمات الطفولة المبكرة والتجارب السلبية على تطور الادمان في مرحلة البلوغ : دراسة ارتجاعية))

في مؤسستنا الصحية / مستشفى الامام الحسن(ع) المجتبى/ وبأشراف الدكتور (حيدر حسين سلوم) على ان لا تتحمل دائرتنا اي نفقات مادية مع الاحترام ٠

الدكتورة
تقوى خضر عبد الكريم
مدير مركز التدريب والتنمية البشرية
١٥ / ١١ /٢٠٢٣

نسخة منه الى
- مستشفى الامام الحسن (ع) المجتبى / لاجراء اللازم مع الاحترام .

Appendix C

Questionnaire of the Study- Arabic

جامعة كربلاء\ كلية التمريض

عزيزي المريض:

نلتمس مشاركتكم في هذا البحث الذي يهدف إلى التعرف على (تأثير صدمات الطفولة المبكرة والتجارب السلبية على تطور الإدمان في مرحلة البلوغ).

نودّ إعلامكم بأنّ جميع البيانات المأخوذة من هذا البحث ستكون لأغراض البحث العلمي وستعامل بسريّة تامة من الباحث.

اولا: المعلومات الديموغرافية:

1- مكان جمع العينة: أستشارية ☐ ردهة ☐

2-العمر: اقل من 20 سنة ☐ 29-20 ☐ 30- 39 ☐ 40-49 ☐

50 سنة فأكثر ☐

3-الجنس: ذكر ☐ أنثى ☐

4-الحالة الاجتماعية: **اعزب\اء** ☐ **متزوج\ه** ☐ **منفصل/ه /مطلق/ه /ارمل/ه** ☐

5- المستوى التعليمي:

لا يقرأ و لا يكتب ☐ يقرأ و يكتب ☐

المتوسطة ☐ الإعدادية ☐

معهد او كلية ☐ ماجستير فأكثر ☐

6- الدخل الشهري للأسرة (بالدينار العراقي):

أقل من 300.000 ☐

600.000-300.000 ☐

900.000-601.000 ☐

☐

1.200.000-901.000

1.500.000-1.201.000 ☐

1.501.000 أو أكثر ☐

7- ما مدى قناعتك بالدخل الشهري؟

يكفي ☐ بالكاد يكفي ☐ لا يكفي ☐

8- المهنة: كاسب ☐ **ربة بيت** ☐ **موظف/ة** ☐ **طالب/ة** ☐

9- عدد ساعات العمل: 1-4 ☐ **5-8** ☐ **9-12** ☐ **13 ساعة فأكثر** ☐

10- السكن الحالي: ريف ☐ **مدينة** ☐ **أطراف المدينة** ☐

11- نوع المادة المخدرة: ☐

12- مدة التعاطي: شهر ☐ **سنة** ☐

13- هل تعاني من امراض جسدية او نفسية / نعم ☐ **لا** ☐

إذا كانت الإجابة نعم ما هو نوع المرض: ☐

14- هل كان أحد افراد أسرتك يعاني من مشكلة الإدمان: نعم ☐ **لا** ☐

إذا كان الجواب نعم ما نوع المادة المخدرة التي يتعاطوها: ☐

15- عدد مرات الدخول الى المستشفى: ☐

ثانيا: استبانة صدمات الطفولة:

التعليمات: يرجى تقييم نفسك بناءا على الخيارات الواردة ادناه فيما يتعلق بالصدمات المؤلمة الاتية التي تكون قد مررت بها خلال مرحلة الطفولة المبكرة الى عمر 18 سنة. خذ وقتك وكن صادقا في الإجابة.

ت	الوصف	غير صحيح مطلقا	صحيح أحيانا	صحيح نادرا	صحيح غالبا	صحيح دائما
1	هل في طفولتك كنت تتعرض الى الحرمان بما في ذلك الحرمان من الطعام؟					
2	هل كنت في طفولتك تحظى بالرعاية والعناية من اسرتك؟					
3	هل كان في طفولتك بعض من افراد اسرتك ينادونك بألفاظ سيئة مثل قبيح/ غبي/ كسول؟					
4	هل كان والديك في طفولتك مدمنين على الكحول او المخدرات لدرجة انهم لا يمكنهم الاعتناء بك؟					
5	هل كان في طفولتك أحد افراد أسرتك يشعروك بأنك مهم او مميز؟					
6	هل حدث في طفولتك أنك لم تجد الا ملابس متسخة لتلبسها؟					
7	هل شعرت في طفولتك بأنك محبوب؟					
8	هل شعرت في طفولتك بأن والديَك تمنيا بأنك لم تخلق؟					
9	هل تعرضت في طفولتك الى ضرب مبرح من أحد افراد أسرتك احتجت على أثرها عناية طبية؟					
10	هل ان في أسرتك لا توجد أشياء سلبية بحاجة الى تغيير.					

11	هل كان في طفولتك بعض أفراد أسرتك يضربك بقسوة مما ترك أثر لعلامات وكدمات على جسمك؟					
12	هل كنت في طفولتك تعاقب بالضرب بحزام او لوح او حبل او شيء اخر صلب؟					
13	هل كانت أسرتك تعتني ببعضها البعض؟					
14	هل في طفولتك كان أفراد أسرتك يقولون لك كلام مؤذي ومهين؟					
15	هل أسيئت معاملتك جسديا اثناء طفولتك؟					
16	هل حظيت بطفولة مثالية؟					
17	هل ضربت في طفولتك بشكل سيء من افراد اسرتك ولوحظ عليك من المعلم او الجار او الطبيب؟					
18	هل شعرت في طفولتك بأن أحد افراد أسرتك يكرهك؟					
19	هل شعرت في طفولتك أن أفراد أسرتك كانوا متقاربين فيما بينهم؟					
20	هل حاول شخص ما في طفولتك ان يلمسك بطريقة جنسية او حاول ان يجعلك تلمسه؟					
21	هل في طفولتك شخص ما هدد بإيذائك ما لم تفعل شيئا جنسيا معه؟					
22	هل في طفولتك كنت تشعر بأن عائلتك من أفضل العوائل؟					
23	هل حاول شخص ما في طفولتك ان يجعلك تحاول القيام بأشياء جنسية / مشاهدة أشياء جنسية؟					
24	هل تحرش بك شخص ما في طفولتك؟					

25	هل تعرضت في طفولتك للإيذاء العاطفي مثل (الإهانة والتقليل من الشأن وعدم الاحترام)؟					
26	هل كان هنالك من يأخذك للطبيب عندما تحتاج اليه في طفولتك؟					
27	هل تعرضت في طفولتك للإيذاء الجنسي؟					
28	هل كانت اسرتك مصدر القوة والدعم لك في طفولتك؟					

ثالثا: استبانة تجارب الطفولة السلبية

ت	الوصف	نعم	غير متأكد	لا
1	هل فقدت أحد والديك بسبب الطلاق، أو الهجرة، أو الوفاة، أو أي سبب آخر؟			
2	هل عشت مع أي شخص يعاني من الاكتئاب، أو المرض العقلي، أو حاول الانتحار؟			
3	هل عشت مع أي شخص يعاني من مشكلة الشرب أو تعاطي المخدرات، بما في ذلك العقاقير الطبية؟			
4	هل تعدى والداك او البالغين في منزلك على البعض بالضرب او اللكم او هدد أحدهما الاخر؟			
5	هل عشت مع أي شخص دخل السجن أو الإصلاحية؟			
6	هل شتمك أحد الوالدين أو شخص بالغ في منزلك، أو أهانك، أو قلل من شأنك؟			
7	هل شعرت أنه لا أحد في أسرتك يحبك أو يعتقد أنك مميز؟			
8	هل شعرت أنه لم يكن لديك ما يكفي من الطعام، أو اضطررت إلى ارتداء ملابس متسخة، أو لم يكن لديك أحد او أو لم يكن لديك أحد لحمايتك أو رعايتك؟			
9	هل تعدى عليك أحد والديك أو بالغ في منزلك بالضرب، أو الركل، أو آذاك جسديًا بأي شكل من الأشكال؟			
10	هل واجهت اتصالا جنسيا غير مرغوب فيه (مثل المداعبة أو الجماع/الإيلاج الفموي/الشرجي/المهبلي)؟			

رابعا: استبانة فحص الكحول والمخدرات الأخرى

يرجى تقييم نفسك بناءا على الفقرات الواردة ادناه. خلال الثلاثين يوم الماضية هل كانت لديك المشاكل ادناه.

1- محور الإدمان			
ت	الوصف	نعم	لا
1	هل استخدمت الكحول أو المخدرات الأخرى (مثل النبيذ أو البيرة أو المار جوانا أو الكوكايين أو الهيروين أو غيرها من المواد الأفيونية أو المهدئات أو المهلوسات أو المستنشقات)؟		
2	هل شعرت أنك تستهلك الكثير من الكحول أو المخدرات الأخرى؟		
3	هل حاولت التقليل أو الإقلاع عن شرب الخمر أو تعاطي المخدرات؟		
4	هل ذهبت إلى أي شخص للحصول على المساعدة بسبب شرب الخمر أو تعاطي المخدرات (مثل مدمني الكحول أو مدمني المخدرات أو مدمني الكوكايين أو المستشارين أو برنامج علاجي)؟		

2- محور المشاكل المتعلقة بالادمان			
1	هل تعرضت لفقدان الوعي المؤقت أو فترات أخرى من فقدان الذاكرة؟		
2	هل شعرت بشعور شي يمشي تحت الجلد بعد التوقف عن تعاطي المخدرات؟		
3	هل تعاني من التشنجات، والهذيان الارتعاشي؟		
4	هل كان لديك التهاب الكبد أو مشاكل أخرى في الكبد؟		
5	هل شعرت بالمرض أو الارتعاش أو الاكتئاب عندما توقفت؟		
6	هل تستخدم الابر لزرق الادوية المخدرة؟		
7	هل تسبب شرب الخمر أو تعاطي المخدرات في مشاكل بينك وبين عائلتك أو أصدقائك؟		
8	هل تسبب شرب الخمر أو تعاطي المخدرات في مشاكل في المدرسة أو العمل؟		

9	هل تم القبض عليك أو واجهت مشكلات قانونية أخرى (مثل الشيكات المرتجعة أو القيادة في حالة سكر أو السرقة أو حيازة المخدرات)؟		
10	هل فقدت أعصابك أو دخلت في جدالات أو معارك أثناء شرب الخمر أو تعاطي المخدرات؟		
11	هل تحتاج إلى شرب أو تعاطي المخدرات أكثر فأكثر للحصول على التأثير الذي تريده؟		
12	هل تقضي الكثير من الوقت في التفكير أو محاولة للحصول على الكحول أو المخدرات الأخرى؟		
13	عند شرب الخمر أو تعاطي المخدرات، هل من المرجح أن تفعل شيئًا لا تفعله عادة، مثل خرق القواعد، أو خرق القانون، أو بيع الأشياء التي تهمك، أو ممارسة الجنس دون وقاية مع شخص ما؟		
14	هل تشعر بالسوء أو الذنب تجاه شرب الخمر أو تعاطي المخدرات؟		
3- محور الأسئلة المتعلقة بتجارب الحياة			
1	هل سبق أن عانيت من مشكلة الشرب أو المخدرات؟		
2	هل واجه أحد أفراد أسرتك مشكلة تتعلق بالشرب أو المخدرات؟		
3	هل تشعر أن لديك مشكلة الشرب أو المخدرات الآن؟		

Appendix D

Expert's List

قائمة أسماء لجنة الخبراء

ت	اسم الخبير	اللقب العلمي	الاختصاص الدقيق	سنوات الخبرة	مكان العمل
1	د. سجاء هاشم محمد	استاذ	تمريض الصحة النفسية والعقلية	45	جامعة البيان/ كلية التمريض
2	د عبد المهدي عبد الرضا حسن	استاذ	تمريض الصحة النفسية والعقلية	44	جامعة بابل \ كلية التمريض
3	د. قحطان قاسم محمد	أستاذ	تمريض الصحة النفسية والعقلية	14	جامعة بغداد\ كلية التمريض
4	د. سعد سابط العطراني	استاذ	دكتوراه علم النفس السريري	15	كلية الاداب جامعة الإمام جعفر الصادق ع
5	د. عامر فاضل الحيدري	أستاذ	اختصاص الطب النفسي	35	جامعة كربلاء/ كلية الطب
6	د. حيدر حمزة علي	أستاذ	تمريض الصحة النفسية و العقلية	15	جامعة الكوفة/ كلية التمريض
7	د سلمان حسين فارس	استاذ مساعد	تمريض صحة مجتمع	33	جامعة كربلاء/ كلية التمريض
8	د. ايمان حسين علوان	استاذ مساعد	تمريض الصحة النفسية والعقلية	33	جامعة بغداد \ كلية التمريض
9	د صافي داخل نوام	استاذ مساعد	تمريض الصحة النفسية و العقلية	21	جامعة كربلاء\كلية التمريض
10	.د. معن حميد ابراهيم العامري	أستاذ مساعد	تمريض الصحة النفسية والعقلية	20	جامعة الكوت/ كلية التمريض
11	د غزوان عبد الحسين عبد الواحد	استاذ مساعد	تمريض صحة مجتمع	19	جامعة كربلاء\ كلية التمريض
12	د. حسام مطشر زان	أستاذ مساعد	تمريض الصحة النفسية والعقلية	18	جامعة الكوفة/ كلية التمريض
13	د. حسن علي حسين	أستاذ مساعد	تمريض الصحة النفسية والعقلية	15	جامعة بغداد\ كلية التمريض
14	.د. حقي اسماعيل منصور	مدرس دكتور	تمريض صحة مجتمع	6	جامعة كربلاء/ كلية التمريض

Appendix E

Statistics opinion

Republic of Iraq
Ministry of higher education & scientific research
University of Karbala
College of Nursing
Graduate studies Division

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جـــامعة كربلاء
كـلية التـمريـض
شعبة الدراسات العليا

إقرار الخبير الإحصائي

أشهد بأن الرسالة الموسومة :

"تأثير صدمات الطفولة المبكرة والتجارب السلبية على تطور الإدمان في مرحلة البلوغ: دراسة استرجاعية "

" Influence of Early Childhood Trauma and Adverse Experiences on The Development of Addiction in Adulthood: A Retrospective Study "

قد تم الإطلاع على الإسلوب الإحصائي المتبع في تحليل البيانات و إظهار النتائج الإحصائية وفق مضمون الدراسة و لأجله وقعت .

توقيع الخبير الإحصائي :

الإسم و اللقب العلمي :

الإختصاص الدقيق :

مكان العمل : جامعة كربلاء \ كلية

التاريخ : ٧ / ٦ / 2024

العنوان : العراق - محافظة كربلاء المقدسة – حي الموظفين - جامعة كربلاء
Mail: nursing@uokerbala.edu.iq
website: nursing.uokerbala.edu.iq

Appendix F

Linguistic's opinion

Republic of Iraq
Ministry of higher education & scientific research
University of Karbala
College of Nursing
Graduate studies Division

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جـــامعة كربلاء
كـلية التـمريـض
شعبة الدراسات العليا

إقرار الخبير اللغوي

أشهد بأن الرسالة الموسومة Influence of Early Childhood Trauma & Adverse Experiences on Development of Addiction in Adulthood: A retrospective Study

" تأثير صدمات الطفولة المبكرة والتجارب السلبية على تطور الإدمان في مرحلة البلوغ: دراسة استرجاعية "

" Influence of Early Childhood Trauma and Adverse Experiences on The Development of Addiction in Adulthood: A Retrospective Study "

قد جرى مراجعتها من الناحية اللغوية بحيث أصبحت بإسلوب علمي سليم خالٍ من الأخطاء اللغوية و لأجله وقعت .

توقيع الخبير اللغوي :

الإسم و اللقب العلمي : أ.د. حسين مرسى كاظم

الإختصاص الدقيق : Linguistics

مكان العمل : جامعة كربلاء / كلية التربية للعلوم الانسانية

التاريخ : ١٨ / ٦ / 2024

العنوان : العراق - محافظة كربلاء المقدسة - حي الموظفين - جامعة كربلاء
Mail: nursing@uokerbala.edu.iq website: nursing.uokerbala.edu.iq

المستخلص

المقدمة: الإدمان ظاهرة تؤثر في الأشخاص في مختلف الفئات العمرية في جميع أنحاء العالم. هناك العديد من العوامل التي تؤثر في انتشاره. وقد اشار الكثير من العلماء أن هناك صلة بين صدمة الطفولة وتجارب الطفولة السلبية مع الإدمان.

منهجية البحث: أجريت هذه الدراسة للتعرف على تأثير صدمات الطفولة المبكرة والتجارب السلبية على تطور الإدمان في مرحلة البلوغ. تم استخدام التصميم الوصفي (الاسترجاعي) في هذه الدراسة لتحديد صدمات الطفولة المبكرة و التجارب السلبية التي تؤثر في تطور الإدمان في مرحلة البلوغ، للمدة من 26 ايلول 2023 إلى الثالث من تموز 2024. استخدمت الدراسة استبانة تتكون من أربعة أقسام: تضمن القسم الأول البيانات الاجتماعية والديموغرافية للمرضى المدمنين؛ وتضمن الثاني النموذج القصير لصدمات الطفولة المبكرة ؛ اما القسم الثالث فهو مقياس تجارب الطفولة السلبية والقسم الرابع هو مقياس فحص الكحول والمخدرات الأخرى. وكانت درجة ثبات الاستبانة لصدمات الطفولة (= 0.925)، ولتجارب الطفولة السلبية (= 0.793)، وفحص الكحول والمخدرات (= 0.890). شملت عينة الدراسة 142 مريضًا مدمنًا تم اختيارهم بطريقة غير عشوائية بعد إدخالهم إلى ردهة الامراض النفسية أو زيارتهم لأستشارية النفسية. وشمل تحليل البيانات الإحصائية بطريقة وصفية واستنتاجية.

النتائج: أظهرت النتائج أن التعرض لصدمات الطفولة المبكرة وتجارب الطفولة السلبية لها تأثير كبير على الإدمان لدى البالغين لاحقا، وهناك فرق ذي دلالة احصائية في شدة الإدمان بالنسبة لمستوى التعليم.

الاستنتاج: تطور الإدمان في مرحلة البلوغ ممكن ان يزداد من خلال زيادة الصدمات في مرحلة الطفولة المبكرة والتجارب السلبية.

التوصيات: زيادة برامج التوعية التلفزيونية حول مخاطر الصدمات في مرحلة الطفولة المبكرة والتجارب السلبية وتأثيرها على تطور السلوكيات السلبية مثل الإدمان.

جامعة كربلاء

كلية التمريض

تأثير صدمات الطفولة المبكرة و التجارب السلبية على تطور الإدمان في مرحلة البلوغ : دراسة استرجاعية

رسالة تقدم بها

منتظر احمد غانم

الى

مجلس كلية التمريض / جامعة كربلاء

كجزء من متطلبات نيل درجة الماجستير علوم في التمريض

إشراف

أ.د. علي كريم خضير

محرم ١٤٤٥ هـ **تموز ٢٠٢٤ م**