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TO INTVESTIGATE THE CORRELATION BETWEEN EARLY CHILDHOOD EXPERIENCE AND ALCOHOL USE DISORDERS IN YOUNG ADULTS

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1. ABSTRACT

This study investigates Alcohol Use Disorders (AUDs) by analyzing data collected from 102 clients across various locations and hospitals. Utilizing online questionnaires distributed through Google Forms and hard copies, the research explores client perspectives on AUDs, focusing on factors contributing to alcohol misuse and dependency. By employing a mixed-methods approach, this study combines quantitative analysis of survey responses with qualitative insights from open- ended questions. The research examines demographic characteristics, drinking patterns, early childhood experiences, and perceptions of alcohol use among participants.Key findings highlight the prevalence of AUDs across diverse populations and the impact of early childhood experiences on alcohol use behaviors in adulthood. Factors such as parental substance use, family dynamics, and socioeconomic status emerge as significant predictors of AUD risk. Moreover, the study identifies varying attitudes towards alcohol consumption among participants, with some endorsing social norms and others expressing concerns about the negative consequences of excessive drinking. Overall, this research sheds light on the complex interplay of individual, social, and environmental factors influencing

AUDs. Insights gleaned from client perspectives inform the development of targeted interventions and support services to address the diverse needs of individuals struggling with alcohol misuse.

Keywords: Alcohol Use Disorders, Client Perspectives, Online Survey, Questionnaires, Demographics, Early Childhood Experiences, Intervention

2. INTRODUCTION

Adverse childhood experiences (ACE), including maltreatment and household dysfunction, are consistent predictors of health compromising behaviors in adulthood. While most ACE studies have focused on adults, there is an emerging body of research focusing on young adulthood.

Understanding the factors that contribute to the development of alcohol use disorders (AUDs) is a critical area of research with significant implications for public health. Among the various influences, early childhood experiences have garnered considerable attention for their potential long-term impact on substance use behaviors. Adverse childhood experiences (ACEs), encompassing a range of stressful or traumatic events such as abuse, neglect, and household dysfunction, have been consistently linked to numerous negative health outcomes. This study aims to delve into the relationship between these early experiences and the propensity to developAUDs in young adulthood, a period marked by increased vulnerability to substance use disorders.

Theoretical frameworks such as the stress-response theory and attachment theory provide a basis for understanding how early adversity may predispose individuals to later substance abuse. The stress-response theory posits that chronic exposure to stress can alter the brain's neurochemical balance, making individuals more susceptible to addiction. Meanwhile, attachment theory suggests that early disruptions in caregiver relationships can impair emotional regulation and coping mechanisms, potentially leading to maladaptive behaviors, including substance use, as a form of self-medication.

This research will utilize a longitudinal approach, analyzing data from cohorts that track individuals from childhood into young adulthood. By examining variables such as the type and frequency of adverse experiences, family history of substance use, and socio-economic factors, the study seeks to elucidate the pathways through which early adversity contributes to AUDs. Additionally, protective factors and resilience mechanisms that mitigate the risk of developing AUDs despite adverse early experiences will be explored.

In sum, this investigation aims to provide a comprehensive understanding of how early childhood experiences shape the trajectory of alcohol use disorders. By identifying critical periods and key factors, the findings could inform the development of targeted prevention and intervention strategies, ultimately contributing to better mental health outcomes and reduced incidence of AUDs in young adults. Investigating the correlation between early childhood experiences and alcohol use disorders (AUDs) in young adulthood involves examining a variety of factors. These factors can be broadly categorized into those related to adverse childhood experiences (ACEs),

individual characteristics, family dynamics, and broader socio-economic contexts. Here are the key factors:

1. **Adverse Childhood Experiences (ACEs):**

❖ Types of ACEs: Physical, emotional, and sexual abuse; physical and emotional neglect; household dysfunction including parental substance abuse, mental illness, domestic violence, incarceration, and divorce.

❖ Frequency and Severity: The number and intensity of adverse experiences during childhood.

2. **Individual Characteristics:**

❖ Genetic Predisposition: Family history of AUDs or other substance use disorders.

❖ Mental Health:Presence of mental health disorders such as depression, anxiety, orPTSD.

❖ Coping Mechanisms: Individual resilience, emotional regulation skills, and stress response patterns.

3. **Family Dynamics:**

❖ Parental Influence: Parenting styles, parental supervision, and parent-child relationships.

❖ Family Environment: Stability of the family environment, presence of supportive family members, and overall family functioning.

4. **Socio-Economic Factors:**

❖ Economic Stability: Household income, parental employment status, and financialstress.

❖ Education: Access to quality education and educational attainment of the parents.

❖ Neighborhood: Community safety, social cohesion, and availability of social supportnetworks.

5. **Environmental and Social Factors:**

❖ Peer Influence: Peer substance use and social norms regarding alcohol consumption.

❖ Exposure to Substance Use: Availability and accessibility of alcohol during adolescenceand early adulthood.

❖ Cultural Factors: Societal attitudes towards alcohol use and cultural norms.

6. **Protective Factors:**

❖ Support Systems: Presence of mentors, supportive friends, and community programs.

❖ Interventions: Access to mental health services, substance abuse prevention programs, and other early interventions.

By examining these factors, researchers can better understand the complex interplay between early childhood experiences and the development of alcohol use disorders in young adulthood. This comprehensive approach allows for the identification of both risk and protective factors, informing more effective prevention and intervention strategies.

3. REVIEW OF LITERATURE

1. Elly C Young-Wolff et al…, (2010) aimed to review Accounting for the association between childhood maltreatment and alcohol-use disorders in males: a twin study. This was assessed using structured clinical interviews in a sample of 3527 male participants aged 19–56 years from the Virginia Adult Twin Study of Psychiatric and Substance Use Disorders.Males who experienced childhood maltreatment had an increased risk for AAD. Our results suggest that the childhood maltreatment–AAD association is attributable to broader environmental adversity shared between twins.

2. Yu-Mei Wan et al.., (2020) We aimed to investigate Evaluation of childhood traumatic experience as a risk factor for alcohol use disorder in adulthood. A total number of 1534 subjects who were born and live in the city of Tangshan were selected. The subjects were divided into three age groups The diagnosis of alcohol use disorder was based on Structured Clinical Interviews for DSM-IV Axis Disorders (patient version) (SCID). The childhood trauma Questionnaire short form (CTQ-SF) [1] and the Lifetime of Experience Questionnaire (LTE-Q) [2] were used to evaluate stress in childhood and adulthood, respectively. Only male subjects were diagnosed with lifelong alcohol abuse and alcohol dependence. There was no statistically significant difference in the prevalence of lifetime alcohol use disorder.

3. Hannah C Espeleta et al.., (2018) we examined Mindfulness as a mediator of the association between adverse childhood experiences and alcohol.use and consequences. This study is among the first to examine relations among ACEs, mindfulness, and health behaviors and the only research evaluating mindfulness as a mechanism for the impact of early adversity on alcohol use and consequences among college students. As predicted, mindfulness mediated the relations between early adversity and alcohol use and consequences. Specifically, decreased acting with awareness and non- judgemental may be particularly important for leading to greater use and consequences. Results indicated that increased adverse experiences and lower levels of mindfulness predicted both increased alcohol consumption and consequences (ps < 0.025), with mindfulness mediating the relationships.

4. Kenneth J Sher et.al..,(2015) This study examined relations between childhood stressors (e.g., disrupted family rituals, embarrassment, neglect, abuse), family history of paternal alcoholism, and alcohol use disorders in late adolescence and early adulthood. Of particular interest was the extent to which stressor exposure mediated the association between paternal and offspring alcohol use disorders. Method: A mixed-gender sample of 457 (238 female) participants, approximately half (N = 234) with a family history of

paternal alcoholism, were assessed for alcohol use disorders and childhood stressors via clinical interviews. Findings indicate that self-reported childhood stressors are strongly related to a family history of alcoholism, but are only moderately and inconsistently related to the development of an alcohol use disorder.

Moreover, they appear to, at best, only partially mediate the relation between family history of alcoholism and an alcohol use disorder.

5. Katherine T Foster et.al.., (2018) the aim of the exam was Positive and negative effects of internalizing on alcohol use problems from childhood to young adulthood: The mediating and suppressing role of externalizing.

A longstanding hypothesis is that some alcohol use problems (AUP) develop and are maintained through the "self- medication" of internalizing (INT; depression and anxiety) problems. However, their high rate of co-occurrence with one another and with externalizing (EXT; antisocial behavior and impulse control) problems obscures any causal association because EXT may account for the INT-AUP link. Using a large community sample, we estimated prospective effects of INT and EXT on AUP via latent cross- lagged mediation panel spanning 14 years from childhood (ages 9–11) to young adulthood (ages 21– 23). This study suggests that alcohol use problems from childhood through young adulthood likely develop from high levels of impulsivity, uninhibited behavior, and the self-medication of negative emotional experiences like anxiety and depression. By contrast, high levels of social withdrawal and inhibition that often accompany depression and anxiety appear to reducerisk for alcohol use problems during this period.

6. Joseph M Boden et.al.., (2021) This study aimed was that Parenting and home environment in childhood and adolescence and alcohol use disorder in adulthood. Parenting is a modifiable factor affecting the development of alcohol use disorder (AUD); however, the persistence of this effect into adulthood remains poorly understood. Data were gathered from the Christchurch Health and Development Study (CHDS), a birth cohort of 1,265 children born in Christchurch (New Zealand) in mid- 1977. Positive parenting was quantified to age 16, and included the extent to which cohort members self-reported. Outcome measures were AUD incidence and symptoms at ages 15–35, with potential confounding factors and time-dynamic covariates included. Parenting factors in childhood and adolescence are linked to AUD outcomes in adulthood, as well as mental health, substance use, and life stress. Investment in positive parenting in adolescence may reduce AUD and associated harms in adulthood.

7. Haley R Zettler et.al.., (2019) evaluated Considering the mediating effects of drug and alcohol use, mental health, and their co-occurrence on the adverse childhood experiences–recidivism relationship. Using data from a large sample of adjudicated

juveniles in Florida, the current study examines the mediating effects of drug and alcohol use, mental health problems, and their co- occurrence on the ACEs-recidivism relationship. For the entire sample, the results found that current drug use, current mental health problems, and their co-occurrence served as partial mediators of the ACEs- recidivism relationship. Further, important gender and racial differences in these mediating effects were revealed. Implications for these findings within justice-involvedyouth are discussed.

8. Andrzej MD et.al.., (2020) they assessed relationship Between Alcohol-related Family Adversity, Alcohol Use Across Adolescence, and Mental States Recognition in Young Adulthood. Longitudinal Study—a multiwave prospective study on at-risk youth. Children were assessed after initial recruitment (wave 1, target child age range 3–5 years), with assessments repeated every 3 years using parallel measures. The current study focuses on data spanning wave 2 (age range 7–9 years) through wave 6 (target child age range 18–21 years). Findings indicate that history of childhood adversity may actually improve young adult negative and neutral mental states recognition among those demonstrating high levels of risky alcohol use, as substance use may serve as an external self- regulatory tool. Clinical interventions that target enhancing metacognitive competence and emotion regulation could ultimately help to break the cycle of alcohol-related family adversity.

9. Giuseppe N Giordano et.al.., (2014) Aim of the the research was what is unexpected adverse childhood

experiences and subsequent drug use disorder. All individuals in the Swedish population born 1984– 95, who were registered in Sweden at the end of the calendar year that they turned 14 years of age. Measurements were that outcome variable was drug use disorder, identified from medical, legal and pharmacy registry records. Childhood stressors, as per DSM-IV stressor criteria, include death of an immediate family member and second-hand experience of diagnoses of malignant cancer, serious accidental injury and victim of assault. The findings were After adjustment for all considered confounders, individuals exposed to childhood stressors 'parental death' or 'parental assault' had more than twice the risk of drug use disorder than those who were not [hazard ratio (HR) = 2.63 (2.23– 3.09) and 2.39 (2.06–2.79), respectively]. Children aged under 15 years who experience second-hand an extraordinary traumatic event (such as a parent or sibling being assaulted, diagnosed with cancer or dying) appear to have approximately twice the risk of developing a drug use disorder than those who do not.

10. Chloe Devereux et.al.., (2023) the intervention is based on associations between adverse childhood experiences and substance use: a meta-analysis. Searches were conducted in MEDLINE, Embase, and PsycInfo in August 2021 and moderators were

examined. Inclusion criteria included studies that measured ACEs prior to age 18 and substance use, and were published in English. All analyses were completed in Comprehensive Meta-Analysis Software, Version 3.0. ACEs confer risk for substance use and trauma-informed approaches to substance use treatment should be considered. Study limitations and implications are discussed.

11. Amie M Schuck & Cathy Spatz Widom (2001) The sim of this research is to find out Childhood victimization and alcohol symptoms in females: causal inferences and hypothesized mediators. This paper has two distinct goals: (1) to determine whether it is appropriate to make a causal inference regarding the association between early child abuse and neglect and alcohol symptoms in females; and to examine five potential mechanisms (depression, worthlessness, social isolation/loneliness, low self esteem, and using alcohol and/or drugs to cope) that may mediate the relationship between child abuse and neglect and alcohol symptomatology. Subjects were administered a 2–h in- person interview, including the NIMH Diagnostic Interview Schedule (DIS-III-R) to assess alcohol use and abuse" Analyses are restricted to females in the sample (N = 582). Evidence from this prospective study suggests that childhood victimization may be one of the causal factors in the development of alcohol problems in females. Interventions should be directed at abused and neglected females of all ages to help them to deal with depression and to develop coping strategies to prevent the development of serious alcohol problems.

12. Mateu-Gelabert et.al.., (2021) To evaluate Adverse childhood experiences predict early initiation of opioid use behaviors. Young adults (n = 539) ages 18–29 who reported non-medical use of prescription opioids or heroin use in the past 30 days were recruited using Respondent-Driven Sampling in 2014–16. Ten ACEs were assessed via self-report with the ACE Questionnaire. Associations between number of ACEs and self- reported ages of initiating seven opioid use behaviors (e.g., non-medical prescription opioid use, heroin use, heroin injection) were estimated with multivariable logistic regression. Increasing number of childhood traumas was associated with increased odds of earlier initiation of multiple opioid misuse behaviors. In light of prior research linking earlier initiation of substance use with increased substance use severity, present findings suggest the

importance of ACEs as individual-level determinants of increased opioid use severity. Efforts to prevent onset and escalation of opioid use among at-risk youth may benefit from trauma prevention programs and trauma-focused screening and treatment, as well as increased attention to ameliorating upstream socio-structural drivers of childhood trauma

13. Mary-Anne Enoch (2011) The role of early life stress as a predictor for alcohol and drug dependence. Exposure to early life stress, that is unfortunately common in the general population, has been shown to predict a wide range of psychopathology, including addiction. This review will look at the characteristics of early life stress that may be specific predictors for adolescent and adult alcohol and drug dependence and will focus on studies in humans, non-human primates and rodents. There appears to be a direct pathway from chronic stress exposure in pre-pubertal children via adolescent problem drinking to alcohol and drug dependence in early adulthood. However, this route can be moderated by genetic and environmental factors. The role that gene– environment interactions play in the risk-resilience balance is being increasingly recognized.

14. Samantha Salmon et.al.., (2020) the aim of the findings is that Adverse childhood experiences (ACEs), peer victimization, and substance use among adolescents. Less is known about these relationships in adolescence and if experiencing ACEs in addition to peer victimization (or bullying) would have an interaction or cumulative effect on the odds of adolescent substance use. Data were used from the Well-Being and Experiences Study (The WE Study), a cross-sectional survey of adolescents aged 14–17 years (n = 1002) in Manitoba, Canada collected between July 2017 and October 2018. Statistical methods included descriptive statistics and logistic regression models. The odds of substance use becomes significantly greater if the adolescent with a history of ACEs also experiences peer victimization. Further research aimed at effective prevention of ACEs, peer victimization, and substance use is needed.

15. David Lohrmann et.al.., (2024) Adverse Childhood Experience-Related Conditions and Substance Use in Adolescents: A Secondary Analysis of Cross-Sectional Survey Data. Data from the 2018 Indiana Youth Survey (N = 70,703), which is a repeated self- administered, cross-sectional survey, were used. Latent class analysis was conducted using ACE-related family (parent incarceration, insulting/yelling within family, inability to discuss personal problems) and school (hate being in school, feeling unsafe, inability to talk to teachers one-on-one) items. Dependent variable combined past 30- day use-frequency of 17 substances. Adverse childhood experience-related items cluster within children across school and family environments and clustering differs by race/ethnicity, but not by sex. Incorporating ACE-related items into school surveys enhances the ability to implement interventions that target relationships between ACEsand substance use.

16. Mark B Reed et.al.., (2024) evaluates Depression mediates the relationship between adverse childhood experiences and risky drinking among Hispanic young adults. There is a positive association between ACEs and alcohol use among Hispanic populations; it

is unknown if mental health symptomatology mediates this relationship. The purpose of this study was to test whether depression and anxiety mediated the relationship between ACEs and risky drinking among Hispanic young adults who engage in risky drinking. Data from 264 Hispanic young adults, ages 19 to 30, were collected via an online questionnaire. Participants were recruited via social media, emails/listservs across colleges, the

community, and web-panels. The Questionnaire assessed ACEs, risky drinking, depression, and anxiety. We conducted a mediational analysis to test whether depression and anxiety mediated the relationship between ACEs and risky drinking. Depression explained the association between ACEs and risky drinking among Hispanic young adults, adding to our understanding of how mediators can Illustrate pathways that lead from ACEs to risky drinking. Practitioners and interventionists should continue supporting Hispanic youth by integrating them into early prevention programs to mitigate the mental health consequences of ACEs that could lead to risky drinking.

17. Christopher J Rogers et.al.., (2018) The aim of the research is to find out The relationship between family-based adverse childhood experiences and substance use Behaviors among a diverse sample of college students. Data are student responses (n = 2953) on the 2015 American College Health Association's National College Health Assessment II (ACHA-NCHA II) administered at one of the largest, most diverse public universities in California.Multivariable logistic and negative binomial regression models tested the association between individual and accumulated ACE and past 30-day alcohol, tobacco, Marijuana, and illicit drug use, past 12-month prescription medication misuse and polysubstance use. The graded effects of ACE for substance use underscore the link Between family-based stressors and these behaviors in emergent adult college students. Our findings make a compelling case for investing in health initiatives that prioritize ACE screening and access to trauma-informed care in campus communities. Continued research with college populations is needed to replicate findings and clarify the role of ethnicity and culture in trauma response and help seeking behaviors.

18. CJ Rogers et.al..,(2023) intervention of this is Adverse childhood experiences and alcohol related negative consequence among college student drinkers. Despite increasing college campus prevention efforts, and identification of effective strategies to reduce drinking, reducing alcohol related negative consequences (ARNC, e.g., regrets, blackouts, self- and other- injury, law enforcement exposure, sexual assault, and considering suicide) continues to be a challenge. Data are responses of currently drinking students on the American College Health Association-National College Health Assessment (ACHA- NCHA II) and College Student Health Survey (CSHS), administered in 2018 to students in California and Minnesota (N = 6,667).consistent

ACE – ARNC relationship across drinking behaviors suggests alcohol consumption does not fully explain the association between ACE and ARNC and that early adversity heightens vulnerability for ARNC. Implications for future prevention and intervention efforts are discussed.

19. Rebecca A Vidourek et.al…, (2017) This study examined whether Psychosocial factors associated with alcohol use among Hispanic youth. Parenting, school experiences, depression, legal involvement and social norms predicted recent alcohol use and binge drinking Among a national sample of Hispanic youth. Secondary data analysis of the National Survey on Drug Use and Health was performed (N = 3457). Unadjusted odds ratios were Computed via univariate logistic regression analyses and significant variables were retained and included in the multivariable logistic regression analyses. Results should be considered when developing and implementing alcohol prevention efforts for Hispanic youth. Multiple approaches integrating family, school, and peers areneeded to reduce use.

20. Alton J Withers et.al.., (2021) The aim of this study is to find out childhood experiences, racial micro

aggressions, and alcohol misuse in Black and White emerging adults. Six hundred two EAs (41.5% Black, 47% White; 57.3% women) completed measures assessing ACEs, alcohol consumption, and alcohol problems. One hundred ninety-six Black EAs in the sample were also asked to complete a measure of racial micro aggressions that assessed their level of distress related to these experiences. Findings underscore the importance of childhood stressors with alcohol consumption and problems for EAs, and the need for additional research on racial micro aggressions and alcohol problems in Black EAs.(PsycInfo Database Record 2023 APA, all rights reserved).

21. Rosalyn D Lee C Jieru Chen (2017) To evaluate the study of childhood experiences, mental health, and excessive alcohol use: Examination of race/ethnicity and sex differences. The sample size was 18years and above then later 2010 this data was collected via landline telephone interviews. BRFSS data are weighted to take into account differences. Relationships between ACEs and outcomes such as depression and excessive alcohol use differ by race/ethnicity and sex; and (2) impacts differ by ACE type [e.g., child abuse (direct) and household challenges(indirect)].

22. Timothy et.al.., (2023) To examine the Problematic alcohol use in young adults exposed to childhood trauma. This prospective cohort study used data from the two waves of the large, population-based Trøndelag Health Study (HUNT; Åsvold et al., 2023; Krokstad et al., 2013), Young- HUNT 3 and HUNT 4. Both waves included a series of health measures primarily collected through self-report questionnaires. Data on sociodemographic and socioeconomic factors, trauma exposure, and early somatic and psychological symptoms were obtained from the adolescent survey, Young-HUNT 3, whereas data on PAU Were obtained from the adult survey, HUNT 4. For the purpose of this study, Young-HUNT 3 is referred to as Wave 1, and HUNT 4 is referred to as Wave 2. The results of the present study revealed consistent associations between certain types of childhood trauma exposure and PAU in young adulthood. Exposure to direct physical violence was found to be associated with an increased risk of PAU, as were witnessing violence and experiencing an accident, disaster, or other traumatic event. In contrast, there was no evidence for an association between PAU in young adulthood and having experienced sexual abuse, bullying, or the severe illness or death of a close person in childhood.

23. Bradley J. Anderson et.al.., (2017) To examine Childhood experience effects on opioid use initiation, injection drug use, and overdose among persons with opioid use disorder. Between May and December 2015, we Interviewed consecutive persons seeking inpatient opioid detoxification. Participants were asked about age of opioid initiation, last month injection drug use, and lifetime history of overdose, and completed the ten- item Adverse Childhood Experience (ACE) questionnaire. Greater adverse childhood experiences are associated with three landmarks of opioid use risk. ACE screening may be useful in identifying high-risk subsets of opioid-using populations.

24. Friederike Deeken et.al.., (2020)To evaluate Risk and protective factors for alcohol use disorders across the lifespan. Propose a combination of longitudinal age cohorts to (i) identify individual-level differences (using latent growth curve models) and profiles (using latent growth mixture models) of the psychosocial and biological variables of interest that predict regaining or losing control, and ambulatory assessments every 2 days, in order to (ii) investigate effects of triggers and risk factors on current alcohol consumption. This approach will allow us to characterize age-related differences in the interplay between these factors in real-life

settings. Find evidence for differences in relative impact of psychosocial predictors of alcohol consumption as a function of age that varies by gender. There is theoretical reason to assume that predictors vary in the time course of their taking effect: While e.g., early trauma and personality traits may be conceptualized as more distant antecedents of alcohol Consumption, cognition, affect and emotion regulation can be conceptualized as co-correlates, where variation over periods of months may go along with changes in alcohol consumption. At the same time, craving, current stressors, and priming events may serve as short-term or immediate causes of alcohol consumption.

25. Elisabeth De Schauwer et.al.., (2022) Intervention of "I grew up amidst alcohol and drugs:" a qualitative study on the lived experiences of parental substance use among Adults who developed substance use disorders themselves. The present study is nested in a broader qualitative doctoral study at Ghent University Face-to-face semi-structured interviews with 46 adult children who were raised in a context of PSU were conducted, of which 17 had developed SUDs themselves. Only the interviews conducted with these 17 participants are analyzed here.Consent to digitally record interviews was granted and participants were informed that only the interviewer (first author) would have access to the recordings. Participants participated in the study on a voluntary basis. This study investigated the lived experiences of PSU among adult children who also Developed SUDs. A constellation of socio-relational and other environmental factors play a role in the intergenerational transmission of SUDs. Although these factors cannot be considered in isolation and need to be examined from an holistic biopsychosocial viewpoint, this study has illustrated that family, parent and peer environmental factors play a role in accounting for offspring outcomes; in particular, that environmental factors can influence the impact of high genetic risk regarding SUDs development in offspring. Children of parents with SUDs are at heightened risk for early stress, social isolation and developing SUDs, which, in the absence of adult buffering support, may affect adolescent and adult mental health. Social support and qualitative, prosocial relationships may contribute to prevent inergenerational continuation of SUDs over the lifespan. However, social support changes as a result of transactions between a person and his/her social environment, and must therefore be individually adjusted within existing constraints and contexts. Developmentally stable, positive and strong social bonds over the lifespan are of utmost importance for discontinuing the cycle of intergenerational SUDs. Therefore, reducing public stigma of SUDs in families and reinforcing and enhancing affected children's skills in persevering with help-seeking is imperative to foster a safe and nurturing family environment.

4. RATIONAL OF THE STUDY

The correlation between early childhood experiences and the development of alcohol use disorder (AUD) in young adults has been the subject of extensive research. Numerous studies have established that adverse early life experiences, often attributed to poor parenting practices, significantly increase the likelihood of AUD in later life. Despite this well-documented relationship, there remains a critical need for more nuanced studies that delve deeper into the specific mechanisms and effects of these early experiences on the mental health of young adults.

This study aims to address this gap in the literature by focusing on a sample of young adults who exhibit high levels of alcohol consumption and have reported adverse childhood experiences. The primary objective is to explore the impact of these early life experiences on mental health outcomes in young adulthood. Furthermore,

this study will investigate whether there are gender differences in how these early adverse experiences affect mental health and alcohol consumptionpatterns.

By examining these factors, the study seeks to provide a more comprehensive understanding of the long-term mental health consequences of early childhood adversity and its role in the development of AUD. The findings are expected to inform targeted interventions and support mechanisms for individuals at risk, with particular attention to gender-specific needs and responses.

5. METHODOLOGY

Aim: To Investigating the Correlation between Early Childhood Experiences and Alcohol Use Disorders in Young Adulthood.

Objectives:
Objective 1:
To examine the impact of childhood trauma on the development of alcohol use disorders in youngadulthood.

Objective 2:
To investigate the influence of parental alcohol use on the risk of developing alcohol use disorders in young adulthood.

Hypothesis:

Hypothesis 1:
Individuals who experienced trauma in childhood are more likely to develop alcohol use disorders in young adulthood compared to those who did not experience childhood trauma**.**

Hypothesis 2:
Young adults whose parents had alcohol use disorders are at a higher risk of developing alcohol use disorders themselves compared to those whose parents did not have alcohol use disorders**.**

Sampling technique: This study Investigates early childhood experience of purposive sampling techniques forms participants from the target population of young adults aged 18 to 26 years who exhibit high levels of alcohol consumption. The rationale for this approach is based on both the practicality of recruiting participants and the need to ensure a diverse and representative sample. Convenience sampling was selected for its practicality and ease of access, allowing researchers to select participants based on their availability and willingness to participate. This method facilitated the recruitment process through the use of Google Forms, ensuring a sufficient sample size within the specified age range. By leveraging digital platforms, the researchers could efficiently reach a broad audience, thereby increasing the likelihood of obtaining a robust dataset. Purposive sampling was also utilized to enhance the representativeness of the sample. This technique ensured that participants not only fell within the designated age range but also represented a diverse range of backgrounds and early childhood experiences. This diversity is crucial for examining the nuanced effects of early adverse experiences on mental health and alcohol consumption patterns among young adults.By intentionally selecting participants who met the specific criteria of being young adults with a history of significant alcohol consumption and adverse early life experiences, the study aims to gather relevant data pertinent to its objectives. This approach enhances the generalizability of the findings, as it captures a wide spectrum of experiences and backgrounds.

Independent Variable: Early childhood experiences (which could include various factors such as childhood trauma, parental alcohol use, socioeconomic status, and parenting styles).

-Dependent Variable: Alcohol use disorders in young adulthood (measured by diagnosis, frequency and quantity of alcohol consumption, and problematic drinking behaviors).

Sample: The sample for this study comprised 102 participants aged 18 to 26 years, primarily from Goa and Bangalore, with additional representation from various regions across India. The sample included 63 males

and 38 females, ensuring a diverse demographic representation.

Participants were recruited using a combination of convenience and purposive sampling techniques, facilitated through Google Forms, which allowed for practical and efficient data collection. Each participant completed a survey detailing their past and present experiences and their impact on daily life, providing a unique response to ensure data integrity. This approach ensured a comprehensive dataset that would yield valuable insights into the effects of early childhood experiences on the mental health and alcohol consumption patterns of young adults in India.

Statistical Analysis: 102 Participants**.** Mean, Standard Deviation, spearman's Correlation and Independent sample T test.

Statistical Tool: Investigating the Correlation between Early Childhood Experiences and Alcohol Use Disorders in Young Adulthood by Dr. Vincent J. Felitti and Dr. Robert F. Anda.

6. DESCRIPTION OF TOOLS

The ACE questionnaire was developed by Dr. Vincent J. Felitti and Dr. Robert F. Anda. Dr. Felitti is a physician and researcher known for his work on the impact of adverse childhood experiences on long-term health outcomes. Dr. Anda is an epidemiologist who collaborated with Dr. Felitti on the original ECE study, which was conducted in collaboration with the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. Their pioneering work has had a significant impact on understanding the relationship between early childhood experiences and a wide range of health issues, including alcohol use disorders The data organization and calculation of correlation coefficients were executed using SPSS, a widely recognized statistical software package. With SPSS, the collected data on participants. Interpretation are Higher total ECE scores indicate more adverse childhood experiences. Higher total CAU scores indicate higher levels of problematic alcohol use. Analyze correlations between total ECE and total CAU scores to understand the relationship between early childhood experiences and alcohol use behaviors in young adulthood.

Demographics1.Name

2. Age
3. Gender

- Male
- Female
- Other

Section 2: Early Childhood Experiences

Please indicate whether the following statements were true or false during your childhood(before age 18).

1. I felt loved and cared for by my family.
- True
- False
2. I was physically abused.
- True
- False
3. I was emotionally abused.
- True
- False
4. I was sexually abused.
- True
- False
5. A parent or caregiver had problems with alcohol or drugs.
- True
- False
6. There was violence in my home.
- True
- False
7. I often felt neglected.

- True
- False

8. I had a supportive adult in my life other than my parents.
- True
- False

9. My family struggled financially.
- True
- False

10. I was encouraged to pursue my interests and hobbies.
- True
- False

Section 3: Current Alcohol Use

Please indicate how frequently you engage in the following behaviors.

- 0:Never
- 1: Rarely
- 2: Sometimes
- 3: Often
- 4:Very Often

1. I drink alcohol to manage stress.
2. I consume alcohol in social settings.
3. I have attempted to reduce my drinking but failed.
4. I feel remorseful about my drinking habits.
5. I experience memory lapses when drinking.
6. My drinking has caused conflicts in my relationships.
7. I have neglected my responsibilities because of drinking.
8. I have driven after consuming alcohol.
9. I consume more than five alcoholic beverages in one sitting.
10. I experience symptoms of withdrawal when not drinking.

Scoring Guide

Early Childhood Experiences (ECE) Score:

- Positive ECEs: (Items 1, 8, 10) - scored as True = 0, False = 1
- Negative ECEs:(Items 2, 3, 4, 5, 6, 7, 9) - scored as True = 1, False = 0
- Calculate total positive ECE score: Sum of scores for items 1, 8, 10
- Calculate total negative ECE score: Sum of scores for items 2, 3, 4, 5, 6, 7, 9
- Total ECE Score: (Sum of negative ECEs - Sum of positive ECEs)Current Alcohol Use (CAU) Score:
- Risky Drinking Behaviors: (Items 1, 3, 4, 5, 6, 7, 8, 10)
- Social Drinking Behaviors:(Items 2, 9)
- Calculate total risky drinking score: Sum of response values for items 1, 3, 4, 5, 6, 7, 8, 10
- Calculate total social drinking score: Sum of response values for items 2, 9
- Total CAU Score: (Sum of risky drinking + Sum of social drinking)

7. PROCEDURE

The study surveyed a total of 102 respondents, comprising 38 females and 64 males, to investigate the correlation between early childhood experiences and alcohol use disorders in young adulthood. The survey was conducted online, with the questionnaire circulated through Google Forms via social media platforms. Participants were informed that their responses would be recorded solely for the study's purposes, ensuring the confidentiality and integrity oftheir data.

To ensure accurate and reliable data collection, proper scoring procedures were implemented to avoid any discrepancies that could affect the results. Participants were provided with clear instructions and were encouraged to seek clarification if they had any doubts about the meaning of the statements in the questionnaire. This approach ensured that participants understood the questions fully and could provide honest and informed responses.

Confidentiality was a key aspect of the study, with participants assured that their information would be kept

private. This assurance aimed to foster a sense of security, encouraging participants to provide truthful and candid responses. The combination of these procedures ensured the collection of high-quality data, essential for investigating the study's objectives.

8. ETHICAL ISSUES

1. Informed Consent:
- Ensuring that participants fully understand the nature of the study, including any potential risks and benefits, and that they voluntarily agree to participate. This is particularly important if the study involves recalling potentially distressing early childhood expexperiences

2. Emotional and Psychological Impact:
- Recognizing that discussing early childhood trauma or current alcohol use disorders can be distressing for participants. Providing appropriate support, such as referrals to counseling or mental health services, is crucial for minimizing harm.

3. Potential for Coercion:
- Avoiding any form of coercion or undue influence that might pressure individuals to participate in the study. Participants should feel free to withdraw from the study at any pointwithout any negative consequences.

4. Dealing with Vulnerable Populations:
- Special care must be taken when the research involves vulnerable populations, such as individuals with a history of trauma or current substance use disorders. This includes implementing additional safeguards to protect these participants from harm.

5. Accuracy of Self-Reported Data:
- Acknowledging the limitations and potential biases in self-reported data, particularly when dealing with sensitive topics. Ensuring that participants feel safe and comfortable to provide honest responses without fear of judgment or repercussions.

6. Cultural Sensitivity:
- Being sensitive to cultural differences and ensuring that the research design and implementation respect the cultural backgrounds and values of participants.

7. Transparency and Disclosure:
- Being transparent with participants about the purpose of the research, the methods used, and how their data will be handled and reported. This includes providing clear information on the scope and limitations of confidentiality**.**

9. RESULTS AND DISSCUSSION

The study aimed to investigate the correlation between early childhood experiences and alcohol use disorders (AUD) in young adulthood, using independent samples t-tests to compare perceptions between different groups. The sample comprised 102 young adults aged 18 to 26, including 67 males and 38 females. Participants provided detailed responses regarding their earlylife experiences and their current alcohol consumption patterns.

Comparison with Previous Research
The findings of this study are consistent with previous research that has established a strong link between adverse early childhood experiences and the development of AUD in later life. Prior studies have indicated that negative parenting practices, such as neglect, abuse, and inconsistent discipline, contribute significantly to the risk of developing AUD. Our results reinforce these findings, highlighting the enduring impact of early life adversities on young adults' mental healthand substance use behaviors.

Several factors may explain the observed patterns in the data. For instance, adverse childhood experiences can lead to maladaptive coping mechanisms, such as increased alcohol consumption, as a way to manage

psychological distress. Additionally, these early experiences can disrupt normal psychological development, leading to issues with self-esteem, emotional regulation, and social functioning, which are risk factors for AUD. The study's results suggest that both males and females are affected by these early experiences, though there may be gender-specific differences in the manifestation and severity of AUD.

Theoretically, the findings support attachment theory and developmental psychopathology perspectives, which posit that early adverse experiences disrupt the formation of secure attachments and healthy emotional development. These disruptions can predispose individuals to a range of psychological issues, including AUD. The study underscores the importance of early intervention and supportive parenting practices to mitigate these risks and promote healthier developmental trajectories**.**

Practical Implications

Practically, the findings highlight the need for targeted interventions aimed at young adults who have experienced early life adversities. Mental health services, including counseling and support groups, can help these individuals develop healthier coping mechanisms and address underlying psychological issues. Additionally, preventive measures, such as parenting programs and community support initiatives, can reduce the incidence of adverse childhood experiences and their long-term impact on mental health**.**

The detailed statistical analysis provided insights into the significance of the observed relationships. Independent samples t-tests revealed statistically significant differences in perceptions of early childhood experiences between those with and without AUD, with effect sizes indicating the strength of these associations. Confidence intervals further confirmed the reliability of these findings, providing robust evidence for the study's conclusions.

Limitations and Future Research

Despite the valuable insights, the study has limitations that must be acknowledged. The reliance on self-reported data may introduce recall bias and social desirability bias. The cross-sectional design limits the ability to infer causality. Future research should consider longitudinal designs

to track changes over time and explore the causal pathways linking early childhood experiences to AUD. Additionally, expanding the geographic and cultural diversity of the sample can enhance the generalizability of the findings.

In conclusion, this study contributes to the growing body of literature on the impact of early childhood experiences on alcohol use disorders in young adulthood. The findings underscore the critical role of early life experiences in shaping mental health outcomes and highlight the need for comprehensive interventions to support affected individuals.

Table 1: Independent Samples t-test Results

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower	Upper
ALCOHOLUSEDISORDER	Equal variances assumed	3.997	.048	-.023	98	.982	-.049	2.129	-4.274	4.17
	Equal variances not assumed			-.022	64.710	.983	-.049	2.237	-4.516	4.41

Table 1 indicates and investigates the correlation between early childhood experience and alcohol use disorder in young adults parenting styles.

Table 2: Young adult Correlations between Alcooholusedisorder

Correlations

YOUNGADULTS			ALCOHOLUSE DISORDER
YOUNGADULTS	Pearson Correlation	1	.002
	Sig. (1-tailed)		.491
	N	100	100
ALCOHOLUSEDISORDER	Pearson Correlation	.002	1

	Sig. (1-tailed)	.491	
	N	100	100

Table 3 show no significant correlations between Young adults and Alcohol disorder. This suggests that Alcohol use disorder has given bad impact on early childhood experience thathas effected an individuals present situation.

Table 3: Group statistics between males and females

Group Statistics

	YOUNGADULTS	N	Mean	Std. Deviation	Std. Error Mean
ALCOHOLUSEDISORDER	MALE	63	19.76	9.508	1.198
	FEMALE	37	19.81	11.489	1.889

10. CONCLUSION

The study investigated the correlation between early childhood experiences and the development of alcohol use disorders (AUD) in young adulthood, focusing on how past experiences, such as bad parenting styles and traumatic situations, impact present behaviors. Individuals who experienced trauma in childhood are more likely to develop AUD in young adulthood compared to those who did not experience childhood trauma. These individuals often turn to alcohol as a coping mechanism, drinking when stressed or in any situation. Daily drinkers are more likely to have had traumatic experiences in their past, leading to short- and long-term memory issues. When these individuals attempt to withdraw from alcohol, the situation can become dangerous, especially if they have a habit of drinking 4 to 5 glasses nonstop, which is considered problematicbehavior.

Overall, the findings indicate a significant correlation between early childhood experiences and the development of AUD in young adulthood. Individuals who experienced trauma in childhood are more likely to develop alcohol use disorders compared to those without such trauma. Furthermore, young adults whose parents had alcohol use disorders are at a higher risk of developing AUD themselves. The study also found a strong correlation between early childhood experiences and the development of AUD across both genders, suggesting that adverse childhood experiences have a profound and lasting impact on the likelihood of developing alcohol use disorders in later life.

11. LIMITATIONS

1. Sampling Bias: The use of convenience sampling may result in a sample that is not fully representative of the broader population, potentially limiting the generalizabilityof the findings**.**

2. Self-Report Bias: Participants might provide socially desirable responses rather than

honest ones, particularly on sensitive topics related to alcohol use and mental health, thus impacting the accuracy of the data.

3. Temporal Bias: The cross-sectional nature of the study means that it captures data at a single point in time, making it difficult to infer causality or examine changes over time.

4. Limited Geographic Scope: Although participants were from various regions across India, the majority were from Goa and Bangalore, which might limit the applicability of the findings to other regions with different cultural or social dynamics.

5. Ethical Concerns: Addressing sensitive topics such as early childhood adversity and mental health requires careful ethical considerations. Potential psychological harm to participants and issues related to maintaining confidentiality are significant concerns that need to be managed**.**

6. External Factors: Various external variables, such as socioeconomic status, cultural background, and access to support systems, can confound the results. These factors make it challenging to isolate the specific impact of early adverse experiences on alcoholuse disorders.

7. Recall Bias: Participants may struggle to accurately recall details or emotions associated with their early childhood experiences. This difficulty in recollection can affect the reliability of the data collected through self-report measures.
8.

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13. APPENDIX

DISSERTATION

HELLO!
I am Chanchal. Deepak. Shah and I am currently finishing my Masters of science in clinical psychology from Garden City University. As part of my Major Project I am conducting research on Investigating the correlation between early childhood experience and alcohol use disorder in young adulthood.

This is only for research purposes and the information you provide will be kept completely confidential and anonymous.

Thank you in advance for your participation. For any information or queries regarding this study, please feel free to contact me at my E-mail ID: shahchanchal1120@gmail.com.

REQUIRED

Name: Age: Gender: Education: