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## The influence of childhood trauma and peer influence on substance abuse among psychiatric patients in Ibadan

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### Abstract

This study explored the influence of childhood trauma and peer influence on the development of substance use disorders among psychiatric patients in Ibadan, Nigeria. Given the increasing prevalence of substance use disorders and their link to various psychosocial factors, it is crucial to understand the role of early life experiences and social interactions in shaping these behaviours. The research employed a descriptive survey design, involving 15 male psychiatric patients diagnosed with substance use disorders at the New World Specialist Hospital. Participants completed self-report questionnaires, including the Childhood Trauma Questionnaire (CTQ), Peer Influence Scale (PIS), and Substance Use Disorder Scale (SUDS). Data were analysed using Pearson's Product-Moment Correlation and Multiple Regression Analysis to determine the relationships between childhood trauma, peer influence, and the severity of substance use disorders.

The results revealed significant correlations between both childhood trauma and peer influence with substance use disorders. Childhood trauma emerged as a strong predictor of substance abuse severity, while peer influence contributed moderately to the likelihood of substance misuse. Furthermore, regression analysis indicated that these two factors together accounted for a significant proportion of the variance in substance use disorders among the participants.

Based on these findings, the study recommends early intervention strategies focusing on trauma recovery and peer influence management to mitigate substance misuse. Policymakers and mental health professionals should collaborate to implement targeted prevention and treatment programmes. Additionally, the findings suggest the need for further research to explore these factors in larger, more diverse populations.

**Keywords:** Childhood trauma; Peer influence; Substance use disorders; Psychiatric patients

### 1. Introduction

Globally, substance abuse remains a critical challenge to mental health, particularly when it co-occurs with psychiatric disorders. According to the World Health Organisation (WHO, 2021), millions of people suffer from substance use disorders, with alcohol and drug use being predominant in psychiatric settings. This dual diagnosis not only complicates treatment but also leads to poorer outcomes, as substances often exacerbate psychiatric symptoms. A study by Omopo *et al.* (2024) highlight how cognitive reframing therapy is effective in treating substance dependence, suggesting that structured interventions can improve outcomes for individuals with both psychiatric and substance use disorders. The importance of addressing both mental health and substance abuse in parallel has led to a growing recognition of integrated treatment approaches.

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In Africa, the dual burden of psychiatric disorders and substance abuse is an escalating concern. Myers and Parry (2019) found that in South Africa, over 60% of psychiatric patients were diagnosed with substance use disorders, often involving cannabis, alcohol, and other illicit substances. Akinlolu and Olanrewaju (2018) identified that socio-economic instability and limited access to mental health services exacerbate this problem. This scenario is compounded by cultural factors, where substance use is sometimes culturally normalised, particularly among males. Omopo *et al.* (2024) further stress the need for tailored interventions, such as therapy-focused approaches, to mitigate the impact of substance abuse in psychiatric populations. Research also indicates that effective policy reform is needed to improve the availability of treatment for these co-occurring conditions, particularly in resource-limited settings.

In Sub-Saharan Africa, substance abuse among psychiatric patients is often intertwined with socio-economic hardship. Studies indicate that poverty, unemployment, and lack of mental health infrastructure contribute to the rising incidence of co-occurring psychiatric and substance use disorders (Kebede *et al.*, 2018). In these regions, mental health care is often underfunded, leading to insufficient services for those with dual diagnoses. Additionally, the stigma associated with substance abuse and mental illness can hinder individuals from seeking treatment (Gadanya *et al.*, 2017). Ibrahim *et al.* (2024) pointed out that parental substance abuse has a profound impact on children's educational and behavioural outcomes in Nigeria, underlining the long-term effects of substance abuse on society. Therefore, addressing these challenges requires both local and regional efforts to improve mental health services and reduce the stigma surrounding mental health care.

In Nigeria, substance abuse is a significant health issue, particularly among psychiatric patients. The World Health Organisation (2020) estimated that Nigeria has one of the highest rates of substance abuse in West Africa, with alcohol, cannabis, and opiates being the most commonly abused substances. Studies by Akinsulore *et al.* (2015) have shown that substance abuse often leads to worsened psychiatric symptoms, making it harder for individuals to receive effective care. Furthermore, Omopo *et al.* (2024) found that intervention methods like solution-focused therapy could significantly reduce dependency behaviours, improving both psychiatric and behavioural health. These findings suggest that targeted therapeutic approaches that consider local needs and cultural factors are necessary for addressing substance abuse among psychiatric patients in Nigeria.

Research conducted in Nigeria's mental health institutions reveals that substance use is prevalent among patients with various psychiatric disorders, including schizophrenia and mood disorders. The Nigerian Psychiatric Association (2021) reports that substance use is often seen as a maladaptive coping strategy for mental distress, which worsens psychiatric conditions. Studies by Akindipe and Aina (2021) emphasise the critical role of gender and socio-economic status in influencing substance use among psychiatric patients. Omopo *et al.* (2024) suggest that interventions such as cognitive reframing can be effective in addressing both mental illness and substance dependence, especially when combined with family and community support. These findings call for an integrated care model to treat both substance use disorders and underlying psychiatric conditions, ensuring comprehensive and sustainable care for patients.

Among the psychiatric population, therapeutic interventions tailored to address both mental illness and substance abuse have shown promising results. Cognitive-behavioural therapies (CBT) and solution-focused interventions are some of the most frequently cited strategies in the literature. Omopo and Odedokun (2024) noted that cognitive reframing therapy helps individuals with co-occurring psychiatric and substance use disorders to identify and modify negative thought patterns that contribute to substance dependence. These therapies, which focus on empowering the individual, have been shown to foster greater self-efficacy and reduce substance use. Such interventions are particularly relevant in resource-poor settings, where access to more traditional psychiatric care might be limited. By enhancing therapeutic efficacy, such approaches provide a much-needed solution for improving mental health outcomes in these populations.

Substance abuse is not only a health issue but also a social problem that often leads to criminal behaviour and social marginalisation. Studies by Omopo *et al.* (2024) have shown that individuals with substance use disorders are more likely to experience discrimination and exclusion, further complicating their psychiatric care. Ibrahim *et al.* (2024) explored the intergenerational effects of parental substance abuse, noting that children raised in such environments are more likely to face behavioural and educational challenges. This creates a cycle of dependency and criminal behaviour that extends across generations, highlighting the importance of early intervention and comprehensive support systems. Addressing these issues through therapeutic approaches that also focus on social reintegration can help break this cycle, providing a pathway to recovery for individuals affected by both psychiatric and substance use disorders.

The intersection of psychiatric disorders and substance abuse is a complex and multifaceted issue that demands urgent attention. Research from various authors, including Omopo *et al.* (2024) and Adegunju *et al.* (2024) highlights the importance of developing integrated, culturally sensitive interventions to address the needs of psychiatric patients with substance use disorders. The growing body of evidence suggests that cognitive-behavioural and solution-focused therapies can significantly improve treatment outcomes for individuals suffering from co-occurring conditions. However, achieving effective results requires collaboration between mental health professionals, policymakers, and community stakeholders to create an environment where patients feel supported and empowered to manage both their psychiatric symptoms and substance use behaviours. This study recognises the multidimensional nature of substance use disorders, examining how childhood trauma and peer influence contribute to predicting substance abuse disorders among psychiatric patients in Ibadan. It aims to explore the interplay between these factors and their role in the development of substance-related issues. By focusing on both environmental and psychological influences, the study offers insights into potential intervention strategies.

Childhood trauma is a well-established risk factor for the development of substance use disorders, particularly in individuals with pre-existing psychiatric conditions. Childhood trauma may be caused by familial, social and parental factors. Family structure which include single-parent households, blended families, and families living apart significantly affects children psychologically. Similarly, vulnerable groups which include sexually abused children, out-of-school children, those with sexually transmitted infections, and internally displaced children are prone to being susceptible to trauma due to their precarious circumstances. In other words, adverse experiences in childhood, including physical, emotional, or sexual abuse, often result in long-lasting psychological effects that can lead to maladaptive coping mechanisms, such as substance abuse (Wilsnack *et al.*, 2016). Trauma in early life alters neural development, including changes to the brain's reward system, which may increase susceptibility to addiction later in life (De Bellis *et al.*, 2019). Moreover, individuals who have suffered trauma in childhood are more likely to experience mental health disorders, such as depression, anxiety, and post-traumatic stress disorder (PTSD), all of which are frequently comorbid with substance use disorders (Amaral *et al.*, 2020).

Studies suggest that individuals with psychiatric disorders who have a history of childhood trauma often resort to substance use as a way of self-medicating emotional pain (Heim *et al.*, 2015). The combined impact of early trauma and psychiatric illness creates a vicious cycle of substance abuse, where each condition exacerbates the other (Kaplow *et al.*, 2022). Understanding the relationship between childhood trauma and substance use is critical for developing more effective treatment approaches for psychiatric patients. These findings underscore the importance of addressing trauma in the treatment of psychiatric patients with substance use disorders. Additionally, social factors, such as peer influence, can further complicate the outcomes for individuals with a history of childhood trauma, as they may seek out social groups that perpetuate substance abuse.

Peer influence is another significant factor contributing to the development and persistence of substance use, particularly among psychiatric patients. Adolescents and young adults with mental health issues are particularly vulnerable to the influence of their peers, as they may seek social acceptance or belonging within peer groups that engage in substance use (Bandura, 2006). These individuals may be more likely to engage in substance use to fit in or alleviate feelings of loneliness or depression (Gentzler *et al.*, 2019). Peer pressure has consistently been shown to be one of the most influential predictors of substance use initiation among adolescents (Amaral *et al.*, 2020). This influence is often amplified when the individual is dealing with mental health issues, as the desire to be accepted by peers may outweigh concerns about the risks associated with substance use (Heim *et al.*, 2015). Peer influence, coupled with psychiatric conditions, creates a dangerous synergy where an individual's vulnerability to addiction is heightened. Research has demonstrated that peer influence can also interact with other socio-environmental factors, such as family background or socioeconomic status, compounding the risk of substance abuse (Kushner *et al.*, 2017). Interventions aimed at addressing peer pressure, including social skills training and strategies for resisting negative influences, have proven effective in helping individuals reduce substance use and improve mental health outcomes (De Bellis *et al.*, 2019). This highlights the importance of incorporating peer resistance strategies into treatment plans for psychiatric patients struggling with substance use disorders. By addressing the peer influence factor, mental health professionals can help reduce the likelihood of substance abuse and improve recovery outcomes for psychiatric patients.

The issue of substance use disorders among psychiatric patients remains a significant public health concern, particularly in Ibadan, where there is limited understanding of how specific predictors, such as childhood trauma and peer influence, contribute to these disorders in individuals with mental health conditions. While childhood trauma has been established as a major risk factor for substance abuse, particularly in terms of self-medication and maladaptive coping, the role of peer influence, especially in individuals already struggling with psychiatric illnesses, is less explored. This creates a gap in knowledge, particularly in the context of Nigerian culture and socio-economic conditions. The problem is exacerbated by the lack of targeted interventions that address the specific needs of psychiatric patients in this region. This study

aims to investigate how childhood trauma and peer influence serve as predictors of substance use disorders among psychiatric patients in Ibadan, with the goal of identifying more effective, culturally relevant interventions. The research will be anchored in the Social Cognitive Theory, which emphasises the interaction between personal factors, behaviours, and the environment, making it an appropriate framework to explore how these individuals are influenced by their early experiences and social environments in their substance use behaviours. By examining these factors, this study seeks to contribute to a better understanding of the local dynamics influencing substance abuse in psychiatric populations and help inform more tailored therapeutic strategies.

### **1.1. Purpose and Objectives of the Study**

The purpose of this study is to examine the influence of childhood trauma and peer influence as predictors of substance use disorders among psychiatric patients in Ibadan. This study aims to explore how these psychological and social factors contribute to the development and maintenance of substance use disorders, particularly in individuals already diagnosed with psychiatric conditions. By investigating the relationship between childhood trauma, peer influence, and substance abuse, the study seeks to provide insights into the risk factors associated with substance use in psychiatric settings. The goal is to improve treatment approaches and inform interventions that are specifically tailored to the unique needs of psychiatric patients in the region.

Specifically, the objectives of this study are as follows:

- To examine the relationship between childhood trauma, peer influence, and substance use disorders among psychiatric patients in Ibadan.
- To determine the combined effect of childhood trauma and peer influence on substance use disorders among psychiatric patients in Ibadan.
- To assess the relative contributions of childhood trauma and peer influence as predictors of substance use disorders among psychiatric patients in Ibadan.

### **1.2. Research Hypotheses**

The following hypotheses will be tested at the 0.05 level of significance:

- There is no significant relationship between childhood trauma, peer influence, and substance use disorders among psychiatric patients in Ibadan.
- There is no significant combined effect of childhood trauma and peer influence on substance use disorders among psychiatric patients in Ibadan.
- There is no significant relative contribution of childhood trauma and peer influence as predictors of substance use disorders among psychiatric patients in Ibadan.

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## **2. Methodology**

This chapter outlines the research methodology used to investigate the influence of childhood trauma and peer influence as predictors of substance use disorders among psychiatric patients in Ibadan, Nigeria. The methodology is organised into the following sections: Research Design, Population, Sampling Technique and Sample Size, Instrumentation, Method of Data Collection, and Method of Data Analysis.

### **2.1. Research Design**

A descriptive survey design was employed to explore the relationships between childhood trauma, peer influence, and substance use disorders among psychiatric patients. The design was suitable for examining the prevalence and correlational patterns of these variables without manipulation, offering a comprehensive snapshot of the factors contributing to substance use disorders. Data were analyzed using statistical methods to identify relationships and potential predictors of substance use within the population of interest.

### **2.2. Population**

The population for the study consisted of psychiatric patients diagnosed with substance use disorders at the New World Specialist Hospital in Ibadan. The study specifically focused on male patients to control for gender-related variations in substance use and its psychosocial predictors. It targeted a subset of individuals receiving treatment for substance use disorders at the hospital, providing valuable insights into the psychological and social dynamics of substance abuse among psychiatric patients.

### 2.3. Sample and Sampling Technique

The study involved 15 male psychiatric patients diagnosed with substance use disorders. A purposive sampling technique was used to select participants who met specific inclusion criteria:

- A diagnosis of a substance use disorder.
- Being male to ensure homogeneity of the sample with respect to gender.
- Currently receiving treatment at the New World Specialist Hospital.

This sampling approach ensured that participants were representative of the population of male psychiatric patients with substance use disorders at the hospital. The relatively small sample size was due to the specificity of the population and the focused nature of the study.

### 2.4. Instrumentation

Data were collected using standardised self-report questionnaires designed to measure childhood trauma, peer influence, and substance use behavior. These instruments were adapted to ensure relevance to the study's population and objectives.

- **Childhood Trauma Questionnaire (CTQ):** The Childhood Trauma Questionnaire (CTQ), developed by Bernstein *et al.* (2003), was used to measure the extent of childhood trauma experienced by participants. The instrument assesses various forms of trauma, including emotional, physical, and sexual abuse, as well as neglect. It consists of 28 items, with responses recorded on a five-point Likert scale, ranging from "Never True" (1) to "Very Often True" (5). Sample items included, "I felt that no one in my family loved me" and "I was often pushed, grabbed, or slapped." Bernstein *et al.* (2003) reported an internal consistency coefficient of 0.94 for the full scale. The test-retest reliability was 0.88, and the scale has been validated across diverse populations, demonstrating strong reliability and validity for assessing childhood trauma.
- **Peer Influence Scale (PIS):** The Peer Influence Scale (PIS), developed by Steinberg and Monahan (2007), was used to assess the degree to which peer pressure affects participants' engagement in risky behaviors, particularly substance use. This scale consists of 12 items, with responses recorded on a five-point Likert scale from "Strongly Disagree" (1) to "Strongly Agree" (5). Sample items included, "My friends often encourage me to try new things" and "I feel pressured by my peers to engage in risky behaviors." Steinberg and Monahan (2007) reported a Cronbach's alpha of 0.86 for the scale. The instrument has been validated in different youth and adult populations, demonstrating strong reliability in assessing peer influence on behavior.
- **Substance Use Disorder Scale (SUDS):** The Substance Use Disorder Scale (SUDS) was used to assess the severity of substance use disorders among participants. This scale, adapted from the DSM-5 criteria for substance use disorders, consisted of 15 items that measure the frequency and impact of substance use, with responses recorded on a four-point Likert scale, ranging from "Never" (1) to "Always" (4). Sample items included, "I have tried to cut down on my substance use but was unsuccessful" and "I spend a lot of time using substances or recovering from their effects." The scale was designed for use with psychiatric patients and demonstrated strong internal consistency ( $\alpha = 0.89$ ) and excellent test-retest reliability ( $r = 0.85$ ). It has been validated in various clinical settings, demonstrating high accuracy in diagnosing and assessing substance use disorders.

### 2.5. Method of Data Collection

The data collection process involved the direct administration of the aforementioned instruments to the selected participants. Each participant was provided with an informed consent form, which outlined the purpose of the study, confidentiality assurances, and the voluntary nature of their participation. The researcher personally administered the instruments in a one-on-one setting, ensuring that all participants understood the questions and felt comfortable responding. The process was expected to take approximately 20-30 minutes per participant. The data were collected at the New World Specialist Hospital in a quiet, private room to ensure confidentiality and minimise distractions. Upon completion of the questionnaires, the researcher immediately collected the responses for analysis.

### 2.6. Ethical Considerations

Ethical considerations were a priority in this study to ensure the protection and rights of participants. Informed consent was obtained from all participants prior to data collection, ensuring that they fully understood the purpose of the study, the voluntary nature of participation, and their right to withdraw at any time without consequence. Confidentiality was strictly maintained by anonymising participant responses, and all data were securely stored to prevent unauthorised

access. Participants were informed that their responses would be used solely for research purposes, with no identifying information shared publicly.

### 2.7. Method of Data Analysis

The collected data were analyzed using both descriptive and inferential statistical techniques. Descriptive statistics were used to summarise the demographic characteristics of the participants and the distribution of their responses across key variables (childhood trauma, peer influence, and substance use disorder severity). Measures such as means, standard deviations, and frequency distributions were employed. For inferential analysis, Pearson's Product-Moment Correlation was used to examine the relationships between childhood trauma, peer influence, and substance use disorder severity. Multiple Regression Analysis was conducted to explore the combined and relative predictive contributions of childhood trauma and peer influence to substance use disorder severity. These analyses allowed for an understanding of how these factors interacted to influence the likelihood and severity of substance use in this population. Hypotheses were tested at a 0.05 alpha level of significance to determine the strength and direction of the relationships between the variables of interest.

## 3. Results and Discussion

This section presents the results and discussion of the study, which investigated the factors influencing the severity of substance use disorders (SUD) among male psychiatric patients. The study explored the influence of childhood trauma and peer influence, both separately and in combination, as predictors of substance use disorder severity. The demographic data of the participants are discussed first, followed by the analysis of the hypotheses.

### 3.1. Demographic Representation of Participants

The study involved 15 male participants diagnosed with substance use disorder (SUD), with a focus on their demographic characteristics. These variables age, educational background, marital status, and socio-economic status provide insights into potential risk factors that might influence substance use behavior.

**Table 1** Demographic Characteristics of Participants

Demographic Variable	Frequency (n=15)	Percentage (%)
<b>Age Range</b>		
20-30 years	4	27%
30-40 years	9	60%
Above 40 years	2	13%
<b>Educational Level</b>		
Primary Education	2	14%
Secondary Education	8	53%
Tertiary Education	5	33%
<b>Marital Status</b>		
Single	11	73%
Married/Divorced	4	27%
<b>Socio-Economic Status</b>		
Low Income	7	47%
Middle Income	5	33%
High Income	3	20%

The majority of participants (60%) were aged between 30 and 40 years, a period in life when many individuals face career and family pressures that could contribute to or exacerbate substance use behaviors. A significant proportion (27%) were aged 20-30 years, indicating that younger adults, too, are vulnerable to substance use issues.

Educationally, 53% of the participants had secondary education, while 33% had tertiary education. This distribution suggests that while the participants had a moderate level of education, there may still be gaps in terms of coping skills, access to healthcare, or awareness of mental health issues, which could contribute to the development of substance use disorders.

Regarding marital status, 73% of participants were single, which could indicate social isolation—a known risk factor for substance abuse. Only 27% were either married or divorced, and relationship stressors, such as marital issues, may further contribute to substance use.

Lastly, socio-economic status indicated that 47% of participants came from low-income households, a demographic often at higher risk for substance misuse due to stressors associated with financial instability. The findings reflect broader trends where low socio-economic status is linked to higher rates of substance use due to limited access to resources and support networks.

### 3.2. Hypothesis 1: The Relationship between Childhood Trauma, Peer Influence and Substance Use Disorder

The relationship between childhood trauma, peer influence and substance use disorder are presented in Table 2

**Table 2** Correlation between Childhood Trauma and Substance Use Disorder Severity

Variable	Childhood Trauma	Substance Use Disorder Severity
Childhood Trauma	1	0.72*
Substance Use Disorder Severity	0.72*	1

The strong positive correlation ( $r = 0.72$ ) between childhood trauma and substance use disorder severity indicates a robust relationship between these two variables. This suggests that individuals with a history of significant childhood trauma are more likely to experience more severe substance use disorders later in life. The positive association emphasises the impact of early adverse experiences in shaping an individual's mental health trajectory, influencing how they cope with stress and emotional pain in adulthood.

The findings corroborate existing literature that highlights the significant role of childhood trauma in the development and exacerbation of substance use disorders. Studies have shown that individuals who experience emotional, physical, or sexual abuse during childhood are at a heightened risk of engaging in substance use as a form of self-medication (Cohen *et al.*, 2016; Li *et al.*, 2017). Early trauma can lead to emotional dysregulation, poor coping mechanisms, and an increased likelihood of using substances to manage distress (Jessor, 2016). Moreover, the findings align with research by Post (2016), which emphasises that childhood trauma is one of the strongest predictors of substance dependence in adulthood.

Additionally, trauma may affect brain development, particularly areas involved in reward processing and impulse control, further increasing susceptibility to substance use (Heim and Nemeroff, 2019). The positive correlation found in this study underscores the importance of addressing childhood trauma in both prevention and treatment efforts for substance use disorders.

**Table 3** Correlation between Peer Influence and Substance Use Disorder Severity

Variable	Peer Influence	Substance Use Disorder Severity
Peer Influence	1	0.60*
Substance Use Disorder Severity	0.60*	1

The moderate positive correlation ( $r = 0.60$ ) between peer influence and substance use disorder severity indicates that peer pressure is a significant factor contributing to the severity of substance use. While not as strong as the correlation with childhood trauma, peer influence still plays an important role in the development and escalation of substance use behaviors. Individuals who associate with peers who engage in substance use are more likely to adopt similar behaviors, thereby intensifying their own substance use issues.

These results are consistent with previous studies that underscore the role of peer influence in the onset and progression of substance use disorders. Research has demonstrated that peer pressure is a key social factor that can lead individuals, particularly young adults, to engage in risky behaviors like substance abuse (Becker *et al.*, 2016; Godleski *et al.*, 2017). Peer influence is especially potent during adolescence and early adulthood when individuals are more susceptible to social conformity (Steinberg and Monahan, 2007). Furthermore, studies have shown that peer approval and social networks centered around substance use can reinforce unhealthy behaviors and escalate the severity of substance use (La Greca *et al.*, 2016).

Additionally, the presence of peers who use substances may normalise the behavior and reduce the perceived risks associated with it, thereby facilitating continued use (Roth *et al.*, 2018). This highlights the need for interventions that target peer groups and foster positive social support systems as a way to mitigate the effects of peer influence on substance use disorders.

### 3.3. Hypothesis 2: The Combined Impact of Childhood Trauma and Peer Influence on Substance Use Disorder Severity

The combined effect of childhood trauma and peer influence on substance use disorder of the respondents are presented in Table 4

**Table 4** Regression Analysis for Combined Impact of Childhood Trauma and Peer Influence on Substance Use Disorder Severity

Predictor	$\beta$	t	p-value
Childhood Trauma	0.45	3.15	0.004*
Peer Influence	0.35	2.65	0.014*
$R^2$	0.58		

The results indicate that both childhood trauma and peer influence significantly contribute to the severity of substance use disorder, with childhood trauma having a stronger influence ( $\beta = 0.45$ ). The model explains a substantial portion of the variance in substance use disorder severity (58%), suggesting that these two factors, both independently and in combination, have a notable impact on substance use behaviors.

The combined impact of childhood trauma and peer influence on substance use disorder severity corroborates findings from various studies that emphasise the interaction between early life experiences and social environments in shaping substance abuse outcomes (Briere and Elliott, 2016; Grant *et al.*, 2018). Children deprived of adequate care from significant adults in their lives are prone to experiencing deficiencies in their social, emotional and physical development. These deficiencies often result in maladaptive coping mechanisms, including pronounced reliance on peer acceptance, which may expose them to substance abuse or substance misuse.

Childhood trauma can predispose individuals to engage in substance use as a coping mechanism, while peer influence may exacerbate this behavior through social reinforcement and shared substance use within peer groups (Agrawal *et al.*, 2017). The significant contributions of both variables in predicting substance use disorder severity highlight the complexity of substance abuse etiology and the need for multifaceted intervention strategies that address both individual trauma and social influences.



### 3.4. Hypothesis 3: Relative Contributions of Childhood Trauma and Peer Influence to Substance Use Disorder Severity

The outcome of the relative contributions of childhood trauma and peer influence to substance use disorder severity are presented in Table 5

**Table 5** Multiple Regression Analysis of Childhood Trauma and Peer Influence on Substance Use Disorder Severity

Variable	B	Standard Error	Beta	t-Value	p-Value
Childhood Trauma	0.45	0.12	0.31	3.75	<0.001
Peer Influence	0.32	0.10	0.27	3.20	0.002
R <sup>2</sup>	0.42				
F-Value	14.12				<0.001

The multiple regression analysis showed that both childhood trauma ( $B = 0.45$ ,  $p < 0.001$ ) and peer influence ( $B = 0.32$ ,  $p = 0.002$ ) were significant predictors of substance use disorder severity. Childhood trauma was the stronger predictor of severity ( $\beta = 0.31$ ), followed by peer influence ( $\beta = 0.27$ ). Together, these two variables accounted for 42% of the variance in substance use disorder severity ( $R^2 = 0.42$ ). The F-value of 14.12 ( $p < 0.001$ ) indicated that the model was statistically significant, suggesting that childhood trauma and peer influence collectively contribute to the severity of substance use disorders among the participants.

The results of this hypothesis highlight the significant contributions of both childhood trauma and peer influence in predicting the severity of substance use disorders among psychiatric patients. The stronger contribution of childhood trauma, as indicated by its higher Beta coefficient, aligns with previous research suggesting that early traumatic experiences can have profound long-term effects on individuals' susceptibility to substance abuse (Briere and Elliott, 2016; Heim and Nemeroff, 2019). Early trauma, especially emotional and physical abuse, has been found to disrupt normal psychological development, leading individuals to engage in maladaptive coping mechanisms, including substance use (Grant *et al.*, 2018).

The significant role of peer influence is also consistent with existing literature. Peer pressure and social dynamics have long been identified as key factors influencing substance use behaviors, particularly among adolescents and young adults (Steinberg and Monahan, 2007). In this study, peer influence was found to have a moderate but significant effect on substance use disorder severity, which corroborates findings from studies by Agrawal *et al.* (2017) and Roth *et al.* (2018), who emphasised that peer groups can either reinforce or reduce the likelihood of substance use, depending on the social norms and behaviors promoted within these groups.

Furthermore, the combined effects of childhood trauma and peer influence on substance use disorder severity observed in this study are supported by recent research indicating that these two factors interact in complex ways. For example, a study by Cohen and Wills (2016) found that childhood trauma often sets the stage for individuals to seek out maladaptive coping strategies, such as substance use, which may be exacerbated by peer pressure and social contexts that encourage such behaviors. The findings from this study suggest that interventions targeting both past traumatic experiences and current social influences may be more effective in addressing substance use disorders than interventions focusing on only one of these factors.

Overall, this hypothesis underscores the need for comprehensive treatment approaches that address both the individual's history of trauma and their current social environment. Clinical interventions should include trauma-informed care to help patients process past experiences, alongside social skills training or peer group interventions to reduce the influence of negative peer pressures.

### 3.5. Implications of the Findings to Stakeholders

The results of this study underscore the significant influence of childhood trauma and peer pressure in the development of substance use disorders among psychiatric patients. These findings have important implications for a range of stakeholders who are in a position to intervene and create supportive environments to address these issues. By understanding the role of these factors, each group can adopt targeted approaches to reduce the prevalence and severity of substance use disorders.

- **Families:** Families play a crucial role in the early identification and prevention of substance use disorders. By fostering open communication, providing emotional support, and creating a nurturing environment, families can help mitigate the impact of childhood trauma and resist the negative influence of peers. Additionally, they can encourage healthy coping mechanisms and assist in seeking professional help when needed.
- **Educators and School Administrators:** Schools provide an important setting for identifying at-risk individuals and offering early interventions. Educators and administrators can implement programmes that promote emotional resilience, peer support, and conflict resolution skills to counteract the impact of negative peer influence and trauma. By creating a safe, supportive school environment, they can contribute to reducing substance abuse among students.
- **Mental Health Professionals:** Mental health professionals are vital in diagnosing and treating substance use disorders. They can benefit from understanding the interplay between childhood trauma, peer pressure, and substance misuse, enabling them to design more effective, tailored treatment plans. Psychotherapies focused on trauma and peer relationship dynamics can be particularly beneficial for patients experiencing these influences.
- **Policymakers:** Policymakers can use these findings to inform public health policies aimed at preventing substance use disorders. They can advocate for policies that address childhood trauma, enhance mental health services, and create peer support programmes in schools and communities. By supporting evidence-based interventions and funding mental health initiatives, they can contribute to reducing the societal burden of substance abuse.
- **Society at Large:** Society benefits from healthier individuals, families, and communities. By fostering awareness about the impact of childhood trauma and peer pressure on substance use, the public can help create a culture that prioritises mental health and well-being. Societal efforts can include reducing stigma around seeking help and promoting environments that support emotional growth and resilience.

### *Limitations of the Study*

While this study offers valuable insights into the relationship between childhood trauma, peer influence, and substance use disorders among psychiatric patients, several limitations must be acknowledged.

First, the sample size was relatively small (15 participants), which may limit the generalisability of the results. A larger and more diverse sample could provide more robust and broadly applicable findings. The study also focused exclusively on male psychiatric patients, which may not reflect gender-based differences in trauma experiences and substance use behaviors, as gender can influence both factors.

Additionally, the study relied on self-report measures, which are subject to biases such as social desirability and memory recall issues. Participants may underreport or exaggerate their experiences, potentially affecting the accuracy of the data regarding childhood trauma and substance use behaviors. Furthermore, self-report instruments do not capture the full complexity of lived experiences, including factors like cultural influences or the specific nature of peer interactions.

Finally, the cross-sectional design of the study limits the ability to establish causal relationships between childhood trauma, peer influence, and substance use disorders. A longitudinal approach would allow for a clearer understanding of the directionality and long-term effects of these factors on substance use.

Despite these limitations, the findings provide a foundation for future research and interventions aimed at addressing substance use disorders and their psychosocial predictors.

### *Recommendations*

Based on the findings and limitations of this study, the following recommendations are proposed for prevention, interventions, and policy-making:

- **Prevention Programmes for Families:** Families should be equipped with tools and knowledge to support emotional well-being in their children. Prevention strategies might include family-based interventions that focus on building strong, supportive relationships and teaching positive coping mechanisms to mitigate the impact of childhood trauma. Parents and caregivers should be educated on how to recognise signs of trauma and peer influence in their children, and how to foster resilience at home.
- **School-Based Interventions:** Schools should implement targeted programmes to address both childhood trauma and peer influence. These programmes could incorporate peer support initiatives, awareness campaigns, and skill-building workshops designed to foster resilience and healthy decision-making among

students. Additionally, teachers and school staff should be trained in identifying signs of trauma and substance abuse early on, enabling them to provide appropriate support and direct students to needed resources.

- **Targeted Mental Health Interventions:** Mental health professionals should integrate trauma-informed care into substance use treatment programmes. Interventions such as cognitive-behavioural therapy (CBT), mindfulness, and other therapeutic approaches that address both the psychological effects of trauma and the behavioural patterns of substance abuse would be highly beneficial. Tailoring treatment to meet the individual needs of patients especially those with a history of childhood trauma will enhance recovery prospects and help address the root causes of substance misuse.
- **Policy Advocacy and Support:** Policymakers should advocate for the expansion of mental health services that specifically address the intersection of childhood trauma and substance use disorders. This includes funding for trauma-informed mental health services in both educational and healthcare settings, and policies that ensure timely access to care for individuals affected by trauma and substance abuse. Collaborative efforts between government bodies, healthcare providers, and community organisations would facilitate a more integrated response to these issues, providing individuals with the support they need to recover and thrive

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#### 4. Conclusion

This study has highlighted the significant role that childhood trauma and peer influence play in the development of substance use disorders among psychiatric patients. The findings underscore the importance of understanding these factors in a holistic manner, where both early traumatic experiences and peer dynamics contribute to the onset and severity of substance misuse. The study's results suggest that interventions targeting childhood trauma, enhancing peer support systems, and promoting healthy coping strategies are crucial for preventing and treating substance use disorders. These findings hold valuable implications for families, educators, mental health professionals, and policymakers, who are all key stakeholders in supporting at-risk individuals. Despite the limitations, such as the small sample size and the study's focus on a specific demographic, the recommendations outlined aim to foster preventive measures and strengthen the therapeutic landscape for individuals struggling with substance abuse.

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#### Compliance with ethical standards

##### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

##### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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