



The Interrelationship of Peer Influence, Family Dynamics and Emotional Regulation in Predicting Substance Abuse and Self-Harm among Young People

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Abstract: Many young adults engage in unhealthy coping behaviors such as substance abuse and self-harming. The current study investigates the relationship between childhood trauma, peer influence and the likelihood of young adults engaging in substance abuse and self-harming. Emerging adulthood is a unique stage of the lifespan during which young people are in the process of figuring out who they are and where they are going in life. This stage is also characterized by a heightened vulnerability to psychological disturbances and a greater likelihood of involvement in unhealthy peer environment that may influence young people to engage in risk-taking behaviors. A quantitative cross-sectional study design was used in which 122 participants completed a survey consisting of measures of childhood trauma including domains of neglectful parenting, peer influence, substance abuse and self-harming behaviors. Descriptive statistics and Pearson correlation analyses were conducted in addition to multiple linear regression analyses to explore the predictive effects of childhood trauma, peer influence and the interaction between childhood trauma and peer influence predicting substance abuse and self-harming. Results indicated that childhood trauma was positively correlated with both substance abuse and self-harm behaviors. The findings also indicated that peer influence had mixed predictive effects for substance abuse and self-harming.

Key words: *Childhood trauma, peer influence, neglectful parenting, substance abuse, self-harming behavior, young youth, emotional dysregulation.*

1. Introduction

Young adulthood has been conceptualized as a transitional developmental stage during which young people grapple with academic, social and emotional tasks while pursuing identity formation. While young adulthood offers many benefits such as independence and self-sufficiency, it can also be time of considerable stress and vulnerability to negative behaviors, including substance abuse and self-harm. Knowledge of other factors that contribute to such negative behaviors is therefore critical to both prevention and intervention efforts.

A risk factor for many adult psychological problems is a history of trauma experienced during childhood. Common forms of childhood trauma include emotional neglect, physical neglect, physical abuse, emotional abuse and sexual abuse. Trauma in childhood can impede normal development of ability of the ability to regulate emotions, form healthy relationship patterns, have a positive sense of self-worth and manage stressful circumstances. Many individuals carry over childhood trauma related stress into adulthood and may be more likely than others to develop symptoms of anxiety, depression, impulsivity, substance abuse and self-disruptive behaviors.

Substance abuse among young adults has become a major public health concern. Many people who experience emotional pain, social anxiety, loneliness, or traumatic stress turn to drugs such as alcohol or nicotine as a way to escape or cope with their pain. While some people who use substances do so for novelty or peer pressure, others may begin to use substances out of emotional pain and eventually develop a chemical dependence on them, thereby worsening their mental health.

There is often confusion regarding the terms ‘suicide attempts’ and ‘self-harm’, though they are not the same. Suicide attempts are considered to be the most serious form of self-harming, though individuals who engage in self-harm typically do not intend to die. However, the primary reason that a person might engage in self-harming is to manage painful memories. Individuals who experience interpersonal difficulties, and those who have a history of trauma, emotional dysregulation, and feelings of emptiness are especially likely to engage in self-harm. Although self-harm may bring temporarily feelings of relief from tension and pain, it can have seriously negative long-term effects on a person’s mental health.

Another psychosocial factor influencing the lives of young adults is peer influence. Peers can affect young adult’s attitude and beliefs as well as what are considered to be healthy

emotional norms. By choosing to associate with peers who condone substance abuse in order to be accepted or included, for example, young adults may be more likely to engage in their own substance use or other unhealthy coping mechanisms. On the flip side, young adults with healthy peer networks could be protected from engaging in unhealthy behaviors.

This study seeks to evaluate the relationship between childhood trauma and peer influence in relation to the development of the substance abuse and self-harming behaviors among young youth. Findings may inform and guide counselors, educators, mental health professionals in the development of effective prevention and intervention method for use with young adults.

2. Literature Review

Childhood trauma

A study on childhood trauma conducted by (Schimmenti et al. 2022), found that adverse childhood experiences were significantly associated with emotional dysregulation, substance misuse and maladaptive coping patterns among young individuals. The study suggested that unresolved trauma during childhood can negatively affect emotional development and coping abilities, making individuals more vulnerable to engaging in harmful behaviors later in life. It was also highlighted that traumatic experiences often create long-lasting psychological distress, which may continue into adulthood if not properly addressed.

Another study on childhood trauma predicting substance abuse and self-harm behavior was contributed by (Kliamovich et al. 2026), reported that childhood trauma indirectly predicted self-harming behavior through emotional distress, anxiety and poor coping skills. The findings indicated that individuals who experienced neglect or abuse in early life were more likely to struggle with managing stress and emotional pain. As a result, they may engage in self-destructive behaviors as a temporary method of relief. The study emphasized the need for trauma-focused interventions at an early stage.

Neglectful parenting

A study conducted by (Miller et al. 2021), found that individuals raised in neglectful parenting environments reported higher levels of emotional insecurity, low self-esteem, and difficulty regulating emotions in later life. Lack of parental warmth, supervision and emotional support was associated with increased vulnerability to substance use and self-destructive behaviors during young adulthood.

Another study by (Johnson and Lee 2023), reported that perceived parental neglect significantly predicted depressive symptoms, risky peer association, and self-harming tendencies among college students. The study emphasized that children growing up in emotionally unavailable households often seek validation through maladaptive coping patterns.

Peer influence

A study on peer influence conducted by (Van Schie et al. 2024), which examined the role of peer environments and found that associations with peers who normalize risky behaviors was positively related to substance misuse among young adults. Individuals surrounded by peers who encouraged alcohol or drug use were more likely to imitate such behavior due to social acceptance and group belongingness. However, the study also found that positive and emotionally supportive peer groups acted as protective factors and promoted healthier choices.

Another study examined by (Quadri et al. 2025), found that peer pressure significantly contributed to risky decision-making and substance-related behaviors among university students. Students often reported feeling influenced by their friend circles in order to fit in socially or avoid rejection. The study highlighted that young adulthood is a sensitive stage where peers strongly shape attitudes, habits, and behavioral patterns. Therefore, peer influence can either increase risk or encourage positive adjustment.

Substance Abuse

Another study by (Van Schie et al. 2024), also found that peer approval of alcohol and drug use increased the likelihood of experimentation and regular substance use among young adults. Participants who perceived substance use as socially acceptable within peer groups showed higher involvement in risky consumption patterns. The findings demonstrated the importance of social learning and environmental influence in the development of addictive behaviors.

A report concluded by (Quadri et al. 2025), reported that childhood adversity, academic stress, and peer pressure were significantly correlates of problematic substance use among students. Individuals with trauma histories were more likely to use alcohol, nicotine or drugs as coping mechanisms to reduce emotional discomfort. The study suggested that substance use often brings as a temporary escape from stress but may gradually develop into dependency and psychological problems.

Self-harming behavior

A study found by (Watts et al. 2024), examined that individuals with higher trauma exposure reported significantly greater self-harming tendencies, especially when combined with depression, loneliness, and poor emotional regulation. Self-harm was often used as a

maladaptive coping strategy to deal with overwhelming emotions or internal distress. The authors emphasized that trauma-informed counseling and emotional support systems are essential in reducing such behavior among youth.

(Kliamovich et al. 2026), reported that trauma and interpersonal stress were strong predictors of self-harming behavior, with emotional dysregulation acting as a mediating factor. Individuals who lacked healthy coping skills were more likely to express distress through self-injury. The study suggested that unresolved trauma and stressful relationships can intensify feelings of helplessness, thereby increasing vulnerability to self-harm.

2.1 Research Gap

Existing literature has significantly contributed to understanding the impact of childhood trauma on maladaptive behaviours; however, certain limitations can be observed when these studies are examined collectively. Studies by Schimmenti et al. (2022) and Quadri et al. (2025) have primarily focused on the relationship between childhood trauma and substance abuse, highlighting trauma as a strong predictor of substance use. While these studies provide valuable insight into addiction-related outcomes, they do not simultaneously examine how substance abuse may further contribute to self-harm within the same framework.

Similarly, Van Schie et al. (2024) explored the association between trauma and self-harm, emphasizing the role of the internal psychological mechanisms such as dissociation and self-blame. However, the study does not incorporate behavioural factors like substance use, which may act as an important pathway linking trauma to self-harm. This creates a gap in understanding how both internal (psychological) or external (behavioural) factors interact in influencing self-injurious behaviours.

In terms of social influences, studies such as Watts et al. (2024) and Kliamovich et al. (2026) have established the role of peer influence in predicting substance use among adolescents. However, these studies are largely limited to substance-related outcomes and do not extend their findings to self-harm behaviours. Although Quadri et al. (2025) attempted to examine the mediating role of peer influence between trauma, peer influence, and self-harm remains insufficiently explored.

Therefore, while previous research has examined these variables individually or in partial combinations, there is a lack of studies that integrate childhood trauma, substance abuse, self-harm, and resistance to peer influence within a single comprehensive model. This highlights the need for the present study, which aims to address these gaps by examining the combined and interactive effects of these variables among young adults.

3. Method

3.1 Research design

The present study employed a quantitative, cross-sectional correlational research design to examine the relationships among childhood trauma, substance abuse, self-harm, and resistance to peer influence among young adults. A correlational approach was considered appropriate as the primary objective of the study was to explore the direction and strength of associations among the variables rather than establishing cause-and-effect relationships. The cross-sectional nature of the study allowed data to be collected at a single point in time, providing a snapshot of the psychological and behavioral pattern of the participants.

3.2 Participants

The sample for the present study consisted of 112 young adults of aged 18-25 years, primarily college students and job ones, representing the stage of emerging adulthood. This developmental period is often associated with identity exploration, emotional instability, and increased susceptibility to both internal and external stressors. Participants were drawn from various educational institutions to ensure some degree of diversity in background and experiences. Although the sample was not highly heterogeneous, efforts were made to include individuals with varying personal and social experiences relevant to the study variables.

3.3 Sampling Technique

The study employed a convenience sampling technique, where participants were selected based on their accessibility and willingness to participate. This method was chosen due to practical constraints such as time limitations and ease of data collection. Although convenience sampling may limit the generalizability of results, it is widely used in psychological research, especially in student-based studies.

3.4 Inclusion and exclusion criteria

Inclusion criteria

- Participants aged 18-25 years
- College students or young youth
- Willing to participate voluntarily
- Able to understand and respond to the questions
- Both male and females included.

Exclusion criteria

- Individuals below 18 or above 25 years
- Individuals unwilling to give consent or showing willingness.

- Incomplete or random responses.
- Participants with missing data.

3.5 Instruments used

In order to assess the various psychological constructs included in the present study, a set of standardized and widely used instruments were employed. These tools were selected based on their reliability, validity, and relevance to the research objectives.

The RESISTANCE TO PEER INFLUENCE (RPI) developed by (Steinberg & Monahan, 2007), was used to measure the extent to which individuals are able to resist peer pressure. This scale consists of 10 items presented in a paired statement format, where participants choose the option that best describes them. It is specifically designed for adolescents and young adults and captures susceptibility. Higher scores on this scale indicate greater resistance to peer pressure, whereas lower scores reflect higher susceptibility to peer influence.

To assess early adverse experiences, the CHILDHOOD TRAUMA QUESTIONNAIRE SHORT FORM(CTQ-SF) was administered which was developed by (Bernstein et al. 2003), This is a widely used self-report instrument that measures different forms of childhood maltreatment, including emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The scale consists of 28 items on 5-point Likert scale ranging from “Never true” to “very often true”. It provides both subscale scores and an overall indication of childhood trauma, making it highly suitable for understanding the long-term impact of early adverse experiences. Emotional functioning was assessed using a standardized emotional regulation scale, which evaluates an individual’s ability to understand, manage, and respond to emotional experiences. Emotional regulation Is a crucial psychological process that influences how individuals cope with stress and negative emotions. Difficulties in emotional regulation are often associated with maladaptive behaviours, making this construct highly relevant to the present study.

Substance use behaviour was measured using the DRUG ABUSE SCREENING TEST (DAST-10) developed by (Skinner, 1982), This scale consists of 10 items with dichotomous (yes/no) responses and is commonly used to screen for drug-related problems. It provides a quick and effective measure of substance abuse severity, with higher scores indicating greater levels of drug-related issues

Finally, self-harm behaviour was assessed using the SELF-HARM INVENTORY(SHI) developed by (Sansone et al. 1998), which is a self-report instrument includes 22 items that

capture a wide range of self-injurious behaviours. Participants are required to indicate whether they have engaged in each behaviour. The scale is useful for identifying the presence and extent of self-harm tendencies, with higher scores reflecting greater involvement in self-harm behaviour.

3.6 Procedure

The data for the present study were collected primarily through an online mode through google forms, which allowed for easy accessibility and wider reach among participants. Before beginning the data collection process, participants were clearly informed about the purpose and nature of the study. They were assured that their participation was entirely voluntary and that their responses would remain confidential and used strictly for academic purposes.

An informed consent was obtained at the beginning of the questionnaire, and only those participants who agreed to participate proceeded further. The questionnaire was carefully structured and included all the relevant scales in a systematic order to ensure clarity and ease of response. Participants were instructed to read each statement carefully and respond honestly based on their personal experiences and feelings. The data collection was carried out over a specified period, during which responses were regularly monitored. Special attention was given to ensure that the data obtained were complete and reliable. Responses that were incomplete, inconsistent or appeared to be random were excluded from the final dataset to maintain the quality of the data. After the completion of data collection, the responses were organized and prepared for further statistical analysis.

4. Results

Reliability of the instruments

Table 1. Descriptive Statistics Of study variables (N=112)

	N	Minimum	Maximum	Mean	Std. Deviation
CTQ	112	23.00	107.00	61.3929	18.62303
RPI	112	19.00	34.00	25.8661	3.33557
DAST	112	.00	10.00	3.2411	3.17719
SHI	112	.00	20.00	8.6161	6.65663
Valid N (listwise)	112				

The descriptive statistics were computed to understand the basic characteristics of the study variables, including childhood trauma (CTQ), peer influence (RPI), substance abuse (DAST), and self-harm (SHI). The mean score for childhood trauma was 61.39 (SD= 18.62),

indicating a moderate level of childhood trauma among the participants. The scores ranged from 23 to 107, showing variability in participant's early life experiences.

Peer influence (RPI) had a mean score of 25.86 (SD= 3.33), with scores ranging from 19 to 34, suggesting a relatively consistent level of peer influence among sample.

Substance abuse (DAST) showed a mean score of 3.24 (SD= 3.17), with a minimum score of 0 and a maximum of 10, indicating low to moderate levels of substance use behaviour.

Self-harm (SHI) had a mean score of 8.61 (SD= 6.65), with scores ranging from 0 to 20, suggesting variability in self-harm tendencies among participants.

Overall, the results indicate that while peer influence remains relatively stable, childhood trauma, substance abuse, and self-harm show greater variability across individuals.

Table 2. Pearson Correlation between Study Variables

		CTQ	RPI	DAST	SHI
CTQ	Pearson Correlation	1	-.005	.456**	.476**
	Sig. (2-tailed)		.961	.000	.000
	N	112	112	112	112
RPI	Pearson Correlation	-.005	1	.020	-.053
	Sig. (2-tailed)	.961		.834	.576
	N	112	112	112	112
DAST	Pearson Correlation	.456**	.020	1	.738**
	Sig. (2-tailed)	.000	.834		.000
	N	112	112	112	112
SHI	Pearson Correlation	.476**	-.053	.738**	1
	Sig. (2-tailed)	.000	.576	.000	
	N	112	112	112	112

** . Correlation is significant at the 0.01 level (2-tailed).

The Pearson correlation analysis was conducted to examine the relationships among childhood trauma (CTQ), peer influence (RPI), substance abuse (DAST), and self-harm (SHI). The results revealed a significant positive correlation between childhood trauma, neglectful parenting and substance abuse ($r=0.456$, $p<0.01$), indicating that higher levels of childhood

trauma are associated with increased substance use among participants. Similarly, childhood trauma showed a significant positive relationship with self-harm ($r=0.476$, $p<0.01$), suggesting that individuals with higher trauma experiences are more likely to engage in self-harm behaviours.

A strong positive correlation was found between substance abuse and self-harm ($r=0.738$, $p<0.01$), indicating that increased substance abuse is strongly associated with higher self-harm tendencies.

However, peer influence did not show any significant relationship with childhood trauma and neglectful parenting ($r= -0.005$, $p>0.05$), substance abuse ($r= 0.020$, $p>0.05$), or self-harm ($r=-0.053$, $p> 0.05$). this suggest that peer influence may not be strong predictor in the present study.

Overall, the findings indicate that childhood trauma, neglectful parenting and substance abuse play a significant role in predicting self-harm, whereas peer influence does not show a meaningful association.

Table 3. Multiple Linear Regression Between CTQ, RPI And DAST

Variables Entered/Removed			
Model	Variables Entered	Variables Removed	Method
1	RPI, CTQ	.	Enter

a. Dependent Variable: DAST

b. All requested variables entered.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.457 ^a	.209	.194	2.85194

a. Predictors: (Constant), RPI, CTQ

ANOVA ^a						
Model		Sum of Squares	DF	Mean Square	F	Sig.
1	Regression	233.932	2	116.966	14.381	.000 ^b
	Residual	886.559	109	8.134		
	Total	1120.491	111			

a. Dependent Variable: DAST

b. Predictors: (Constant), RPI, CTQ

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-2.087	2.301		-.907	.366
	CTQ	.078	.015	.456	5.358	.000
	RPI	.021	.081	.022	.261	.795

a. Dependent Variable: DAST

A multiple regression analysis was conducted to examine the predictive role of childhood trauma on substance abuse among young youth. It is important to note that the CTQ encompasses various dimensions of early adverse experiences, including aspects of neglectful parenting. The results indicate a moderate overall relationship between the predictors and substance abuse ($R = 0.457$) with the model explaining approximately 20.9% of the variance in substance abuse ($R^2 = 0.209$). The ANOVA results further confirmed that the regression model was statistically significant ($F = 14.381$, $p < 0.001$), suggesting that childhood trauma and neglectful parenting significantly contribute to substance abuse.

Further analysis of the regression coefficients revealed that childhood trauma was a significant predictor of substance abuse ($\beta = 0.456$, $p < 0.001$), indicating that higher levels of adverse childhood experiences are associated with increased substance abuse behaviours. Although neglectful parenting was not found to be statistically significant independent factor or predictor, it is important to consider that elements of neglect are inherently captured within the broader construct of childhood trauma as measured by the CTQ.

Table 4. Multiple Regression Between DAST, RPI, CTQ AND SHI

Variables Entered/Removed			
Model	Variables Entered	Variables Removed	Method
1	DAST, RPI, CTQ	.	Enter

a. Dependent Variable: SHI

b. All requested variables entered.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.758 ^a	.574	.562	4.40431

a. Predictors: (Constant), DAST, RPI, CTQ

ANOVA ^a						
Model		Sum of Squares	DF	Mean Square	F	Sig.
1	Regression	2823.508	3	941.169	48.519	.000 ^b
	Residual	2094.983	108	19.398		
	Total	4918.491	111			

a. Dependent Variable: SHI

b. Predictors: (Constant), DAST, RPI, CTQ

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.698	3.566		1.037	.302
	CTQ	.063	.025	.175	2.478	.015
	RPI	-.131	.125	-.066	-1.049	.297
	DAST	1.382	.148	.660	9.346	.000

a. Dependent Variable: SHI

A multiple regression analysis was conducted to examine the predictive role of childhood trauma, resistance to peer influence (RPI), and substance abuse on self-harm among young youth. The model summary indicated a strong overall relationship between the predictors and self-harm ($R = 0.758$). The coefficient of determination ($R^2 = 0.574$) revealed that approximately 57.4% of the variance in self-harm was explained by childhood trauma, peer influence and substance abuse combined. The ANOVA results showed that the regression model was statistically significant ($F = 48.519$, $P < 0.001$), indicating that the model was a good fit for the data.

Further analysis of the regression coefficients revealed that substance abuse was a highly significant positive predictor of self-harm ($\beta = 0.660$, $p < 0.001$), indicating that higher levels of substance abuse are associated with increased self-harm behaviours. Childhood trauma was also found to be a significant positive predictor ($\beta = 0.175$, $p < 0.05$) suggesting that individuals with higher childhood trauma are likely to engage in self-harm.

However, peer influence did not significantly predict self-harm ($\beta = -0.66$, $p > 0.05$), indicating that its effect was not statistically significant in the present study.

Table 5. *Summary Of Hypothesis Testing*

H	Hypothesis statement	Key statistics	Decision
H1	Significant positive relationship between childhood trauma (including neglectful parenting) and substance abuse leading to self-harm behaviour	$=\beta.456, p<.001$ (substance abuse); $=\beta.175, p<.05$ (self-harm)	supported
H2	Significant positive relationship between peer influence and substance abuse leading to self-harm behaviour.	$=\beta=.457, p<.001$ (substance abuse); $\beta=.660, p<.001$ (self-harm)	Not Supported
H3	Significant combined relationship between childhood trauma, neglectful parenting and peer influence with substance abuse and self-harm behaviour.	$R=.209, p<.001$ (substance abuse); $R=.574, p<.001$ (self-harm)	supported

In summary, the findings of the present study indicate that childhood trauma including neglectful parenting, and peer influence are significantly associated with substance abuse and self-harm behaviours among young individuals. The results of regression analysis revealed that childhood trauma significantly predicts both substance abuse and self-harm, while peer influence also emerged as a strong predictor of these behaviours. However, neglectful parenting being a component of childhood trauma measured from CTQ-SF also showed a significant relationship.

Furthermore, the overall regression models were found to be statistically significant, indicating that the combined effect of childhood trauma and peer influence explains a substantial proportion of variance in substance abuse and self-harm behaviours. These findings suggest that early adverse experiences and social influences play's a crucial role in shaping maladaptive behavioural outcomes among youth.

5. Discussion

The present study aimed to examined the interrelationship among childhood trauma including neglectful parenting, peer influence leading to substance abuse and self-harm among young youth. The descriptive statistics indicated an adequate distribution of scores across all the variables, suggesting variability in participants responses. Furthermore, the assumption of normality was assessed using skewness and kurtosis, and all values were found to lie within the acceptable range of ± 2 , indicating that the data were approximately normally distributed. This justified the use of parametric statistical techniques such as Pearson correlation, multiple

linear regression analysis. The results of Pearson correlation analysis revealed significant relationships among key variables. Childhood trauma showed a moderate positive correlation with substance abuse ($r = .456$, $p < .001$) and self-harm ($r = .476$, $p < .001$), indicating that individuals who reported higher levels of traumatic experiences in childhood were more likely to engage in substance abuse and self-harm behaviours. These findings suggest that early adverse experiences may contribute to the development of maladaptive coping strategies, thereby increasing vulnerability to both substance abuse and self-harm. In addition, substance abuse demonstrated a strong positive correlation with substance abuse ($r = .738$, $p < .001$), highlighting a robust association between these two variables. This suggests that individual engaging in substance abuse may experience impaired judgement, emotional dysregulation and increased impulsivity, which may further elevate the risk of self-harming behaviours. In contrast, resistance to peer influence did not show any significant relationship with substance abuse ($p > .05$) and self-harm ($p > .05$). These findings indicates that, within the present sample, peer-related factors may not have a direct influence on these maladaptive behaviours. One possible explanation is that internal psychological factors, such as unresolved trauma and emotional distress, may exert a stronger impact than external social influences. Additionally, it is important to note that the scale used measured resistance to peer influence rather than direct peer pressure, which may have contributed to the lack of significant findings. The result of multiple regression analysis further strengthened these observations by identifying the predictive role of the variables. In the first regression model, which examined predictors of substance abuse, the overall model was statistically significant ($F = 14.38$, $p < .001$) and accounted for 20.9% of the variance ($R^2 = .209$). Childhood trauma emerged as a significant positive predictor ($\beta = .456$, $p < .001$), indicating that higher trauma significantly increases the likelihood of substance abuse. However, resistance to peer influence did not significantly predict substance abuse ($p > .05$), reinforcing the findings obtained through correlation analysis. This suggest that trauma plays a more central role in influencing substance use behaviours compared to peer related factors.

In the second regression model predicting self-harm, the model was found to be highly significant ($F = 48.52$, $p < .001$) and explained a substantial proportion of variance ($R^2 = .574$), indicating a strong explanatory power. Substance abuse emerged as the strongest predictor of self-harm, followed by childhood trauma, while resistance to peer influence again showed a non-significant contribution. This finding highlights the critical role of substance use as a proximal risk factor for self-harm, possibly acting as a mediator between trauma and self-

injurious behaviours. The high R^2 value further suggests that the included variables collectively provide a strong explanation of self-harm tendencies among participants.

Overall, findings of the present study emphasize the significant role of internal psychological factors, particularly childhood trauma and substance abuse, in predicting self-harm among young individuals. While peer influence has often been considered an important factor in adolescent behaviour, the present study suggests that its direct impact may be limited when compared to deeper psychological experiences such as trauma. These findings underscore the importance of early identification and intervention targeting trauma and maladaptive coping mechanisms in order to reduce the risk of substance abuse and self-harm.

6. Conclusion

The present study aimed to examine the relationship between childhood trauma, substance abuse, self-harm and resistance to peer influence among young adults. The findings of the study provide the important insights into the psychological factors underlying maladaptive behaviours. It was observed that childhood trauma has a significant association with both substance abuse and self-harm, indicating that early adverse experiences play a crucial role in shaping later behavioural outcomes. Individuals who reported higher levels of trauma were more likely to engage in substance use and self-injurious behaviours, suggesting that these behaviours may function as maladaptive coping mechanisms for dealing with unresolved emotional distress.

Furthermore, the results revealed that substance abuse was significantly related to self-harm, highlighting its role as an important contributing factor in the development of self-injurious behaviours. This suggests that substance use not only acts as a coping strategy but may also increase emotional instability and impulsivity, thereby elevating the risk of self-harm. These findings support the view that maladaptive behaviours often do not occur in isolation but are interconnected and reinforced one another.

In contrast, resistance to peer influence did not show a significant relationship with substance abuse, indicating that external social factors may have a comparatively weaker impact than internal psychological experiences such as trauma. This suggests that while peer influence is often considered important during adolescence and young adulthood, its role may be limited when deeper emotional vulnerabilities are present. The findings emphasize that internal factors, particularly those rooted in early life experiences, are more influential in determining behavioural outcomes.

Overall, the study highlights the importance of addressing childhood trauma as a key factor in preventing substance abuse and self-harm among young individuals. The results suggest that interventions should not focus only on reducing risky behaviours but also on improving emotional regulation, coping strategies, and trauma-informed care. By understanding the interconnected nature of these variables, mental health professionals can design more effective prevention and intervention programs aimed at promoting psychological well-being among young adults.

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