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THE INFLUENCE OF CHILDHOOD TRAUMA ON ALCOHOL USE AND SELF ESTEEM AMONG YOUNG ADULTS

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ABSTRACT

The current study set out to assess how early trauma affected young adults' alcohol consumption and sense of self (18–26 years old). Trauma experienced as a child has a lasting effect on a person's social, emotional, and cognitive development. Trauma can harm a person's identity and sense of self-worth, which can result in emotions of guilt, humiliation, and inadequacy. In the current study, 117 young individuals from the Delhi-NCR region were selected using a random sampling technique. An online Google form was used to administer the Childhood Trauma Questionnaire (CTQ), the Alcohol Use Disorders Identification Test (AUDIT), and the Rosenberg Self-Esteem Scale (RSES). Regression analysis and Pearson's correlation were performed quantitatively on the data using the statistical software for social sciences (SPSS).

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KEYWORDS: *Childhood Trauma, Alcohol Use, Self-Esteem*

INTRODUCTION

Childhood trauma is a widespread problem that can influence people's behaviours, emotions, and self-perception long into adulthood. Since it explores the complex relationship between early traumatic experiences and two essential components of psychological well-being, the impact of childhood trauma on young adults' alcohol consumption and self-esteem is an important topic of psychology research. It is crucial to comprehend the ways in which alcohol consumption and self-esteem among young adults affected by childhood trauma in order to create focused interventions that target the underlying causes of these behaviours.

Studies have consistently demonstrated that persons who have undergone childhood trauma are more vulnerable to alcohol use disorders and have low self-esteem than those who have not. The current research intends to shed light on the intricate interactions between childhood trauma, alcohol consumption, and self-esteem in young people. It also offers insightful information for mental health practitioners, politicians, and those impacted by these concerns. By conducting a thorough analysis of the impact of childhood trauma on young adults' alcohol consumption and self-worth, this study aims to aid in the creation of efficient solutions that.

CHILDHOOD TRAUMA

The term "childhood trauma" describes traumatic experiences that take place during a child's formative years, including abuse; physical, sexual, or emotional neglect, exposure to

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brutality, natural catastrophes, or other potentially fatal circumstances. These events may have detrimental effects on a child's emotional, mental, and physical health, which may have a major and enduring impact on their development and well-being. Post- Traumatic Stress Disorder (PTSD), depressive disorders, anxiety, behavioural issues, and challenges with trust, feelings of attachment, and relationships are some of the usual consequences of childhood trauma.

SEXUAL ABUSE

Sexual abuse is any sexual activity that takes place without the victim's consent. It is sometimes referred to as sexual violence or sexual assault. We frequently use terms like 'rape' or' sexual assault' to describe various sorts of sexual violence. These are sometimes used as legal definitions.

Increased risk of substance usage and addiction: Individuals who have experienced sexual abuse are more likely to use drugs or alcohol as a coping mechanism for their trauma and emotions of agony.

Physical health problems: Childhood sexual abuse can result in long-term conditions like diabetes, heart disease, and obesity. Those who have experienced sexual abuse may turn to self-harming behaviours or suicidal thoughts as a coping mechanism for their emotional suffering.

MENTAL ABUSE

Psychological abuse, another name for mental abuse, is a pattern of behaviour intended to subjugate, control, or control someone else. It can involve emotional blackmail, verbal abuse, gaslighting, and other psychological manipulative techniques. Mental abuse can have long-lasting effects on one's psychological, physical, and mental well-being, with repercussions that can be just as severe as the effects of sexual or physical abuse. Some

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common effects of mental abuse include : trauma and PTSD, depression and anxiety, trouble forming healthy, intimate connections and trusting others, difficulty with self-worth and self-esteem, difficulty with boundaries, etc.

PHYSICAL ABUSE

Physical abuse suffered during childhood is defined as the purposeful harming, injuring, or emotional suffering caused by physical force to a child. This can include experiencing any kind of bodily harm, such as being burned, smacked, shaken, or struck.

A child's physical, emotional, and mental well-being can all suffer major, long-term effects from physical abuse like: developmental delays, relationship and trust issues, difficulty with self-worth and self-esteem, difficulty with boundaries, increased likelihood of substance abuse and addiction, etc.

EMOTIONAL ABUSE

Experiences or situations that leave us feeling extremely frightened and powerless, such as abuse, bullying, discrimination, or humiliation, can lead to emotional trauma. These experiences can happen as a single incident or as a component of a continuous pattern. Emotional trauma can occur without any physical injuries, even if some stressful events (such as sexual assault or auto accidents) can result in bodily pain. Emotional trauma is indicated by enduring sensations of unease, difficult emotions like fear and worry, and physical symptoms including persistent sleeplessness, recurring nightmares, and various other health problems. Emotional trauma may be more damaging and difficult to heal from than physical trauma because stress can alter brain physiology, especially in the case of chronic trauma.

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MANIFESTATION OF UNRESOLVED CHILDHOOD TRAUMA

Unresolved childhood trauma can manifest in a variety of ways in adulthood. Some common effects include:

a) *Emotional regulation difficulties:* People who had experienced childhood trauma may have difficulty managing their emotions, leading to mood swings, irritability, and impulsivity.

b) *Having trouble starting and keeping up good connections:* Trauma may make it harder for people to build trusting, close relationships.

c) *Persistent anxious and depressed feelings:* Trauma experienced as a child can increase the likelihood of developing depressive and anxious disorders.

d) *Difficulty with self-worth and self-esteem:* Trauma can lead to negative self-talk, self-blame, and feelings of worthlessness.

e) *Difficulty with boundaries*: Trauma can affect a person's ability to set and maintain

f) boundaries with others.

g) *Difficulty with self-care*: Trauma can make it difficult for people to take care of

h) themselves physically and emotionally.

i) *Higher risk of substance misuse and addiction:* Individuals who have gone through traumatic experiences as children may find it easier to deal with their anguish and trauma by using drugs or alcohol.

j) *Physical health issues:* Chronic illnesses like obesity, diabetes, and heart disease can be brought on by childhood trauma.

The severity and presentation of these symptoms might differ, and not every individual who underwent childhood trauma will have them. Unresolved childhood trauma, however, can have a significant negative effect on a person's capacity to carry out tasks and enjoy life.

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ALCOHOL

Alcohol is a chemical with psychoactive effects that causes dependence and has been widely used for ages in many countries. Alcohol abuse contributes to a wide range of illnesses as well as the social and economic burden on communities. Alcohol abuse can also cause hardship for other individuals, including friends, family, co-workers, and strangers. The typical alcohol drink in the USA of America has 0.6 ounces of pure alcohol.

Long-Term health risks of consuming alcohol on health of an individual

- Issues with memory and learning
- Mental health issues, such as anxiety and sadness.
- Dependency on alcohol

ALCOHOL USE/ ALCOHOLISM

Alcoholism is described as "a syndrome of compulsive and dependent alcohol use" in the APA definition.

ALCOHOL USE DISORDER

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) integrated alcohol abuse and dependence into a single category termed alcohol use disorder in its fifth edition. Reduced ability to regulate or restrict the intake of alcohol in the face of detrimental social, occupational, or health impacts is a hallmark of alcohol use disorder (AUD).

Alcoholism, alcohol abuse, alcohol dependence, and addiction are disorders that fall under this group. The symptoms of AUD can range from moderate to severe and are classified as a neurological condition. Because drinking results in long-lasting brain alterations, people are more susceptible to AUD and relapses.

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The DSM-5 includes AUD as a substance use disorder. Unpleasant withdrawal symptoms may occur for someone with an alcohol use disorder when they stop drinking. Their brain circuitry may start to become dependent on alcohol, which heightens cravings and increases the likelihood of relapse.

RELATIONSHIP BETWEEN CHILDHOOD TRAUMA AND ALCOHOL USE

Childhood trauma and young adults' alcohol consumption interact in a complex and multifaceted way. Childhood trauma increases the risk of young adults using alcohol to cope, potentially leading to a worse addiction and harder treatment compared to those with just one issue.

Effects: Early-life trauma survivors are more prone to develop mental health conditions like alcoholism later in life. Trauma typically precedes alcoholism, even when a direct causative link cannot be shown.

Risk factors: Childhood trauma is an important risk indicator for the development of disorders related to alcohol use in young adults.

Childhood trauma is quite prevalent and has been linked to several detrimental effects, including alcohol use disorders. According to studies, a sizable portion of young adults have adverse childhood experiences (ACEs), which are linked to a higher risk of substance use disorders.

RELATION BETWEEN ALCOHOL AND YOUNG ADULTS

India is facing a growing public health concern with a significant rise in young adult alcohol consumption, particularly binge drinking among those aged 15-24. Research suggests a troubling trend with the percentage of underage drinkers (under 21) increasing from 2% to over 14% in just 15 years. There's evidence that binge drinking is becoming normalized within

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peer groups, despite a lack of clear data on overall teenage drinking habits. Further complicating the issue is the early start age for alcohol consumption in India, typically in the mid-to-late teens. Factors like gender, residence (rural areas starting younger), and exposure to locally produced alcohol contribute to these early beginnings. To address this concerning trend, India needs a multi-pronged approach. The lack of comprehensive alcohol laws makes it difficult to regulate and enforce restrictions. Implementing evidence-based preventative programs alongside stricter policies is crucial to curb the negative impacts of underage drinking on both individual health and social well-being.

SELF ESTEEM

The concept of "self-esteem" refers to how we feel about ourselves, whether through positive (high self-esteem) or negative (low self-esteem) experiences. Our feeling of self-worth is influenced by our level of satisfaction with our interpersonal interactions as well as how well we perceive our own abilities and beauty. Self-esteem's essential components include- feelings of security, identity, feeling of competence, self-confidence, sense of belonging. Our overall sense of self-esteem is often shaped by the events in our lives. Poor self-esteem, for example, could be caused by overly critical or negative evaluations from family and friends. Carl Rogers defined "unconditional positive regard" as anything that increases a person's likelihood of having a positive sense of self.

High Self-Esteem

Having a strong sense of self-worth can inspire you to achieve your objectives because it provides you the self-assurance to confront life with the understanding that you can achieve all your ambitions. Furthermore, maintaining healthy connections with others and you are made

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possible when you have a solid belief of self-worth. It also enables you to set reasonable boundaries in partnerships.

Low Self-Esteem

Anxiety and depressive disorders, among other mental health issues, can be exacerbated by low self-esteem. You can also find it difficult to pursue your goals and sustain wholesome connections. A low sense of self-worth can negatively impact your life significantly and increase the likelihood that you may consider suicide.

William James: Formula for Self-esteem

William James's "elementary endowment of human nature" (as cited in Leary et al., 1995, p. 518) leads one to believe that the self-esteem movement predates human history, since he is often credited with its founding (Hewitt, 2005; Kling et al., 1999; Leary et al., 1995; Seligman, 1996). Success and self-satisfaction are closely related ideas; while gaining success in life can increase our self-esteem, we can also modify our goals and expectations in order to feel better about ourselves.

RELATIONSHIP BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND CHILDREN'S WELLBEING AND ADULT BEHAVIOUR

***ACEs and Children*:**

- ACEs include physical/sexual/emotional abuse, neglect, witnessing violence, and disasters.
- They can lead to mental health problems (anxiety, depression, PTSD) and hinder a child's functioning at home, school, and in relationships.
- ACEs also increase the risk of chronic health problems like obesity, diabetes, and heart disease.

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ACEs and Adults:

- Adults who experienced ACEs are more prone to mental health issues, substance abuse, and difficulty building healthy relationships.
- ACEs can impair decision-making, problem-solving, self-regulation, and self-care.

The document emphasizes that while there are individual variations, recognizing the link between ACEs and negative outcomes is crucial. Early detection and intervention can promote healing and resilience in those who have experienced ACEs.

- ACEs are linked to substance abuse, mental health problems, chronic health issues, and future violence in adolescents and adults.
- The document also mentions different attachment styles (secure, ambivalent, avoidant, disorganized) but doesn't elaborate on the direct connection to ACEs.

YOUNG ADULTS

A crucial period of life, young adulthood is characterised by major changes and personal development. This era, which is sometimes referred to as the "age of possibilities," gives people the chance to mould their lives and transition from reliance to independence. The conventional standards that govern the passage from childhood to adulthood have changed throughout time, and young adults today must contend with different expectations and lifestyles than those of earlier generations.

RELATIONSHIP BETWEEN ALCOHOL AND YOUNG ADULTS

Young adults (18-30) are at a risky stage for alcohol abuse due to several reasons:

Brain development: Their brains are still maturing, especially areas related to decision-making and impulse control, making them more susceptible to alcohol's effects.

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Risky behaviour: Young adults are more prone to taking risks, including excessive alcohol consumption, which can harm their physical and mental health.

Mental health: Heavy drinking can increase the risk of mental health issues in young adults who might already be dealing with strong emotions.

Social norms*:* Social acceptance of alcohol use can mislead young people into believing it's safe and lead to unhealthy drinking patterns.

College environment: College students, especially those in fraternities/sororities or sports teams, face additional pressure to drink due to social events and traditions.

To address this issue, it's crucial to identify the signs of alcohol misuse in young adults and provide them with the resources and education they need to make informed choices and avoid the negative consequences of excessive drinking.

THE TANGLED RELATIONSHIP: SELF-ESTEEM AND ALCOHOL USE IN YOUNG ADULTS

Young adulthood is a time when both alcohol use and mental health issues increase. Research shows a complex link between these two factors, particularly for those with low self-esteem. People with low self-esteem may use alcohol to cope with negative emotions, but this only creates a cycle of dependence. Alcohol can also act as a social lubricant, easing social anxiety for young adults who struggle with self-worth. The exact relationship between high self-esteem and alcohol use is unclear. More research is needed to understand the complex interplay between social factors, coping mechanisms, and different aspects of self-esteem. This knowledge can then be used to develop targeted therapies that promote healthy self-perception and reduce risky drinking behaviours in young adults.

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REVIEW OF LITERATURE

Kaplow et al. (2008) conducted a study that aimed to enhance knowledge of the behavioural and cognitive effects of childhood trauma on alcohol use and self-esteem. Specifically, it explored the predictive significance of dissociation in later attention issues among children who have experienced sexual assault.

Keyes et al. (2011) examined the epidemiologic evidence that links stressful life experiences, such as childhood trauma, to alcohol consumption and alcohol use disorders. They emphasise the significance of comprehending how stressors shape alcohol use behaviours and self-esteem.

Rutter (2012) highlights that resilience variables play a crucial role in lessening the detrimental consequences of childhood trauma on self-esteem. Strong social support networks, effective coping mechanisms, and wholesome familial ties are examples of these elements that might serve as barriers, preventing trauma survivors from being low on self-worth. Mental health specialists can support self-protective systems by assisting people in identifying and enhancing their resilience factors.

Afifi and Ford (2017) study investigated the link between adverse childhood experiences (ACEs) and mental health in adults. People with more ACEs, such as domestic violence or abuse, were more likely to have lower life satisfaction and poorer mental health. The impact grew stronger with the number of ACEs. Feeling disconnected from others was particularly affected by ACEs. Among specific ACEs, sexual abuse and living with someone with mental illness had the strongest connection to poor mental health. This suggests childhood adversity has a lasting negative effect on adult mental well-being.

Friesen et al. (2022) conducted research on the global impact of alcohol consumption on mortality and disease rates. It found higher risks of alcohol-related problems in rural areas compared to cities. This risk increased between 1990 and 2019, varying by country, age, and

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type of harm. Rural areas in Australia showed the highest risks for severe harms like drunk driving and alcohol-related suicide, especially among young people. The study highlights the need for better public health measures in rural areas, but emphasizes that these measures need to be adapted to the specific local context.

METHODOLOGY

AIM

To study the influence of childhood trauma on alcohol use and self-esteem among young adults (18-26).

RESEARCH OBJECTIVES

a) To assess the relationship between childhood trauma and alcohol use.

b) To assess the relationship between childhood trauma and self-esteem.

c) To assess the relationship between self-esteem and alcohol use.

d) To examine childhood trauma as the predictor of alcohol use.

e) To examine childhood trauma as the predictor of self-esteem.

f) To examine self-esteem as the predictor of alcohol use.

HYPOTHESIS

- H1. Childhood trauma will be significantly correlated with alcohol use
- H2. Childhood trauma will be significantly correlated with self-esteem.
- H3. Self-esteem will be significantly correlated with alcohol use.
- H4. Childhood trauma will significantly predict alcohol use.
- H5. Childhood trauma will significantly predict self-esteem.

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- H6. Self-esteem will significantly predict alcohol use.

TOOLS

1. *To assess childhood trauma: Childhood Trauma Questionnaire (CTQ)*

- Developed by Dr. David P. Bernstein and Laura Fink in 1998.

Description

- Self-report questionnaire with 28 items.
- Uses a 5-point Likert scale to assess the frequency of childhood experiences.
- Measures five types of childhood trauma: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect.

Reliability and Validity

- Strong internal consistency - different parts of the questionnaire measure the same concept.
- Good test-retest reliability - scores are consistent when taken again after some time.
- Strong validity - accurately reflects experiences of childhood maltreatment.

Scoring

- Each item is scored on a scale from 1 (never true) to 5 (very often true).
- Some items need to be reverse-coded before scoring.
- Subscale scores range from 5 to 25, with cut-off points indicating the severity of trauma exposure.

2. To assess Alcohol Use: The Alcohol Use Disorders Identification Test (AUDIT)

Overview

- Developed by the World Health Organization (WHO).

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Description

- Focuses on frequency and quantity of drinking, binge drinking episodes, and trouble controlling drinking.
- Scores answers to categorize risk of alcohol use disorders.

Reliability and Validity

- Shown to be reliable (consistent results) and valid (measures what it's intended to measure).
- Useful for screening and general assessment of drinking habits.

Scoring

- Scores assigned to answers, with a total score indicating risk level:
- Low (0-7) - Low-risk drinking
- Medium (8-15) - Risky consumption, potential problems
- High (16+) - High risk of dependence, needs further assessment

3. *To assess Self-Esteem: The Rosenberg Self-Esteem Scale (RSES)*

Author

- Morris Rosenberg, sociologist specializing in self-esteem.

Description

- Self-report questionnaire with 10 statements (5 positive, 5 negative).
- Uses a 4-point Likert scale to assess agreement with each statement.

Reliability and Validity

- Reliable (consistent scores) and Valid (measures overall self-worth).
- Captures both positive and negative self-views.

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Scoring

- Points assigned to each answer choice (0-3).
- Reverse scoring for negatively worded statements.
- Total score ranges from 0 to 30.

Score Interpretation

- 15 or below: Possible low self-esteem.
- 16-26: Average self-esteem.
- 27 or above: Possible high self-esteem.

Important Considerations

- Cultural variations in self-esteem expression exist.
- Social desirability bias can affect results**.**

VARIABLES

Independent Variable: Childhood Trauma

Dependent Variables: Alcohol Use & Self-Esteem

SIZE AND SAMPLE

A total sample of 117 young adults was collected. The participants' ages ranged from 18 to 26 years old. Simple random sampling was the strategy employed in this online survey-based investigation, which was carried out in the Delhi NCR area.

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RESULT

Table 1

Correlation between childhood trauma and alcohol use among young adults.

TABLE 1						
VARRIABLES	EMOTIONAL ABUSE	PHYSICAL ABUSE	SEXUAL ABUSE	EMOTIONAL NEGLECT	DENIAL	AUDIT
EMOTIONAL ABUSE	1	.677**	.587**	.453**	-.444**	.321**
PHYSICAL ABUSE	.677**	1	.684**	.355**	-.272**	.531**
SEXUAL ABUSE	.587**	.684**	1	.281**	-.249**	.447**
EMOTIONAL NEGLECT	.453**	.355**	.281**	1	-.703**	.199*
DENIAL	-.444**	-.272**	-.249**	-.703**	1	.030
AUDIT	.321**	.531**	.447**	.199*	.030	1

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

* Correlation is significant at the 0.05 level (2-tailed).

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There are noteworthy positive connections between the Alcohol Use Disorders Identification Test (AUDIT) and physical trauma ($r = 0.531$, $p < 0.01$), sexual trauma ($r = 0.447$, $p < 0.01$), and emotional abuse ($r = 0.321$, $p < 0.01$). This implies that problematic alcohol use behaviours may be more common among those who report higher degrees of childhood trauma, notably physical, sexual, and emotional abuse.

Table 2

Correlation between childhood trauma and self-esteem among young adults

TABLE 2						
VARRIABLES	EMOTIONAL ABUSE	PHYSICAL ABUSE	SEXUAL ABUSE	EMOTIONAL NEGLECT	DENIAL	SELF-ESTEEM
EMOTIONAL ABUSE	1	.677**	.587**	.453**	-.444**	-.324**
PHYSICAL ABUSE	.677**	1	.684**	.355**	-.272**	-.209*
SEXUAL ABUSE	.587**	.684**	1	.281**	-.249**	-.190*
EMOTIONAL NEGLECT	.453**	.355**	.281**	1	-.703**	-.339**
DENIAL	-.444**	-.272**	-.249**	-.703**	1	.325**
SELF-ESTEEM	-.324**	-.209*	-.190*	-.339**	.325**	1

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Significant negative relationships have been shown between self-esteem and physical neglect ($r = -0.209$, $p < 0.05$), emotional abuse ($r = -0.324$, $p < 0.01$), and sexual abuse ($r = -0.190$, $p < 0.05$). This shows that a person's self-esteem may be lowered if they report having experienced more childhood trauma, including emotional abuse, physical neglect, and sexual abuse.

Table 3

Correlation between self-esteem and alcohol use among young adults

TABLE 3		
VARIABLES	SELF-ESTEEM	AUDIT
SELF-ESTEEM	1	.008
AUDIT	.008	1

With a Pearson correlation coefficient of just 0.008, the relationship between alcohol use and self-esteem is incredibly weak. This suggests that there is a very small, almost non-existent linear association between the individuals' alcohol intake and self-esteem.

Table 4

Regression

TABLE 4					
Model	R	R Square	Adjusted R Square	F	Sig.
1	.625[a]	.391	.358	11.868	.000[b]

a. *Predictors:* (Constant), DENIAL, PHYSICAL NEGLECT , EMOTIONAL ABUSE, EMOTIONAL NEGLECT, SEXUAL ABUSE, PHYSICAL ABUSE

b. *dependent Variable*: AUDIT

The results presented suggest that there is some evidence for the idea that alcohol use is significantly predicted by childhood trauma. Particularly, as evidenced by their statistically significant coefficients and moderate impact sizes, physical trauma and physical neglect appeared as significant predictors of alcohol use among young people. Furthermore, alcohol usage was highly predicted by denial behaviour as well. Sexual trauma, emotional neglect, and emotional abuse, however, did not show any appreciable direct consequences on alcohol consumption. The hypothesis is partially supported by the significant predictors that were found, however it is important to recognise that some types of childhood trauma have non-significant findings.

Table 5

Regression

TABLE 5					
Model	R	R Square	Adjusted R Square	F	Sig.
1	.400[a]	.160	.114	3.518	.003[b]

a. *Predictors*: (Constant), DENIAL, PHYSICAL NEGLECT , EMOTIONAL ABUSE, EMOTIONAL NEGLECT, SEXUAL ABUSE, PHYSICAL ABUSE

b. *dependent Variable*: self-esteem

According to the coefficients table, there is no statistically significant relationship between any of the model's predictors and self-esteem in this investigation. These results imply that denial behaviour and childhood trauma experiences (physical abuse, emotional abuse, physical trauma, sexual trauma, and emotional neglect) may not have a direct effect on self-esteem in this population.

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Table 6

Regression

TABLE 6					
Model	R	R Square	Adjusted R Square	F	Sig.
1	.932	.000	-.009	.007	.932[b]

a. *Dependent Variable*: AUDIT

b. *Predictors*: (Constant), SELF ESTEEM

An R square value of 0.000 in the regression analysis indicates that the model with self-esteem as a predictor variable is unable to explain any variation in alcohol use. Furthermore, the self-esteem variable may even somewhat reduce the explanatory power of the model, as seen by the adjusted R square value of -0.009. The non-significant F-statistic of 0.007, correlated with a high significance level of 0.932, emphasises this lack of predictive potential even more. Overall, these findings essentially show that, in the context of this analysis, self-esteem does not significantly predict alcohol use as shown by the AUDIT scores.

DISCUSSION

The purpose of the study was to assess how early trauma affects young people' (18–26) alcohol use and self-esteem. Three goals were prepared in order to achieve this goal. The first was to look at the connection between alcohol use and self-esteem and early trauma. The second goal was to investigate how childhood trauma affects alcohol use. The third was investigating how childhood adversity affects self-esteem.

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According to hypothesis one, there will be a strong correlation between alcohol use and early trauma. According to the studies by Afifi et al.(2012) & Fenton et al. (2013), childhood trauma, including physical, sexual, and emotional abuse, has been consistently linked to an increased risk of developing alcohol use disorders (AUDs).

The study found connections between childhood trauma and alcohol misuse in young adults. Those reporting higher levels of physical, sexual, or emotional abuse on the CTQ also scored higher on the AUDIT, indicating a potential link between trauma and problematic drinking. Hence ***H1 is accepted.***

According to hypothesis two, there will be a strong correlation between self-esteem and early trauma. Research has consistently shown a significant negative relationship between childhood trauma, including emotional abuse, physical neglect, and sexual abuse, and self-esteem. Emotional abuse, in particular, has been found to be a significant predictor of low self-esteem in both children and adults (Edwards et al., 2003; Hart et al., 1996; Heim et al., 2013). The study identified connections between childhood trauma and self-esteem. Young adults who reported experiencing physical neglect, emotional abuse, or sexual abuse on the CTQ also scored lower on the RSES (table 2), which suggests that these forms of childhood trauma may be linked to lower self-esteem. Hence ***H2 is accepted.***

According to hypothesis three, there will be a strong correlation between self-esteem and alcohol use. A study by Dvorak et al. (2016) found that self-esteem was predictive of alcohol use, with higher self-esteem being associated with less alcohol use. However with a Pearson correlation coefficient of just 0.008, the relationship between alcohol use and self-esteem is incredibly weak. This suggests that there is a very small, almost non-existent linear

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association between the individuals' alcohol intake and self-esteem, this disparity might be because of the small sample size taken in this study. Hence ***H3 is rejected.***

According to hypothesis four, childhood trauma will significantly predict alcohol use. Studies have shown that childhood trauma positively correlates with anxiety and affective symptoms among alcoholics, suggesting that trauma may contribute to the development and maintenance of AUDs (Mirsal, Kalyoncu, Pektaş, Tan, & Beyazyürek, 2004). The results presented suggest that there is some evidence for the idea that alcohol use is significantly predicted by childhood trauma. Particularly, as evidenced by their statistically significant coefficients and moderate impact sizes, physical trauma and physical neglect appeared as significant predictors of alcohol use among young people. Furthermore, alcohol usage was highly predicted by denial behaviour as well. Sexual trauma, emotional neglect, and emotional abuse, however, did not show any appreciable direct consequences on alcohol consumption. The hypothesis is partially supported by the significant predictors that were found, however it is important to recognise that some types of childhood trauma have non-significant findings. Hence ***H4 is partially accepted.***

According to hypothesis five, childhood trauma will significantly predict self-esteem. Research has consistently shown a significant negative relationship between childhood trauma, including emotional abuse, physical neglect, and sexual abuse, and self-esteem. Emotional abuse, in particular, has been found to be a significant predictor of low self-esteem in both children and adults (Edwards et al., 2003; Hart et al., 1996; Heim et al., 2013). However according to the coefficients table, there is no statistically significant relationship between any of the model's predictors and self-esteem in this investigation, this disparity might be because of the small sample size taken in this study. These results imply that denial behaviour and

childhood trauma experiences (physical abuse, emotional abuse, physical trauma, sexual trauma, and emotional neglect) may not have a direct effect on self-esteem in this population. Hence ***H5 is rejected.***

According to hypothesis six, self-esteem will significantly predict alcohol use. A study by Dvorak et al. (2016) found that self-esteem was predictive of alcohol use, with higher self-esteem being associated with less alcohol use. The analysis shows self-esteem isn't a major predictor of alcohol use in this study. Statistical tests (R-squared, F-statistic) suggest self-esteem has little to no explanatory power on alcohol use scores. A small sample size may be one reason for this finding. Hence ***H6 is rejected***

CONCLUSION

The current study used the Bernstein Childhood Trauma Questionnaire, The Alcohol Use Disorders Identification Test (AUDIT) and The Rosenberg Self-Esteem Scale (RSES) to examine the effects of childhood trauma on alcohol use and self-esteem in young people, ages 18 to 26. The results show a strong correlation between alcohol use and self-esteem as well as childhood trauma. In particular, emotional abuse, physical neglect, and sexual abuse were associated with poorer levels of self-esteem, whereas physical trauma and physical neglect emerged as major predictors of alcohol use. Contrary to predictions, however, there was no clear association between alcohol use and self-esteem, pointing to a nuanced relationship that calls for more research. Remarkably, there was a strong correlation between denial behaviour and alcohol consumption prediction. Overall, these findings show how deeply childhood trauma affects people's psychological health and emphasise the need for focused interventions

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to address the long-term effects of early negative experiences on young adults' alcohol consumption and self-esteem.

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