2022

Are We Defined By Our Adversity? Examining The Relationship Between Childhood Trauma And Well-Being In Adulthood

Karabella Rose Hernandez
The College of Wooster, khernandez22@wooster.edu

Are We Defined by Our Adversity? Examining the Relationship Between Childhood Trauma and Well-Being in Adulthood

by

Karabella R. Hernandez

Presented in Partial Fulfillment of the Requirements of
Senior Independent Study Thesis

Supervised by

Amber Garcia

Department of Psychology

2021-2022

Table of Contents

List of Tables and Figures

Acknowledgments

Over the past very difficult several months, it has been abundantly clear to me that I could not have completed this project with the organization, inspiration, and efficiency that it demanded without the following individuals. First and foremost, I want to thank my stellar advisor Dr. Amber Garcia for her unending support and guidance, not only through this process but also my undergraduate education as a whole and the development of my future. Many times, our weekly I.S. meetings lifted me up from moments of stress and sadness to a place of greater confidence and focus, leaving me with new ideas, new stories, and new direction. I could not have asked for a better mentor for this formative stage of my life.

I also thank the Copeland Fund for making my research possible through their generous aid, as well as OneEighty for allowing me to conduct my research through their agency and for providing me with so many opportunities over the past months. I thank Tessa in the Writing Center for helping me with the extensive editing process and for always being up for brainstorming some of the bigger, more abstract ideas that especially come up in my discussion. I am grateful to many other supportive professors and mentors, including Dr. Ahmet Atay, Dr. Aubrey Whitehead, Dr. Zareen Thomas, Dr. Matt Mariola, and Dr. Tim Freeze, as well as Dr. Cheryl Thomas at OneEighty, who have inspired and guided me throughout the past four years.

To my friends Veda and Harry, thank you for providing spots of inspiration, laughter, and sunlight that were sorely needed in the midst of much darkness. Thank you to my mom and siblings for enduring through this toughest of times and living through some of the experiences that were most formative to my I.S. topic—it is because of you that this I.S. means so much to me, and it is for you. And finally, thank you to Tristan, my partner, muse, and best friend, for being there for me from start to finish, for being the steadiest and warmest force in my life.

Abstract

Much research has laid bare the significant negative impacts that childhood trauma can have on individuals' lives; however, its relationships with other variables, including substance use, attachment, and self-esteem, are often unclear. Thus, the current study investigates the relationship between childhood trauma and psychological well-being in conjunction with the variables listed above. I predicted that childhood trauma would have significant relationships with well-being, substance use, attachment style, and self-esteem and also predicted that self-esteem would mediate the relationship between childhood trauma and well-being. Fifty-eighty (58) total participants, who were either clients or staff members of the mental health and substance use treatment center OneEighty, completed a mixed methods survey with quantitative scales for each of the above variables and five total qualitative questions asking them to elaborate on the impacts of their experiences. Initial quantitative results did not support the hypotheses, however additional analyses showed significant direct effects of self-esteem, attachment, and substance use on well-being, as well as significant indirect effects of attachment on well-being via self-esteem. Systematic analysis of participants' qualitative responses revealed two recurring themes regarding (1) the significance of social support to mental health and life satisfaction and (2) individuals' likelihood to either repeat patterns of abusive/codependent relationships or to attempt to break out of these patterns. These findings have novel implications for childhood trauma and suggest important roles of factors like self-esteem for adults' well-being, as well as provide encouragement for future trauma researchers to delve further into subjective experiences and perspectives.

Keywords: childhood trauma, well-being, substance use, attachment, self-esteem

Introduction

Background

For the past ten months, I have interned and subsequently worked in a part-time position at the mental health and substance use center OneEighty in Wooster. Mainly assisting clients in active addiction or recovery, OneEighty serves the larger Wayne County as one of the main treatment centers in the area. Over the summer of 2021, I had the privilege of interning with the outpatient department for three months, a transformative experience that, as my first foray into clinical work, taught me much about my future career as a mental health counselor. However, naturally, I also learned much about addiction and addicted populations, as well as those who have experienced significant traumas, about which I had only cursory knowledge before OneEighty. A great majority of the clients I've encountered have experienced both addiction and trauma, as well as mental health problems, disabilities, or poverty, in conjunction with one another. I have watched clients cry as they ride out the intense anguish that comes from their now-adult child rejecting them, after years of being absent in their children's lives due to their overriding substance use. I've heard clients vent about their children being taken by CPS because they recently relapsed, grappling simultaneously with how to balance their household and finances and recovery. I have listened while clients relayed, impassively, stories of watching someone die in front of them, or of their toxic relationship with their mother, or of the prolonged abuse they experienced in a romantic relationship. These traumatic incidents are commonplace in the lives of OneEighty's clients, despite their extreme, profound nature.

So then why is it so common for people to have such negative experiences in tandem, and why do these experiences often multiply into the future? I have learned from my clients' experiences that trauma consists of much more than just obvious, clear-cut events like the loss of

a parent or physical abuse—it can also be insidious and result from circumstances like emotional abuse or chronic conflict within the family (Dong et al., 2004). Further still, these traumatic experiences can clearly be linked with a variety of long-lasting negative effects such as mental health issues (Ekinci & Kandemir, 2014), relational difficulties (de Zulueta, 2006), and, as evidenced by my clients, substance use (Downey & Crummy, 2022). Even so, in both popular media and academic literature, there is still much misunderstanding and disagreement regarding what constitutes "legitimate" childhood trauma versus simply "uncomfortable" events, and further, regarding exactly how this affects individuals into adulthood and reciprocally in future generations. In the section that follows, I review some of the major findings on trauma in the extant literature, as well as point out the gaps in said literature, to provide a foundation and rationale for my own study in which I investigate the intersections between childhood trauma, well-being in adulthood, substance use, attachment, and self-esteem.

Childhood Trauma

The first question to address is, *what is trauma?* Increasingly in mental health, popular culture, and even social media spheres, people are recognizing that there are many forms of trauma. They are also becoming more aware of childhood trauma's pervasive effects that influence individuals for years and perpetuate across generations. This development in awareness is significant when considering the historical context of minimization of trauma and its sequelae: take "shell shock" in veterans, now known as PTSD, which only began to be taken seriously around the time of, and in part due to, the Vietnam War with its harmful impacts on soldiers' and veterans' mental health (Crocq & Crocq, 2000). Take also the controversial parental "discipline," or corporal punishment, meted out to children for countless generations. Parental physical punishment has remained uncriticized until recent years, yet one notable empirical study has

found it to be as harmful to future behavior as other adverse childhood experiences (ACEs) like parental substance use or emotional neglect (Ma et al., 2021). As a final example, another important category of trauma, racial trauma, stems from the systemic oppression of groups of color, which, again, itself is only very recently beginning to gain attention (for example, see Kirkinis et al., 2018, whose review of the extant literature on racial trauma consisted almost entirely of studies conducted in the previous ten years). It is thus easy to see how our current understanding of trauma is relatively new, ever-evolving, and surely not yet complete. Since Felitti and colleagues' (1998) well-known Adverse Childhood Experiences (ACE) study was conducted, however, more mental health professionals have taken a trauma-informed lens in their care for clients and are expanding their understanding of the prevalence and importance of early traumatic events and concomitant psychological issues in the future (Butler et al., 2011).

Overall, researchers agree that trauma generally comprises physical, emotional, mental, and interpersonal events that are deeply jarring, disturbing, or distressing and can potentially interfere with future functioning (Yumbul et al., 2010), or "any event that does not correspond with everyday situations and can give rise to feelings of severe stress and unhappiness" (Downey & Crummy, 2022, p. 1). Further, trauma is considered to be both subjective and objective, both acute and chronic, manifesting itself socially and psychologically across time and situations (Sar & Ozturk, 2005). The resolution of this trauma, according to Sar and Ozturk, involves having the time and space to respond to trauma fully and appropriately, but oftentimes, because of the overriding nature of trauma, people are not afforded the opportunity to do so. Individuals often deny or repress the experience in favor of survival, resulting in inadequate processing of the experience. In turn, these individuals spend energy attempting to process a previous traumatic event, repeatedly bringing the event into the present and thereby experiencing harmful

cognitions, distorted realities, and the use of self-destructive coping mechanisms. These repetitions only end when complete cognitive processing has been achieved, which requires "the resolution of differences…between what is and what was gratifying and may invoke various responsive emotional states such as fear, anxiety, rage, panic, or guilt" (Sar & Ozturk, p. 10).

Considering these multifaceted definitions of trauma, there exists a great multitude of events that can be classified as traumatic. Traumatic events generally "[create] significant stress symptoms and [are] outside of usual human experience" (Sar & Ozturk, p. 10), involving an indicative loss of control. However, somewhat surprisingly, the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, the DSM-5, has removed subjective experience from its definition of PTSD trauma and tightened its definition in general, as compared to its previous edition (American Psychiatric Association, 1994; American Psychiatric Association, 2013). The DSM-5's definition of trauma is now limited to events involving "actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013, p. 271), excluding those which do not pertain directly to physical injury or imminent death (e.g., divorce or loss of employment) and also excluding events that involve intense subjective fear or helplessness. Despite this, many other researchers in the past have expanded their own definition of the events that can be considered traumatic to include situations such as chronic psychological disparagement (psychological or emotional abuse) by a parent, lack of love from a parent, (Downey & Crummy, 2022), witnessing a parent being abused (de Zulueta, 2006), divorce, abandonment (Dong et al., 2004), and more. In support of these more equivocal forms of trauma, it has been recognized that in cases of intimate partner violence (IPV), for example, psychological abuse "actually may have more negative effects than physical IPV on mental health" (Whitton et al., 2019, p. 242). Thus, I will also take a comprehensive view on trauma in

the current research. It is clear that in the sphere of trauma psychology, as in any area of research, general opinion and scientific knowledge are continually evolving and growing.

However, speaking to this controversy regarding what can be considered traumatic or not, in recent years, some in popular psychology have made the distinction between "small t" (or "little t") and "large T" (or "big T") trauma (Barbash, 2017). These terms purport to denote the difference between those major traumas that are rather universally recognized as threatening to one's life or bodily integrity (i.e., the DSM-5's PTSD trauma) and the more disputed "little" ones that would not lead to "pure" PTSD symptoms but still initiate a trauma response of helplessness and emotional threat (e.g., parental divorce, interpersonal conflict, or financial difficulties; Barbash, 2017). While empirical research is lacking on these subtypes and their delineation, the main driver behind their formulation is an acknowledgement of the deleterious effects these "little t" experiences can still have. While the current research does not utilize these terms, I bring them up to demonstrate the lack of consensus in the field regarding what counts as trauma but also to point to the growing recognition of the different experiences that may negatively affect us in the long-term. In the current research, I will consider the ten ACE categories, including familial upheaval and emotional abuse (Felitti et al., 1998), to represent a solid range of childhood traumas known and substantiated to date.

There is a wide range of symptoms and effects that can be elicited by trauma. The DSM-5 lists the ways in which the traumatic event can be re-experienced, including unwanted, upsetting memories; flashbacks; nightmares; and emotional distress and physical reactivity after being exposed to reminders of the traumatic event (American Psychiatric Association, 2013). The DSM-5 also states that those who have experienced trauma will attempt to avoid trauma-related stimuli (thoughts, feelings, and reminders), yet nevertheless will experience negative

thoughts or feelings including hopelessness, blame of self or others, decreased interest in activities, isolation, and difficulty feeling positive affect. Further trauma-related arousal or reactivity can include irritability, aggression, risky behavior, hypervigilance, heightened startle reaction, difficulty concentrating, insomnia, and potentially even dissociation or depersonalization, which manifest as being detached from oneself or feeling distant from reality and distorted (American Psychiatric Association). Individuals exposed to trauma will be more likely to experience anxiety, depression, and substance dependency (Ekinci & Kandemir, 2014).

Several measures have been devised to assess types of trauma and their severity. Clinicians use the DSM-5 and other related assessment tools to diagnose PTSD. Further, some of the major trauma exposure measures that have been validated and found to be reliable in empirical research include the Brief Trauma Questionnaire (BTQ; Schnurr et al., 1995), a 10-item self-report questionnaire designed to assess traumatic exposure according to the DSM-IV; the Trauma Assessment for Adults (TAA; Resnick et al., 1996), which consists of 17 items assessing various types of stressful life events including combat exposure, physical or sexual assault, and surviving a serious car accident; and the Trauma History Questionnaire (THQ; Hooper et al., 2011), a more recent 24-item measure examining potentially traumatic events such as general disaster, crime, and sexual and physical assault for use in both clinical and research settings. Distinct childhood trauma measures also exist, including most recognizably the Adverse Childhood Experience (ACE) Questionnaire (Felitti et al., 1998), which has been used and validated in myriad empirical studies to assess 10 dimensions of childhood maltreatment including parental divorce/abandonment/loss, neglect, familial substance use, and verbal abuse. I utilize the ACE Questionnaire in the current research.

Childhood trauma is the focus of the current research because of the especially profound

influence trauma can have on children's future psychological functioning, well-being, and behavior (Ma et al., 2021). Young children are particularly susceptible to the effects of maltreatment and adversity (especially from parents) due to their developmental level, dependence upon caregivers, and limited coping skills (Buss et al., 2015). Further, while there is ample trauma research that focuses on adults, such as PTSD from war (e.g., Crocq & Crocq, 2000), natural and technological disasters (e.g., Smith & North, 1993), occupational traumas (e.g., Corneil et al., 1999), or major shared events such as 9/11 (e.g., Lowell et al., 2018), childhood traumas such as emotional and psychological abuse by parents, only more recently—and sometimes controversially—have become the focus of major research studies. These traumas are sometimes categorized as relational or developmental trauma, the latter of which is defined synonymously to ACEs as trauma resulting from (chronic) interpersonal violence and dysfunction (like emotional and psychological abuse) and has been proposed by some major researchers in psychotraumatology to be added to the DSM-5 (van der Kolk & Pynoos, 2009). As stated by the American Psychological Association (2008):

> …the field of child and adolescent PTSD and trauma is relatively young, although the knowledge base has increased substantially over the past two decades. Moreover, task force members recognize that mental health professionals may have many different perspectives on child and adolescent trauma, particularly in regard to the specific nature of its effects…

However, it is widely agreed that childhood traumas can adversely impact children in myriad ways. Young children exposed to trauma may avoid any people, places, or things that remind them of the trauma, have nightmares or flashbacks, dissociate, experience diminished interest in activities, feel more irritable or otherwise emotional, startle easily, be more aggressive, perform

poorly in school, develop mental illness, and more (Buss et al., 2015). In other words, symptoms are quite similar to those exhibited by adults who have experienced trauma.

These effects can thus perpetuate into adulthood and, as some researchers show, even into future generations if left unprocessed and untreated. As Sar and Ozturk (2005) state:

> In the processing of the traumatic experience, the subject's concentration on the past traumatic experience is done in the present… New versions of reality and new cognitions form according to the moment when the processing of the trauma is interrupted and according to the phase of the process in which the subject is stuck. These cognitions typically suggest that a solution is not possible or they do not provide one. Consequently, the subject is unable to complete the trauma process… (pp. 13-14)

This unprocessed trauma can compound itself and make it easier to continue playing out dysfunctional cognitions, as touched on previously. As Downey and Crummy (2022) point out, the shame, self-blame, and self-hatred that often results from previous trauma "is linked to the emotional baggage survivors carry from childhood: 'into adulthood'" (p. 5). These authors stress how abuse inflicted by parents can be particularly pernicious, as it "leaves both children and adults alike emotionally wounded. These wounds were described as perpetuating over time" (Downey & Crummy, 2022, p.5). Adverse Childhood Experiences (ACEs) can also have a snowball effect of sorts, meaning that adults who report having experienced any one type of ACE during childhood are likely to report co-occurrence of multiple other interrelated ACEs as well, implying a cumulative impact that necessitates further study (Dong et al., 2004). Children's dependence on their parents and inability to remove themselves from traumatizing or distressing situations only compounds this issue. In addition, the effects of dysfunctional and unhealthy relationships in childhood are often more extended compared to isolated traumas typically

experienced or focused on in adulthood like car crashes or natural disasters, which, despite their acute nature and ability to permeate negatively into other aspects of life, pertain mainly to one instance and may thus be more easily moved on from. This stands in contrast to ACEs' tendency to represent chronic circumstances, to correlate with other ACEs, and to have effects that persist long into adulthood, as described above. Thus, childhood traumas can be particularly insidious, compounding, and enduring.

This is the stance from which I approach the current research and the basis for childhood trauma that I have encountered in my research. The field of trauma research is multifaceted and often contentious, and our understanding of what makes up and results from trauma is still evolving. My aim in the current research is to examine four specific variables (well-being, substance use, attachment, and self-esteem), as exhibited in adults specifically, that can be closely related to trauma experienced earlier on in life.

Psychological Well-Being

Well-being plays a major role in relation to childhood trauma and functions as the main dependent variable of the current research. The definition of individual, psychological well-being is rather elusive due to its broad, all-encompassing nature, but generally it is considered to be synonymous with happiness, subjective satisfaction with life, quality of life, and psychological or emotional health (Greger et al., 2017). Well-being is sometimes broadly conceptualized along dimensions of biological, physical, social, emotional, mental, and intellectual well-being (Dube et al., 2013). Psychological well-being dovetails with some of these other forms of well-being, including emotional well-being, mental well-being, and what is referred to as *subjective* well-being, a global assessment of one's life satisfaction and positive affect as experienced and reported by the individual (Diener, 1984). However, the focus in the current study is on

psychological well-being as an indicator of general mental health or, conversely, mental illness, as psychological distress is its antithesis (Nurius et al., 2015). This will allow for a consideration of both cognitive and emotional elements of well-being.

Psychological well-being has many correlates, as well as many subfactors that fall under its umbrella. The widely-used six-factor model of psychological well-being, or the Ryff Scale, measures six main components of psychological well-being: autonomy, positive relations with others, a sense of purpose in life, self-acceptance, environmental mastery (a feeling of having control over one's circumstances), and personal growth (Ryff & Keyes, 1995). These six dimensions were validated with a large, nationally representative sample and present a multifaceted, balanced model for psychological wellness. Other researchers have described psychological well-being more generally as a measure of *current appraisals*, whether positive or negative, that an individual makes subjectively, though perhaps subconsciously, of their life (Nurius et al., 2015). However, even though well-being is an internal variable, it cannot be considered in a vacuum, as simply a conglomeration of internal feelings—it is also a significant product of the environment one exists in. Well-being can easily be affected by socioeconomic status (SES), how one was parented, access to resources, and other external factors (Lee et al., 2018), which can be encompassed in the term social determinants of health (SDOH) and have recently been related to well-being as well as physical health (American Psychological Association, 2021). In turn, low levels of well-being can have profound effects on other areas of life such as close relationships, work, and education. Well-being is also related to substance use, poor self-control, and other externalizing behaviors, as well as internalizing problems like depression and anxiety (Lee et al., 2018). There are numerous factors that contribute to and make up psychological well-being, and it is a powerful indicator of one's current status overall.

Positive psychological well-being is thus important for a number of reasons. Intuitively, the more satisfied or happier one is with their life, the more positive their affect and functioning (Ryff & Keyes, 1995). However, Ryff (1989) also argues that psychological well-being goes beyond subjective happiness alone and encompasses "more enduring life challenges such as having a sense of purpose and direction, achieving satisfying relationships with others, and gaining a sense of self-realization" (p. 1077), as portrayed by her six-factor model. Meaning and purpose in life may seem like abstract concepts, but importantly, they imply one's deep-seated feeling of having accomplished their goals and met important milestones, or at least being on the path to accomplishing and meeting them. The importance of this feeling of accomplishment and satisfaction with one's life path is clear when considering the rise in depression in individuals with lower purpose in life and personal growth scores (Ryff, 1989). Interestingly, these associations were found to be especially likely in older adults, who, as they aged, showed decreases in psychological well-being. Female respondents also displayed higher levels of depression, yet simultaneously demonstrated higher scores on personal growth and positive relations with others overall. Across demographics and identities, however, the factors of psychological well-being positively predicted higher life satisfaction, self-esteem, morale, and affect balance, illustrating greater psychological functioning in those with greater psychological well-being (Ryff, 1989).

Unfortunately, in much empirical research, well-being has been found to be significantly dampened by childhood trauma/adversity (Corso et al., 2008; Greger et al., 2017; Nurius et al., 2015). ACEs are considered detrimental to youth development and future well-being by way of increasing risk of depression, anxiety, aggression, suicidal ideation, personality and behavior disorders, and other negative effects later on in life (Nurius et al., 2015). Interestingly, in one

sample of over 1,000 families, greater parental acceptance, nurturance, and warmth and less psychological control predicted greater well-being, and conversely, negative parenting behaviors predicted lower well-being (Lee et al., 2018). This implies that neglectful or abusive parenting would have extreme effects on well-being. Indeed, in one study, "early life trauma captured through total ACEs maintained unique significant association with the three indicators of impaired mental health [perceived well-being, psychological distress, and missed days of work/activities]" (Nurius et al., 2015, p. 149). And in an extreme example of trauma's effects on well-being, one study showed that childhood maltreatment of any kind (any of the ACE categories) in fact reduced participants' life expectancies by, on average, 11 days per year as compared to a no-childhood maltreatment group (Corso et al., 2008).

Nurius et al. go on to explain the mechanisms by which early life trauma can impair well-being: "Although human systems strive to adapt to ACE traumas, these adaptations often tax a child's developing biological and psychosocial systems, resulting in dysregulations (e.g., stress sensitization) that dilute psychological and physical well-being" (Nurius et al., 2015, p. 149). Further, in support of the idea that childhood trauma perpetuates far into later life, Nurius et al. describe their findings that early life stressors proliferate into adulthood, thereby increasing susceptibility to compromised psychological functioning and bringing about a whole host of other problems like financial insecurity, lower educational achievement, diminished resilience resources, houselessness, unemployment, and more. These issues cycle back on themselves and decrease psychological well-being further. Thus, through apparent chain reactions and vicious cycles, childhood trauma and well-being in adulthood can intensely affect each other and elicit a variety of outcomes within some of the most important realms of life.

The current study investigates the relationship between well-being and childhood trauma,

with trauma as a predictor of adult well-being to allow for a broad consideration of the factors that not only make up one's happiness and mental health, but also one's sense of fulfillment and purpose in life, as argued by Ryff (1989). These feelings of fulfillment and purpose thus can be a powerful indication of the success and progress (or lack thereof) one attributes to their life, especially in the context of negative events in childhood. I investigate further the link between childhood trauma and well-being in adulthood, as besides the studies cited above, there are few that directly link these variables, and even fewer that look further into the particular factors that may mediate or moderate this relationship. Thus, I also include three potential mediators in my model—substance use, attachment, and self-esteem—to investigate how they can potentially exacerbate or mitigate the negative effects of childhood adversity.

Substance Use

Substance use is one variable with a pronounced and yet complex relationship with childhood trauma. Substance use encompasses recreational use, dependency, and abuse and, in this research, includes alcohol, marijuana, cocaine, amphetamines, inhalants, sedatives, hallucinogens, opioids, and any other drug or substance known as illegal, harmful to health, or holding the potential for addiction. I include all of these substances based on the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), which is the measure used in the current study. This measure also records participants' level of use of each substance, which is important to determining whether substance use persists into the realm of substance abuse.

Substance use is significant in the context of its pervasiveness across the U.S. and the severity of its effects on individuals. According to the 2015 *National Survey on Drug Use and Health (NSDUH)*, approximately 17% of the population over the age of 12 years old reported use of an illegal drug or non-medical use of a prescribed drug in the prior year, and 8% met criteria

for substance use disorders (SUDs) (McLellan, 2017). Binge drinking, even when not classified as an SUD, is extremely prevalent (self-reported by 61 million individuals in 2015) and holds the potential to lead to many adverse events like car accidents, alcohol poisoning, violence, and more. Significantly, the CDC reported that between April 2020 and April 2021 in the U.S., drug overdose deaths exceeded 100,000, marking a 29% increase from the previous year (Ahmad et al., 2021). This rise in deaths was primarily fueled by synthetic opioid overdoses, which, along with opioid SUDs, have been rising since 2000 when the prescription of opioids began to sharply increase (McLellan, 2017). These statistics form the basis for what is called the "opioid crisis" and represent a major systemic impetus behind much of the prevalence of SUDs today.

Neurobiological perspectives on addiction argue that addiction is a disease because it involves dysfunction of an organ (the brain). Specifically, this dysfunction takes place in the midbrain, or the "survival brain" in charge of much automatic functioning and sensory processing (Labor, 2018). On a basic level, addiction is considered a disorder of the brain's hedonic (reward) system, in which one's sensitivity to dopamine is lowered due to a gradual deadening of dopamine receptors after they are bombarded by the neurotransmitter during substance abuse. Resultantly, the midbrain is soon convinced that it needs the substance to survive, bypassing the impulse control and higher decision-making functions of the prefrontal cortex and diminishing one's ability to resist impulses to use (Labor, 2018). However, according to Labor, one must have at least one addiction "gene" present to be able to develop certain addictions and experience these processes in the first place. These genes are still only nebulously understood, but fundamentally, they can be triggered randomly by different drugs, as well as indirectly by extreme stress and trauma. Indeed, one out of every four individuals struggling with addiction have a history of trauma, as these high levels of stress over extended periods of time

can also serve to remove dopamine receptors, greatly predisposing an individual to seeking out substances in the first place (Labor, 2018). Overall, this is an important perspective for destigmatizing the disease of addiction as something relegated to "bad" people or those who are not "strong enough" to overcome it, because, as argued by Labor, it is not a matter of willpower.

Thus, while genetics may account for as much as 60-70% of an individual's *risk* of developing an SUD (Labor, 2018), environmental factors also play a significant role in this development, the extent to which an individual will use substances, and the effects they will experience from this use. For example, minoritized individuals are more likely to engage in substance use and have concomitant mental health issues. Across racial identities, lesbians and bisexual women are at greater risk for SUDs, and gay and bisexual men are at greater risk for illicit drug use and related problems (Green & Feinstein, 2012). This can be related to the chronically high levels of stress that members of stigmatized groups experience due to poor social support, lower SES, and widespread prejudice/discrimination, in accordance with the *minority stress model* (Green & Feinstein, 2012). Similarly, from a large national sample of lesbian and bisexual women, women who scored higher on a measure of masculine expression were more likely to demonstrate substance use and mental health problems (Lehavot & Simoni, 2011). These findings are also in accordance with the minority stress model in that this relationship was mediated by the variable of social support and other socio-psychological resources. Finally, in Black young adults, experiences of discrimination are significantly associated with the use of several substances, which function as a mechanism for coping with negative emotions resulting from this discrimination (Banks et al., 2020). With each of these trends, it is crucial to remember that the higher rates of substance use displayed in these populations are not a result of inherent identities—they are instead tied to a demonstrable *lack of*

resources for the individuals holding these minoritized identities. Indeed, evidence has pointed to experiences of discrimination as being traumatic for people of color (e.g., Sibrava et al., 2019)—and so again, more largely, systemic oppressions can be a major predictor of substance use.

Across populations and identities, trauma has been recognized as a strong predictor of substance use (e.g., Downey & Crummy, 2022; Ekinci & Kandemir, 2014; Felitti et al., 1998). For example, in adolescents who experience maltreatment, more severe maltreatment is linked with greater likelihood of substance use (Wall & Kohl, 2007). However, often individuals with substance use issues also have co-occurring mental health problems, only compounding the negative consequences of substance use disorders (Ekinci & Kandemir, 2014). Substance use can be seen as a "coping device" that individuals tend to use chronically to deal with anxiety, depression, anger, and other negative responses produced by adverse childhood experiences (Felitti et al., 1998, p. 253). Similarly, other researchers describe substance use in trauma survivors as a form of emotional sedation or a mode of distracting oneself from thoughts of previous traumatic experiences (Downey & Crummy, 2022). Interestingly, family members' own substance abuse can be a traumatic experience for children as well (Felitti et al., 1998), due to children's developmental needs being insufficiently met, leading to another cycle in which substance use can lead to trauma, which can lead to more substance use, and so on.

Ultimately, this cycle can also lead to detrimental effects on individuals' well-being. In children and adolescents, substance use has in fact been linked to lower well-being, with a number of factors such as parental acceptance and psychological control affecting these variables (Lee et al., 2018). And in middle adults, overall health and cognitive difficulties have been found to be significantly associated with alcohol and cannabis use disorders (Schulenberg, 2015); however, in addition, "these health difficulties, as predictors or outcomes of substance use

disorders, can serve as daily impediments to optimal functioning. It is likely that substance use disorders and these health and well-being difficulties are reciprocally related, building on each other across adulthood" (Schulenberg, 2015, p. 54). In this way, it is possible for substance use and diminished well-being to also function in a cycle. However, there is a clear gap in the literature drawing a line through childhood maltreatment, substance use, and well-being, which is the goal of the current research. Researchers Greger et al. (2017) are some of the few who have investigated this, finding that substance use was in fact not a significant mediator of the relationship between childhood trauma and well-being in adolescence, perhaps because Greger et al. only measured type of substance use and not frequency. However, these authors did find a strong, significant association between childhood trauma and substance use directly. The model used in the current research is based upon this one and is also intended to help elucidate the mixed results on the association between substance use and well-being to date.

Attachment

Attachment represents a major developmental factor that also has many intersections with childhood adversity and well-being. Developed originally by John Bowlby in 1958, attachment theory describes the bond between a child and their caretaker as integral to psychosocial development and functioning and explains how these bonds in turn influence future bonds with others (Yumbul et al., 2010). Ainsworth and colleagues (1978) subsequently proposed three main attachment types—secure, anxious-ambivalent, and avoidant—that describe the patterns demonstrated between the child and caregiver, or the responsiveness of the caregiver and the child's subsequent behaviors upon separation and reunion. Newer models of attachment measure the variable along two main dimensions of anxiety and avoidance (Fraley et al., 2015), with low scores on both indicating attachment security and high scores on both corresponding with a

fourth proposed style called the disorganized or fearful style, characterized generally by a contradictory attitude towards the caregiver (Main & Solomon, 1990). These patterns demonstrated with caregivers have been extended to adult relationships, including romantic ones, and can predict how adults will relate to others, including how trusting, accepting, and happy they will be in relationships (Hazan & Shaver, 1987). On average, roughly 59% of American adults are securely attached, 25% are avoidantly attached, 11% anxious, and 4.5% unclassified (Mickelson et al., 1997); however, some research in more recent years has found that in American college students, attachment security is declining (Konrath et al., 2014).

By way of their interactions and relationships with parents, individuals' enduring attachment styles are formed in their childhood experiences, which can include traumatic experiences (de Zulueta, 2006; Mickelson et al., 1997). Childhood adversity has been linked variously to anxious attachment, avoidant attachment, adult loneliness, reluctance to get close to others, unwillingness to depend upon others, and negative future parental caregiving, depending upon the type of adversity experienced (Mickelson et al., 1997). Further, PTSD has been described as "a manifestation of a disrupted attachment system" (de Zulueta, 2006, p. 334) after consistent threats to a child's sense of security produce dysfunctions in familial relationships and psychological processes, including emotion regulation, for example. In other words, prior negative relational experiences such as problematic middle school teacher-child relationships and friendship difficulties in early adolescence, as well as traumatic experiences, have been linked to "an unresolved attachment state of mind" in future years (Allen & Tan, 2016, p. 409). Indeed, physical neglect and emotional, sexual, and physical abuse are all significant predictors of insecure attachment in one study, and specifically, children who experienced physical neglect were particularly likely to demonstrate an avoidant attachment style (Yumbul et al., 2010).

To maintain their attachment to the caregiver that is necessary for survival, sometimes children who have experienced relational trauma will also develop mental health disorders involving splitting or dissociative disorders such as borderline personality disorder to be able to endure particularly pernicious parenting (de Zulueta, 2006). Additionally, they may often blame themselves for their pain and believe that if they only behave better, the parent may finally love and care for them fully. Unfortunately, this mechanism often serves only to reinforce the dysfunctional, abusive relationship and the child's concomitant cognitive distortions, the latter of which tend to be harder to amend than in adults who experience later-onset trauma (de Zulueta, 2006). Further, after reliving certain feelings of helplessness, caregivers who themselves suffer from PTSD can similarly "induce traumatic states" (de Zulueta, 2006, p. 338) in their own children that often go unrepaired.

Attachment difficulties can in turn result in decreased well-being in many aspects of life. For example, in some cases, unresponsive environments can lead to anxious attachments in teens and subsequent drug use and delinquent behavior, and avoidant adolescents often manifest externalizing behaviors such as social withdrawal or eating disorders (Allen & Tan, 2016). In contrast, adolescents' perceptions of parents as a secure base predispose them to lower risk of mental health and behavioral problems (Allen & Tan, 2016). As an even more straightforward example, attachment anxiety has been found in multiple instances to be significantly, negatively associated with well-being (Kafetsios & Sideridis, 2006; Karreman & Vingerhoets, 2012). However, in these samples, social support was a mediator of the relationship between avoidant attachment and well-being (Kafetsios & Sideridis, 2006), and emotional reappraisal and resilience were both found to be mediators of the relationship between all attachment styles and well-being (Karreman & Vingerhoets, 2012), respectively. Further, some research on

psychological interventions for PTSD in conjunction with attachment insecurity shows that cultivating a renewed sense of control and empowerment in individuals can help to address both conditions (de Zulueta, 2006). With other research alluding to the role that self-esteem can play in reducing the negative effects of trauma (e.g., Arslan, 2016) and that social support can play in reducing the likelihood of substance use (Green & Feinstein, 2012), it is prudent for more research, including the current study, to delve further into these variables' relationships.

Self-Esteem

In the literature on childhood trauma, one variable that appears to (inconsistently) buffer the negative effects of trauma on well-being is *self-esteem*. Self-esteem, sometimes synonymously called "global self-esteem" for its general nature, denotes the subjective value that one attributes to themself or how much they like themself, often in comparison to others (Pohl et al., 2020). Global self-esteem, conceptualized as an enduring trait, contrasts "state self-esteem," a more temporary measure of self-esteem recognizing periodic fluctuations (David et al., 2008). While the current study's measurement of self-esteem in the context of participants' specific traumatic experiences may resemble state self-esteem, global self-esteem is measured here to reflect a holistic, broader variable that is influenced by many aspects of life. Further, self-esteem stands in contrast to self-concept, which is often viewed as a more cognitive, specific appraisal of one's own ability or value in a certain area (e.g., mathematics; Swann et al., 2007), as well as self-confidence, or one's more general "sense of competence and skill, their perceived capability to deal effectively with various situations" (Shrauger & Schohn, 1995, p. 256). While seemingly similar, it is important to distinguish these variables, as they are used in different ways and in different contexts across many studies. The current research focuses on (global) self-esteem for its more general, emotional nature, which matches well-being's general, subjective nature. It is

also significant to investigate this variable due to the mixed empirical results on its potential function as a protective factor for trauma survivors.

Self-esteem has been shown to consistently predict various indices of psychological adjustment such as depression (low self-esteem) or greater adult adaptation (higher self-esteem; Swann et al., 2007). It has also been identified as an important protective factor in many adverse conditions, a buffer against stress, and a form of coping or mental resilience in stressful life events (Pohl et al., 2020). Self-esteem as a positive factor does all of this "by mitigating the perceived threat and improving the selection and implementation of effective coping strategies" (Pohl et al., 2020, p. 838) in adverse situations. In other words, with higher self-esteem, individuals feel more assured in their own worth and ability and therefore feel capable of overcoming difficult situations more effectively. However, those who have lower self-esteem can experience a variety of negative outcomes, including depression (along with all its concomitant sequelae like insomnia, fatigue, and suicidality), anxiety disorders, substance dependence, poor work performance, and more (Swann et al., 2007). Clearly, then, self-esteem is an important variable that has been linked to several life outcomes.

Unfortunately, however, people who have experienced childhood trauma are often predisposed to have lower self-esteem, which can lead to a variety of negative life outcomes (e.g., Arslan, 2016; Ekinci & Kandemir, 2014). For example, women who witnessed interparental abuse as children were more likely to have a decreased sense of self-worth and self-esteem, likely due to the feelings of helplessness, lack of control, and low self-efficacy that exposure to such abuse can induce (Silvern et al., 1995). Further, this low sense of self-esteem can cause trauma survivors to have fewer contacts in their social networks and in turn to have diminished access to community resources like jobs (Clark et al., 2021), as well as to experience

many emotional and behavioral problems (Arslan, 2016), lessened coping capabilities, impaired motivation, and further emotional trauma (Swann et al., 2007). Significantly, there is little research demonstrating direct links between self-esteem and well-being in trauma survivors, however in general populations of adolescents or adults with psychiatric problems, low self-esteem has been connected to poorer well-being (Greger et al., 2017).

Of the studies that do investigate these links, there are mixed findings on the mediating effects of self-esteem on the relationship between childhood trauma and well-being. Some have found that trauma survivors are better protected against that trauma's negative effects when they have higher self-esteem (e.g., Clark et al., 2021; Greger et al., 2017). For example, Pohl et al. (2020) cite evidence of a diminished association between symptoms of PTSD and experiences of violence in those with higher self-esteem. In low-income Black women who have experienced childhood maltreatment, decreased resource attainment has been associated with lower self-esteem (Clark et al., 2021). This demonstrates the critical role self-esteem can play in bolstering resource attainment in marginalized populations, notwithstanding systemic environmental factors, as well as in lessening the pervasive effects of PTSD. However, other studies have presented somewhat contradictory findings. Pohl et al. (2020) report their own findings that self-*compassion* (similar but not the same to positive self-esteem), but *not* self-esteem, significantly buffered the relationship between childhood trauma and the severity of borderline personality disorder (BPD) symptoms. In addition, in another case, even though trauma was related to some depressive symptoms and depression was also strongly related to lower self-esteem, the relationship between trauma and depression was not mediated by self-esteem, and there was not a significant association between trauma and self-esteem (David et al., 2008). Considering these inconsistencies, as well as the small number of studies even investigating a direct line between

childhood trauma, self-esteem, and well-being, it is vital to continue producing research on these links in order to address these discrepancies that exist to date in the psychological literature.

The Present Study

In light of the gaps in the literature on childhood trauma, as well as the important implications that self-esteem, attachment, and substance use can hold for adult well-being, an investigation into these variables in the context of trauma is vital. Psychological well-being, as a broad, inclusive variable, encompasses the many factors that influence one's perception of their own success, satisfaction in life, and general psychological health. Therefore, well-being functions here as the core dependent variable, around which each other variable hinges, to determine which factors can enhance or diminish it. Substance use, with its many significant sequelae, has been underrepresented in research examining links between childhood trauma and other variables in adulthood, even as it has shown strong reciprocal connections to traumatic experiences. Even less research investigates how different substance use habits may lead to different well-being outcomes. Attachment's effects, in turn, have been entangled with other mediating variables such as social support in previous research on trauma, attachment, and well-being (e.g., in Kafetsios & Sideridis, 2006), so it is prudent to pull apart these variables and determine their respective effects. Finally, the inconsistency in research to date on the potential protective effects of self-esteem warrants further investigation to elucidate the role of this variable related to childhood trauma and well-being in adulthood. As self-esteem is intertwined in this relationship, as are the aforementioned variables of attachment and substance use, the current study involves all three as potential mediators in the context of childhood trauma and psychological well-being to tease apart their individual effects as well as delve into the larger picture of these relationships. This is also why the current research utilizes a mixed method

approach: by complementing the quantitative with the qualitative, this study has the opportunity to both demonstrate any significant associations between variables and further enrich these associations with the perspectives and words of participants.

Thus, surveying a group of clients who are currently receiving or pursuing treatment for substance use and mental illness, the current research centers the experiences of a predominantly low-income, traumatized, and/or mentally ill community sample, whether formerly or currently. However, the current research also samples several clinicians and other staff members of this treatment center, nearly all of whom are in recovery or have had traumatic experiences themselves, to include the perspectives of those at a different stage of the process of healing and growth. These contrasting viewpoints are important for determining which factors may contribute to this process.

The current research represents a partial replication of Greger et al.'s (2017) study, in which global self-esteem was found to mediate the pathways between two models: (1) childhood trauma as a predictor of well-being and (2) childhood trauma as a predictor of psychopathology. The authors also measured attachment difficulties as a latent variable and substance use as an observed variable; however, neither demonstrated significant mediation effects in either model. Participants in Greger et al.'s study included 400 adolescents aged 12-20 living in child welfare institutions in Norway. These authors utilized the Child and Adolescent Psychiatric Interview to record diagnoses of psychopathology, construct a latent variable for child maltreatment history, and determine substance use status (whether participants had ever used specific substances or not). Self-report questionnaires were used for the rest of the variables (Greger et al, 2017). In my own study, I exchange the measures used in Greger and colleagues' study for more well-known and highly validated ones that would more appropriately fit my participant pool of adults. The

screening test I use for substance use goes beyond Greger et al.'s conceptualization of substance use as a binary yes-or-no variable to not only measure the types of substances participants have tried in their lives but also the frequency of this use in the past three months (to reflect clients' recovery status). Further, I remove the variable of psychopathology to focus on the pathway between childhood trauma and adult well-being but preserve attachment, substance use, and self-esteem as potential mediators to replicate Greger et al.'s testing of this model with a different population, different measures, and qualitative complement.

Hypotheses

I hypothesize that ACEs will have a direct, negative link with adult psychological well-being (H1). I also hypothesize that ACEs will be significantly related to substance use, attachment style, and self-esteem issues (H2). Finally, I predict that self-esteem will significantly mediate the relationship between childhood trauma and adult well-being, such that self-esteem provides a pathway through which ACEs predict well-being (H3).

Method

Participants

A G*Power *F*-test analysis was run to determine that at least 52 participants would be required for a linear multiple regression with two predictor variables, an alpha of .05, effect size of 0.20, error probability of 0.95, and a power of .80.

The current research utilizes a community sample of adult clients and staff members of the mental health and substance use treatment center OneEighty in Wooster, Ohio for this study. Originally, I intended to outreach to clients only, but after receiving much interest from employees who also had lived experience with substance use and/or trauma, I opened up the survey to staff as well to incorporate a different perspective on my variables.

The sample ultimately consisted of 58 total respondents, 72.4% of whom were clients (*n* = 42), 25.9% staff members (*n* = 15), and 1.7% other (one College of Wooster student who piloted the study). Participants were aged 19-60 years old, with a mean age of 38.3 years. For their gender identity, 48.3% of participants described themselves as women, 50% as men, and 1.7% as non-binary/genderfluid/gender non-conforming. For their sexuality, 84.5% of participants identified themselves as straight (heterosexual), 1.7% as gay or lesbian, 5.2% as bisexual, 1.7% as both bisexual and pansexual, 1.7% as both bisexual and asexual/demisexual, 1.7% as both asexual/demisexual and self-described "queer," and 1.7% as other. Finally, 3.4% of participants reported their racial identity as American Indian/Alaska Native, 3.4% as both American Indian/Alaska Native and White/European American, 8.6% as Black/African American, 1.7% as both Middle Eastern/North African and White/European American, 77.6% as White/European American, 1.7% as self-described "white," 1.7% as self-described "Irish/Nordic," and 1.7% as self-described "Black/White/Asian."

Anonymity/Identity

Participants' anonymity was maintained by the use of pseudonyms within the survey that participants themselves provided so that I could keep track of data and refer to responses within my writing without revealing participants' identities. In addition, participants were offered a private space to complete the survey, if they so desired, to ensure that others would not view their responses and that they would have a quiet, safe place to consider the material. The research was primarily conducted in person so that compensation could immediately be given to participants without the need to have a second meeting or collect contact information; however, one or two participants who were receiving virtual services from OneEighty at the time wished to take the survey online as well and elected to have their gift cards mailed to a provided address.

Compensation

Participants were each compensated with a $10 Walmart gift card immediately upon their completion of the survey. This amount was determined to be small enough to not unduly coerce individuals into participating in the study but large enough to ensure an ethical study model that would fairly offset the time, emotional labor, and potential travel expenses participants incurred to take the survey. A Walmart gift card was selected to reflect the most appropriate and useful method of compensation for a largely low-income participant pool living in rural Ohio, with the store being centrally located in Wooster.

IRB Status

This research received HSRC approval by the full convened College of Wooster Institutional Review Board (IRB), as well as from OneEighty's IRB.

Procedure

Participants were recruited via word of mouth, flyers, and communication with counselors to take a primarily quantitative survey with five total qualitative text entries. This mixed method design was intended to allow participants to elaborate on their thoughts and feelings regarding the effects of their ACEs, well-being, and substance use. To ensure that there was no coercion involved in recruiting participants, clients were provided with neutral information in person regarding the existence of the study and were instructed to contact me via email, in person, or through their counselor if they were interested in taking the survey. Staff members reached out to me to indicate their interest in the survey and were also recruited via an agency-wide email to all staff members.

Once a a participant and I met at the time of their appointment, either at OneEighty's main building, residential treatment house, or other branch, they were provided with a laptop and

a private space if they so desired. Participants agreed to an informed consent form before proceeding through the questions (included in Appendix B), and they were allowed to skip any questions that made them uncomfortable or withdraw from the study at any point without penalty. At the beginning of the survey, participants provided pseudonyms of their own choosing instead of their real names. Participants then entered brief demographic information and indicated whether they were a client or staff member of OneEighty. At the end of the survey, participants were provided with a list of supportive resources readily available if they felt distressed at all after taking the survey, including the counselors at OneEighty. Finally, the screen displayed a message instructing them to find the researcher and show this screen to indicate that they had completed the survey to the best of their ability. Participants were immediately provided with compensation, and then their participation was concluded. This procedure allowed for participants to not have to provide identifying information at any point in the survey process and for ease of participation for clients of OneEighty who may not have reliable modes of transportation or communication.

Measures

Quantitative

Childhood Trauma. In order to generally test the types of childhood trauma participants had experienced, I used the Adverse Childhood Experience Questionnaire for Adults (Felitti et al., 1998), a 10-item measure in which each item enumerates a category of Adverse Childhood Experiences (ACEs). These categories include emotional, physical, and sexual abuse and neglect, and items include questions such as “Did you lose a parent through divorce, abandonment, death, or other reason?” and “Did a parent or adult in your home ever swear at you, insult you, or put you down?” Participants checked each item that they felt they had

experienced, then rated how much they felt these experiences have affected their physical and mental health, ranging from 1 (Not much) to 3 (A lot). Felitti et al. (1998) found the ACE Questionnaire to have high internal consistency ($\alpha = .88$).

Well-Being. I utilized the shortened 18-item version of the Psychological Wellbeing (PWB) Scale to measure six dimensions of current well-being and happiness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff & Keyes, 1995). This measure was developed for adults but is written at a 6th-8th grade reading level for accessibility. Participants respond to each item by rating how strongly they agree or disagree on a 7-point scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). Items include statements such as "The demands of everyday life often get me down" and "For me, life has been a continuous process of learning, changing, and growth." Items were reverse scored as necessary to maintain continuity so that higher scores indicate higher feelings of well-being. After reading mixed ratings of the PWB Scale's internal consistency (Seifert, 2005; Shryock & Meeks, 2018), as well as receiving feedback from a pilot of the study that some items were confusing, I reworded multiple items slightly for clarity. For example, the third item was originally written as "Some people wander aimlessly through life, but I am not one of them," which I reworded to "I am not the type of person to wander aimlessly through life."

Substance Use. To measure participants' substance use, I utilized the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST; Humeniuk et al., 2010), developed by the World Health Organization (WHO) for the larger WHO ASSIST project that aimed to promote interventions for and management of substance use disorders in the health care system. This survey takes about 5-10 minutes to administer and ranges in the number of items it includes, since it is typically administered in an interview format that allows for adaptability of the items

based upon participants' responses and upon whether they have used certain drugs in the recent past. For example, depending upon which of the 10 main drug categories (e.g., alcoholic beverages, amphetamine type stimulants, and hallucinogens) they select, participants will be prompted to rate how often they have used each substance selected, how often they have had urges to use, and how much of an effect their substance use has had on them in the past three months. For the purposes of this study and for the sake of time and participant attention, I removed the second half of the ASSIST, which probes the negative social effects and attempted cessations of any substances marked as ever having been used, and replaced this section with a qualitative text entry question. Subsequently, I focused in on the number of substances participants have ever used and the frequency at which they have used each of these substances in the past to form my two substance use variables. The survey was designed to adapt to each participant's response based upon which substances they marked as ever having used in the past and how often they had used them within the past three months.

Attachment. To measure participants' global attachment styles, I used the global attachment version of the 9-item Experiences in Close Relationships-Relationship Structures (ECR-RS) Questionnaire (Fraley et al., 2006), a revised and shortened version of the widely used and highly reliable full 36-item ECR (Brennan et al., 1998), which itself is also highly reliable and valid. Items include statements such as "It helps to turn to people in times of need" and "I'm afraid that other people may abandon me," which participants rate on a 5-point Likert-type scale ranging from 1 (*Strongly disagree*) to 5 (*Strongly agree*). The two dimensions of this scale are then averaged to compute avoidance and anxiety scores for each participant, as well as to assign global attachment styles (Fraley et al., 2006). While this scale can also be used multiple times to generate scores for discrete relationships, such as with a parent or romantic partner, the current

research uses it to generate one global attachment score.

Self-Esteem. To test participants' self-esteem, I used the 10-item, unidimensional Rosenberg Self-Esteem Scale (Rosenberg, 1965), which has also been widely used and validated. Items consist of statements like "I feel that I have a number of good qualities" and "I feel I do not have much to be proud of," which are rated using a 4-point Likert-type scale ranging from 1 (*Strongly disagree*) to 4 (*Strongly agree*). Again, items were reverse scored as needed so that higher scores indicate higher self-esteem.

Qualitative

To delve deeper into what participants' experiences and responses to the above scales meant to them, I incorporated five (5) qualitative text entry questions into the survey. In their corresponding quantitative blocks, the qualitative questions asked participants to attempt to respond in at least three sentences to the following prompts:

1. "Please talk about how your traumatic childhood experiences impacted you **as a child**."
2. "Please talk about how your traumatic childhood experiences have impacted you **into adulthood**."
3. "Was there anyone in your childhood who you feel looked out for you? How do you think that relationship has helped you as an adult?"
4. "What do you feel are the factors that contribute most strongly to your current life satisfaction or dissatisfaction?"
5. "How else do you feel your substance use has affected your life, your relationships, and your responsibilities?"

The first three questions appeared directly after participants responded to the ACE Questionnaire, the fourth appeared after the PWB Scale, and the fifth appeared after the ASSIST.

Results

Descriptive Data

Before running hypothesis tests, I calculated descriptive statistics for each variable. Table 1 presents frequencies, reliability coefficients, and intercorrelations for the ACE (the total number of ACEs participants selected), psychological well-being, number of substances ever used, frequency of use in the past three months, attachment, and self-esteem factors.

Table 1

Frequencies, Reliability, and Intercorrelations for Study Factors

Factor	1.	2.	3.	4.	5.	6.	7.	8.	*M* (SD)
1. ACEs	-								4.22 (2.70)
2. Psychological Well-Being	-.13	**.71**							4.85 (.96)
3. Number of Substances Used	.20	-.30*	-						5.98 (2.86)
4. Frequency of Use in Past 3 Months	-.08	-.32*	.13	-					3.32 (1.76)
5. Global Attachment Style	.14	-.24	.24	.13	-				2.04 (1.09)
6. Attachment Avoidance	.10	-.45***	.20	.13	.46***	**.81**			2.71 (.93)
7. Attachment Anxiety	.10	-.21	.24	.27*	.82***	.32*	**.91**		3.03 (1.34)
8. Self-Esteem	-.24	.53***	-.14	-.15	-.47***	-.40**	-.48***	**.89**	2.96 (.57)

Note. $N = 58$ for ACEs and Number of Substances Used; $N = 57$ (1 missing) for PWB, ECR-RS (attachment anxiety, avoidance, & style) and self-esteem; $N = 56$ (2 missing) for Frequency of Use in Past Three Months. *M* = mean, *SD* = standard deviation, **bold**: Cronbach's alpha reported on the diagonal when applicable. Frequencies reported for ACEs and Number of Substances Used are based on total number of ACEs and substances reported in lifetime, and Global Attachment Style is a categorical variable ranging from 1 to 4 (1 = secure, 2 = avoidant, 3 = anxious, & 4 = fearful), not a Likert-type rating.

*** $p < .001$, ** $p < .01$, * $p < .05$

Participants' attachment styles were distributed as 46.6% secure, 10.3% avoidant, 32.8% anxious, and 8.8% fearful (1 missing). Fifty-three out of 58 participants (91%) selected at least one ACE on the checklist. To represent the substance use frequency variable, I selected participants' one most frequently rated drug (such that, for example, if someone rated their alcohol use as daily and their marijuana use as monthly, their frequency variable was listed as daily). However, if the most frequently used drug was tobacco products and all other drugs were listed as less frequently used, the next most frequently rated drug was used for this variable for that individual. Otherwise, tobacco use would skew the frequency of drug use results to be much higher on average than it was for more serious drug use, leading to inflated correlations between drug use and other variables (since nearly all participants rated their tobacco smoking as daily).

Hypothesis Testing

To test my first and second hypotheses that ACEs would have significant negative correlations with adult well-being, self-esteem, attachment style (categorical), attachment anxiety, attachment avoidance, and frequency of substance use directly, I ran a series of one-way ANOVAs to test these relationships. I also ran a chi-square analysis to test the relationship between ACEs and total number of substances used. None of these tests reached significance, though the effects of ACEs on self-esteem, attachment style, and avoidance neared significance. I also replaced number of ACEs with participants' ratings of how significantly they felt their ACEs have affected their lives in a matched set of analyses, but none of these analyses reached significance either. Table 2 lists the results of the analyses used to test Hypotheses 1 and 2. To test Hypothesis 3, which predicted that self-esteem would significantly mediate the relationship between childhood trauma and psychological well-being, I utilized PROCESS (Hayes, 2012) in SPSS to run mediation models on the relationship between ACEs and well-being. The indirect

Table 2

Results of Analyses Testing Hypotheses 1 and 2

Analysis	Results
ANOVA: ACEs on Psychological Well-Being	NS; $F(10, 46) = .58$, $p = .825$
ANOVA: ACEs on Self-Esteem	NS; $F(10, 46) = 1.73$, $p = .102$
ANOVA: ACEs on Attachment Style	NS; $F(10, 46) = 1.73$, $p = .102$
ANOVA: ACEs on Attachment Anxiety	NS; $F(10, 46) = 1.22$, $p = .305$
ANOVA: ACEs on Attachment Avoidance	NS; $F(10, 46) = 1.72$, $p = .105$
ANOVA: ACEs on Frequency of Substance Use	NS; $F(10, 45) = 1.27$, $p = .279$
Chi-square Analysis: ACEs on Number of Substances Used	NS; $X^2(100, N = 58) = 88.64$, $p = .785$

Note. NS = not significant.

effect of ACEs on well-being via self-esteem was not significant, (B = -.02, SE = .03, 95% CI = -.06, .04). As expected, none of the other mediator variables (attachment style, attachment anxiety, attachment avoidance, number of substances used, and substance use frequency) reached significance in their indirect effects on well-being, either. Even when separating clients from staff members and rerunning analyses in this way, the pattern of results was not significantly different. Table 3 lists the results of these mediation analyses on the relationship between ACEs and psychological well-being, and Figure 1 displays the main mediation model as hypothesized.

Additional Analyses

Given that my hypotheses on childhood trauma were not supported, I probed further into the relationships between my other variables via regression, ANOVA, and mediation analyses. As shown in Figure 1, the direct relationship between self-esteem and well-being was significant, as were multiple other variables' relationships with one another. Table 4 reports the results of these additional analyses, and Figures 2, 3, and 4 depict the significant mediation models.

Table 3

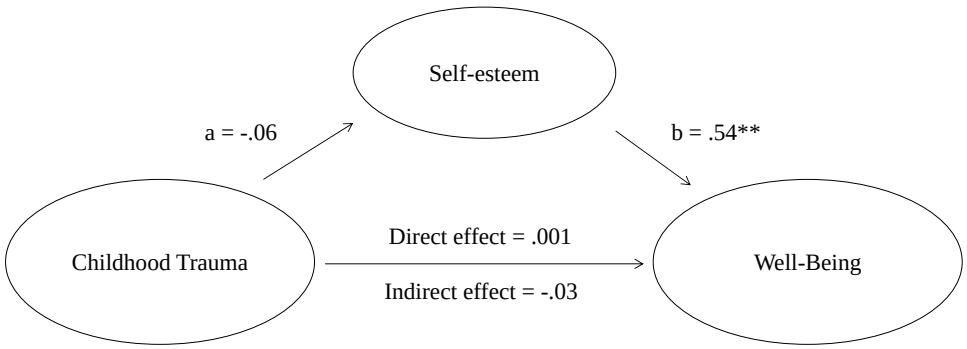
Results of Analyses to Test Hypothesis 3

Analysis	Results
Mediation Analysis: Self-Esteem	NS; *B* = -.02, *SE* = .03, 95% *CI* = -.06, .04
Mediation Analysis: Attachment Style	NS; *B* = -.01, *SE* = .02, 95% *CI* = -.05, .01
Mediation Analysis: Attachment Anxiety	NS; *B* = -.002, *SE* = .008, 95% *CI* = -.02, .015
Mediation Analysis: Attachment Avoidance	NS; *B* = -.02, *SE* = .02, 95% *CI* = -.07, .001
Mediation Analysis: Frequency of Substance Use	NS; *B* = .01, *SE* = .02, 95% *CI* = -.02, .05
Mediation Analysis: Number of Substances Used	NS; *B* = -.02, *SE* = .02, 95% *CI* = -.07, .001

Note. NS = not significant.

Figure 1

Main Mediation Model of Hypothesis 3



Note. a and b are direct effect coefficients between variables drawn from the mediation analysis.

** $p < .01$

Table 4

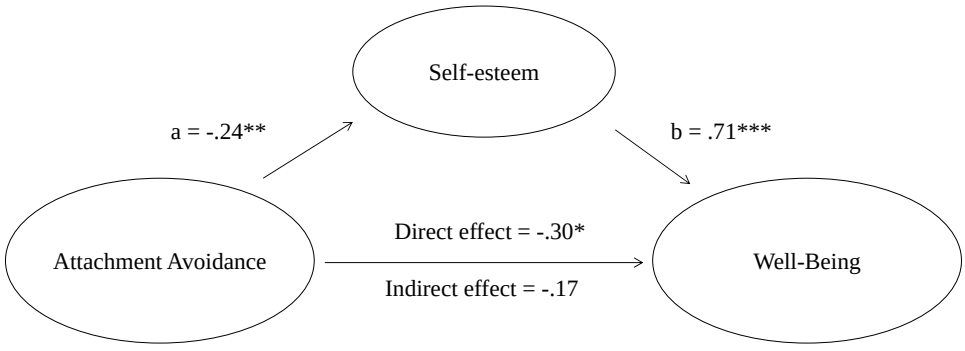
Additional Analyses

Analysis	Results
Regression: Self-Esteem and Psychological Well-Being	$F(1, 55) = 21.76$, $p < .001$
Regression: Attachment Avoidance and Psychological Well-Being	$F(1, 55) = 14.07$, $p < .001$
Regression: Attachment Anxiety and Psychological Well-Being	NS; $F(1, 55) = 2.52$, $p = .118$
ANOVA: Attachment Style and Psychological Well-Being	$F(3, 53) = 3.08$, $p = .035$
Regression: Frequency of Substance Use and Psychological Well-Being	$F(1, 54) = 6.16$, $p = .016$
ANOVA: Number of Substances Used and Psychological Well-Being	$F(10, 46) = 2.46$, $p = .019$
Mediation Analysis: Self-Esteem on Relationship between Attachment Avoidance and PWB	$B = -.17$, $SE = .11$, 95% $CI = -.45, -.03$
Mediation Analysis: Self-Esteem on Relationship between Attachment Anxiety and PWB	$B = -.20$, $SE = .06$, 95% $CI = -.32, -.08$
Mediation Analysis: Self-Esteem on Relationship between Global Attachment Style and PWB	$B = -.23$, $SE = .09$, 95% $CI = -.40, -.07$
Mediation Analysis: Self-Esteem on Relationship between Number of Substances Used and PWB	NS; $B = -.02$, $SE = .02$, 95% $CI = -.07, .02$
Mediation Analysis: Self-Esteem on Relationship between Frequency of Substance Use and PWB	NS; $B = -.04$, $SE = .04$, 95% $CI = -.12, .03$

Note. NS = not significant.

Figure 2

Mediation Model: Self-Esteem on Relationship between Attachment Avoidance and PWB

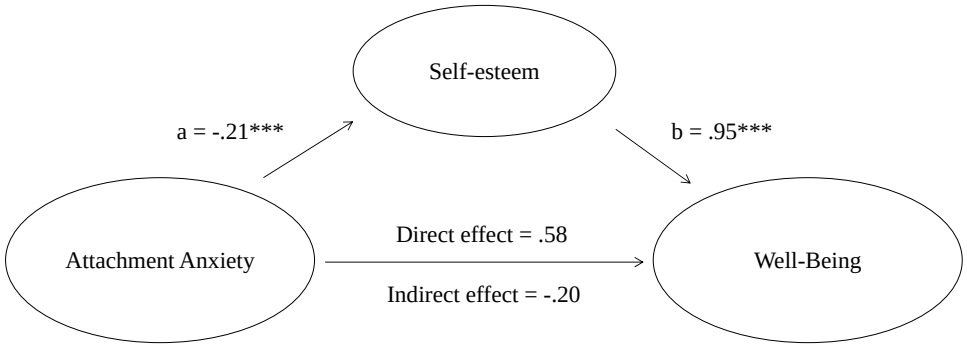


Note. a and b are direct effect coefficients between variables drawn from the mediation analysis.

*** $p < .001$, ** $p < .01$, * $p < .05$

Figure 3

Mediation Model: Self-Esteem on Relationship between Attachment Anxiety and PWB

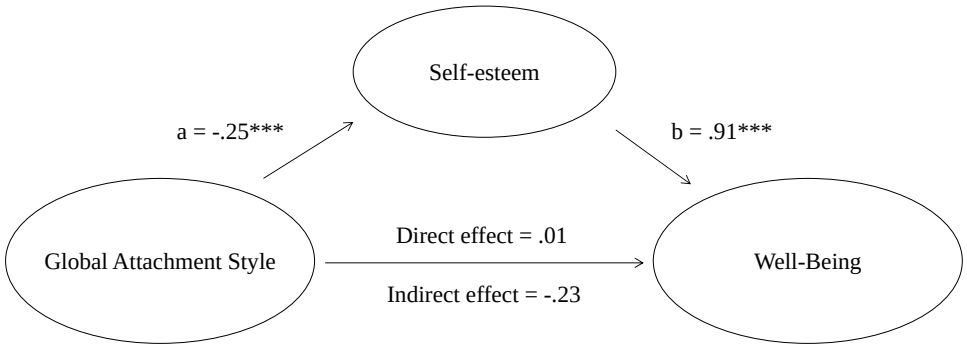


Note. a and b are direct effect coefficients between variables drawn from the mediation analysis.

*** $p < .001$

Figure 4

Mediation Model: Self-Esteem on Relationship between Global Attachment Style and PWB



Note. a and b are direct effect coefficients between variables drawn from the mediation analysis.

*** $p < .001$

Systematic Analysis of Qualitative Responses

To utilize the qualitative responses collected in my survey, I conducted a systematic analysis from which two major themes emerged beyond my direct hypotheses: (1) that experiences of greater social support were associated with greater perceived mental health and current life satisfaction, and (2) that individuals were more likely to either engage in abusive and/or codependent romantic relationships themselves if their parents also had a dysfunctional relationship or recognize these unhealthy patterns and attempt to break them in their adult lives. Pseudonyms are used throughout the rest of this section for those who provided them; otherwise, participants are left unnamed.

Significance of Social Support

Many participants cited significant mental health issues resulting from their adverse childhood experiences. The mental health issues that participants named or described ranged from depression and anxiety to chronic PTSD and "severe memory loss." Oftentimes, participants directly stated that their traumatic experiences caused these mental health issues later in life. For example, one participant who piloted the study and was not affiliated with OneEighty, "Tini," wrote:

> The mental and physical abuse I had to go through gave me severe mental health issues. I was suicidal from 13 to 20, severely depressed and anxious. At the early age [of 5, I] developed trichotillomania … I'd definitely say [these] mental illnesses that I developed because of my childhood experiences get in the way of my life as an adult… I also still struggle with suicidal thoughts. Also, a feeling of being trapped is always there and my response to that feeling is still turning to drugs for escape.

Tini also spoke on how her mother attempted to provide a support system for her but was herself

trapped in the same abusive situation, and still is. At the time of taking this survey, these mental health problems and resultant substance use issues still persist for Tini. Thus, this participant has experienced multiple obstacles to healing, including the fact that her primary support system is still stuck in the same circumstances.

However, those participants who cited a more separate source of social support, such as a parent who was not the source of their ACEs or an extended family member, seemed to experience greater mental health and life satisfaction than those without similar social support. Mothers seemed especially significant to participants, but if their parents were not supportive, participants often wrote about how their extended family or chosen family filled that role, such as grandparents, uncles, or "street moms," in the case of one participant. A client of OneEighty who stated that he experienced physical and mental abuse and lived with an alcoholic also wrote that "my aunt helped me when I was younger. She has always [given] me advice. I can still call her today." When discussing the factors contributing to his current life satisfaction or dissatisfaction, this participant explained that "I live my life one day at a time. I think I can do anything I put my mind to. I am building relationships today." "Jane Doe" echoed these sentiments, stating that "The factors that contribute most strongly to my current life satisfaction are my personal relationships (boyfriend, family, friends)… I have an amazing support system that has helped me maintain my sanity…" Conversely, "Maggie," a staff member of OneEighty who experienced much physical, emotional, and verbal abuse from her parents, wrote:

> I was lonely, isolated, depressed, I hurt myself… I had no one—no support system, no friends, no safe family members… Through college, I didn't speak to my parents and have only recently began trying to rebuild that connection. I have a lot of anxiety and struggle with depression, but it was a lot worse through college… My many boyfriends

were my support system through middle school and high school. There was no adult who looked out for me.

This response demonstrates the clear link between mental health and social support: especially at a time when Maggie's social support was lowest, her mental health issues were greatest. Nevertheless, in the more positive narratives provided by some participants, there was a clear thread of close relationships as integral. One participant, a client, directly acknowledged the importance of these relationships, stating that "I believe having stability and a strong loving support system would help with my current feelings of dissatisfaction."

Repeating/Breaking Patterns of Unhealthy Relationships

Conversely, several participants also included in their responses that after experiencing dysfunctional or abusive dynamics with their parents in childhood, they have since fallen into codependency or have even been subjected to further abuse in their own adult relationships. Especially those who self-identified as women cited many similar experiences with romantic partners who repeat these patterns of dysfunction. One client, aged 52, who in childhood experienced emotional and sexual abuse by family members and friends, respectively, stated that she is "attracted to abusive men. I have abandonment issues…" and stated that "drug addiction, abusive toxic relationships and the lack of love and support from my family" have contributed greatly to her current feelings of well-being. "Ashley," a staff member also aged 52, wrote that she "struggled with a belief that I was wanted or cared for by the opposite sex. I ended up marrying a man that was emotionally unavailable and…I was lonelier than I had ever felt in that marriage." At least a dozen other participants described similar experiences, citing low self-esteem, "no self-worth," "inadequacy issues," mothering/nurturing tendencies, a feeling of being "trapped," growing up thinking abuse was "normal," and their ACEs directly as correlates of

these patterns.

However, interestingly, in a few cases, participants also remarked that from the trauma they experienced in childhood, they learned how they did *not* want to behave in their own lives. While one man's seven ACEs made him "anxious all the time" and made him "[turn] to drugs to not feel so scared," he also reflected on the fact that "They have made me a strong individual. Made me who I am today. Taught me the things I don't ever want to become." Some described themselves as "resilient" or "able to adapt" after dealing with adversity, and another participant noted that distance from the environment that created his ACEs was what allowed him to grow past them. "Taylor" attributed this growth to her own parents: "My parents were relatively good all around at parenting and being there for us in every aspect, but were both raised with parents who did not provide the same for them growing up, and they made it a point to make sure we were not raised in the same environment." Thus, in some unique cases, participants recognized their ability to move beyond the adversity of their childhood, whether because their parents aided them in this process or because they themselves gained awareness and motivation to do differently and better after their experiences. Overall, however, the majority of participants in this study showed good awareness of the existence and implications of their adverse childhood experiences, mental health issues, life circumstances, and relationships.

Discussion

The quantitative results of my survey did not support my hypotheses, in which I predicted that ACEs would have significant relationships with psychological well-being, substance use, attachment style, and self-esteem, as well as that self-esteem would mediate the relationship between childhood trauma and well-being. However, I conducted additional analyses to determine that attachment avoidance, global attachment style, substance use frequency, number

of substances used, and self-esteem all significantly predicted psychological well-being. Further, there were significant mediation effects of self-esteem on the relationship between all components of attachment (attachment anxiety, attachment avoidance, and global attachment style) and well-being. Finally, systematic analysis of participants' qualitative responses identified themes indicating the significance of social support to life satisfaction and mental health, as well as many participants' awareness that they were either repeating patterns of dysfunctional relationships or attempting to break free of them.

ACEs' Relationships with Well-Being, Substance Use, Attachment, & Self-Esteem

Contrary to my expectations, adverse childhood experiences did not significantly predict psychological well-being in participants. Reading through participants' responses and even speaking to them one-on-one after they took the survey—many participants wanted to engage in conversation extending their responses to the survey, and I was happy to listen—appeared to align with my initial hypothesis regarding trauma. Thus, the lack of significant associations between ACEs and any of my variables was particularly surprising to me. ACEs' failure to demonstrate significant links with any of the other variables (attachment, substance use, and self-esteem) was also unexpected, though some of these relationships (i.e., ACEs and self-esteem, ACEs and attachment style, and ACEs and attachment avoidance) did near significance. This lack of any significant predictive effects of childhood trauma stands in contrast to a sizeable body of research (e.g., Corso et al., 2008; Greger et al., 2017; Ma et al., 2021; Nurius et al., 2015) demonstrating the opposite, that childhood trauma significantly dampens well-being. Further, the lack of significant mediation of self-esteem on the relationship between childhood trauma and well-being departs from the findings of work by Greger and colleagues (2017).

However, when considering why childhood trauma did not significantly predict any of

the other variables in my analyses, an examination of the ACE Questionnaire as a quantitative measure is prudent. A central issue may be the Questionnaire's conceptualization of additive trauma: is having four particular ACEs actually "less bad" than having five? Depending upon which *type* of trauma is under consideration—e.g., physical abuse vs. living with a mentally ill adult vs. verbal abuse—one type of trauma may actually be "worse" than two others together, depending upon how severe the verbal abuse was, how long the adult was noticeably mentally ill, etc. Since ACEs demonstrate a snowball effect in which adults often report multiple co-occurring, interrelated ACEs (Dong et al., 2004), the ACE Questionnaire may be complicated by this cumulative effect. Its central assumption that the severity of one's collective trauma is directly determined by a discrete number of certain categories of experiences may be undermined by other multiplicative, not just additive, forces. The ACE Questionnaire does not capture these multiplicative nuances and thus may miss some of the most important qualifiers of how ACEs may affect an individual. Therefore, further investigation into the structure of how we conceptualize and quantitatively measure childhood adversity will be beneficial to the future of trauma research. Perhaps qualitative research is especially important for capturing the nuances of this topic, which could be why participants' qualitative responses in my survey outlined a clear link between ACEs and well-being, but the quantitative checklist did not.

Synthesizing Additional Quantitative Analyses and Qualitative Responses

By conducting additional statistical analyses, I was able to determine that the other study variables (psychological well-being, substance use, attachment style, and self-esteem) had significant interrelationships separate from childhood trauma. Firstly, self-esteem, attachment avoidance, global attachment style, substance use frequency, and number of substances used were all significant direct predictors of psychological well-being. Participants directly backed up

these connections in their qualitative responses, writing that their childhood trauma led to insecure attachment styles, their substance use, or low self-esteem, but also that these consequences in turn led to their own ramifications that were still under the umbrella of these variables. For example, one participant wrote, "I think losing my mother at such a young age directly impacted my attachment style/abandonment issues. This led to codependency issues…" The qualitative data of this study support the idea that higher self-esteem can lead to greater well-being and that insecure attachment and considerable substance use can deleteriously affect well-being. These findings are also in line with previous research supporting these associations (e.g., Greger et al., 2017; Kafetsios & Sideridis, 2006; Lee et al., 2018, Schulenberg, 2015, p. 54). However, self-esteem's strong link to psychological well-being is rather novel in the literature: few studies have investigated this direct link. Further, the mediation pathway presented herein between attachment style, self-esteem, and psychological well-being is unique in research on trauma survivors. Even though childhood trauma did not demonstrate significant associations with the other variables, it is important to note that it is still relevant in the current research, since 53 out of 58 participants (91%) reported at least one ACE.

Looking closer at the significant mediation effect of self-esteem on attachment and well-being, as a novel connection, this pathway supports previous findings that avoidant attachment and global attachment styles' effects on well-being were mediated by another factor. For example, Karreman and Vingerhoets (2012) found that emotional appraisal and resilience were both mediators of the relationship between all global attachment styles and well-being, and Kafetsios and Sideridis (2006) found that social support mediated the pathway of avoidant attachment to well-being. Thus, it is perhaps unsurprising that a third variable mediated this same relationship in the current research. This mediation suggests that in those with insecure

attachment styles, especially trauma survivors, higher self-esteem can increase well-being that would otherwise be decreased by attachment insecurity. Self-esteem, as shown in its direct relationship with psychological well-being, may boost or protect well-being in adulthood. This relationship was strengthened by participants' qualitative responses, in which they directly cited self-esteem and its correlates of self-worth, feelings of (in)adequacy, self-respect, and more as connected to their life satisfaction and feelings of general well-being. Further, these connections reinforce findings that psychological interventions focused on renewing a sense of control and empowerment can help individuals with PTSD and attachment insecurity to reinstate a secure base (de Zulueta, 2006). This can address issues at the heart of both PTSD and insecure attachment styles. Thus, considering self-esteem's ability to function as a buffer against stress and as a form of coping or resilience in stressful events (Pohl et al., 2020), which participants also referenced directly in their responses, the quantitative and qualitative results of this study confirm previous research. However, these results also emphasize the necessity of bolstering individuals' self-esteem through counseling, specific interventions, and further trauma research that can be applied to self-esteem and related concepts.

Throughout the process of systematically analyzing qualitative responses, I was struck by the level of self-awareness participants demonstrated, particularly those who were staff members of OneEighty. As clients and staff members of an addiction treatment center (at which most staff members also have lived experience in what they are treating), substance use issues and traumatic experiences were a leveler among participants, with which nearly everyone cited experience. Therefore, clients receiving therapeutic services have probably been brought to some level of self-awareness already, whether through individual counseling, group therapy, or residential treatment, that facilitated their responses to my survey. Further, staff members with

lived experience, perhaps as individuals further along in the healing or recovery process, demonstrated awareness of patterns, dysfunctional behaviors, or connections between events in their lives that at times surpassed clients' apprehension. For example, "Moon" spoke in the past tense about the decades in which she was actively using, describing how she was not responsible for family, work, or anything else in life, stating that this caused her to lead a "miserable, unambitious, and terrifying life." However, Moon also wrote that she felt that her childhood gave her "some empathy that not all adults have," and in describing what has led to her feelings of life satisfaction today, she cited recovery and her career as paramount. Similarly, several other staff members mentioned their work at OneEighty as foundational to their continued growth, allowing them to put their mental health first and even giving them "a reason to get out of bed and leave the house." The very status of being a staff member likely means that those who work at OneEighty have already gone through many of the major steps in recovery and are at a different stage in the process than clients who are actively receiving services to allow them to work through the same issues. In this way, they have been able to reach a place in which they can now help others going through the same traumas and difficulties with addiction.

Limitations

The current study included limitations in method that should be accounted for in future research. As discussed previously, the ACE Questionnaire as a scale may have presented a significant limitation in measuring childhood trauma's relationships with other variables. The ACE Questionnaire may lack nuance for determining additive versus multiplicative effects of trauma and ascertaining the actual severity of trauma. In the main inspiration article for this study, authors Greger et al. (2017) assessed childhood trauma as a latent variable, drawing from questions in the Child and Adolescent Psychiatric Interview (CAPA; Angold & Costello, 2000)

to assign participants to categories of either presence or non-presence of childhood maltreatment. Though imprecise, perhaps this approach would have led to different results in the current study. However, seeing as Greger et al. also mentioned in their own limitations section that their assessment of trauma could have been supplemented by a more specific measure, novel measures of trauma need to be developed to satisfy both of these needs.

In addition, the participant pool sampled in this research, while diverse in age, status with the agency, and individual experiences with trauma, was limited in terms of other demographic variables due to the geographical situation of the research in rural Ohio. Only 20.7% of participants were people of color, 1.7% were not cisgender, and 15.5% were not heterosexual. Thus, the results presented in this study may not be generalizable to populations of color or queer populations.

Future Research

The current research presents many implications for the future of trauma research at large, as well as for clinical interventions for trauma survivors and individuals with substance use issues. As stated above, nearly all participants in the current study (91%) reported that they have experienced at least one ACE, and virtually all participants indicated some significant substance use as well. Thus, future research might do well to contrast the self-esteem, attachment style, and substance use issues of more individuals *without* any significant traumatic experiences to those with substantive trauma through a matched control approach to more evidently demonstrate differences between these groups. More investigation into substance use as an independent variable might be fruitful as well. In the current study, self-esteem was a powerful variable that affected nearly all the other variables, yet self-esteem has been underrepresented in the extant literature on trauma. Considering the fact that much, if not all, trauma involves a loss

of control or power, personal empowerment of trauma survivors can hold powerful implications for reducing PTSD symptoms and increasing positive outcomes in trauma survivors' lives (Wright et al., 2010. Since empowerment was core to many of my participants' discussions of their self-esteem, it stands to reason that this would be a fruitful target for future research and interventions.

Most importantly, however, future research should address the subjectivity inherent in definitions of childhood trauma and its severity. While this subjectivity can complicate "objective" or quantitative measures of trauma, it is still necessary to get to the heart of the significance of these experiences in individuals' lives, as these experiences are necessarily always felt and lived internally. Future research might do well to begin to look at more subjective measures beyond the ACE Questionnaire, despite its popularity and reputability in trauma research. Perhaps qualitative methods like interviewing will capture the nuance of individual experiences, as well as their larger context, more wholly. With a measure more attuned to individuals' perceptions of experiences and their impacts, one that can more acutely assess severity, scale, and reciprocity, perhaps connections between childhood trauma and other variables will become more apparent. Then, further research can also assess the important interrelationships between trauma and variables like self-esteem, attachment style, and substance use, as done in the current study, to determine which factors may allow people to build up their well-being again following traumatic experiences.

Further, the qualitative results of the current study also speak to the important role of social support in bolstering individuals' well-being. Previous research has shown that social support (from family members, friends, significant others, etc.) can help reduce the likelihood of substance use (Green & Feinstein, 2012), as well as have stress-buffering effects for mental

health (Lehavot & Simoni, 2011). The current research not only backs up these findings with qualitative evidence but also presents quantitative evidence in direct support of self-esteem's positive effects on psychological well-being, as well as its buffering effects between attachment insecurity and well-being. As Green and Feinstein discuss, certain communities can either encourage or discourage substance use, but greater social support nevertheless benefits mental health and reduces minority stressors that otherwise lead to likelihood of substance use. Consistent with these findings, many of my participants noted that their healthy, significant relationships allowed them to thrive and provided a safe space of love and support for them amidst their adversity. Often, these significant others (whether a parent, an extended family member, or a friend) meant the difference for them in maintaining some measure of mental health or moving into recovery. However, the quality and longevity of these relationships often can be affected by attachment style, as discussed by participants and demonstrated in their quantitative responses, and attachment style can also affect well-being directly. Significantly, the distribution of attachment styles amongst participants (46.6% secure, 10.3% avoidant, 32.8% anxious, and 8.8% fearful) was less secure overall than the average for the general population (roughly 59% secure). Much hypothesizing could be done on why this is, but taking into account the significance of attachment and social relationships to individuals' well-being (or lack thereof), these trauma survivors must be predisposed to experiencing lower attachment security than the general population. Extending these connections to future research and practice, more studies should pay attention to the importance of social resources for uplifting individuals' well-being, and more therapeutic techniques and interventions should take advantage of these benefits, aim to enhance attachment security, and bring in a community focus to consider the many external factors that may influence one's health. These suggestions are in line with recent

research arguing for the necessity of broadening the scope of psychological scholarship and practice to better address people's health and well-being needs in the context of structural health inequities (American Psychological Association, 2021).

Finally, it will be vital for future researchers to conduct more studies like this with diverse communities. As mentioned above, one major limitation of the current study was the low rate of queer folks and people of color in the population pool. Further, there is a paucity of studies that focus on minoritized populations in the trauma literature as it stands. In accordance with the minority stress model, marginalized communities experience some of the highest rates of traumatic stress (Kirkinis et al., 2018), substance use, and mental health problems (e.g., Lehavot & Simoni, 2011) due to reduced social support and other resources, not to mention discrimination that is itself a form of trauma (Green & Feinstein, 2012; Sibrava et al., 2019). Therefore, there is an intense need in both psychological research and clinical work to build awareness of these structural issues and address them head on, especially with an eye to trauma, well-being, and other related variables that are so foundational to people's lives. More creative, robust methods like longitudinal studies or qualitative interviews will be foundational to achieving these goals.

Larger Implications and Reflections

While the current research focuses on the particular experiences of individual people, the societal, structural context of their experiences cannot be ignored. As indicated above, psychologists are just beginning to recognize the importance of widening the purview of research on well-being and health, and especially in the context of the COVID-19 pandemic and the increased awareness being directed to the trauma of systemic racism and other ingrained biases, the need for this kind of lens is urgent. Further, as we learn more about how addiction as a

disease is evolving, with opioids currently at the forefront of substances doing the most harm (McLellan, 2017), we must also recognize the responsibility that the institutions of our society hold in perpetuating this baleful brand of substance use. Across class, race, and gender divides, across numerous social boundaries, addiction—as well as trauma—is a great leveler. This is particularly apparent when thinking of more collective traumas like poverty, climate disasters, or a global pandemic. As shown in the Introduction, as well as in my participants' responses, so many experiences that are common to so many people can be classified as traumatic, and we are still only scratching the surface of "objectively" measuring trauma. The ACE Questionnaire represents trauma researchers' best effort currently to encompass some of the more subtle types of trauma, but trauma does not just stop when we turn 18, nor is it limited to the 10 categories included in the questionnaire's checklist, as my participants showed when discussing other experiences that they felt strongly, negatively impacted their lives. Many of the traumas we experience are simply a byproduct of living in a world ruled by capitalist, imperialist, hierarchical societies, and thus extend deeper than can be captured in a simple multiple-choice survey. We are slowly, finally beginning to learn that placing full responsibility on people to "fix" their mental health, abstain from using harmful substances, and heal their trauma is not a matter of individual willpower or pulling oneself up by their bootstraps, but must be a community effort as well. As has become evident to me in my work at OneEighty, underlying so many individuals' struggles with substance use is a simple need for shelter, or food, or financial security, and until these needs are met, recovery may not be feasible or may even be seen as a triviality. Thus, even as the current study places great importance on measuring the subjective weight of individuals' experiences with substance use and trauma, it also recognizes the necessity of moving forward with a commitment to address the structural issues at the core of so

many individuals' traumas. Individual experiences are the starting point for learning the nuances of traumatic experiences, but systemic interventions are also necessary for ascertaining how these conditions are societally produced and can only be societally remedied.

Healing from trauma is a lifelong process, as is recovering from addiction, building one's self-esteem, strengthening one's attachment style, or enhancing one's well-being. This notion was evident in participants' discussions of their life experiences, and it is substantiated in research already done on these variables. Well-being in particular is a powerful variable for its ability to be quantified even as it is subjective and in its incorporation of individuals' views on their own health and life satisfaction. It is multidimensional and encompasses social, psychological, and emotional functioning, as well as physical factors such as economic well-being, and it brings in a larger picture of the positive contributions individuals feel they have made to their world and whether they have met important checkpoints or goals of human life, such as making social connections. Well-being is the thread that ties together the variables presented in this study, and as such, it is the factor that the above suggestions for research and practice aim to affect. Additional factors can affect well-being, however; if there is one thing I have learned from working at OneEighty and from my own personal experiences, it is that the experiences we have had in childhood *and* adulthood are interconnected in myriad multiplicative ways. Trauma is something that we all may face at one point or another in our lives, and this is why the current research is so important to me: with an abundance of traumas in this world, it is vital that we identify the ways in which people come back from these traumas, the ways in which they heal and grow and break the cycle, whether generational or societal, that has (re)produced the adversity they have experienced.

I would like to conclude my discussion of this project with a direct quote from one of my

participants, “Maggie.” As a staff member of OneEighty, Maggie demonstrated great awareness of the things that had hurt her in her childhood (and adulthood), the many relationships that were unhealthy in her life, and how her substance use had deleteriously affected her life. Throughout her narrative, Maggie described the physical abuse she faced from her father, the emotional abuse from her mother, the dysfunction of her parents’ relationship, the bullying her classmates subjected her to, the sexual assault she experienced in college, and the lack of social support she felt up until recently, when she began working at OneEighty, reducing her substance use, and repairing her relationship with her mother. Her words below encapsulate the very heart of this project and the work inherent to healing from and breaking the pattern of trauma:

> I am in therapy now, but I struggled for a really long time with building healthy relationships/friendships. Through college I continued to throw myself at any guy who was nice to me, and my self-image was severely damaged… I still struggle with building relationships, but I am slowly learning about myself. Through college, I didn't speak to my parents and have only recently began trying to rebuild that connection. I have a lot of anxiety and struggle with depression, but it was a lot worse through college. I know my “triggers” and can actively try to avoid or work through situations that cause anxiety attacks. I am really close with my sisters and we keep each other responsible for the work we are doing on ourselves. I recognize the trauma I went through and how it has been passed down through generations, but I am doing the work to stop the pattern and overcome my past. I never thought that I would be where I am today and there were a lot of people throughout my life who told me I would never succeed... but I did it. I'm still alive, I made it.

References

Ahmad, F. B., Rossen, L. M., & Sutton, P. (2021). Provisional drug overdose death counts. *National Center for Health Statistics*. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the Strange Situation*. Erlbaum.

Allen, J. P., & Tan, J. S. (2016). The multiple facets of attachment in adolescence. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (3rd ed., pp. 399-415). The Guilford Press.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.).

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Psychological Association. (2021, October). *APA resolution on advancing health equity in psychology*. https://moodle-2122.wooster.edu/pluginfile.php/117838/mod_resource/content/0/APA%20%282021%29.HealthEquity.pdf

American Psychological Association. (2008). *Children and trauma.* https://www.apa.org/pi/families/resources/children-trauma-update

Angold, A., & Costello, E. J. (2000). The Child and Adolescent Psychiatric Assessment (CAPA). *Journal of the American Academy of Child and Adolescent Psychiatry, 39*(1), 39–48. http://dx.doi.org/10.1097/00004583-200001000-00015

Arslan, G. (2016). Psychological maltreatment, emotional and behavioral problems in adolescents: The mediating role of resilience and self-esteem. *Child Abuse & Neglect, 52*, 200-209. http://dx.doi.org/10.1016/j.chiabu.2015.09.010

Banks, D. E., Clifton, R. L., & Wheeler, P. B. (2021). Racial identity, discrimination, and polysubstance use: Examining culturally relevant correlates of substance use profiles among Black young adults. *Psychology of Addictive Behaviors, 35*(2), 224-230. https://doi.org/10.1037/adb0000690

Barbash, E. (2017, March 13). *Different types of trauma: Small 't' versus large 'T.'* Psychology Today. https://www.psychologytoday.com/us/blog/trauma-and-hope/201703/different-types-trauma-small-t-versus-large-t

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-Analysis, 39,* 350-373. http://www.psychology.sunysb.edu/attachment/online/nature%20of%20the%20childs%20tie%20bowlby.pdf

Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measures of adult romantic attachment: An integrative overview. In J. Simpson and W. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46-76). Guilford Press.

Buss, K. E., Warren, J. M., & Horton, E. (2015). Trauma and treatment in early childhood: A review of the historical and emerging literature for counselors. *The Professional Counselor, 5*(2), 225-237. https://doi.org/10.15241/keb.5.2.225

Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry, 31,* 197-210. https://www.researchgate.net/profile/Lisa-Butler-5/publication/234155324_Trauma-

Informed_Care_and_Mental_Health/links/02bfe50f9b4cbb8051000000/Trauma-Informed-Care-and-Mental-Health.pdf

Clark, S. M., Immelman, T. D., Hart, A. R., & Kaslow, N. J. (2021). Childhood maltreatment and resource acquisition in African American women: The role of self-esteem. *Psychological Trauma: Theory, Research, Practice, and Policy, 13*(5), 603-610. https://doi.org/10.1037/tra0001003

Corneil., W., Beaton, R., Murphy, S., Johnson, C., & Pike, K. (1999). Exposure to traumatic incidents and prevalence of posttraumatic stress symptomology in urban firefighters in two countries. *Journal of Occupational Health Psychology, 4*(2), 131-141. https://doi.org/10.1037/1076-8998.4.2.131

Corso, P. S., Edwards, V. J., Fang, X., & Mercy, J. A. (2008). Health-related quality of life among adults who experienced maltreatment during childhood. *American Journal of Public Health, 98*(6), 1094-1100. https://doi.org/10.2105/AJPH.2007.119826

Crocq, M., & Crocq, L. (2000). From shell shock and war neurosis to posttraumatic stress disorder: A history of psychotraumatology. *Dialogues in Clinical Neuroscience, 2*(1), 47-55. https://doi.org/10.31887/DCNS.2000.2.1/macrocq

David, M., Ceschi, G., Billieux, J., & Van der Linden, M. (2008). Depressive symptoms after trauma: Is self-esteem a mediating factor? *Journal of Nervous and Mental Disease, 196*(10), 735-742. https://doi.org/0.1097/NMD.0b013e3181879dd8

de Zulueta, F. (2006). The treatment of psychological trauma from the perspective of attachment research. *Journal of Family Therapy, 28*, 334-351. https://doi.org/10.1111/j.1467-6427.2006.00356.x

Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95*(3), 542–575.

https://doi.org/10.1037/0033-2909.95.3.542

Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., Loo, C. M., & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect, 28,* 771-784. https://doi.org/10.1016/j.chiabu.2004.01.008

Downey, C., & Crummy, A. (2022). The impact of childhood trauma on children's wellbeing and adult behavior. *European Journal of Trauma & Dissociation, 6*(1), 1-8. https://doi.org/10.1016/j.ejtd.2021.100237

Drescher, J. (2015). Out of DSM: Depathologizing homosexuality. *Behavioral Sciences, 5*(4), 565-575. https://doi.org/10.3390/bs5040565

Dube, S. R., Felitti, V. J., & Rishi, S. (2013). Moving beyond childhood adversity: Association between salutogenic factors and subjective well-being among adult survivors of trauma. In M. Linded & K. Rutkowski (Eds.), *Hurting memories and beneficial forgetting: Posttraumatic stress disorders, biographical developments and social conflicts* (pp. 139-151). https://doi.org/10.1016/B978-0-12-398393-0.00012-2

Ekinci, S., & Kandemir, H. (2014). Childhood trauma in the lives of substance-dependent patients: The relationship between depression, anxiety and self-esteem. *Nordic Journal of Psychiatry, 69*(4), 249-253, https://doi.org/10.3109/08039488.2014.981856

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245-258. https://doi.org/10.1016/s0749-3797(98)00017-8

Fraley, R. C., Heffernan, M., & Hudson, N. W. (2015). Are adult attachment styles categorical or dimensional? A taxometric analysis of general and relationship-specific attachment orientations. *Journal of Personality and Social Psychology, 109*(2), 1-49. https://doi.org/10.1037/pspp0000027

Fraley, R. C., Niedenthal, P. M., Marks, M. J., Brumbaugh, C. C., & Vicary, A. (2006). Adult attachment and the perception of emotional expressions: Probing the hyperactivating strategies underlying anxious attachment. *Journal of Personality, 74*, 1163-1190. https://doi.org/10.1111/j.1467-6494.2006.00406.x

Green, K. E., & Feinstein, B. A. (2012). Substance use in lesbian, gay, and bisexual populations: An update on empirical research and implications for treatment. Psychology of Addictive Behaviors, 26(2), 265-278. https://doi.org/10.1037/a0025424

Greger, H. K., Myhre, A. K., Klöckner, C. A., & Jozefiak, T. (2017). Childhood maltreatment, psychopathology and well-being: The mediator role of global self-esteem, attachment difficulties and substance use. *Child Abuse & Neglect, 70*, 122-133. http://dx.doi.org/10.1016/j.chiabu.2017.06.012

Hayes, A. F. (2012). PROCESS: A versatile computational tool for observed variable mediation, moderation, and conditional process modeling. In A. F. Hayes (Ed.), *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford Press.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*(3), 511-524. https://doi.org/10.1037/0022-3514.52.3.511

Hooper, L., Stockton, P., Krupnick, J., & Green, B. (2011). Development, use, and psychometric

properties of the Trauma History Questionnaire. *Journal of Loss and Trauma, 16*, 258-283. https://doi.org/10.1080/15325024.2011.572035

Humeniuk, R., Henry-Edwards, S., Ali, R., Poznyak, V., Monteiro, M. G. (2010). *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Manual for use in primary care*. World Health Organization. https://apps.who.int/iris/handle/10665/44320

Kafetsios, K., & Sideridis, G. D. (2006). Attachment, social support and well-being in young and older adults. *Journal of Health Psychology, 11*(6), 863-876. https://doi.org/10.1177/1359105306069084

Karreman, A., & Vingerhoets, A. J. J. M. (2012). Attachment and well-being: The mediating role of emotion regulation and resilience. *Personality and Individual Differences, 53*, 821-826. http://dx.doi.org/10.1016/j.paid.2012.06.014

Kirkinis, K., Pieterse, A. L., Martin, C., Agiliga, A., & Brownell, A. (2018). Racism, racial discrimination, and trauma: A systematic review of the social science literature. *Ethnicity & Health*, 1-21. https://doi.org/10.1080/13557858.2018.1514453

Konrath, S. H., Chopik, W. J., Hsing, C. K., & O'Brien, E. (2014). Changes in adult attachment styles in American college students over time: A meta-analysis. *Personality and Social Psychology Review, 18*(4), 326-348. https://doi.org/10.1177/1088868314530516

Labor, N. T. (2018, October 25). The neurobiology of addiction: Addiction 101. In *Mental health & addiction: Breaking the stigma* [Symposium]. Walsh University, North Canton, OH, United States. https://www.youtube.com/watch?v=vYvZTH746yg

Lee, C. P., Beckert, T., & Marsee, I. (2018). Well-being and substance use in emerging adulthood: The role of individual and family factors in childhood and adolescence. *Journal of Child and Family Studies, 27*, 3853-3865. https://doi.org/10.1007/s10826-018-

1227-9

Lehavot, K., & Simoni, J. M. (2011). The impact of minority stress on mental health and substance use among sexual minority women. *Journal of Consulting and Clinical Psychology, 79*(2), 159–170. https://doi.org/10.1037/a0022839

Lowell, A., Suarez-Jimenez, B., Helpman, L., Zhu, X., Durosky, A., Hilburn, A., Schneier, F., Gross, R., & Neria, Y. (2018). 9/11-related PTSD among highly exposed populations: A systematic review 15 years after the attack. *Psychological Medicine, 48*, 537-553. https://doi.org/10.1017/S0033291717002033

Ma, J., Lee, S. J., & Grogan-Kaylor, A. (2021). Adverse childhood experiences and spanking have similar associations with early behavior problems. *The Journal of Pediatrics, 235*, 170-177. https://doi.org/10.1016/j.jpeds.2021.01.072

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 121–160). The University of Chicago Press.

McLellan, A. T. (2017). Substance misuse and substance use disorders: Why do they matter in healthcare? *Transactions of the American Clinical and Climatological Association, 128*, 112-130. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5525418/

Mickelson, K. D., Kessler, R. C., & Shaver, P. R. (1997). Adult attachment in a nationally representative sample. *Journal of Personality and Social Psychology, 73*(5), 1092-1106. https://psycnet.apa.org/doi/10.1037/0022-3514.73.5.1092

Nurius, P. S., Green, S., Logan-Greene, P., & Borja, S. (2015). Life course pathways of adverse childhood experiences toward adult psychological well-being: A stress process analysis.

Child Abuse & Neglect, 45, 143-153. https://doi.org/10.1016/j.chiabu.2015.03.008

Pohl, S., Steuwe, C., Mainz, V., Driessen, M., & Beblo, T. (2020). Borderline personality disorder and childhood trauma: Exploring the buffering role of self-compassion and self-esteem. *Journal of Clinical Psychology, 77*, 837-845. https://doi.org/10.1002/jclp.23070

Resnick, H. S., Falsetti, S. A., Kilpatrick, D. G., & Freedy, J. R. (1996). Assessment of rape and other civilian trauma-related post-traumatic stress disorder: Emphasis on assessment of potentially traumatic events. In T. W. Miller (Ed.), *Stressful life events* (pp. 231-266). International Universities Press.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069-1081. http://dx.doi.org/10.1037/0022-3514.57.6.1069

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69*(4), 719–727. https://doi.org/10.1037//0022-3514.69.4.719

Sar, V., & Erdinc, Ozturk. (2005). What is trauma and dissociation? *Journal of Trauma Practice, 4*(1/2), 7-20. https://doi.org/10.1300/J189v04n01_02

Schnurr, P. P., Spiro, A., Vielhauer, M. J., Findler, M. N., & Hamblen, J. L. (2002). Trauma in the lives of older men: Findings from the Normative Aging Study. *Journal of Clinical Geropsychology, 8*, 175-187. https://doi.org/10.1023/A:1015992110544

Schulenberg, J. E., Patrick, M. E., Kloska, D. D., Maslowsky, J., Maggs, J. L., & O'Malley, P. M. (2015). Substance use disorder in early midlife: A national prospective study on health and well-being correlates and long-term predictors. *Substance Use: Research and*

Treatment, 9(1), 41-57. https://dx.doi.org/10.4137%2FSART.S31437

Seifert, T. A. (2005). *The Ryff scales of psychological well-being*. Center of Inquiry at Wabash College. https://centerofinquiry.org/uncategorized/ryff-scales-of-psychological-well-being/

Shrauger, J. S., & Schohn, M. (1995). Self-confidence in college students: Conceptualization measurement, and behavioral implications. *Assessment, 2*, 255–278. https://doi.org/10.1177%2F1073191195002003006

Shryock, S., & Meeks, S. (2018). Internal consistency and factorial validity of the 42-item Psychological Well-Being Scales. *Innovation in Aging*. https://dx.doi.org/10.1093%2Fgeroni%2Figy023.2568

Sibrava, N. J., Bjornsson, A. S., Pérez Benitez, A. C. I., Moitra, E., Weisberg, R. B., & Keller, M. B. (2019). Posttraumatic stress disorder in African American and Latino adults: Clinical course and the role of racial and ethnic discrimination. *American Psychologist, 74*(1), 101-116. https://doi.org/10.1037/amp0000339

Silvern, L., Karyl, J., Waelde, L., Hodges, W. F., Starek, J., Heidt, E., & Min, K. (1995). Retrospective reports of parental partner abuse: Relationships to depression, trauma symptoms and self-esteem among college students. *Journal of Family Violence, 10*(2), https://doi.org/10.1007/BF02110599

Smith, E. M., & North C. S. (1993). Posttraumatic stress disorder in natural disasters and technological accidents. In J. P. Wilson & B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes* (pp. 405-419). Springer. https://doi.org/10.1007/978-1-4615-2820-3_33

Swann, W. B., Jr., Chang-Schneider, C., & McClarty, K. L. (2007). Do people's self-views

matter? Self-concept and self-esteem in everyday life. *American Psychologist, 62*(2), 84-94. https://doi.org/10.1037/0003-066X.62.2.84

Theodori, G. L. (2001). Examining the effects of community satisfaction and attachment on individual well-being. *Rural Sociology, 66*(4), 618-628. https://doi.org/10.1111/j.1549-0831.2001.tb00087.x

van der Kolk, B. A., Pynoos, R. S., Cicchetti, D., Cloitre, M., D'Andrea, W., Ford, J. D., Lieberman, A. F., Putnam, F. W., Saxe, G., Spinazzola, J., Stolbach, B. C., & Teicher, M. (2009). *Proposal to include a developmental trauma disorder diagnosis for children and adolescents in DSM-V*. ScienceOpen. https://www.scienceopen.com/document?vid=08170cc3-ef4a-4666-97ec-627a850f2834

Whitton, S. W., Dyar, C., Mustanski, B., & Newcomb, M. E. (2019). Intimate partner violence experiences of sexual and gender minority adolescents and young adults assigned female at birth. *Psychology of Women Quarterly, 43*(2), 232-249. https://doi.org/10.1177/0361684319838972

WHO ASSIST Working Group. (2002). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Development, reliability, and feasibility. *Addiction, 97*(9), 1183-1194. https://core.ac.uk/reader/34711901?utm_source=linkout

Wright, C. V., Perez, S., & Johnson, D. M. (2010). The mediating role of empowerment for African American women experiencing intimate partner violence. *Psychological Trauma, 2*(4), 266-272. https://doi.org/10.1037/a0017470

Yumbul, C., Cavusoglu, S., & Geyimci, B. (2010). The effect of childhood trauma on adult attachment styles, infidelity tendency, romantic jealousy and self-esteem. *Procedia Social and Behavioral Sciences, 5*, 1741-1745. https://doi.org/10.1016/j.sbspro.2010.07.357

Appendix A

Qualitative Responses from Survey

Question 1:
"Please talk about how your traumatic childhood experiences impacted you ***as a child****."*

- Mental and physical abuse I had to go through gave me severe mental health issues. I was suicidal from 13 to 20, severely depressed and anxious. At the early age developed trichotillomania (around the age of 5 is when I first remember pulling out my hair out of anxiety). At around 13 I started being involved in reckless behavior lol related to drug use and alcohol use. Tbh I don't remember that much from my childhood I just remember being constantly scared. ("Tini")
- I had a really good childhood with really good parents that are still married and loved me very much both of my parents worked hard to provide for my brother and sister and myself ("G. W.")
- I was not supposed to see it, but when my mom and dad were arguing after my brother and I went to bed, from my bed, I saw my dad smash toast into my mother's face. I believe the argument was that she did not want to eat the toast, she was upset about whatever they were arguing about. I never saw him hit her like that again, but who knows what happened after we kids were in bed. They started a terrible divorce when I was around age 13. The divorce was final by the time I was 14. My brother was a couple of years younger and the courts were pushing us to pick which parents to live with. My brother was too young based on state standards, but he said he would go with dad. I refused to choose, so they placed me with my mom. Our whole family was split. My father did not know how to relate to a teenager. He seemed to believe, once a teen, he was done as a parent. I did not see him for 2 - 4 years after a huge fight his new wife had with my mom about why she was to walk my brother down the football field on parent's night and not my mom. I didn't go to my dad's after that, and my brother did not come to see us. ("Ashley")
- As indicated above, the only thing in the listed experiences above is being sweared at as a child. My parents were relatively good all around at parenting and being there for us in every aspect, but were both raised with parents who did not provide the same for them growing up, and they made it a point to make sure we were not raised in the same environment. I don't feel they would swear at us in regard to saying degrading things or anything of that nature, but would in general throw some cuss words in if they were really worked up of something. ("Taylor Jones")
- My father used to pick on me and beat on me growing up. Until the age of 17 when i decided to move out to live with my mother. He admitted in 2019, to me he was a bully towards me and he never wanted a son. ("Mike")
- From a young age I never felt "a part of." There was always this feeling of never being settled and waiting for the next thing to happen, Good and bad. I lived a very unpredictable life ("Moon")
- they did not effect. me at all ("Walter P.")
- my dad touched me and i didn't like it
- I lost my mother at the age of 9. It was my first time dealing with death. I was very hurt and sad.

- I feel as a child i dealt with fear and abandonment issues. Ive spent a lot of time in mental hospitals jails or rehabs dealing with behavioral issues.
- i didnt have any bad childhood exprience growing up
  had a good childhood
  good life growing up (“Mitch”)
- when i was younger i lived with an alchoholic. i was beat and mentally abused. i had very low self esteem
- male cousin made me suck his dick. it put me into a state of unreason. (“Barry W.”)
- i became hardend (“Bam”)
- i was neglected (“Austin A.”)
- they made me anxious all the time. I turned to drugs to not feel so scared. Made me the person i am today
- I don't believe this to be traumatic; however I chose to not spend time at home unless it was sleeping. My father was home generally only to sleep. My mother was glued to the computer screen (the AOL birth). 90% of my childhood was spend with my grandparents and with friends. I would say well over 75% of dinners were NOT at home. I wanted to be in my friends families. (“Gump”)
- I don't recall any traumatic experiences as a child
- I Believe we siblings.. Were better off without our dad living with us anymore. whom left us over writing bad checks in 1975 when i was 9 yrs young.
- i had a good child hood.
- they made me very self conscious. I experience drug and alcohol issues. I have intimacy issues. (“Linzy”)
- low self esteem not feeling worthy
- my father my step father and older sister physically and emotionally abused me . also a friend of the family sexually abused when he took me home after baby sitting for them.
- was sexually abused by my step dad. my daughter died at 28 years of age
- I learned about sex at 9yrs old. It made me very afraid of the men and boys in my life! little girls are supposed to be able to feel comfortable around thier father and brother!
- As a child it tended to be the spoken words that affected me. I had to deal with being told, "I will never amount to anything" or "always being called a bitch". Another, example is, "maybe if you weren't so fat and a ding bat and you actually used you brain and lost weight, then maybe other kids would like you and you might have friends.” (“B-Jones”)
- when i was 15 my mom was shot in the head. i'll never forget that day, it completely shattered my world.. I went from smiley, bubbly, and funny to angry, hateful, mean, and sarcastic. (“Alaina”)
- My childhood experiences have changed the way that i look at other humans. At school i did not hang out with many others and did not go to highschool parties or anything, i simply went to the club. I was much older than my other friends because of how fast that i grew up. (“X.”)
- My childhood effected my life dramatically in many negative ways. I hated my life as a child and would use drugs to numb the pain. To be completely honest i continued drug use up until as soon as only a month ago to help deal with all the pain that carried weight on my shoulders. my parents both left me by the age of 12 and i was a troubled child all the way up into my adult life. (“Brittany S.”)

- my parents were abuse to each other and my sister n i. they both were active addict n acholices. there were a lot of cases wi cps.
- because of the physical abuse it has lead me to drugs lots of name calling and no protection from mom
- I spent a lot of time taking care of my little brother and sister, cooking and cleaning for them. I spent a lot of time avoiding my older brother. I would much rather be alone in my own world where i could control things than be with other people. (“Fred”)
- During my parents separation and divorce I felt afraid all the time because my dad threatened my mom and she was very fragile and depressed so I thought it was my responsibility to protect her as a 5 year old. I was also touched in unwanted ways when I was 12 and it made me feel like I did something wrong. I told my mom who swore to protect me, but I wish I would have filed charges and now it's too late. (“Bambi”)
- I had very low self esteem and social anxiety issues. i found it uneasy being around others and making friends or trying to fit in instead lf embracing my individuality. felt like i didn't belong.
- dad was not there for me
- As a child I didn’t have many friends. Those I did have I wasn’t aloud to hang out with. So I was bullied a lot due to my home life impacting my school life.
- I didn’t have many friends do to my home life.
- I lost my mother at the age of 9. This impacted me as a child through feeling lonely, isolated, learning to navigate life with only a father and adjusting to the impact of losing her. I felt as though others, both my peers and my teachers, looked at me different. I could feel their pity, their sadness, their grief for me. (“A.”)
- As a child of divorce, I felt like I was used to punish the other parent. For example, if my mother was upset with my father, I was not permitted to see my father. This made me resent my mother. There were a lot of instances when my father and mother would take negatively about one another, and eventually when my father remarried, my step mother would degrade my mother. At the time, I didn't understand the impact that this had on my relationship with my mother. Additionally, I did not understand the impact of mental health on my father. He was very depressed and at times, suicidal. It made me feel like my siblings and I were the problem. We just didn't know how to make my father feel better. (“Jane D.”)
- untrusty of people (“Tommy”)
- The events made me feel like i was not loved. The beatings made me an angry person. I hate looking in the mirror I see a monster or beast. (“Lotus”)
- i always over acheived my expectations (“Scott”)
- although my upbringing didn't have any violence or unscrupulous going ons I did experience situations that I believe helped to formulate the person i am today. We moved a lot and not just across town. we moved internationally and I believe that in my desire to fit in I would gravitate towards kids that accepted me. this led to early drug and alcohol use. (“Jimmy”)
- My family has a history of mental illness and alcohol abuse on both sides.My experiences as child has effected me in ways that I truly never understood untill I was in my late 30,s and still to this day I try to reflect on why I have such things as PTS etc. (“Dante P.”)
- My dad is a narcissist and had anger issues. He would beat me, pin me down and scream in my face, pick me up by my hair and throw me across the room, etc. This occured from

6th grade until I graduated high school and moved out. He would often go after my mom and I would step in front of her so he turned his anger towards me. He was physically abusive while my mom was emotionally abusive. Constantly putting me and my sisters down, telling us we were ugly, and no one liked us (we weren't allowed to have friends). I used to go to school with whole handprints welted onto my skin. My classmates made fun of me for it and for crying all the time. I was lonely, isolated, depressed, I hurt myself, and I was attached to any boy who gave me an ounce of positive attention even though it was mostly degrading. I had no one - no support system, no friends, no safe family members. (“Maggie”)

- afraid to speak up (“D.”)
- I was in two house fires in the first two years of life. As a result, I am a fire safety freak and always wanting to make sure the doors are unblocked at night and that the smoke detectors are always in working order, which has continued into adulthood.. I was also born overdue, but only weighted 4lbs 6 oz. and they thought I had cystic fibrosis but I didn't.

  However, I found out as an adult, I had several hospitalizations as a child for Anemia and I was never informed about until until in my 40's after both of my parents died. As a result of my mom's near death experience and her mental and physical health issues and my father being a coal miner or over the road truck driver, at age 10 I assumed the 3rd parent role in my family. It impacted me in that it increased my leadership skills, organization skills, internal motivation, but also created at times unhealthy stress responses that sometimes caused me to be physically ill. Also due to being first born and in that third parent role, I became a Type A personality and somewhat of an overachiever especially in school. (“Barbara P.”)
- N/A I was too young to remember. (“Bri”)
- My Mother has Paranoid Type Schizophrenia and when I was younger, I would have to watch my younger siblings when she left the house. My Father held the family together the best way he knew how. Overall, I have experienced severe stress, uncertainty, and trauma in my childhood. I had a remarkably free childhood and could do what I wanted, but I now realized that I was an adult before I was 18. (“T. T.”)
- I HAD A PRETTY GOOD CHILD HOOD SEEN SOME DOMESTIC ABUSE AROUND THE AGE OF 5-6 (“Deb.”)
- there was a lot of mental and physical abuse. mainly due to drugs and alcohol. i felt trapped. (“Jay”)
- I I frequently felt that I was always a bother, not very important. My father committed suicide, so obviously I was not important enough for him to live for. I have received a lot of counseling and know that I am important and have a purpose. (“Joani”)
- I grew up with a father who was suffering from alcohol use. My mother divorced him around the time I was three years old. One of my brothers and two of my sisters also has alcohol use issues. Growing up I did not feel like I was special, at times I felt more like a servant than a family member. Due to anxiety about my life situations (There was a lot of raised voices in my household) led my to eat as a form of comfort. (“Lance”)

Question 2:
“Please talk about how your traumatic childhood experiences have impacted you ***into adulthood****.”*

- I'd definitely say mental illnesses that I developed because of my childhood experiences get in the way of my life as an adult. Also my response to stressful environments. As a child I used to fully shut down when my dad started being aggressive so that I wouldn't provoke him more and recently I noticed how I shut down and get brain fog even at slightly inconvinient situations. I also still struggle with suicidal thoughts. Also a feeling of being trapped is always there and my response to that feeling is still turning to drugs for escape. I also struggle a lot with self confidence because I was mentally abused. But it's weird because I was also bombarded with love and words of encouragement. But if I did something slightly wrong or not perfect I got a lot of insults soo there's that. (“Tini”)
- I got attacked when I lived in Pittsburgh by 4 younger boys. I was taking my mail to the mailbox outside my dorm where I ran into these boys. They switched which direction they were walking and started following me. I heard one of them running up on me and the one jumped up on my calf and punched me in the head. I ran until I found a friend and he scared them all off. (“Ace”)
- I struggled with a belief that I was wanted or cared for by the opposite sex. I ended up marrying a man that was emotionally unavailable and very likely an antisocial personality disordered person, as the rules never seemed to apply to him. I was lonelier than I had ever felt in that marriage. I believe some of the issues in my childhood impacted my mental health as depression. (“Ashley”)
- As an adult I try to refrain from using swear words when speaking with another person, because while I do not necessarily associate them with traumatic events others may. I've been through quite a few Trauma Informed care trainings here through the agency (OneEighty) and now have a much better understanding of the after effects on individuals who did not experience such positive upbringings as myself. (“Taylor J.”)
- I now am considered lethal With 8 2nd and 3rd degree black belts, so with that i have taught my 3 kids how to defend themselves against sexual predators and bullies. (“Mike”)
- I was in some ways desensitized to chaos. That is what I felt most comfortable in, even in recovery. I can now see the effects that has had on my kids. I also think my childhood gave me some empathy that not all adults have. (“Moon”)
- i don't feel they have impacted me at all (“Walter P.”)
- I was stabbed by my brother. It really made me feel some type of way. We did make up.
- its made life struggle dealing with shame and guilt now .
- very good
  not bad at all
  good parents (“Mitch”)
- i grew up with no direction. i took my problems into adulthood. i lacked ways to express my feelings.
- I can't trust anyone that's close too me (“Barry W.”)
- i dont feel like nomal people do (“Bam”)
- i started doing drugs (“Austin A.”)
- They have made me a strong individual. Made me who i am today. Taught me the things i dont ever want to become
- I truly am not sure if this did have an impact on my adult life. I have been moderately successful. My wife and I own two homes and our vehicles. (“Gump”)
- Its possible that my mother's focus on achievement (grades, sports) or the perception of success (all star teams, awards, etc) contributed to my people pleasing tendencies, which

I think has hurt me at times. My nuclear family was also not great with healthy communication, so I have a tendency to zone out and not engage at times as an adult.
- by taking care of my kids.
- My actions have lead me to where I'm at now in trouble with the law, I just got out of rehab and I'm currently in transition house still attending counseling and other workshops. (“Linzy”)
- low self esteem
- i am attracted to abusive men .i have abandonment issues and drug addiction issues.
- depression anxiety.
- As an adult i'm very permiscuase and its gotten me in alot of trouble. I have severe PTSD and I have severe mental illness such as depression and anxiety.I am bipolar and I take medications for all that along with my other meds I have to take every day.
- Honestly, all the things my family would say to me only caused me to wanna hate and not want to talk to them. It also caused me to have a extremely poor self esteem and attitude towards everything that it caused me to lower my standards and get myself into situations i may or may not of wanted to be in. (“B-Jones”)
- i chose to use drugs and alcohol to self medicate. i am a felon now because of those choices. i am 23 and so far have gotten no where in life. (“Alaina”)
- Into adulthood i have realized that i do not hang out with anyone my age, theyre all older. I do not trust people and i look at men like dollar signs. It's also very hard for me to build relationships. (“X.”)
- I used drugs as a very young age kid. i carries these habits throughout my adult life and i’m not too proud of it. my children now suffer some of the same pain that i carried my parents gave me. the worst part is i swore i would never do the same to them as they did to me. (“Brittany S.”)
- i am an addict and i also choses men who abuse me. i also have had several cases with cps.
- it has allowed me to be to easy on my children and for me to have no self vworth
- I'm always in codependent relationships, i mother/nurture everyone around me. I have severe control issues, and manipulation. I have inadequacy issues, and even tho I act confident, I do not feel that way. (“Fred”)
- I believe my childhood trauma was a huge contributing factor to my later drug use. I dated physically, mentally, and emotionally abusive men because of my childhood experiences. The abuse led to more trauma and after almost dying and being put on prescription medication, my drug use started. I could finally numb all the pain. (“Bambi”)
- felt like i was missing something
- I now suffer from Chronic PTSD, Schizo-affective disorder and in the past subjected myself to unhealthy Relationships.
- I suffer from Chronic PTSD.
- I think losing my mother at such a young age directly impacted my attachment style/abandonment issues. This led to codependency issues and learning to be okay alone and that not everyone was going to "leave" me (through death or other circumstances). This took a lot of work to be comfortable being alone. (“A.”)
- As an adult, I understand that I was put in situations that I should not have been and that it was not my responsibility to navigate my parents strained relationship and eventual divorce. My thoughts and feelings were never "allowed" - for lack of a better term- to be

expressed and therefore were never validated. The growth that I have experienced personally has allowed me to understand my experience for what it was and process it in a healthy manner. I do not have residual feelings, and have built a great relationship with my mother. My father is still struggling with his mental health and unfortunately refuses to seek treatment, so I have put into place very clear boundaries regarding our relationship. (“Jane D.”)

- i dont trust many people. i wtay in paronia. i also stay confused (“Tommy”)
- When a man disrespects me I want to fight. When I see a woman or child getting mistreated I instantly step in. I hate myself even though i’m a really good person. (“Lotus”)
- i dont trust people i soicial distant myself i am lonely (“Scott”)
- I have battled drug use most of my life, specifically my love for opiates. My addiction has led me o 2 prison numbers. I am at this time the only one in my extended family to have gone to jail and prison. (“Jimmy”)
- Sexually corrupted at a young age that has not only been a curse but a cure. Like a catch 22, growing up thinking mental abuse was normal as well. (“Dante P.”)
- I am in therapy now, but I struggled for a really long time with building healthy relationships/friendships. Through college I continued to throw myself at any guy who was nice to me, my self image was severly damaged. I was raped my freshman year and I still don't think I have fully acknowledged that it happened. I still struggle with building relationships but I am slowly learning about myself. Through college, I didn't speak to my parents and have only recently began trying to rebuild that connection. I have a lot of anxiety and struggle with depression, but it was a lot worse through college. I know my 'triggers' and can actively try to avoid or work through situations that cause anxiety attacks. I am really close with my sisters and we keep each other responsible for the work we are doing on ourselves. I recognize the trauma I went through and how it has been passed down through generations, but I am doing the work to stop the pattern and overcome my past. I never thought that I would be where I am today and there was a lot of people throughout my life who told me I would never succeed... but I did it. I'm still alive, I made it. (“Maggie”)
- fear of what others think; Low self esteem (“D.”)
- It impacted me in that it increased my leadership skills, organization skills, internal motivation, but also created at times unhealthy stress responses that sometimes caused me to be physically ill and also impacted my mental health.. Also due to being first born and in that third parent role, I became a Type A personality and somewhat of an overachiever especially in school. Due to my mother being an Adult Child of Alcoholics she was codependent as was my grandmother. I in turn being the oldest and forced into the third parent role, also developed Co-dependency and sometimes unhealthy stress responses which contributed to mental health and physical health. It also created in my opinion issues in my relationships with significant others. Having my father away working a lot as a child was also tough at times due to having added responsibilities but due to having anxiety about his safety as a truck driver and coal miner which could be dangerous. That in addition to my mom almost dying created some ongoing anxiety and a perceived need to protect them both from extra stress since they were both under a lot of stress. These unhealthy coping skills spilled over into my adult relationships which could be the reason I have been married three times and divorced twice. I also do believe

the codependency traits of always wanting to take care of everyone else and make sure they were ok and not learning appropriate self-care techniques from childhood in combination with genetic predispositions contributed to having a Widow Maker Heart Attack at age 44 as well as my other medical issues. Bright side is it has made me a better therapist and I am now doing better at self-care, but still have progress to be made. (“Barbara P.”)

- I don't feel it affects me now. When I was a teenager and up until mid 20's I drank heavily but have since been sober for over 12 years. (“T. T.”)
- IM WELL OF NOW I HAVE FOUND RELIEF THROUGH THE 12 STEPS (“Deb.”)
- they made me not be able to handle situations in a proper manner. i carried a lot of shame and guilt. felt inadequate (“Jay”)
- I felt that I was a bother into my adulthood. I also felt that if I tried harder, people would like me. I ended up being quite co-dependent. (“Joani”)
- Into adulthood I still have self-esteem issues. My habit of eating to calm anxiety has led to me be obese. There are time when I still feel like I do not fit in with others. (“Lance”)

Question 3:
“Was there anyone in your childhood who you feel looked out for you? How do you think that relationship has helped you as an adult?”

- My mom looked out for me but she was also in the same abusive situation. As an adult I have a great relationship with her but she's still in the same environment so I don't really know how to answer this question. (“Tini”)
- my parents looked out for me always and always had my best interest in mind (“G. W.”)
- My mother looked out for me. I feel she was a rock in my life growing up. She was very supportive of anything I did growing up. She was also a role model and took care of a bunch of the neighborhood kids via babysitting. (“Ace”)
- I do not recall a person "looking out" for me, nor teaching me how to advocate for myself. I would spend time learning what my teachers wanted in a student, so I became the best student that I could. It felt good to see the teacher react to me. Looking back, I probably was a "teacher's pet." I think that's what they would have called it then. So, in writing this out, I am thinking about my 5th grade teacher (I was 10), the first male teacher that I had. I felt like he looked out for me. I remember when one of the boys pushed me down on the soccer field, because I was better than that boy at soccer, my teacher picked him up off the ground and asked him what he thought he was doing? Pushing me like that? I forgot about that. He is my favorite teacher ever. This was also my fondest year in school, feeling cared for, trusted, popular with other kids, and a sense of having fun. (“Ashley”)
- My parents and grandma (maternal) definitely looked out for me during my childhood and even now as an adult. My grandma passed away five years ago and up until that point she was and always had been one of my biggest supports - I was raised with her as my only grandparent, and by far she is someone who I have always looked up to the most as a role model. My parents also support me in every aspect, whether they agree with my decisions or not, even now that I've been moved out for 4 years and have a child of my own - if I ever need something they are the first I would call. (“Taylor J.”)
- All 3 of my grandfathers. It has showed me what family stands for. You never turn your back on family or your children EVER. (“Mike”)

- I always felt loved. So from a very young age I thought I could do anything I tried. I had people that introduced culture and professionalism into my life at a young age. I always felt empowered, even if I did not see how the chaos around me hindered moving forward. (“Moon”)
- yes my brother was a big help and inspiration (“Walter P.”)
- my best friend
- My father really stepped up.
- my best friends mom was there for me and my best friend is still my best friend and he has helped me a lot as an adult
- My mother was my best friend

  Love my dad working on cars with him

  my step dad was also great father and look up to him in my life time (“Mitch”)
- yes my aunt helped me when i was younger. she has always gave me advice. i can still call her today.
- I looked out for my brother just because my father wasn't around. (“Barry”)
- no
- grandma grandfather
- My grandparents were the only stability i had in my life. They taught me good morales and values. theyre the only reason im half the man i am today
- I was "raised" by my biological parents. My values and morals were not learned from my biological parents. My grandparents and friends parents are where I would say this came from. These are the people who "looked out" for me the most. (“Gump”)
- Both of my parents were available to me if I needed them, even if they didn't always have the tools to help me. I stopped asking for help at a young age.
  My uncle Jimmy was always someone I trusted and respected to bounce ideas off of and I've kept that relationship.
- yes my little brother we best friends.
- My mom but at a distance we grew apart and it i had abandonment issues but now we're closer and working on our relationship. (“Linzy”)
- friend
- my friend who is like a mother to me
- my mom and my sister
- My mom is the only person that looked out for me through out my childhood and in mt adult life! When she passed away I lost my mind and had to be put in an instit She was my best friend as well as my mother!
- my dad was always there for me but he as well had many issues within the family. This was because he was gay and i'd say over 90% of the family was totally against it. (“B-Jones”)
- my mom but she passed away. so i felt alone and lowkey abandoned all throughout school and young adulthood. my grandma is here for me now and actually always has been but i didnt realize and took it for granite for a long time. (“Alaina”)
- Yes, i do feel that i had someone to look out for me. It was actually kind of difficult because my family did not like that this person was helping me. My family tried to push that person away and it got harder and harder to reach for help. (“X.”)

- My street moms i found comfort in while running the streets were who i found comfort in. living in and out of that life caused me to find a lot of people to confined in. however i don't have a single one left today that i can depend on. (“Brittany S.”)
- yes my sister protected me as a child. but it has caused conflict Between us as adults. we can only handle short list with each other as of current today.
- My step brother meant a lot to me as a child. Unfortunately we didn't have the best relationship once we became adults, and now we do not speak. I have mostly forgiven my mother and we spend a lot of time as adults. (“Fred”)
- My mother was always there for me. She showed me love and stood up for me, but she never stood up for herself which made me feel like I shouldn't stand up for myself in past abusive relationships. My uncle was always there for me. He showed me the love my father didn't and is still my biggest supporter today. He gave me a living example of a healthy relationship and I often mirror the way he acted towards me to my own children. (“Bambi”)
- i have family that looked out for me I believe it made me appreciate having someone there that cared
- No. I don’t feel anyone looked out for me. I had to grow up fast and so I looked out for myself.
- I don’t believe anyone but me looked and still looks out for me
- After the passing of my mom, it was just me and my dad. I definitely feel as though my dad had my back. We were extremely close and always did everything together (cue codependency). It has helped me as an adult because it taught me the kind of supportive parent that I wanted to be. It means that whenever I need something, my dad is always there. And it has also helped me as an adult through having someone in my corner to support me and tell me they're proud of me. (“A.”)
- I was very fortunate that my best friend's mother looked out for me throughout my childhood. My best friend and I lived right next to each other so when there was violence in the home, I was able to sneak out and go to their house. When I was 16 years old, I moved in with my best friend and her parents. They had known about my upbringing and welcomed me into their home, and had always shown me love and support (even when I disappointed them). I have reflected on how my best friend's mother impacted my life and I am forever grateful for her. She was able to validate the thoughts and feelings that I had as a child and helped me process growing up in a dysfunctional family system. We have maintained a wonderful relationship-- she has helped me grow personally, professionally, and emotionally. (“Jane D.”)
- my mom taught how to respect myself and my items (“Tommy”)
- My grandmother was the only one to show me love. She passed in 1999 and I hurt and miss her. She thought me to cook and love. (“Lotus”)
- my father (“Scott”)
- my parents were always there for my but the realized that they couldn't solve my problems and needed to stay at harm length for there own lives. (“Jimmy”)
- Yes many people including other key family members. (“Dante P.”)
- My many boyfriends were my support system through middle school and high school. There was no adult who looked out for me. I looked out for myself and I looked out for my two younger sisters. I was their protector. (“Maggie”)
- sister,we were in the same circumstances (“D.”)

- Yes, my mother despite her limitations, my father despite his working away from home a lot, my "Meme and Pappy" which were my maternal grandparents, and my two aunts. I also had mentors in school. Most of my teachers, but especially my French Teacher and my Band Director, guidance counselors, Teen Institute Advisor at high school level and Teen Institute Coordinator at the county level and one of the pastors at my church. My 4-H advisors as well as Girl Scout Advisors were also instrumental in supporting me and giving me what I needed as a child to be able to thrive. (“Barbara P.”)
- My brother always looked out for me. Especially when we were in high school because he is three years older than me. (“Bri”)
- I realized now that my Father and Mother did look out for me even though things were dysfunctional when I was a child. I was raised "Old School" and received beltings if I did something wrong. I actually don't consider myself abused, but with todays standards I guess I was. (“T. T.”)
- NO I WAS OKAY....MOM DID A GREAT JOB (“Deb.”)
- yes i had a few people that were there for me. i knew how to act but acted out of character. i have seen a lot of positive as well. (“Jay”)
- My mom and my Grandma. Mom would try to put things into perspective. I think her mother tried to show us that unconditional love but also redirect our minds from our father. (“Joani”)
- In my childhood I did not have anyone who made me feel looked out for. Because of that I retreated into my own mind. I found personal heroes in works of fiction and peace in my hobbies. (“Lance”)

Question 4:
What do you feel are the factors that contribute most strongly to your current life satisfaction or dissatisfaction?

- I am satisfied with my life right now because of my sobriety my children are happy and healthy my husband is also sober and doing well but I am disappointed in the poor choices I have made for example my drug addiction I am not happy with my past choices but feel that i can overcome them (“G.H.”)
- I feel I am dissatisfied because I have not drawn in awhile and stayed in touch with my creative side. When I deal with challenges drawing, it helps me with challenges in everyday life somehow. Also it helps everyday life feel different and not so much like Groundhog's Day. (“Ace”)
- After divorcing my first husband, I poured myself into my children and decided to back for a couple of classes to get my certification to teach. I ended up going back to graduate school. I learned how to be good at school, regardless of my struggles with reading. (“Ashley”)
- I feel as though some of the strongest contributing factors to my satisfaction with life are my support system (parents, friends, amazing co-workers), my ability to succeed financially at being a single parent (purchasing a house, car paid off, hefty savings account, savings accounts for my child, no student loan debt, 401K etc.), and my ability stay on top of all my duties at work and at home while creating that safe work/life balance. OneEighty provides a wonderful work atmosphere for being able to pout your own mental health and priorities first and offers immense flexibility in scheduling and working hours so you are not missing out on your own life. I'd also heavily contribute my

satisfaction with not being entirely alone, while I am a single parent, I have an amazing support system and friends who I can fall back on when needed. (“Taylor J.”)

- Military, being a dad, losing my son at birth, family drowning me and living on the edge "adventurous" (“Mike”)
- Recovery
  Career
  Fellowship (“Moon”)
- my drug abuse is what has contributed the in my dissatisfaction (“Walter P.”)
- addiction
- i just relapsed after 5 yrs clean but feel this had to happen so i can readjust my recovery and gain more knowledge to help keep me clean and to help others get and stay clean. JUST FOR TODAY ONE DAYA A TIME!!!!
- not much to say

  i like who i am

  very good caring person (“Mitch”)
- i live my life one day at a time. i think i can do anything i put my mind to. i am building relationships today.
- we'll since i’m in rehab this might seem a little odd but, i drove my life in the ground bye many wrong choice's in life. this took me down a dark path with the end being jail, or homelessness, so too set in say life has given me a fair shoot. i can't say that either my wrong choice have made life feel a little extreme (“Barry W.”)
- well, i havent been able to take joy in anything really. Most of what i do is because i have too. So eventually i stop doing it. (“Bam”)
- my drug use (“Austin A.”)
- The childhood i had. The way i chose to let my childhood affect me. drugs and alcohol
- There is no doubt in my mind that my addiction has has been the strongest contributing factor in my life. It has brought me to the brink of self destruction. I nearly lost my family and if that were to happen to me I believe my world would have been nothing but drinking and drugs. Pathway has given me hope, Optimism, Self-Respect and a glass half full attitude. (“Gump”)
- My wife and son, who I love very much and derive a lot of joy from.
  My career experience, having worked for some of the best companies in the world.
  My life experience having lived in many different cities and a few different countries.
- my housings my kids my family. Taking care of myself and staying sober.
- my kids, what i put into it, what am i getting out of it. (“Linzy”)
- sobriety and responibilities
- drug addiction and abusive toxic relationships and the lack of love and support from my family
- i am grateful and blessed to be alive and recieving an intimate relationship with GOD. im happier than ive been for years.
- My sobriety is the most important factor that contributes to my life! without it i'm lost in the world! my saftey and security are also very important contributors to my life!
- I would say that drugs is what's got me to where i’m at in my life but its my kids that make me want to strive to be a better me. (“B-Jones”)

- i love that i'm in recovery. i don't like that i am a felon. i like that i'm slowly but surely building a better more emotionaly rich life for myself. (“Alaina”)
- I was sex trafficked from a very young age up until about a free months ago. So at times when trying to do something different i tend to struggle with daily life. I feel like that is all i know and it is a rough patch trying to do something different. Sometime i get down on myself about the situation and that can be rough. (“X.”)
- I use drugs my whole life but its caused me nothing but trouble that eventually caught up to me in many negative effecting ways regardless of how fun at the time i used them was for me (“Brittany S.”)
- i am strong indapentant mother .and i can ask for help when i am struggling. also it docent bother me i am in treatment for the second time.
- My alcohol and drug use has done quite the number on my life and how it has been. My drive and ability to push myself has kept me going. I pretty much keep going out of sheer spite and self will. (“Fred”)
- My children are my greatest joy in life. I also get great satisfaction at my job. I get to help others by sharing my experience, strength, and hope. I enjoy the little things in life today such as my daughter's laughter when playing with her puppy or hearing my daughters giggling in the other room, watching my son play basketball and my other son coaching him. (“Bambi”)
- I feel like family, friends, and hobbies have contributed in my life the most.
- i believe having stability and a strong loving support system would help with my current feelings of dissatisfaction
- mareeid family grandkids
- The only thing that I believe contributes to both my satisfaction and dissatisfaction of my life is me. I choose every day to be better than I was the day before, or the moment before. I also have to make a choice to let what other people think say or do effect me wether it’s in a positive way or a negative way.
- Me putting my dreams to become successful first.
- Firstly, I believe that my satisfaction comes from within. That is something that I am in charge of and have worked hard to cultivate and grow. That being said, other factors that contribute include my job, I absolutely love my job. My child brings me an immense amount of joy and happiness, as does my partner. (“A.”)
- The factors that contribute most strongly to my current life satisfaction are my personal relationships (boyfriend, family, friends), my educational journey (in the final semester of my MSW), where I am at in life (plans for the future vs. how far I've come) and the balance between my work and school responsibilities vs. down time/self care. I have an amazing support system that has helped me maintain my sanity as I work on completing an advanced program for my Master's degree. I have both personal and professional aspirations, which keeps me motivated. Lastly, having a balance between work and school responsibilities and a social life is crucial for life satisfaction. Self care is critical! (“Jane D.”)
- its satisfactory do to the fact that i am proud of my accomplishments. i am glad i learned self respect maturity, and honesty (“Tommy”)
- I don't know why its turned into sanity hell. My big mouth and letting my brain go out loud. I have no filter for my mouth (“Lotus”)
- 1. my anger my temper an my loneiness hurts (“Scott”)

- job
  friends
  stress (“Jimmy”)
- The way I was raised and my religious beliefs and values and faith in myself is the most important key to my satisfaction staying true to myself has been the factor of my ups and downs. (“Dante P.”)
- Working at OneEighty has given me a reason to get out of bed and leave the house. If I didn't work here I would never/rarely leave. Once I am up and going for the day, I am more likely to be productive and do things after work (clean my house, go grocery shopping, hang out with coworkers). It gives me a structure for my day that I definelty need. I share my dog with my ex boyfriend, and anytime I get to see him my mood goes through the roof. I love my puppy and its nice that I get to see him whenever I want but don't have the stress of taking care of him daily. I don't think I would be able to focus on my personal growth and take care of my very high maintence dog. My relationship with my mom is a lot better than it was before. I was open with her and told her everything I was thinking and feeling and we talked about my childhood....she doesn't see it the same way I do but its still nice to have everything out in the open and talk about it. I live about 45 mins from my parents so they come over when I need them to but I have the control. They don't come over unless I invite them...i've caught myself talking to my mom a lot recently and inviting her over/to go out and do things with me. I think she wants to repair our relationship just as much as I do. (“Maggie”)
- my past, loss of family and friends, and myself (“D.”)
- Current life dissatisfaction factors include:the amount of income I make given the amount of hours and hard work I put into my job. Large student loan debt and issues throughout my life that has impacted my credit score and my limited income frustrates me since it impedes being able to buy my own home for my family. I also think that codependency traits led me to make poor decisions which have also impacted this area due to always trying to take care of everyone else impacted my finances. We also did not learn good money management or eating habits growing up which have also contributed to my dissatisfaction. With my finances and medical issues. I do also believe that losing my parents 8 weeks apart when I was age 35 has also impacted my overall life satisfaction not having them present for support, encouragement, and milestone moments like the birth of my children for example.

  My children ages 4 and soon to be 8, my husband, current family connections, friendships, the type of work I do and my passion for it, as well as my faith have all contributed to my life satisfaction. My recent weight loss surgery has also been helpful in increasing my life satisfaction since I finally have gotten help in changing my eating habits, and losing weight, thus increasing my overall health. (“Barbara P.”)
- I have a loving and supportive family and friends who have helped me with my children while getting through school. (“Bri”)
- I feel that being resilient, able to adapt, and rolling with the changes has made me who I am today. I wouldn't change what I went through. I think adversity builds character, though not necessary. (“T. T.”)
- I LOVE WHAT I DO SO IM GOING TO KEEP DOING IT (“Deb”)

- i work a lot on positive self talk. i set small achievable goals every day. i am around positive people. (“Jay”)
- My husband strongly contributes to my life satisfaction. I truly enjoy my job. My kids sometimes contribute to my life disatisfaction. (“Joani”)
- I feel that the strongest factors that contribute to my current life satisfaction is getting away from my family of origin. Once I was away from that environment allowed my to have the life experiences needed to facilitate growth. It was also once I was out of that living environment that I began building meaningful relationships. (“Lance”)

Question 5:
How else do you feel your substance use has affected your life, your relationships, and your responsibilities?

- Every time something bad happens I get a really strong urge to use substances like cocaine and ketamine. When I start smoking weed during the day as well as night I get detached and start dissociating a lot and feeling bad about myself. I smoke every day so that's kind of being affecting me. (“Tini”)
- I have wasted a lot of money put my family at risk and my own life at risk due to my addiction but I have been clean and sober since September 7.5 , 2021 and I am working on a better life right now (“Gensing W.”)
- I sometimes feel like I am playing catchup in life for all the time I missed out on. I sometimes make decisions out of guilt for what I did in the past as well. I now take on too many responsibilities to overcompensate for my lack of being responsible in the past. (“Ace”)
- My depression has impacted me more than drinking. Alcohol is social, something I have a little if things are going well in life, socializing, having a special occasion. If I am sick with depression or anything else, alcohol is not a go to. Nor is any other substance. Marijuana would be fun to use on a recreational basis, but not worth losing everything that I have gained in my life. Marijuana also has too many potential side effects, with paranoia (which I have had from using it), aside from the physical ailments. I also see what drugs do to my children's father, who still does not know how to relate to his children. I want to be able to be there for my children, always, so there are no room for substances in that equation. (“Ashley”)
- I have never had substance abuse issues. I had my first drink at 20 years old at a family Christmas party after having my daughter, and it was a small glass of wine with dinner because my family is Italian and that is typically a staple during the holidays. I would greatly attribute my tolerance for avoiding substances from my parents - my dad was raised by parents who were heavily intoxicated most days and did many drugs on top of that. My parents were very set on not raising their children in that same environment and my dad ended up going a completely different route with his life, as opposed to his parents, and joined law enforcement and was a Wayne County Sherriff's Deputy for most of my childhood up until the point where he started his own Powersports business and did an early retirement. (“Taylor J.”)
- I lost my family, job, house, car and respect from cocaine use. Alcohol caused me to fight and hurt people. And nicotine helps reduce stress which in turn I now vape. (“Mike”)
- During the decades that I was actively using I was not responsible for anything in my life. I could not hold a job, my family helped take care of my kids and I lived off the system. I

was in abusive relationships and did whatever I needed to to secure my substance use. I lead a miserable, unambitious, and terrifying life. (“Moon”)
- my use of meth has caused me major problems as far as work legal and housing (“Walter P.”)
- lost everything
- it fucks up my life every time i pick up
- Not much been sober for 51 days so i am doing good for myself and dont think for these thing and cleaning my mind and staying sober for the life i am picking for my future. (“Mitch”)
- it ruined my life. it stole my family and freinds. countless lost jobs.
- like before I've been down a road most people would kill them self over. but i stayed strong and lived thru a lot of danger. its molded me too not trust anyone or even allow someone too get close too me I've learn too give only the bullshit responses too those too make them feel like they are learn me and they can trust me. charm goes a long way. (“Barry W.”)
- I lost my son and my wife. (“Bam”)
- it has slowed down my progression in life (“Austin A.”)
- led me to become homeless. Led to a lack of trust in people and lack of relationships. Led me to become depressed and suicidal
- Alcohol IS my Gateway drug. I lose all inhibitions when it comes to using other certain substances when I am under the influence of alcohol. Alcohol has also nearly wrecked my marriage and cost me my family. (“Gump”)
- My addiction to alcohol has caused me to lie to my wife and family and has damaged my relationship and my home life. It has also cost me 2 jobs because I was unfocused and unmotivated. These combined factors have made me feel unstable and unconfident and has impacted my esteem.
- it has affected my relationships with my friends some family and my kids.
- it has gotten me into the trouble i’m in today, but its made me who i am as well (“Linzy”)
- in a huge way financially mentally
- all of the above
- its made me stronger and more dependant on GOD.
- They have altered my mind in different ways! They have caused severe memory loss, both short and long term; They have caused severe lung problems along with mouth problems!
- Due to my substance abuse problems i think it has caused me to not be the wife and mother i should of been. (“B-Jones”)
- every bridge i've ever built in my life i've also burnt down while i was actively using. I have felonies. i lost my license. i didn't graduate high school. (“Alaina”)
- It has caused me to hurt some of my loved ones. I have spent more time trying to get high than trying to enroll myself into school. I started to feel really down on myself for the choice of drugs i was using because i know that, that this is not what my future holds. (“X.”)
- Substance use has effected me by taking everyone and everything from me. Literally (“Brittany S.”)
- memory loss, i lost days or can't remember

- In the last 3 months? Not at all, i've been in treatment for 3 months. Otherwise, it's been hard for me to keep a relationship, or hold a job. My life has been all over the place. (“Fred”) I have 7 years in sobriety. My life was greatly impacted by my substance use, but I have gained most, if not more, of the things I lost back. I have continued to smoke cigarettes for the past 7 years although I have tried to quit several times. I worry about my health as I get older. It is also a pretty significant cost to buy cigarettes for all these years. There are other things I could be using that money for, but my life can be stressful at times and I feel like smoking is a big stress reliever. I plan on quitting before spring. (“Bambi”)
- health wife job
- There have definitely been times in my life where I have consumed more alcohol than I should have. I have worked hard to keep my drinking under control. Addiction most certainly runs in my family and I know I need to be careful. (“A.”)
- I received an underage consumption charge at the age of 18. I was humiliated and scared of how it would impact my future, but I took responsibility and completed the requirements set forth by the court as quickly as I could possibly get them done. I experimented with drugs, so many of the substances that I have tried were one-two times use. Alcohol and marijuana were normalized in my family. When I did experiment with other substances, it was in a social context and I do think there was a social pressure to use, but overall, I did not allow these substances to interfere with my life, other than putting me in questionable situations. As for responsibilities, I do not feel like my experience with substance use interfered with my responsibilities, as I was very young and did not have a great deal of responsibility at the time other than school, which I maintained very good grades. (“Jane D.”)
- The drugs have depleted my finances. Lost my family and friends. I am all alone. (“Lotus”)
- i found it easy to open up (“Scott”)
- as a whole I enjoy life, get along well with others, helpful and all the things most people want to be like the problem for me is i can't have or experience any of these until i have had my medicine whether it be suboxone, percocet, or heroin. (“Jimmy”)
- It very much helped but as well hindered but those were my choices everybody is responsible for there own actions. (“Dante P.”)
- In college I smoked weed all day everyday while also taking any drug I was offered, because of this I failed out of college. This affected my life, relationships, and responsibilities. I missed out on a lot in college because of my drug and alcohol use. I didn't realize how big of a problem it actually was until I started working at OneEighty and was surrounded by people whom I relate to. I lied all the time, I lost all my friends, I wasted my education, I burned so many bridges. I am still working on not reverting back to those habits and sometimes have random cravings for alcohol or anything that will make me feel numb but I recognize when those occur and change my pattern of behaviors. I didn't know at the time that I even had a problem...its been 6 years and i am just now seeing it. (“Maggie”)
- it has put me behind in life in all areas. (“D.”)
- My substance use has not impacted my life. However, the substance use of several extended family members has impacted my life and my relationships. I feel that it also increased my need to be more responsible being the oldest grandchild/cousins I had to

help with younger cousins when aunts and uncles were using. I also witnessed violence between extended family members due to their substance use. I later realized that these experiences led me to get my calling at age 14 that I wanted to be a drug and alcohol counselor and help those with addiction and I later added the mental health piece. As a result of my mom being an adult child of alcoholics and I later found out my dad was to as his parents drank heavier in his childhood years, that also passed down the co-dependent characteristics and other dysfunctional family rules like" Don't Talk, Don't Trust, Don't Feel and you just have to keep the peace but never address the real issues. (“Barbara P.”)

- N/A it’s very rare that I drink at all (“Bri”)
- I have not drank in over 12 years and life is so much better. I feel that I have dealt with trauma well and I am in counseling continuously to address stressors which is helpful for my own self care. (“T. T.”)
- IT HAS NOT AFFECTED THEM AT ALL. (“Deb.”)
- i neglected all responsibilities. i committed crimes. i was homeless (“Jay”)
- I really don't think my alcohol consumption is enough to affect my life, relationships, nor responsibilities (“Joani”)
- My caffeine use has contributed to my weight problems. This is mostly due to the amount of calories in that come with caffeinated foods/drinks. In regard to alcohol use I only drink maybe two or three times a year and usually only one or two drinks when I do drink. (“Lance”)

Appendix B

HSRC Application & Research Protocol

Background Information:

Childhood trauma is a pervasive and impactful, yet not widely understood, area of psychology research on trauma. Extant research has shown that trauma experienced in childhood or Adverse Childhood Experiences (ACEs) significantly predict lower well-being in adulthood (Downey & Crummy, 2022; Greger et al., 2017), as well as several other negative factors such as lower resource acquisition (Clark et al., 2021). However, these relationships can often be mediated by other factors—for example, by self-esteem, as in the above example with resource attainment. To our knowledge, only one study thus far has investigated the important mediating role of self-esteem in the relationship between childhood adversity and well-being in adulthood (Greger et al.), finding that self-esteem (but not substance use or attachment difficulties) significantly mediates this association such that higher self-esteem buffers the negative effects of childhood trauma on adult well-being. This presents fertile ground for investigating how various personal factors can potentially soften the persistent, deleterious effects of trauma experienced in childhood.

Specific Aims of this Research:

In my I.S. study, I will partially replicate Greger et al.'s (2017) study by investigating a similar mediation model with childhood trauma as the independent variable (IV), well-being as the dependent variable (DV), and self-esteem, attachment style, and substance use as potential mediators. As an addition to this quantitative methodology, I will also incorporate five quantitative text entry questions in my survey. The specific aims of this method are twofold: one,

to determine which of these three potential mediators have significant effects on the relationship between trauma and well-being in a population of adult mental health/substance use clients, and two, to explore the factors that may explain why some adults can "overcome" their childhood trauma and experience more fulfilling lives.

Location Where the Research Will Be Conducted:

I intend to sample at least 52 adult clients (based on a power analysis) of OneEighty, an integrated health care center providing mental health and substance use treatment in Wooster, OH. This organization resides in a multi-level building called the Gault Liberty Center on the corner of Spink and Liberty, which is where I intend to conduct my research. I will meet in person with clients who want to take the survey to facilitate providing their compensation (physical $10 Walmart gift cards) immediately upon completion of the survey. I currently work part time at OneEighty and have my own office on certain days of the week, so with this I will secure a private space for each participant to take the survey.

With Whom the Data and/or Conclusions Will Be Shared:

Unless otherwise required by the department, only my faculty advisor Dr. Amber Garcia and I will have access to the raw data, which will be de-identified due to the use of pseudonyms for all participants. Conclusions will be written into my I.S. paper and thus available to those who read the I.S. (my advisor, second reader, Writing Center tutors, etc.). Only I will ever know the true names of participants at the time that they take the survey, and these names will never be associated with their data, nor will I know which responses are theirs.

Methodology of the Study:

Measures:

- Adverse Childhood Experience (ACE) Questionnaire for Adults (Felitti et al., 1998)
- Shortened 18-item version of the Psychological Wellbeing (PWB) Scale (Ryff & Keyes, 1995)
- Rosenberg Self-Esteem Scale (Rosenberg, 1965)
- Shortened version of the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST; Humeniuk et al., 2010)
- Experiences in Close Relationships—Relationship Structures (ECR-RS) Questionnaire (Fraley, 2006)
- Five total qualitative questions (see attached document with all measures as they are laid out in Qualtrics)

Procedure: Participants will be recruited via fliers and word of mouth at OneEighty. Once they indicate interest, set up a time to meet, and sign the consent form (included in the attached protocol as well as separately), participants will be sat in a quiet, private room with a secure device on which to complete the survey. I will leave and allow them to complete the survey alone. The survey includes all of the measures listed above and is included at the end of this document (although all are shown here, some questions in the ASSIST will only display depending upon participants' responses). Once finished, the participant will come find me and show me the screen indicating that they have completed the survey, and I will give them their compensation. Participants will be allowed breaks if the subject material is distressing and are able to withdraw at any point or refuse to participate without penalty. Masks will be worn by

both the researcher and the participant at all times, and there will never be more than one participant doing the survey at a time. The services participants receive at OneEighty will in no way be affected by their participation in this research or lack thereof.

Data analysis: Quantitative data will be analyzed with multiple regression models, and qualitative data will be systematically analyzed for themes.

No data will be recorded via audio or video in this study.

Consent Form/Intro

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

The College of Wooster

Childhood Adversity and Well-Being in Adulthood

Principle Investigators: Karabella Hernandez, Dr. Amber Garcia - Psychology Department

Purpose

You are being asked to participate in a research study investigating the effects of childhood trauma on well-being in adulthood. The questions included below are developed from several scales commonly used in the field of psychology, which have been found in other studies to be reliable and accurate.

Procedures

If you decide to participate in this study, you will be asked to answer several questions, both multiple choice and text entry, about any traumatic experiences you had in childhood and your personal feelings currently as an adult. This survey will take about 20 minutes to complete. You will be able to be alone in a quiet, private space while completing this survey. Once you are finished, make sure to read the debriefing form, submit your responses to proceed to the screen stating that your response has been recorded, and then exit the room to notify the researcher that you are done.

Confidentiality

Any and all information you provide in this survey will be kept confidential at all times. The use of pseudonyms (alternative names) and a private space for you to complete the survey mean that your own name will never be attached to the responses you provide at any point in the data collection process. Direct quotes may be pulled from your responses to be included in the final study. You are never obligated to discuss the survey or your responses with your counselor(s) at OneEighty, and the services you receive at OneEighty will in no way be affected by your responses or choice to participate in this study. However, talking with your counselor about any feelings brought up during the survey may be beneficial to you.

Risks

Those who have experienced trauma in their past may experience negative feelings or distress due to the nature of the questions in this study and the traumatic memories you will be asked to bring back up and discuss. At the end of the survey there is a list of supportive resources, and if at any time during the survey you feel distressed, please feel free to stop and consult the list. You will be able to return to where you paused if you feel comfortable completing the study.

Benefits

There are no direct benefits related to completion of this survey. An indirect benefit to you is that the researchers will work to fill a gap in the current literature on trauma and learn more about dealing with the continuing effects of childhood trauma in adulthood.

Compensation

Upon completion of the survey to the best of your ability, you will be awarded with a $10 Walmart gift card. Because of the privacy your responses will be given, please rest assured that you can be honest and accurate with no penalty or connection to you.

Costs

There is no cost to you involved in the completion of this survey besides the time and effort required to complete the procedure described above.

Right to Refuse or Withdraw

Participation in this study is completely voluntary and you may refuse to participate at any point. Even if you decide to participate initially, you may change your mind and withdraw from the study at any time, for which you will not be penalized. You also have the right to take breaks at any point if you experience negative feelings but still wish to complete the survey.

Questions
If you have any questions about the study at any point, please email Karabella Hernandez at khernandez22@wooster.edu or Dr. Amber Garcia at agarcia@wooster.edu.

Please indicate whether you have read through and understand the information presented above.

- Yes
- No

Do you affirm that you are 18 years of age or older?

- Yes
- No

Do you consent to participating in this study and agree to all of the components listed above?

- Yes
- No

Demographics

In this section, please provide some information regarding your identity markers.

When presenting your responses to readers, the researchers would like to have a name to refer to connect with your responses while still maintaining your privacy. Thus, please provide an alternative name for yourself (a pseudonym) below.

What is your age?

Which of the following best describes your gender identity currently?

- ○ Cisgender woman
- ○ Cisgender man
- ○ Non-binary/Genderfluid/Gender non-conforming
- ○ Transgender man
- ○ Transgender woman
- ○ Intersex
- ○ Other (please describe)
- ○ Prefer not to answer/don't know

Which of the following best describe your sexuality currently?

- ☐ Straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Pansexual
- ☐ Asexual/Demisexual
- ☐ Polyamorous
- ☐ Other (please describe)
- ☐ Prefer not to answer/don't know

Which of the following best describe your racial identity?

- ☐ American Indian/Alaska Native
- ☐ East Asian
- ☐ South Asian
- ☐ Black/African American
- ☐ Hispanic/Latinx
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian/Pacific Islander
- ☐ White/European American
- ☐ Other (please describe)

Childhood Experiences

Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the total number at the bottom.

- [ ] Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
- [ ] Did you lose a parent through divorce, abandonment, death, or other reason?
- [ ] Did you live with anyone who was depressed, mentally ill, or attempted suicide?
- [ ] Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
- [ ] Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?
- [ ] Did you live with anyone who went to jail or prison?
- [ ] Did a parent or adult in your home ever swear at you, insult you, or put you down?
- [ ] Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
- [ ] Did you feel that no one in your family loved you or thought you were special?
- [ ] Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

Please enter below the total number of categories you checked.

Do you believe that these experiences have affected your health (both physical and mental)?

- ○ Not much
- ○ Some
- ○ A lot

Please talk about how your traumatic childhood experiences impacted you **as a child**. *Please try to write at least three (3) sentences.*

Please talk about how your traumatic childhood experiences have impacted you **into adulthood**. *Please try to write at least three (3) sentences.*

Was there anyone in your childhood who you feel looked out for you? How do you think that relationship has helped you as an adult? *Please try to write at least three (3) sentences.*

Well-Being

The following statements relate to your feelings of satisfaction with life. Please select the degree to which you agree with each statement below.

I like most parts of my personality.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree

- Strongly disagree

When I look at the story of my life, I am pleased with how things have turned out so far.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree
- Strongly disagree

Some people wander aimlessly through life, but I am not one of them.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree
- Strongly disagree

The demands of everyday life often get me down.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree
- Strongly disagree

In many ways I feel disappointed about my achievements in life.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree
- Strongly disagree

Maintaining close relationships has been difficult and frustrating for me.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree
- Strongly disagree

I live life one day at a time and don't really think about the future.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree
- Strongly disagree

In general, I feel I am in charge of the situation in which I live.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
-

- Slightly disagree
- Somewhat disagree
- Strongly disagree

I am good at managing the responsibilities of daily life.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree
- Strongly disagree

I sometimes feel as if I've done all there is to do in life.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree
- Strongly disagree

For me, life has been a continuous process of learning, changing, and growth.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree
- Strongly disagree

I think it is important to have new experiences that challenge how I think about myself and the world.

- Strongly agree
- Somewhat agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Somewhat disagree
- Strongly disagree

What do you feel are the factors that contribute most strongly to your current life satisfaction or dissatisfaction? *Please try to write at least three (3) sentences.*

Self-Esteem

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

On the whole, I am satisfied with myself.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

At times I think I am no good at all.

- Strongly disagree
- Disagree
-

Agree

- Strongly agree

I feel that I have a number of good qualities.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I am able to do things as well as most other people.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I feel I do not have much to be proud of.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I certainly feel useless at times.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I feel that I'm a person of worth, at least on an equal plane with others.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I wish I could have more respect for myself.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

All in all, I am inclined to feel that I am a failure.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I take a positive attitude toward myself.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

Attachment

Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about close relationships in general.

It helps to turn to people in times of need.

- Strongly disagree

- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I usually discuss my problems and concerns with others.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I talk things over with people.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I find it easy to depend on others.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I don't feel comfortable opening up to others.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree

- Somewhat agree
- Strongly agree

I prefer not to show others how I feel deep down.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I often worry that other people do not really care for me.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I'm afraid that other people may abandon me.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I worry that others won't care about me as much as I care about them.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Substance Use

The following questions ask about your experience of using alcohol, tobacco products, and other drugs across your lifetime and in the past three months.

These substances can be smoked, swallowed, snorted, inhaled or injected.

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For the purposes of this survey, do not consider medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently, at higher doses than prescribed or in ways not intended, please indicate this here.

While we are interested in knowing about your use of various illicit drugs, please be assured that information on such use, just like the rest of the information in this survey, will be treated as strictly confidential.

In your life, which of the following substances have you *ever used*? Select all options that apply.

- [ ] Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
- [ ] Alcoholic beverages (beer, wine, spirits, etc.)
- [ ] Cannabis (marijuana, pot, grass, hash, etc.)
- [ ] Cocaine (coke, crack, etc.)
- [ ] Amphetamine type stimulants (speed, meth, ecstasy, etc.)
- [ ] Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- [ ] Sedatives or Sleeping Pills (Diazepam, Alprazolam, Flunitrazepam, Midazolam etc.)
- [ ] Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)
- [ ] Opioids (heroin, morphine, methadone, Buprenorphine, codeine, etc.)
- [ ] Other - please specify:

In the past 3 months, how often have you used **tobacco products**?

- ○ Never
- ○ Once or twice
- ○ Monthly
- ○ Weekly
- ○ Daily or Almost Daily

In the past 3 months, how often have you drunk **alcoholic beverages**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

In the past 3 months, how often have you smoked/consumed **cannabis**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

In the past 3 months, how often have you used **cocaine**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

In the past 3 months, how often have you used **amphetamine type stimulants**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

In the past 3 months, how often have you used **inhalants**?

- Never
- Once or twice

- Monthly
- Weekly
- Daily or Almost Daily

In the past 3 months, how often have you taken **sedatives or sleeping pills**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

In the past 3 months, how often have you used **hallucinogens**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

In the past 3 months, how often have you taken **opioids**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

In the past 3 months, how often have you used **other - please specify**?

- Never
- Once or twice
- Monthly
- Weekly

- Daily or Almost Daily

During the past 3 months, how often have you had a strong desire or urge to use **tobacco products**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often have you had a strong desire or urge to drink **alcoholic beverages**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often have you had a strong desire or urge to smoke/consume **cannabis**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often have you had a strong desire or urge to use **cocaine**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often have you had a strong desire or urge to use **amphetamine type stimulants**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often have you had a strong desire or urge to use **inhalants**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often have you had a strong desire or urge to take **sedatives or sleeping pills**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often have you had a strong desire or urge to use **hallucinogens**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often have you had a strong desire or urge to take **opioids**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often have you had a strong desire or urge to take **other - please specify**?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often has your use of **tobacco products** led to health-related, social, legal, or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often has your use of **alcoholic beverages** led to health-related, social, legal, or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often has your use of **cannabis** led to health-related, social, legal, or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often has your use of **cocaine** led to health-related, social, legal, or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often has your use of **amphetamine type stimulants** led to health-related, social, legal, or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often has your use of **inhalants** led to health-related, social, legal, or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often has your use of **sedatives or sleeping pills** led to health-related, social, legal, or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often has your use of **hallucinogens** led to health-related, social, legal, or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often has your use of **opioids** led to health-related, social, legal, or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

During the past 3 months, how often has your use of **other - please specify** led to health-related, social, legal, or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or Almost Daily

How else do you feel your substance use has affected your life, your relationships, and your responsibilities? *Please try to respond in at least three (3) sentences.*

Debriefing

You have now completed this survey.
Please be sure to read this information and progress to the next page to submit your results and receive compensation.

This study has involved an investigation into the effects of Adverse Childhood Experiences (ACEs) on well-being in adulthood, as well as a consideration of how self-esteem, attachment styles, and substance use interact with these factors. You were asked to describe your traumatic experiences and thus may have questions or desire support. Below is a list of resources that are available to you.

For more information on the topic, see:

Downey, C., & Crummy, A. (2022). The impact of childhood trauma on children's wellbeing and adult behavior. *European Journal of Trauma & Dissociation, 6*(1), 1-8. https://doi.org/10.1016/j.ejtd.2021.100237

Resources you can access if this survey has brought up negative feelings:

SAMHSA's National Helpline: 1-800-662-HELP (4357)
Free, confidential, 24/7 hotline for treatment referral and information on mental health and substance use disorders

OneEighty: (330) 264-8498
104 Spink St., Wooster, OH 44691
https://www.one-eighty.org
Please talk to your counselor if you feel like it would be beneficial to process what you discussed in this survey.

If you have any more questions related to this study, please contact Karabella Hernandez at khernandez22@wooster.edu or Dr. Amber Garcia at agarcia@wooster.edu