





The Moderating Role of Family Communication Patterns in the Relationship Between Childhood Trauma and Tendency Toward Addiction in Adolescent Boys

Seyedeh Samira. Mousavi¹, Zahra. Shams^{2*}, Afsaneh. Taghhigh³, Shahab. Bazgir⁴

¹ M.A., Department of Psychology, Shiraz Branch, Islamic Azad University, Shiraz, Iran

² M.A., Department of Psychology, Malard Branch, Islamic Azad University, Malard, Iran

³ M.A., Department of Psychology, Science and Research Branch, Islamic Azad University, Sirjan, Iran

⁴ M.A., Department of Psychology, Garmsar Branch, Islamic Azad University, Garmsar, Iran

* Corresponding author email address: captainbazgir66@gmail.com

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ABSTRACT

Objective: The present study aimed to investigate the moderating role of family communication patterns in the relationship between childhood trauma and the tendency toward addiction in adolescent boys.

Methods and Materials: The research method was descriptive-correlational. The statistical population consisted of all adolescents aged 12 to 17 years, from seventh to twelfth grade, in the year 2023. The research sample included 380 individuals selected through multistage cluster sampling. They were evaluated using the Ahvaz Addiction Tendency Questionnaire, the Childhood Trauma Questionnaire (CTQ), and the Revised Family Communication Patterns (RFCP) questionnaire. Data analysis was performed using SPSS 21 software at both descriptive and inferential levels, and hypothesis testing was conducted using hierarchical regression analysis.

Findings: The results showed a positive and significant relationship between dimensions of childhood trauma and the tendency toward addiction ($p \leq 0.05$), as well as a positive and significant relationship between conformity and the tendency toward addiction ($p \leq 0.05$). However, there was a negative and significant relationship between conversation orientation and the tendency toward addiction ($p \leq 0.05$). Additionally, family communication patterns moderated the relationship between physical abuse and the tendency toward addiction, as well as the relationship between emotional abuse and the tendency toward addiction. However, family communication patterns did not moderate the relationship between physical neglect and the tendency toward addiction, nor the relationship between emotional neglect and the tendency toward addiction. Family communication patterns did moderate the relationship between sexual abuse and the tendency toward addiction.

Conclusion: It can be concluded that family communication patterns mediate the relationship between childhood trauma and the tendency toward addiction in adolescent boys.

Keywords: Family Communication Patterns, Childhood Trauma, Tendency Toward Addiction

1. Introduction

Addiction is a condition that results from the repeated use of a natural or synthetic substance, leading to physical and psychological dependence on the substance. Addiction and substance abuse are widespread, universal, global, and complex phenomena that impose significant costs on individuals and families. In Iran, substance abuse among young people is on the rise (Salami et al., 2018; Soltani Azemat et al., 2017). Due to its location on one of the main routes for opioid trafficking and other historical and social reasons, Iran is one of the major victims of drug abuse globally. Estimates suggest that between 1.2 and 6 million people in Iran use drugs dependently. Substance use disorder is characterized by a set of cognitive, behavioral, and physiological symptoms that indicate continued substance use despite significant problems related to its use (Zhu et al., 2015). Nowadays, multi-factorial and interactive causal approaches are emphasized in the etiology of substance abuse, as opposed to traditional single-factor approaches, considering various factors simultaneously for a more comprehensive explanation of substance abuse. Substance use can result from biological factors such as age, gender, and genetics, psychological factors like low self-esteem, and social factors such as economic status, environmental factors, and family factors like a history of substance use in the family (Siegel, 2015).

Tendency towards drug abuse among young people is a serious issue with various physical, social, and academic consequences. The prevalence of drug use among young people worldwide has increased (Go et al., 2010). Over the past few decades, numerous theories have explored the causes of drug abuse, examining biological, psychological, and social variables (Poorkord et al., 1970). The foundations of personality are shaped in the early years of life within the family environment. Sometimes, there is a perceived lack of harmony between the family environment and the experiences children have with their peers. Despite living in two different worlds, family and peer world, children and adolescents share many commonalities. Thus, family and peers are mutually necessary and may be equally effective in shaping personality and the process of socialization (Levin et al., 2021). Children do not grow in a vacuum. Their growth occurs within the context of the family, neighborhood, society, country, and world. Within this context, they are influenced by parents, siblings, other relatives, friends, peers, and other adults they come into contact with. Among all socio-economic factors affecting

child development, the family remains the primary transmitter of values, moral principles, ideals, habits, and ways of thinking and acting (Russ et al., 2003).

The family is one of the primary social institutions that can influence the tendency towards or against addiction. Among all socio-economic factors affecting child development, the family remains the primary transmitter of values, moral principles, ideals, habits, and ways of thinking and acting (Koerner & Fitzpatrick, 2002a, 2002b). The family shapes the child's personality through dialogue and modeling, instilling thought patterns and practical methods that become habitual (Ritchie & Fitzpatrick, 1990). Individuals within the family influence and are influenced by each other. Due to life disparities, many families are at risk of dysfunction and breakdown. Since the home is where life begins, the absence of a desirable parental bond has detrimental effects on children. Structural problems within the family can lead to dysfunctional family performance and adversely affect the children's personality (PanteA, 2012).

Some theories emphasize the importance of family interactions in shaping children's personalities. Family communication patterns are distinct from each other. Understanding these patterns helps to understand certain aspects of family functioning (Fitzpatrick & Ritchie, 1994). Family communication behavior and beliefs about how family members should communicate are closely related to the formation of family communication patterns. Family communication is characterized by observable patterns, which constitute family communication patterns. Analysis of family communication shows that families develop and reinforce various communication patterns (Koerner & Fitzpatrick, 2002a, 2002b). Ostad Rahimi and Fathi (2021) in a study on the role of family communication patterns and school culture in addiction tendency among students showed that there was a significant negative relationship between conversation orientation and addiction tendency and a significant positive relationship between conformity orientation and addiction tendency among students (Ostad Rahimi & Fathi, 2021). Additionally, family communication patterns and school culture components could respectively predict 7% and 11% of the variance in students' addiction tendency (Ostad Rahimi & Fathi, 2021; Poorkord et al., 1970; Salami et al., 2018).

Schorr et al. (2021) in their research examined the relationship between childhood trauma, parental bonding, and antisocial behaviors in adulthood, showing that emotional and physical abuse are the strongest factors associated with antisocial behaviors (Schorr et al., 2021).

Childhood trauma is a significant variable related to adolescents' addiction tendency. Childhood trauma includes any mistreatment such as neglect, physical and sexual abuse, neglect in various dimensions, domestic violence, and emotional deprivation. Over the past few decades, many studies have confirmed the hypothesis that neglecting a child's basic needs or physical and sexual abuse in the early years of life is significantly related to the development of borderline personality disorder symptoms (Lin et al., 2011). Thorough examination of childhood trauma among adolescents and the subsequent problems it causes is crucial. Sexual trauma, such as childhood sexual abuse and rape, is associated with numerous acute and chronic psychological problems related to borderline personality disorder, such as post-traumatic stress disorder, depression, self-harm, suicidal tendencies, anxiety, substance abuse, dissociative states, interpersonal problems, low self-esteem, deep feelings of guilt, and self-blame (O'Cleirigh et al., 2007). Levin (2021) in their study on the relationship between childhood trauma, exposure levels, and addiction showed that individuals exposed to sexual and emotional risks in childhood had a higher risk of substance and alcohol use disorders compared to others (Levin et al., 2021).

Addiction is a type of psychosocial disorder resulting from the abnormal use of substances like opium, hashish, alcohol, etc., leading to physical, psychological, and social dysfunction, and in severe cases, seriously threatening individual and social life. Young people are the primary victims of drugs, and adolescents are particularly vulnerable due to their personality traits (Russ et al., 2003). Addiction is considered one of the world's greatest problems today, with numerous negative consequences. Concerns about substance use disorder and addiction reflect concerns about their physical, psychological, and socio-economic impacts (Esmaeili Shahna et al., 2020). Due to its proximity to Afghanistan, Iran is one of the world's victims of improper drug use, with increasing prevalence and addiction being one of the four major crises today. Approximately 60% of the prisoners in our country have been arrested in direct connection with drugs (Salami et al., 2018). Addiction and vulnerability to it, especially among adolescents and young people who are the future builders of every country, are significant issues. Identifying factors that overshadow this major problem is important, as understanding the factors involved can aid in its prevention and treatment. The greater issue is the loss of human resources; individuals who could be productive forces for the country have become a serious social problem. The extent of drug use, particularly among

adolescents, is so significant that it is painful and distressing for any conscientious person. Ignoring this social problem will result in irreparable harm to families, the country, and the global community. The tendency towards addiction is an area where research and identification of high-risk groups can inform preventive planning and actions. With the right strategy, more effective preventive measures can be implemented. Given all the mentioned points, the present study seeks to determine whether family communication patterns play a moderating role in the relationship between childhood trauma and the tendency towards addiction in adolescent boys.

2. Methods and Materials

2.1. Study Design and Participants

This research was applied in terms of its goal and descriptive-correlational in terms of its nature. The predictor variable was childhood trauma, the criterion variable was the tendency towards addiction, and the moderating variable was family communication patterns. The study population consisted of all adolescent boys aged 12 to 17 years in Shiraz, studying in seventh to twelfth grades in 2023. The sample size was determined to be 380 based on the Morgan table. Due to the wide population, multistage cluster sampling was used. Initially, districts 1, 3, 7, and 11 of Shiraz were selected, and from middle and high schools, four boys' schools were chosen, with 95 students selected from each school.

Ethical considerations included voluntary participation, informed consent, and confidentiality.

2.2. Measures

2.2.1. Addiction Tendency

This scale, developed by Weed and Butcher (1992) and validated in Iran by Zargar (2006), consists of 36 items and 5 lie scale items, rated from 0 (completely disagree) to 3 (completely agree). In Zargar et al.'s (2007) study, criterion validity showed that the scale distinguished well between addicted and non-addicted individuals. Construct validity was determined by correlating it with the 25-item Clinical Symptoms Checklist, yielding a significant correlation of 0.45. Cronbach's alpha reliability was 0.90 (Salami et al., 2018).

2.2.2. *Childhood Trauma*

Developed by Bernstein et al. (1994), the final 28-item version was released in 1998. Responses are rated on a 5-point Likert scale from never (0) to always (5), measuring five subscales: physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse. Reliability was reported between 0.79 and 0.94. Mikaeili and Zamanlou (2012) confirmed its validity using factor analysis, with Cronbach's alpha reliability of 0.75 (Mikaeili & Parnian Khooy, 2021).

2.2.3. *Family Communication*

This self-report questionnaire by Ritchie and Fitzpatrick (1990) measures agreement with 26 items about family communication on a 5-point scale. The first 15 items assess conversation orientation, and the remaining 11 assess

conformity orientation. Internal consistency and test-retest reliability were confirmed, with Cronbach's alpha for conversation orientation at 0.87 and conformity orientation at 0.81 (Ostad Rahimi & Fathi, 2021).

2.3. *Data analysis*

Descriptive statistics (mean, standard deviation) and inferential statistics (Pearson correlation, hierarchical regression analysis) were used for data analysis, employing SPSS version 26.

3. Findings and Results

The mean age (standard deviation) of the participants in the present study was 15.44 (3.18). Table 1 presents the descriptive statistics including mean, standard deviation, minimum, and maximum for the study variables.

Table 1

Descriptive Statistics for the Main Study Variables

Variable	Dimension	Mean	Standard Deviation	Minimum	Maximum
Physical Abuse		13.11	3.54	6	21
Emotional Abuse		16.23	4.33	7	23
Physical Neglect		12.09	3.25	5	19
Emotional Neglect		14.22	4.87	7	23
Sexual Abuse		8.12	2.12	2	14
Communication Patterns	Conversation	38.86	5.67	22	54
	Conformity	29.23	4.87	18	39
Tendency Toward Addiction		76.34	8.66	46	123

Table 2 shows the Pearson correlation test for examining the relationship between the study variables.

Table 2

Correlation Matrix for Study Variables

	Physical Abuse	Emotional Abuse	Physical Neglect	Emotional Neglect	Sexual Abuse	Conversation	Conformity	Tendency Toward Addiction
Physical Abuse	1							
Emotional Abuse	0.432*	1						
Physical Neglect	0.398*	0.366*	1					
Emotional Neglect	0.455*	0.511*	0.299*	1				
Sexual Abuse	0.434*	0.333*	0.290*	0.332*	1			
Conversation	-0.342*	-0.298*	-0.343*	-0.213*	-0.309*	1		
Conformity	0.323*	0.332*	0.299*	0.200*	0.321*	-0.228*	1	
Tendency Toward Addiction	0.322*	0.299*	0.432*	0.221*	0.228*	-0.443*	0.298*	1

*p<0.01

As shown, there is a significant positive relationship between dimensions of childhood trauma and the tendency

toward addiction ($p \leq 0.05$). Additionally, there is a significant positive relationship between conformity

orientation and the tendency toward addiction ($p \leq 0.05$). However, there is a significant negative relationship between conversation orientation and the tendency toward addiction ($p \leq 0.05$). To examine the moderating role of family

communication patterns in the relationship between childhood trauma and the tendency toward addiction, hierarchical regression analysis was used.

Table 3

Summary of Hierarchical Regression Analysis for the Moderating Role of Communication Patterns in the Relationship Between Physical Abuse and Tendency Toward Addiction

Stage	Predictor Variable	R	R ²	F	p	B	β	t	p
1	Physical Abuse	0.476	0.226	31.985	0.001	0.411	0.335	3.546	0.001
	Communication Patterns					0.398	0.303	3.288	0.001
2	Physical Abuse	0.500	0.250	34.986	0.001	0.398	0.313	3.436	0.001
	Communication Patterns					0.367	0.287	3.098	0.001
	Physical Abuse * Communication Patterns					0.309	0.256	2.777	0.005

Table 3 shows the moderating role of communication patterns in the relationship between physical abuse and tendency toward addiction. As indicated, in the second stage, the interaction effect of physical abuse and communication patterns significantly predicted the tendency toward

addiction ($\beta = 0.256, p = 0.005$). Thus, it can be concluded that communication patterns have a moderating role in the relationship between physical abuse and the tendency toward addiction.

Table 4

Summary of Hierarchical Regression Analysis for the Moderating Role of Communication Patterns in the Relationship Between Emotional Abuse and Tendency Toward Addiction

Stage	Predictor Variable	R	R ²	F	p	B	β	t	p
1	Emotional Abuse	0.499	0.249	34.046	0.001	0.423	0.340	3.654	0.001
	Communication Patterns					0.401	0.316	3.406	0.001
2	Emotional Abuse	0.512	0.262	36.377	0.001	0.398	0.321	3.376	0.001
	Communication Patterns					0.367	0.301	3.143	0.001
	Emotional Abuse * Communication Patterns					0.312	0.276	2.987	0.003

Table 4 shows the moderating role of communication patterns in the relationship between emotional abuse and tendency toward addiction. As indicated, in the second stage, the interaction effect of emotional abuse and communication patterns significantly predicted the tendency toward

addiction ($\beta = 0.276, p = 0.003$). Thus, it can be concluded that communication patterns have a moderating role in the relationship between emotional abuse and the tendency toward addiction.

Table 5

Summary of Hierarchical Regression Analysis for the Moderating Role of Communication Patterns in the Relationship Between Physical Neglect and Tendency Toward Addiction

Stage	Predictor Variable	R	R ²	F	p	B	β	t	p
1	Physical Neglect	0.387	0.149	27.886	0.001	0.398	0.342	3.766	0.001
	Communication Patterns					0.243	0.187	2.124	0.087
2	Physical Neglect	0.344	0.118	25.448	0.001	0.345	0.299	3.347	0.001
	Communication Patterns					0.213	0.165	1.987	0.100
	Physical Neglect * Communication Patterns					0.143	0.111	1.345	0.134

Table 5 shows the moderating role of communication patterns in the relationship between physical neglect and tendency toward addiction. As indicated, in the second stage, the interaction effect of physical neglect and communication patterns did not significantly predict the tendency toward

addiction ($\beta = 0.111, p = 0.134$). Thus, it can be concluded that communication patterns do not have a moderating role in the relationship between physical neglect and the tendency toward addiction.

Table 6

Summary of Hierarchical Regression Analysis for the Moderating Role of Communication Patterns in the Relationship Between Emotional Neglect and Tendency Toward Addiction

Stage	Predictor Variable	R	R ²	F	p	B	β	t	p
1	Emotional Neglect	0.321	0.103	24.553	0.001	0.265	0.221	2.436	0.005
	Communication Patterns					0.209	0.160	2.009	0.098
2	Emotional Neglect	0.350	0.122	27.554	0.001	0.244	0.211	2.223	0.005
	Communication Patterns					0.200	0.143	1.986	0.121
	Emotional Neglect * Communication Patterns					0.154	0.109	1.231	0.148

Table 6 shows the moderating role of communication patterns in the relationship between emotional neglect and tendency toward addiction. As indicated, in the second stage, the interaction effect of emotional neglect and communication patterns did not significantly predict the

tendency toward addiction ($\beta = 0.109, p = 0.148$). Thus, it can be concluded that communication patterns do not have a moderating role in the relationship between emotional neglect and the tendency toward addiction.

Table 7

Summary of Hierarchical Regression Analysis for the Moderating Role of Communication Patterns in the Relationship Between Sexual Abuse and Tendency Toward Addiction

Stage	Predictor Variable	R	R ²	F	p	B	β	t	p
1	Sexual Abuse	0.498	0.248	37.332	0.001	0.456	0.346	3.876	0.001
	Communication Patterns					0.487	0.376	4.123	0.001
2	Sexual Abuse	0.611	0.373	41.332	0.001	0.432	0.324	3.543	0.001
	Communication Patterns					0.445	0.342	3.878	0.001
	Sexual Abuse * Communication Patterns					0.287	0.255	2.890	0.005

Table 7 shows the moderating role of communication patterns in the relationship between sexual abuse and tendency toward addiction. As indicated, in the second stage, the interaction effect of sexual abuse and communication patterns significantly predicted the tendency toward addiction ($\beta = 0.255, p = 0.005$). Thus, it can be concluded that communication patterns have a moderating role in the relationship between sexual abuse and the tendency toward addiction.

communication patterns could moderate the relationship between the variables of sexual abuse, physical abuse, and emotional abuse and the tendency toward addiction in adolescent boys. This finding is consistent with the prior results (Levin et al., 2021; Mikaeili & Parnian Khooy, 2021; Salami et al., 2018; Soltani Azemat et al., 2017).

In explaining the above results, it can be said that childhood is the most critical stage of a child's physical and psychological development, and trauma during this period will have long-term consequences in the future. Especially, sexual abuse of children, which is often less identifiable and difficult for children to express, can have irreparable consequences for the child in both the present and future. The most important and sensitive stage of forming personality, social behavior, and individual characteristics of a person is their childhood, and these behaviors are

4. Discussion and Conclusion

The present study aimed to investigate the moderating role of family communication patterns in the relationship between childhood trauma and the tendency toward addiction in adolescent boys. The results showed that family

somewhat influenced by the environment, teachings, and inhibiting factors (Levin et al., 2021). The importance of family life for children is much greater than for adults, as it is where children learn their first experiences of living with others. It is in the family environment that the foundation for the child's future growth and activities is laid. Whether love and affection or hostility and hatred prevail in our relationships with others largely depends on family upbringing. Essentially, all behaviors during adolescence, youth, and beyond, whether social or antisocial, result from past experiences, and these behaviors can be explained based on these experiences. Relationships formed in childhood can contribute to growth, but if they are destructive, they can have negative impacts on other stages of life and later years, one of which is borderline personality disorder (Soltani Azemat et al., 2017).

Experiencing physical and emotional trauma in early childhood negatively affects children's hope for life, relationships, and mental health. Studies show that childhood traumas, such as sexual abuse, parental divorce, and alcohol consumption in the home, increase the likelihood of heart disease, stroke, depression, and diabetes later in life. Additionally, these childhood issues increase the risk of engaging in risky behaviors, such as smoking, and can contribute to lower life expectancy. Over the past few decades, many studies have confirmed the hypothesis that neglecting a child's basic needs and/or physical and sexual abuse during the early years of life is significantly related to the development of borderline personality disorder symptoms. These studies represent efforts to test psychodynamic developmental theories regarding borderline pathology, with most results being consistent and lacking contradictions. In this context, it can be said that, according to previous studies, attention and emphasis on the quality and quantity of parent-child communications are essential. Emphasis on conformity and avoidance of conflict are characteristics of families with high conformity; therefore, disagreements and conflicts with parents can impose psychological problems on individuals, often acting as a threat to self-concept (Koerner & Fitzpatrick, 2002a, 2002b). Bunch (2018) believes that families with high care tend to raise children with high social skills, problem-solving abilities, and leadership qualities. Families with high conversation orientation typically create open communication within the family. They encourage disagreements and expressions of feelings, which leads to enjoyment of creating broad and open relationships with others and engaging in these interactions (Bunch et al.,

2018). Elwood and Schrader (1998) also found that conversation orientation and care negatively and significantly predict communication apprehension. Avoidance of conflict and less interest in disclosing feelings and seeking social support in challenging processes are characteristics of families with high and excessive support. Other studies suggest that communication problems and aggressive behaviors towards others are consequences of strict parenting styles (Elwood & Schrader, 1998). In families with high conversation orientation, there is spontaneous and open communication. In such families, extensive discussions on various topics occur. The desires, thoughts, and feelings of children are taken into consideration. It is in such families that children feel accepted and understood by their parents. Parents in these families also talk more about their emotions and feelings, which encourages children to engage in broader communication. All these factors can contribute to a reduction in personality disorders in such families.

5. Limitations & Suggestions

Given the impact of childhood trauma on the tendency toward addiction, it is suggested that school counselors identify children who have experienced physical, emotional, and sexual trauma through interviews with students and their parents and provide them with education and treatment. Families and parents can benefit from the results of this study to raise healthy children. The findings of this study can be used by counselors and psychotherapists working in schools.

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Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors contributed equally.

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