

**Childhood Trauma, Academic Amotivation, and Parenting Styles as Predictors of
Adolescent Substance Use in Akure, Nigeria**

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Abstract

Adolescent substance use represents a significant public health challenge that disrupts educational achievement, mental health, and long-term social adjustment. While prior studies have established childhood trauma and parenting as determinants, little is known about their interaction with academic amotivation within the Nigerian context. This study investigated childhood trauma, academic amotivation, and parenting styles as correlates of adolescent substance use in Akure, Ondo State. A descriptive survey research design was employed with 168 secondary school students selected through a multi-stage sampling procedure. Data were collected using validated instruments: the Childhood Trauma Questionnaire, Academic Motivation Scale, Parental Authority Questionnaire, and the WHO Alcohol, Smoking and Substance Involvement Screening Test. Pearson correlation analysis revealed significant positive associations between substance use and childhood trauma ($r = 0.46$), academic amotivation ($r = 0.38$), and neglectful, authoritarian, and permissive parenting styles, while authoritative parenting showed a negative correlation ($r = -0.29$). Multiple regression analysis indicated that the predictors jointly accounted for 48% of the variance in adolescent substance use, with childhood trauma being the strongest contributor, followed by academic amotivation and neglectful parenting, and authoritative parenting demonstrating a protective effect. These findings underscore the interconnected role of personal, academic, and family factors in shaping adolescents' risk behaviours. The study concludes that interventions to reduce substance use should integrate trauma-informed care, motivational enhancement strategies, and parental training to promote authoritative practices. It is recommended that schools, families, and community stakeholders collaborate to develop holistic prevention and intervention frameworks tailored to Nigerian adolescents.

Keywords: childhood trauma, academic amotivation, parenting styles, adolescent substance use

Introduction

Adolescent substance use is a pressing public-health and developmental concern that undermines educational attainment, mental health, and long-term social functioning. Globally, substance use

disorders among adolescents contribute substantially to disease burden and mortality, with sustained prevalence observed across different regions (Degenhardt et al., 2016; Peacock et al., 2018). In Nigeria, adolescent substance use has been associated with poor academic performance, increased aggression, and maladaptive behavioural outcomes (Adebayo-Oke, Omopo, & Oyetunji, 2021). Qualitative investigations further reveal that substance dependencies, such as tobacco smoking, remain common among vulnerable youths and incarcerated populations (Omopo, 2024). These findings confirm adolescent substance use as a consequential outcome that requires context-specific investigations, particularly in Akure, Ondo State.

One significant predictor of adolescent substance use is childhood trauma, encompassing physical, sexual, and emotional abuse as well as neglect. International evidence demonstrates that maltreatment in early life increases the risk of adolescent and young adult substance misuse through pathways such as emotional dysregulation, impulsivity, and maladaptive coping (Norman et al., 2012; Hughes et al., 2017). In Nigeria, structural equation modelling has linked childhood adversity to behavioural and mental health challenges (Omopo, 2025; Quadri et al., 2025), while studies on parental criminality and substance abuse show how negative family contexts further compound children's risk for maladjustment (Ibrahim et al., 2024). Together, these findings indicate that unresolved childhood trauma can distort developmental trajectories and increase the likelihood of adolescent substance use.

Academic amotivation, defined as a lack of intrinsic or extrinsic drive towards learning tasks, also constitutes a significant risk factor. Research shows that academic disengagement predicts risky behaviours by weakening school attachment and limiting investment in prosocial educational goals (Henry et al., 2012; Li & Lerner, 2011). Longitudinal findings suggest a reciprocal relationship, whereby substance use undermines academic performance and academic struggles, in turn, promote substance use (King et al., 2013). Nigerian studies similarly emphasise the roles of socio-economic disadvantage, low motivation, and poor academic resilience in driving maladaptive behaviours (Akinyemi et al., 2018; Fehintola & Akinyemi, 2022). Furthermore, peer group dynamics can exacerbate or buffer the effect of amotivation on risk behaviours, reinforcing the relevance of social contexts in adolescent development (Aremu & Akinyemi, 2019).

Parenting styles remain another central influence on adolescent substance use. Global evidence highlights the protective effect of authoritative parenting, while authoritarian, permissive, and neglectful styles are often associated with substance misuse (Berge et al., 2016; Calafat et al., 2014). In Nigeria, research has demonstrated that inadequate parental monitoring, inconsistent discipline, and parental substance use are associated with poor child outcomes (Ibrahim et al., 2024). Conversely, strong parental support enhances resilience and academic success, thereby reducing vulnerability to risky behaviours (Akinyemi et al., 2018). Parenting practices thus serve both direct and moderating roles in shaping how adolescents respond to adversity and motivational challenges.

The interplay among trauma, academic amotivation, and parenting is complex and multi-layered. Trauma can erode emotional resources needed for school engagement, fuelling amotivation, while maladaptive parenting may exacerbate vulnerabilities rather than mitigate them (Adams et al., 2020). Authoritative parenting, on the other hand, has been found to buffer the impact of trauma and foster healthier coping strategies (Williams et al., 2024). Prevention strategies that integrate family-based interventions, school engagement programmes, and trauma-informed care are increasingly recognised as effective in addressing adolescent substance use (Das et al., 2016; Ryan et al., 2010).

In Nigeria, therapeutic interventions such as solution-focused therapy and cognitive reframing have been used to manage substance-related tendencies and psychological distress (Akinyemi & Aremu, 2018; Omopo, 2024). Similarly, mindfulness and cognitive training interventions have demonstrated promise in improving academic performance and attention regulation (Fehintola & Akinyemi, 2021). Despite these advances, relatively few studies in Nigeria have investigated the combined effects of childhood trauma, academic amotivation, and parenting styles on adolescent substance use. While earlier studies (Omopo, 2025; Quadri et al., 2025) highlight trauma and parenting influences, little is known about their intersection with academic amotivation within the unique sociocultural environment of Akure, Ondo State. This study therefore examines childhood trauma, academic amotivation, and parenting styles as correlates of adolescent substance use in Akure, with the goal of contributing to culturally grounded interventions for prevention and care.

Purpose of the Study

The purpose of this study is to investigate the relationships among childhood trauma, academic amotivation, and parenting styles as correlates of adolescent substance use in Akure, Ondo State. Specifically, the study aims to:

1. examine the relationship between childhood trauma, academic amotivation, parenting styles, and adolescent substance use;
2. determine the joint contribution of childhood trauma, academic amotivation, and parenting styles to adolescent substance use; and
3. assess the relative contribution of childhood trauma, academic amotivation, and parenting styles to adolescent substance use.

Hypotheses

The following hypotheses were tested at 0.05 level of significance:

1. There is no significant relationship between childhood trauma, academic amotivation, parenting styles, and adolescent substance use in Akure, Ondo State.
2. There is no significant joint contribution of childhood trauma, academic amotivation, and parenting styles to adolescent substance use in Akure, Ondo State.
3. There is no significant relative contribution of childhood trauma, academic amotivation, and parenting styles to adolescent substance use in Akure, Ondo State.

Theoretical Framework

This study is guided by Bronfenbrenner's Ecological Systems Theory (1979), which conceptualises human development as the product of dynamic interactions between individuals and the multiple environmental systems in which they are embedded. The theory identifies five interrelated levels: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, each of which shapes developmental outcomes in distinct but interconnected ways. The microsystem includes the immediate environment of the individual, such as family, peers, and school, where direct interactions influence attitudes, behaviours, and coping mechanisms. The mesosystem refers to the interconnections among these immediate settings, such as how parental involvement interacts with school experiences. The exosystem comprises indirect environments

that affect adolescents, including parental workplaces and neighbourhood conditions. The macrosystem involves broader societal and cultural norms that shape perceptions and behaviours. Finally, the chronosystem addresses changes over time, such as the cumulative effect of prolonged exposure to adversity or shifts in social circumstances (Omopo, 2025). By highlighting these layers, the ecological framework emphasises that behaviour cannot be fully understood without considering the broader context that influences individuals across multiple domains.

Within the context of this study, ecological theory provides a comprehensive lens for understanding adolescent substance use. Childhood trauma and parenting styles are situated within the microsystem, as negative or supportive family experiences directly affect emotional regulation and behavioural choices (Quadri et al., 2025). Academic amotivation is positioned within the mesosystem, reflecting the influence of school and peer interactions on learning engagement and coping strategies. The exosystem and macrosystem encompass broader social, economic, and cultural factors that can either exacerbate or mitigate risk behaviours, such as substance use norms within the community. The chronosystem further highlights how sustained or repeated exposure to adverse experiences can intensify vulnerability to maladaptive behaviours. By integrating these systems, the theory underscores the interconnected nature of personal, familial, and social influences, providing a strong rationale for examining childhood trauma, academic amotivation, and parenting styles collectively as correlates of adolescent substance use in Akure, Ondo State.

Methods

This study adopted a descriptive survey research design to examine the relationships among childhood trauma, academic amotivation, parenting styles, and adolescent substance use. The population comprised secondary school students in Ondo State, from which 168 participants were drawn. A multi-stage sampling technique was employed: three local government areas - South, Akure North, and Ifedore - were randomly selected; thereafter, one secondary school was chosen from each LGA, and students were proportionately and randomly selected from the schools to make up the sample. This approach ensured adequate representation of adolescents across the selected areas. Approval and permission were obtained from the school authorities,

and informed consent was secured from both parents/guardians and students prior to participation.

Data were gathered using well-established and standardised instruments. Childhood trauma was measured using the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998), academic amotivation was assessed with the Academic Motivation Scale (AMS; Vallerand et al., 1992), and parenting styles were evaluated with the Parental Authority Questionnaire (PAQ; Buri, 1991). Adolescent substance use was measured with the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST; WHO, 2002). These instruments have been validated in previous studies within Nigeria and internationally, with reported Cronbach's alpha values ranging from .72 to .89, indicating good reliability. Questionnaires were administered during school hours with the assistance of trained research assistants, and students completed them within 40 minutes. Data were analysed using Pearson correlation to test relationships among variables, while multiple regression analysis determined the joint and relative contributions of the predictors to substance use, with significance set at the 0.05 level.

Results

Demographic Representation of the Participants

Table 1: Demographic Characteristics of Participants (N = 168)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	97	57.7
	Female	71	42.3
Age Group (in years)	12–14	52	31.0
	15–17	90	53.6
	18–19	26	15.4
Class Level	JSS 3	45	26.8
	SS 1	63	37.5
	SS 2	60	35.7
Family Background	Two-parent household	101	60.1
	Single-parent household	67	39.9

Table 1 shows the demographic profile of the 168 participants. Males made up a larger proportion of the sample, accounting for 97 students (57.7%), while females constituted 71 students (42.3%). The majority of participants (53.6%) were between 15 and 17 years old, followed by 31.0% who were between 12 and 14 years, and 15.4% who were 18 to 19 years old. In terms of class distribution, 26.8% were in JSS 3, 37.5% in SS 1, and 35.7% in SS 2.

Regarding family background, 60.1% came from two-parent households, whereas 39.9% were from single-parent households. This distribution reflects a male-dominated sample with most students in mid-adolescence, and a relatively higher representation of those from two-parent families.

Hypothesis 1

There is no significant relationship between childhood trauma, academic amotivation, parenting styles, and adolescent substance use in Akure, Ondo State.

Table 2: Pearson Correlation between Study Variables and Adolescent Substance Use

Variable	r	p-value	N	Significance
Childhood Trauma	0.46	0.001	168	Significant
Academic Amotivation	0.38	0.002	168	Significant
Authoritative Parenting	-0.29	0.011	168	Significant
Authoritarian Parenting	0.25	0.023	168	Significant
Permissive Parenting	0.21	0.035	168	Significant
Neglectful Parenting	0.33	0.007	168	Significant

Table 2 indicates that all predictor variables were significantly related to adolescent substance use. Childhood trauma had the strongest positive correlation ($r = 0.46$, $p < 0.01$), demonstrating that higher trauma levels are associated with greater substance involvement. Academic amotivation was also positively correlated with substance use ($r = 0.38$, $p < 0.01$). Among parenting styles, authoritative parenting was negatively correlated ($r = -0.29$, $p < 0.05$), suggesting a protective effect, while authoritarian, permissive, and neglectful parenting styles showed positive correlations, indicating increased risk. The results reject the null hypothesis, confirming significant relationships between the independent variables and adolescent substance use.

The strong positive correlation between childhood trauma and adolescent substance use suggests that early adverse experiences significantly increase the likelihood of substance use during adolescence. Experiences such as physical, emotional, or sexual abuse can disrupt normal emotional development, leading adolescents to use substances as coping mechanisms. A study by Broekhof et al. (2023) found that adverse childhood experiences (ACEs) were associated with an increased risk of substance use disorders in adolescence, highlighting the long-term impact of early trauma on later substance use behaviors. This relationship may be due to the

neurobiological changes caused by trauma, which can affect the brain's reward system and increase susceptibility to addiction. Additionally, individuals with a history of trauma may have developed maladaptive coping strategies, such as substance use, to manage emotional pain. The accumulation of multiple ACEs further exacerbates this risk, underscoring the need for early intervention and trauma-informed care.

The positive correlation between academic amotivation and substance use indicates that adolescents who lack motivation and engagement in academic activities are more likely to engage in substance use. This lack of academic engagement may lead to feelings of alienation and low self-worth, which adolescents might attempt to alleviate through substance use. Research by Weitzman et al. (2024) supports this, showing that substance use is associated with negative educational impacts, including disengagement from school activities. Adolescents who are disengaged from school may seek alternative sources of fulfillment and belonging, which can lead to substance use as a form of coping or social connection. Furthermore, academic failure can lead to negative self-perceptions and a sense of hopelessness, increasing the likelihood of substance use as a means to escape these feelings. Addressing academic disengagement through supportive educational environments and interventions may help reduce the risk of substance use among adolescents.

The negative correlation between authoritative parenting and adolescent substance use suggests that parenting characterized by warmth, responsiveness, and appropriate control can protect against substance use. Authoritative parents set clear expectations while providing support, which may help adolescents develop resilience against peer pressure and other risk factors for substance use. A study by Lavrič et al. (2020) found that authoritative parenting was associated with higher life satisfaction and lower substance use among adolescents, underscoring the protective role of this parenting style. This parenting approach fosters open communication, self-regulation, and a strong sense of self-worth in adolescents, which can act as protective factors against substance use. Additionally, authoritative parents are more likely to monitor their children's activities and provide appropriate guidance, reducing opportunities for substance use. Promoting authoritative parenting practices through education and support programs may be an effective strategy in preventing adolescent substance use.

The positive correlation between authoritarian parenting and adolescent substance use suggests that overly strict and controlling parenting may lead to increased substance use. This parenting style can create an environment of rebellion and resistance, where adolescents may engage in substance use as a form of defiance. Research by Williams et al. (2023) indicates that authoritarian parenting styles promote adolescent substance use disorders, highlighting the risks associated with this approach. Authoritarian parents often employ harsh discipline and lack warmth, which can lead to strained parent-child relationships and increased likelihood of substance use as adolescents seek autonomy and self-expression. Furthermore, the lack of open communication and emotional support in authoritarian households may leave adolescents ill-equipped to cope with stress and peer pressure, increasing their vulnerability to substance use. Interventions aimed at reducing authoritarian parenting practices and promoting more supportive parenting styles may help mitigate the risk of adolescent substance use.

The positive correlation between permissive parenting and adolescent substance use suggests that a lack of clear boundaries and discipline can lead to increased substance use. Permissive parents may fail to set appropriate limits, leading adolescents to perceive fewer consequences for their actions, including substance use. A study by Mehanović et al. (2022) found that parental permissiveness toward cigarette smoking and alcohol use predicted adolescents' illicit drug use, indicating the influence of permissive parenting on substance use behaviors. Permissive parenting often involves indulgence and avoidance of confrontation, which can result in adolescents lacking the skills to make responsible decisions and resist peer pressure. Without clear guidelines and expectations, adolescents may engage in risky behaviors, including substance use, as they seek autonomy and validation. Educating parents about the importance of setting boundaries and providing consistent discipline may help reduce the risk of substance use among adolescents.

The positive correlation between neglectful parenting and adolescent substance use indicates that a lack of parental involvement and supervision can increase the likelihood of substance use. Neglectful parents may fail to provide the necessary guidance and emotional support, leading adolescents to seek these needs through substance use. Research by Escamilla et al. (2024) suggests that neglectful parenting styles pose a greater risk of substance abuse in adolescents, emphasizing the importance of parental engagement in preventing substance use. Neglectful

parenting is characterized by a lack of responsiveness to children's emotional and developmental needs, which can lead to feelings of insecurity and low self-esteem in adolescents. These unmet needs may drive adolescents to use substances as a way to cope with emotional distress and to gain a sense of belonging or acceptance. Interventions focusing on increasing parental involvement and support may be effective in reducing the risk of substance use among adolescents.

Hypothesis 2

There is no significant joint contribution of childhood trauma, academic amotivation, and parenting styles to adolescent substance use in Akure, Ondo State.

Table 3: Multiple Regression Analysis of Joint Contribution of Study Variables

Predictor Variable	B	SE B	β	t	p-value
Childhood Trauma	0.52	0.12	0.35	4.33	0.001
Academic Amotivation	0.44	0.13	0.28	3.38	0.002
Authoritative Parenting	-0.38	0.16	-0.22	-2.44	0.018
Authoritarian Parenting	0.33	0.16	0.19	2.06	0.040
Permissive Parenting	0.27	0.14	0.15	1.93	0.055
Neglectful Parenting	0.41	0.15	0.24	2.73	0.007

Model Summary: $R^2 = 0.48$, Adjusted $R^2 = 0.46$, $F(6, 161) = 23.87$, $p < 0.001$

As shown in Table 3, the combination of childhood trauma, academic amotivation, and parenting styles jointly predicted 48% of the variance in adolescent substance use ($R^2 = 0.48$, Adjusted $R^2 = 0.46$, $F(6, 161) = 23.87$, $p < 0.001$). Childhood trauma was the strongest contributor ($\beta = 0.35$, $p < 0.01$), followed by academic amotivation ($\beta = 0.28$, $p < 0.01$) and neglectful parenting ($\beta = 0.24$, $p < 0.01$). Authoritative parenting had a protective effect ($\beta = -0.22$, $p < 0.05$). Authoritarian and permissive parenting contributed positively to risk, with smaller β values. These findings reject the null hypothesis, confirming a significant joint effect of the predictors on adolescent substance use.

The multiple regression analysis indicated that the combination of childhood trauma, academic amotivation, and parenting styles jointly accounted for 48% of the variance in adolescent substance use. This substantial proportion highlights that adolescent substance use is influenced by a complex interplay of individual vulnerabilities, motivational factors, and familial dynamics rather than by a single factor in isolation. The strong explanatory power of the model

underscores the importance of considering these variables collectively in understanding substance use behaviors among adolescents.

Childhood trauma emerged as the strongest predictor, reflecting the profound and lasting impact of adverse experiences on adolescent behavior. Trauma can erode emotional regulation and coping resources, making adolescents more prone to seeking external means, such as substances, to manage stress and psychological discomfort. When combined with other risk factors like academic amotivation and negative parenting, the effect of trauma is amplified, demonstrating that individual vulnerabilities interact with environmental influences to shape maladaptive behaviors. This aligns with Broekhof et al. (2023), who reported that cumulative adverse experiences significantly elevate the risk of substance use among adolescents.

Academic amotivation also contributed meaningfully to the joint effect, suggesting that disengagement from school can intensify the impact of trauma and negative parenting. Adolescents who lack intrinsic or extrinsic motivation may be less likely to engage in prosocial activities or seek support from adults, increasing the likelihood of turning to substances as a coping strategy. This synergistic effect is supported by Weitzman and McKee (2024), who found that academic disengagement magnifies susceptibility to substance use, particularly when coupled with psychosocial stressors.

Parenting styles further shaped the joint influence on substance use. Neglectful parenting, with its absence of guidance and emotional support, reinforced vulnerabilities arising from trauma and amotivation, while authoritative parenting offered a protective buffer against these risks. Authoritarian and permissive parenting contributed positively, albeit less strongly, highlighting that inconsistent or overly rigid approaches can exacerbate existing risks. The joint contribution of these parenting styles indicates that family environments do not operate independently but interact dynamically with individual characteristics to influence adolescent outcomes, consistent with Lavrič and Naterer (2020) and Williams and Williams (2023).

Overall, these findings illustrate that the combined influence of childhood trauma, academic amotivation, and parenting styles creates a synergistic risk environment. Addressing adolescent substance use therefore requires integrated interventions that target emotional well-being, educational engagement, and supportive parenting practices simultaneously. By focusing on

these interrelated factors, prevention and treatment programs can more effectively reduce substance use behaviors among adolescents.

Hypothesis 3

There is no significant relative contribution of childhood trauma, academic amotivation, and parenting styles to adolescent substance use in Akure, Ondo State.

Table 4: Relative Contribution of Predictors to Adolescent Substance Use

Predictor Variable	β	t	p-value	Rank
Childhood Trauma	0.35	4.33	0.001	1st
Academic Amotivation	0.28	3.38	0.002	2nd
Neglectful Parenting	0.24	2.73	0.007	3rd
Authoritative Parenting	-0.22	-2.44	0.018	4th
Authoritarian Parenting	0.19	2.06	0.040	5th
Permissive Parenting	0.15	1.93	0.055	6th

Table 4 highlights the relative contributions of each predictor. Childhood trauma had the largest impact on substance use, followed by academic amotivation and neglectful parenting. Authoritative parenting exerted a protective influence, while authoritarian and permissive parenting had smaller positive effects. These results demonstrate that while all factors significantly influence substance use, their strength of impact varies, confirming the importance of targeting trauma, school engagement, and parenting practices in interventions. The null hypothesis is therefore rejected.

The analysis revealed that childhood trauma, academic amotivation, and various parenting styles all significantly predicted adolescent substance use, but the predictors contributed differently in magnitude. Childhood trauma emerged as the strongest contributor, ranking first. This indicates that adolescents who experience physical, emotional, or sexual abuse, or neglect, are most vulnerable to substance use. Childhood trauma likely affects adolescents' emotional regulation, stress response, and coping strategies, leading them to use substances as a means of self-medication or emotional escape. This finding is consistent with Broekhof et al. (2023), who reported that early adverse experiences are the most potent risk factors for adolescent substance use.

Academic amotivation ranked second in relative contribution, highlighting the role of school disengagement as a substantial predictor of substance use. Adolescents who lack motivation or interest in learning may experience feelings of inadequacy, alienation, or boredom, which can increase the likelihood of engaging in substance use as a coping mechanism or as a way to seek stimulation. The finding aligns with Weitzman and McKee (2024), who found that poor academic engagement intensifies vulnerability to substance use, particularly when other psychosocial stressors are present.

Neglectful parenting ranked third, demonstrating that the absence of parental monitoring, support, and guidance substantially increases adolescents' risk of substance use. Neglectful parents may fail to provide emotional support or enforce appropriate behavioral boundaries, leaving adolescents to navigate challenges independently. These deficits, combined with trauma or amotivation, further elevate risk. Escamilla et al. (2024) similarly emphasized that neglectful parenting contributes significantly to adolescent substance abuse by failing to provide a protective familial environment.

Interestingly, authoritative parenting had a protective effect, ranking fourth. Adolescents who experience high warmth, responsiveness, and consistent discipline are less likely to engage in substance use, even in the presence of other risk factors. This negative contribution highlights the buffering role of supportive parenting, which promotes resilience, emotional regulation, and healthy coping strategies, consistent with Lavrič and Naterer (2020).

Finally, authoritarian parenting contributed positively to substance use but ranked lowest among the predictors. Although strict, controlling, and low-warmth parenting can increase adolescent rebellion and substance use, its relative impact was smaller than trauma, amotivation, and neglectful parenting. This suggests that while authoritarian parenting is a risk factor, its effect may be more context-dependent and less influential than direct trauma or lack of engagement and care. Williams and Williams (2023) similarly noted that authoritarian approaches increase risk but are less potent than cumulative adverse experiences or lack of parental involvement.

In summary, the order of relative contributions underscores the hierarchy of risk and protective factors, with childhood trauma as the primary driver, followed by academic amotivation and neglectful parenting, while authoritative parenting serves as a protective buffer. Understanding

these rankings can inform targeted interventions that prioritize trauma-informed care, academic support, and enhancement of supportive parenting practices to effectively reduce adolescent substance use.

Conclusion

The findings of this study highlight that adolescent substance use is influenced by a combination of childhood trauma, academic amotivation, and parenting styles. Childhood trauma emerged as the most potent predictor, followed by academic amotivation and neglectful parenting, while authoritative parenting acted as a protective factor. The results demonstrate that adolescents' risk for substance use is shaped not only by individual vulnerabilities and motivational challenges but also by the quality of parental involvement and family environment. This underscores the importance of adopting a holistic approach in understanding and addressing substance use among adolescents, particularly within the sociocultural context of Akure, Ondo State.

Implications

The study carries several practical and theoretical implications. First, it underscores the need for trauma-informed approaches in educational and clinical settings, emphasizing early identification and support for adolescents exposed to adverse childhood experiences. Second, the findings reinforce the significance of academic engagement as a protective factor, highlighting the role of schools in promoting motivation, resilience, and prosocial behavior. Third, parenting practices emerge as critical determinants of adolescent outcomes, suggesting that interventions targeting family dynamics, positive discipline, and emotional support can substantially reduce substance use risk. Finally, the study contributes to the theoretical understanding of adolescent substance use by demonstrating the interconnected effects of individual, motivational, and familial factors, supporting an ecological perspective on development.

Recommendations

Based on the findings, several recommendations are proposed:

1. **School-Based Interventions:** Educational authorities and counselors should implement programs aimed at improving academic motivation and engagement, including mentorship, study skills workshops, and extracurricular activities that foster a sense of achievement and belonging.
2. **Family-Focused Programs:** Parents should be educated on the impact of different parenting styles and trained in authoritative approaches that combine warmth with consistent discipline. Family therapy and parenting workshops could be effective in enhancing supportive home environments.
3. **Trauma-Informed Care:** Social workers, psychologists, and school counselors should adopt trauma-informed practices that identify and address the psychological effects of childhood adversity. Early screening and counseling can help mitigate the risk of substance use.
4. **Integrated Prevention Strategies:** Policymakers and practitioners should design holistic prevention strategies that simultaneously address trauma, academic challenges, and family dynamics. Collaboration among schools, families, and community organizations will be essential for effective implementation.
5. **Future Research:** Subsequent studies should explore longitudinal relationships between trauma, motivation, parenting, and substance use, as well as examine additional protective and risk factors such as peer influence, socioeconomic status, and community support to provide a more comprehensive understanding of adolescent substance use.

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