

Brief report

Childhood trauma and hostility as an adult: relevance to suicidal behavior

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Abstract

The objective of this study is to look for a relationship between childhood trauma and hostility as an adult. Toward this end, 294 recently abstinent cocaine or opiate dependent patients were asked to complete two questionnaires: the Childhood Trauma Questionnaire (CTQ) and the Hostility and Direction of Hostility Questionnaire (HDHQ). It was found that there were significant correlations between the HDHQ total hostility score and scores on the CTQ for childhood emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect. Thus, these results suggest the possibility that childhood trauma may be a determinant of the personality dimension of hostility as an adult. © 2001 Elsevier Science Ireland Ltd. All rights reserved.

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1. Introduction

Both clinical and community studies have found childhood trauma to be associated with borderline and other personality disorders (Ogata et al., 1990; Kessler et al., 1997; Zanarini et al., 1997; Modestin et al., 1998; reviewed in Johnson et al.,

1999). For example, in a clinical study Ruggiero et al. (1999) found that patients with the most severe childhood trauma patterns on the Childhood Trauma Questionnaire (CTQ) had the highest scores on the Personality Diagnostic Questionnaire (PDQ-R), which is used to assess DSM personality disorders. Conversely, the lowest personality disorder scores were noted in patients with little or no childhood maltreatment. In a recent community study, Johnson et al. (1999) reported that persons with documented childhood

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abuse and neglect were more than four times as likely as persons not abused or neglected to have personality disorders as adults. Amongst cluster A, B or C personality disorders, the most highly significant relationship with either childhood physical abuse or neglect was with cluster B personality disorders.

Hostility is an important personality dimension found in excess in several personality disorders, particularly antisocial and borderline personality disorders (Foulds, 1965). Thus, because of the literature showing relationships between childhood trauma and personality disorders, we were interested in whether childhood trauma might correlate significantly with the personality dimension of hostility as an adult. We had previously administered both the CTQ and a hostility questionnaire — the Hostility and Direction of Hostility Questionnaire of Foulds (1965) — to alcoholic patients (Roy, 1999). It was found that there were significant correlations between HDHQ hostility scores and CTQ scores for childhood trauma. However, the sample of patients in that study was relatively small, consisting of only 43 alcoholic patients. Therefore, it was decided to administer the two questionnaires together again but in a larger sample of patients and, furthermore, in a sample with a different psychiatric diagnosis than alcohol dependence. The hypothesis tested, suggested by the results of that preliminary study, was that there would be a significant relationship between childhood trauma and the personality dimension of hostility as an adult.

2. Methods

We examined a consecutive series of 294 recently abstinent cocaine or opiate dependent patients admitted to the inpatient rehabilitation ward of the Substance Abuse Treatment Program (SATP) at the Department of Veterans Affairs (DVA), New Jersey Healthcare System, East Orange Campus in New Jersey. Inclusion criteria were that the patients met DSM-IV criteria for cocaine or opiate dependence and identified cocaine or heroin as their illicit drug of first choice. Exclusion criteria were a lifetime history of

schizophrenia or other psychosis or mental retardation.

The inpatient SATP is a 3-week program. The protocol in collecting the data was that at some time during the last two weeks of the admission a semi-structured interview was conducted by a psychiatrist about socio-demographic variables, cocaine or opiate dependence history, and whether the patient had a lifetime history of an attempt at suicide. A suicide attempt was defined as a self-destructive act with some intent to end one's life that was not self-mutilatory in nature. Patients were then asked to complete two questionnaires: the Hostility and Direction of Hostility Questionnaire (HDHQ) of Foulds (1965), which yields a total hostility score, and the Childhood Trauma Questionnaire (CTQ) — 34-item version — which yields scores for childhood emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect and a weighted total score (Bernstein et al., 1994). Each of the 34 CTQ items is answered either never true, rarely true, sometimes true, often true or very often true. Thus each item has a possible score of 1–5. Childhood maltreatment factors have the following ranges: emotional abuse 5–25, physical abuse 5–25, sexual abuse 6–30, emotional neglect 10–50, and physical neglect 8–40. High reliability and validity have been demonstrated for both the CTQ and HDHQ (Foulds, 1965; Bernstein et al., 1994, 1997). After complete description of the study to the subjects, written informed consent was obtained.

In the statistical analysis, Pearson's method of correlation was used to correlate HDHQ hostility scores and CTQ scores in the total sample of 294 patients as well as in the subsample of 95 patients who had attempted suicide.

3. Results

The sample consisted of 294 patients, 163 were cocaine dependent and 131 opiate dependent. All but seven of the patients were male. Two hundred and 10 were African-American, 66 Caucasian and 18 Hispanic. The mean age was 41.4 ± 7.3 years.

In the total sample of patients, hostility scores on the HDHQ correlated significantly with CTQ

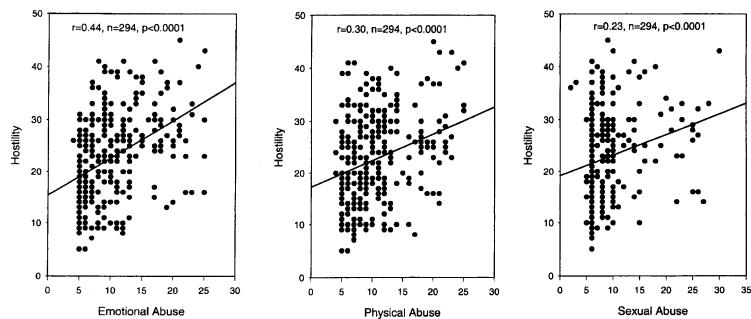


Fig. 1. Hostility scores on the HDHQ correlate significantly with CTQ scores for childhood emotional abuse, physical abuse, and sexual abuse.

scores for childhood emotional abuse ($r = 0.44$, $N = 294$, $P < 0.0001$), physical abuse ($r = 0.30$, $N = 294$, $P < 0.0001$), sexual abuse ($r = 0.23$, $N = 294$, $P < 0.0001$), emotional neglect ($r = 0.35$, $N = 294$, $P < 0.001$), and physical neglect ($r = 0.36$, $N = 294$, $P < 0.0001$) as well as with the total weighted CTQ score ($r = 0.44$, $N = 294$, $P < 0.0001$) (Figs. 1 and 2). The same pattern of significant findings was present in the subsample of 95 patients who had attempted suicide.

4. Discussion

In the present study significant correlations were found between scores for childhood trauma and scores for hostility as an adult. Specifically, hostility scores showed significant correlations with CTQ scores for childhood emotional abuse,

physical abuse, sexual abuse, emotional neglect and physical neglect. In the preliminary study of 43 alcoholic patients, the same pattern of results was found with hostility scores correlating significantly with CTQ scores for sexual abuse, emotional neglect, and physical neglect. Thus the earlier observations in alcoholic patients were confirmed in patients with another psychiatric disorder — recently abstinent cocaine or opiate dependence. In fact, when the recently abstinent cocaine dependent or opiate dependent patients were examined, separately, the same pattern of significant results was present in both those patient subsamples.

Similarly, when the subsample of 95 patients in the present study who had a lifetime history of an attempt of suicide were examined, the same pattern of significant correlations between hostility scores and childhood trauma scores as noted in

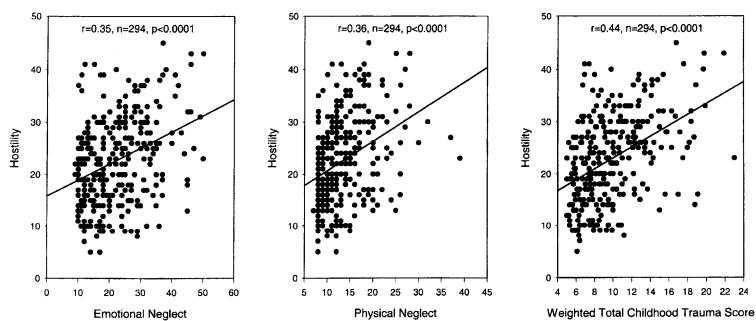


Fig. 2. Hostility scores on the HDHQ correlate significantly with CTQ scores for childhood emotional neglect, physical neglect, and the weighted total childhood trauma score.

the total sample was again found. Examining childhood trauma as a possible determinant of hostility is relevant to suicidal behavior for two main reasons. Firstly, childhood trauma has been shown to predispose to suicide attempts as an adult (Brown and Anderson, 1991; Windle et al., 1995; Davidson et al., 1996; Wexler et al., 1997; Holmes and Slap, 1998; Knisely et al., 2000). Secondly, hostility is an important personality dimension associated with self-destructive behavior (Roy, 1974; Gossop and Roy, 1976; Roy and Jones, 1979; Angst and Clayton, 1986; Mehlum et al., 1994; Romanov et al., 1994; Suominen et al., 2000). Thus, the positive associations between childhood trauma and hostility in the patients who had attempted suicide in the present study suggest the possibility that hostility may be a mediator of the association between childhood trauma and suicidal behavior.

Strengths of the present study include the large sample size. Limitations include that both hostility and childhood trauma data were derived from self-report questionnaires. However, both the HDHQ and CTQ have been shown to have high reliability and validity (Foulds, 1965; Bernstein et al., 1994, 1997). Furthermore, Bifulco et al. (1997) found a high correlation between 87 community-based sister pairs, selected for high rates of neglect or abuse, on their independent assessment of what trauma happened to each other in childhood. Bifulco et al. concluded that it was possible to collect retrospective accounts of childhood neglect and abuse with some degree of confidence. As comorbid psychiatric disorders are found among recently abstinent substance dependent patients, it is noteworthy that Fergusson et al. (2000) reported an almost uniform absence of association between reports of childhood abuse and psychiatric measures, consistent with previous studies showing that the reporting of childhood trauma is not influenced by psychiatric state at the time of reporting. Other limitations of the present study include that this was an inpatient sample, only seven females were studied, and the sample was drawn from a veterans hospital, which may limit the generalizability of the findings.

In summary, in the present study we found significant relationships between childhood

trauma and hostility in adulthood. These significant findings with these methods have now been noted in three substance dependence disorders — alcohol, opiate and cocaine dependence. Ruggiero et al. (1999) found similar results, also in veteran alcohol and drug dependent patients, using the CTQ and the Personality Diagnostic Questionnaire. Thus, further studies of childhood trauma and the personality dimension of hostility are indicated in other psychiatric disorders, particularly as Johnson et al. (1999) noted that there had been few hypotheses regarding the association of childhood maltreatment and personality disorder. Although personality dimensions have important genetic determinants, it may be that childhood trauma represents a developmental determinant, that may or may not interact with genetic or other environmental factor(s) to predispose to hostility as an adult.

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