



Childhood Trauma as Correlate of Psychopathology and Violence among Diverted Adults with Mental and Addictive Disorders

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**RTI International
November 7, 2007
American Public Health Association
13th Annual Meeting and Expo
Washington DC**

This research was partially funded by the U.S. Department of Health and Human Services, Substance Abuse Mental Health Administration (Grant No. SM97-006) and an NIMH training grant (MH16242-20). The views expressed do not necessarily reflect those of the funding agencies.



Background



Background: Childhood Trauma (CT)

- Undifferentiated estimates of child maltreatment nationwide fall below 5%¹⁻²⁻
 - 17% sexual abuse for men and 28% for women in community samples
 - Overall rates significantly higher among incarcerated and psychiatric populations (10%-87%), varying depending on subpopulation, gender, type of trauma, and methodology³⁻⁷.
- CT is positively associated with adult violence and hostility,^{2,4-5,9-1} earlier onset of and increased risk for committing violent offenses, legal involvement, arrest, and incarceration^{2,6,10-12}.
- Drug abuse and CT are positively associated in community, psychiatric and juvenile offender populations,^{7,13-14}
 - Yet trauma's utility as a predictor for prospective drug abuse is equivocal¹⁵.
 - The relationship between alcohol abuse diagnosis and CT is unclear; some studies find a relationship only among women,^{3-4,16-17} while others find no relationship^{3,13,}
 - However, CT is associated with earlier onset of drinking and frequency of use¹⁴.
- 15-45% of the occurrence of adult psychopathology is explained by CT¹⁸.
 - Limited relationship emerging between psychotic symptoms or disorders and CT,^{7,12} consistent demonstrated association between CT and adult depression, anxiety disorders, PTSD and personality disorders^{5-8,14,19-20}.
 - The positive association between antisocial personality disorder and CT has been extensively documented,¹⁹⁻²⁰ and is consistent with the relationship between criminal justice involvement and CTI.

Rationale

- Few studies have specifically examined rates of CT in a dually-diagnosed population,²¹⁻²² and none have examined the association of multiple types of CT in a criminal justice population and with the breadth of measures of interest for this population and comparing men and women.
- Given that CT is associated to some many of the problem areas seen in the CJ population it is useful to ensure that multiple variables are competing for explanation as the likelihood otherwise of finding significance in this area is high—particularly for examining its affect on public health and public safety outcomes



Methods



Participants, Design and Procedure

- **Participants:** 212 adult NYC jail detainees diagnosed with mental (MMD, BPD, Schizophrenia) and addictive (abuse or dependence) disorders and eligible for diversion. s completing trauma measures plead to diversion in lieu of a prison
- **Design:** Correlation study using baseline sample of quasi-experimental longitudinal census design of consecutive acceptances and matched comparisons from 1998-2000.
- **Procedure:** Baseline protocol administered by field interviewers in jail per informed consent and certificate of confidentiality. Incentive offered only for follow-up interviews.

Analyses

- **Variables/DVs:** *psychiatric diagnosis (DIS-IV), psychiatric symptoms (BPRS, CSI, SF-12, PCL), health (SF-12), AOD (MAST/DAST) violence and risk for recidivism (Hare PCL-SV, HCR-20, McArthur Violence Scale), character pathology (QDIS-IV antisocial, PDQ-4, borderline), quality of life (QOLI; GLS reported).*
- **Analyses:** Correlation matrix assessing the relationship between the variables of interest and five types of childhood abuse and neglect (CTQ). Logistic regression for dichotomous (diagnostic) DVs and hierarchical linear regression for continuous DVs.
 - **Main/Interaction Effects:** Gender, Childhood Trauma (SA, EA, PA, EN, PN), Gender X Childhood Trauma (*for each of the five ,subtypes*)



Findings



Demographic Characteristics

| Variable | Male (N=119) | Female (N=93) |
|----------------|---|--|
| Mean Age | 35.79 (r=19-65) | 34.39 (r=18-56) |
| Race | 54% Black 26% Hispanic 20% white/other | 68% Black* 24% Hispanic 8% white/other |
| Education | 10.95 10.95 Av. Grade** 19% high school 38% GED*** | 9.97 Av. Grade 16% high school 13% GED |
| Homeless (yr) | 63% | 59% |
| % HIV+/AIDS | 10% | 27.5%** |
| Unemployed (y) | 61% | 80%* |

Gender Comparisons of Dually Diagnosed Detainees

- Men and women equally likely to experience high rates of homelessness, medical co-morbidity, unemployment, poverty, prior criminal justice involvement (number of arrests, convictions, or days incarcerated), to have engaged in violent behavior, to self-report psychiatric symptoms, to be drug using, to be diagnosed with post-traumatic stress disorder or borderline personality disorder
- Men:
 - More likely to have more disabling pathology of schizophrenia, bi-polar disorder, objectively assessed psychiatric symptoms that correspond with these diagnoses,
 - Primary alcohol dependence,
 - Psychopathy, risk for violent recidivism, and a broad range of lifetime criminal justice involvement.
- Women:
 - More likely to be diagnosed with depression or antisocial personality disorder
 - More likely to be HIV positive,
 - More likely have more lifetime arrests and convictions for drug related charges
 - Less likely to have as many years of education, to have a GED, or to have been employed; while more likely to live with a partner/ spouse and to have younger children under their care

Gender Comparisons: Trauma

- Men and women are equally likely to have been physically (65% female vs. 75% male) or emotionally abused (69%) and physically neglected (64% women vs. 61% men).
- Women were more likely to have been sexually abused (59% vs. 34%) and emotionally neglected (77% vs. 65%), and to have experienced **twice the severity of sexual abuse, physical and emotional neglect** as a child compared to men.
- Sexual, physical and emotional abuse was associated with psychopathy and risk for violence for both men and women; with women also demonstrating APD and men with sexual abuse tending to additionally display more psychotic and affective symptoms. CT as predicted was correlated to drug abuse, but alcohol abuse only for men.



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Measure

| Measure | | Emotional Abuse | | Physical Abuse | | Sexual Abuse | | Emotional Neglect | | Physical Neglect | |
|-----------------------------------|-----------------------|-----------------|---------|----------------|--------|--------------|--------|-------------------|-------|------------------|-------|
| | | men | women | men | women | men | women | men | women | men | women |
| Hare Psychopathy Checklist | | | | | | | | | | | |
| | Part I Adjusted Score | .093 | .240* | .233* | .084 | .112 | .071 | -.038 | .060 | .139 | .136 |
| | Part II Adj. Score | .268** | .270** | .203* | .191 | .261** | .156 | .075 | -.023 | .032 | .004 |
| | Total Adjusted Score | .205* | .305** | .262** | .157 | .209* | .130 | .013 | .019 | .112 | .091 |
| HCR-20 Risk Assessment | | | | | | | | | | | |
| | Historical | .405*** | .338*** | .299*** | .294** | .383*** | .302** | .140 | .112 | .061 | .043 |
| | Clinical | -.004 | .376*** | .111 | .279** | .103 | .162 | .013 | .189 | .181 | .174 |
| | Risk Manage. | .064 | .234* | .109 | .128 | .041 | .192 | .122 | .071 | .097 | .154 |
| | Total | .276** | .385*** | .257** | .295** | .286** | .281** | .144 | .146 | .135 | .129 |



| | | Emotional Abuse | | Physical Abuse | | Sexual Abuse | | Emotional Neglect | | Physical Neglect | |
|---------------|-----------------------|-----------------|-------------|----------------|-------------|------------------|-----------------|-------------------|-------------|------------------|------------|
| | | M | W | M | W | M | W | M | W | M | W |
| DIS-IV | | | | | | | | | | | |
| | Schizo | .143 | -.108 | .055 | .073 | .153 | -.020 | .061 | -.141 | .205* | -.136 |
| | Bipolar Disorder | .186 | .130 | .101 | .068 | .130 | -.018 | .045 | .050 | .001 | -.199 |
| | Major Depression | -.009 | .076 | .041 | .099 | -.011 | .138 | .147 | .068 | .114 | .092 |
| | PTSD | .291** | .181 | .282** | .119 | .265** | .255* | .113 | .120 | .118 | .016 |
| | Antisocial PD | .100 | .278** | .151 | .239* | .148 | .141 | .010 | .081 | -.025 | .059 |
| | PDQ-4 BPD | .310*** | .215* | .203* | .215* | .275** | .205 | .128 | .050 | .029 | .100 |
| | PTSD Checklist | .395*** | .365** * | .353** * | .380** * | .328** * | .338* * | .184 | .373* ** | .085 | .306* * |
| | CSI | -.271** | -.102 | -.156 | -.185 | - .305** * | -.124 | -.116 | -.125 | -.043 | -.130 |
| | SF MH | -.241* | -.274* | -.211 | -.196 | -.238* | - .301* * | -.171 | - .271* | -.128 | -.241* |

Childhood Trauma: Controlling for Gender

- When gender effects were removed, childhood trauma explained 6-20% of the variance, contributing to
 - adult PTSD and trauma symptoms,
 - borderline personality symptoms,
 - psychopathy, risk for violent recidivism,
 - drug and alcohol dependence,
 - affective global symptoms
 - and (diminished) general life satisfaction.
- Women and risk for violent recidivism was the only interaction for gender
- Sexual Abuse emerged as a significant independent predictor of stable risk factors for violence and drug abuse/dependence, with trends for predicting trauma symptoms and poor global mental health
- Emotional Abuse made a significant positive contribution to Psychopathy and risk for violent recidivism, borderline personality traits.
- Emotional Neglect has a suppressor effect on Psychopathy, alcohol and General Life Satisfaction scale; Physical Neglect showed similar suppressor effects for the HCR-20's Historical items scale.



Implications

- Need for screening and assessment
 - Include EA rather than only SA and PA
 - Include measurement of multiple traumas as may indicate different levels of risk and type of treatment needed
- Need for treatment: If childhood trauma increases risks for violence and recidivism, contributes to self-injurious behavior, and increases general psychiatric symptoms—all indicators of dysregulation and potential impulsivity—then programs whose mission is to stabilize, reintegrate and reduce public safety risk will have mixed effect without targeted intervention.
- Treatment of trauma experience, treatment of psychotic and affective symptoms, treatment for anger management, affect regulation and criminal thinking
- Integrated treatment and for gender specific

