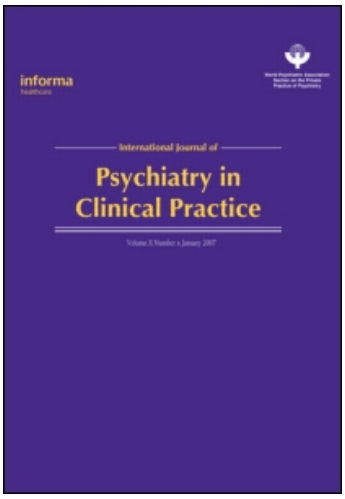


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**SHORT REPORT**

# Childhood trauma and self-harm behavior among chronic pain patients

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**Abstract**
Associations between childhood trauma and self-harm behavior in adulthood have been explored in a variety of populations, but few studies have assessed multiple forms of childhood trauma as well as 22 self-harm behaviors, and none (that we are aware of) in a chronic pain population. In this study, we examined 5 types of childhood trauma (i.e., sexual, physical, and emotional abuses; physical neglect; witnessing of violence) and 22 self-harm behaviors in a sample of 117 chronic pain patients who were being evaluated by a pain management specialist in a private setting. All five forms of childhood trauma demonstrated statistically significant relationships with self-harm behavior in adulthood. We discuss the implications of these findings.

**Key Words:** *Childhood trauma, self-harm behavior, chronic pain patients*

## Introduction

A relationship between childhood trauma and self-harm behavior in adulthood has been found in a number of studies (for a review, see Santa Mina and Gallop [1]). However, these studies have largely been limited by inquiries into only sexual and physical abuses, the use of traditional populations (i.e. community samples, college students, psychiatric inpatients), queries about suicidal ideation/attempts only, and/or small sample sizes. In the following study, we examined five types of childhood trauma (i.e. physical, sexual, emotional abuses; physical neglect; witnessing violence) and their relationship to self-harm behavior as assessed by a 22-item inventory.

## Method

### *Participants*

Participants consisted of 117 chronic non-cancer pain patients (response rate: 94.4%; 43 males, 73 females) who were insured and referred to a pain management specialist by physicians predominantly in the areas of physical medicine and rehabilitation, orthopedics, and primary care. The sample ranged in age from 18 to 69 years (Mean = 44.50, SD = 11.50). With regard to race/ethnicity, 105 (89.7%) were White, six (5.7%) Hispanic, three (2.6%) African-American, one (0.8%) Asian, and two (1.7%) Other. The majority was currently married (60; 51.3%); 26 (22.2%) were never married, 26 (22.2%) divorced, four (3.4%) separated, and one (0.8%) widowed. Nine (7.7%) did not graduate high school, 25 (21.4%) graduated high school only, 39 (33.3%) attended some college, 27 (23.1%) had a college degree, and 17 (14.5%) had a graduate degree.

### *Procedure*

Participants were recruited during their initial clinical evaluation for chronic pain. Each completed a research booklet that explored personal demographics, self-harm behaviors with the Self-Harm Inventory (SHI) [2], and histories of childhood trauma. The SHI is a 22-item, yes/no, self-report inventory that explores participants' lifetime histories of self-harm behavior. Each item is preceded by the

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phrase, "Have you even intentionally, or on purpose, . . . " Items include, "overdosed, cut yourself on purpose, burned yourself on purpose," and "hit yourself." Each endorsement is in the pathological direction and the SHI total score is the summation of "yes" responses.

With regard to childhood trauma, participants were asked if, "Prior to the age of 12, did you ever experience . . . " with yes/no response options regarding: (1) sexual abuse ("any sexual activity against your will"); (2) physical abuse ("any physical insult against you that would be considered inappropriate by either yourself or others and that left visible signs of damage on your body either temporarily or permanently or caused pain that persisted beyond the 'punishment'"); (3) emotional abuse ("verbal and nonverbal behaviors by another individual that were purposefully intended to hurt and control you, not kid or tease you"); (4) physical neglect ("not having your basic life needs met"); and (5) witnessing of violence ("the first-hand observation of violence that did not directly involve you"). We elected the preceding brief inquiry for childhood trauma because of our concerns about the possible negative impact of longer and more detailed surveys among chronic pain patients being seen in a busy clinic setting. The project was approved by an Institutional Review Board and completion of the research booklet was assumed to function as informed consent.

## Results

As for findings, the number and percentage of respondents who endorsed zero, one, two, three, four, or five or more SHI items was 56 (47.9%), eight (6.8%), ten (8.5%), nine (7.7%), nine (7.7%), and 25 (21.4%), respectively. The relationships between the five forms of childhood trauma and scores on the SHI are shown in Table I. Note that all five forms of childhood trauma demonstrated statistically significant relationships with self-harm behavior in adulthood.

## Discussion

These data indicate that in a chronic pain population, there is strong evidence of a relationship between childhood trauma and various types of self-harm behavior in adulthood. While the interrelationships between chronic pain, childhood trauma, and self-harm behavior remain elusive, there are likely to be complex associations. For example, childhood trauma may affect immunity (leading to chronic pain syndromes) as well as set the psychological stage for the continuation of familiar behavior in adulthood (i.e. maltreatment/self-harm behavior).

We sense that these types of associations may potentially complicate the clinical treatment of chronic pain, either from a primary care or psychiatric perspective. Thus, we suggest that every chronic pain patient warrants clinician inquiry about childhood trauma as well as self-harm behavior. The latter query needs to go beyond inquiries about suicide attempts, only. While a number of treatment strategies have been developed to deal with childhood trauma as well as self-harm behavior, the effectiveness of these approaches is unknown in chronic pain patients.

This study has a number of potential limitations including the small sample size, self-report nature of the data, and lack of standardized inquiry about childhood trauma. In addition, there may have been subtle demographic or clinical differences between those who did versus did not participate, although the number who refused was too small for that group to deviate substantially or in important ways from the large majority who did participate. In terms of the ability to generalize findings to other populations, note that these participants were referred from various types of clinicians, suggesting a "tertiary care" status. Indeed, a substantial proportion of patients were referred for chronic pain management because of clinicians' concerns about individuals' opioid use. Therefore, these more refractory and/or difficult patients may not reflect the broader constitution of such patients seen in primary care practices. Finally, while there is always the possibility of recruiter selection bias, this was likely minimal

Table I. Scores on the Self-Harm Inventory as a Function of Childhood Trauma.

| | Did *Not* Experience This Form of Trauma | | Experienced This Form of Trauma | | | |
|---|---|---|---|---|---|---|
| | *M* | (*SD*) | *M* | (*SD*) | *t* | *p* < |
| Witnessing Violence | 1.32 | (2.05) | 3.87 | (3.85) | −4.67 | .001 |
| Physical Neglect | 2.01 | (2.61) | 4.83 | (5.51) | −3.08 | .005 |
| Emotional Abuse | 1.19 | (1.83) | 3.43 | (3.71) | −4.16 | .001 |
| Physical Abuse | 1.51 | (2.10) | 4.14 | (4.21) | −4.51 | .001 |
| Sexual Abuse | 1.67 | (2.19) | 3.91 | (4.37) | −3.45 | .001 |

given the fact that new patients to the practice were consecutively recruited for study.

While these data highlight relationships that have been demonstrated in previous studies, this is the first study, to our knowledge, to explore five types of trauma and numerous self-harm variables in a chronic pain population. The implications of these findings in a chronic pain population warrant further research in terms of unfolding treatment complexity, outcome regarding disability, and clinical treatment and prognosis.

## Key points

- Like other types of populations, patients with chronic pain demonstrate associations between various types of childhood trauma and self-harm behavior in adulthood
- The interrelationships among childhood trauma, self-harm behavior, and chronic pain are likely to be complex and important factors in treatment management, both from a psychiatric and primary care perspective

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## Statement of interest

The authors have no conflict of interest with any commercial or other associations in connection with the submitted article.

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