Abstract: 350 words

Introduction: Most research on the relationship between childhood trauma and paranoia among adults focuses on schizophrenic populations. It is less common to find research focusing on nonclinical populations, despite the higher prevalence of normal-range paranoia. While some evidence suggests that a link between childhood trauma and normal range paranoia among young adults exists, it is less clear which factors may contribute to this association. In the present study, I examine whether demographic variables, such as race and gender, influence (i.e., moderate) the relationship between childhood trauma and nonclinical paranoia among young adults. Results will contribute to researchers’ understanding of normal range paranoia and factors contributing to its development in an overlooked population.

Method: I will investigate associations among self-reported demographic characteristics and well-validated measures of childhood trauma and paranoia that were originally collected as part of a larger survey study of college students. Undergraduate participants (n=586; 53% European American, 47% African American) recruited from the psychology department research participant pool completed surveys and questionnaires online (anonymously) for course credit. The present study focuses, in particular, on responses to the Childhood Trauma Questionnaire and the Paranoia Suspiciousness Questionnaire. Using Baron and Kenny’s (1986) steps for testing a moderation model, I will probe whether demographic variables (e.g., race, gender) moderate the relationship between self-reported childhood trauma and current paranoia among college students.

Results: Data analyses are currently underway; preliminary Pearson correlation tests indicate significant associations among various aspects of childhood maltreatment (particularly emotional abuse) and facets of paranoid thinking. Correlation coefficients, while significant for all demographic groups, appear to differ between African and European American participants for several variables (e.g., the association between self-reported emotional abuse and interpersonal suspicion/hostility is .29, p < .01 for African Americans and .18, p < .01 for European Americans). Additional analyses will test the significance of this and other apparent group differences, and will also examine the possible moderating role of gender.

Conclusion: Examining factors contributing to the association between childhood trauma and normal range paranoia among college students may have important implications for aiding a population that often goes unnoticed in research and clinical settings.