

Anger, Hostility, and Aggression among Iraq and Afghanistan War Veterans Reporting PTSD and Subthreshold PTSD

Jakupcak, M., Conybeare, D., Phelps, L., Hunt, S., Holmes, H. A., Felker B., Klevens, M., & McFall, M. E. (2007). Anger, hostility, and aggression among Iraq and Afghanistan war veterans reporting PTSD and subthreshold PTSD. *Journal of Traumatic Stress, 20*, 945-954.



Scores were compared on self-report measures of anger, hostility, and aggression for Veterans in three different groups: those who screened positive for PTSD, those with subthreshold PTSD, and those without PTSD symptoms. Veterans with PTSD or subthreshold PTSD were significantly more likely to report anger, hostility, and aggression compared to the non-PTSD group.

Key Findings:

- Veterans with PTSD reported significantly higher levels of trait anger and hostility than the subthreshold PTSD group.
- Veterans with PTSD had higher levels of trait anger, hostility, and aggression than the non-PTSD group.
- Veterans with subthreshold PTSD reported significantly higher levels of anger, hostility, and aggression than the non-PTSD group.
- Age was significantly negatively related to aggression, meaning younger Veterans were more likely to report aggressive tendencies than older Veterans.
- Exposure to combat was significantly positively related to anger ($r = .20, p < .05$) and hostility ($r = .18, p < .05$).

Implications for Programs:

- Programs could develop classes to educate military families about the impact of PTSD on anger, hostility, and aggression; classes could help establish realistic expectations and teach evidence-based coping mechanisms.
- Anger management programs designed to reduce unwanted hostile, aggressive, and angry behaviors could be offered, and could include specific modules on the impact of PTSD on these behaviors.

Implications for Policies:

- Policies could support early screening services for Veterans returning from combat zones
- Policies could recommend the development of services for Veterans living with subthreshold PTSD.

Avenues for Future Research:

- Future studies could include larger, more diverse samples of participants that may be more representative of the broader military population.
- Research could compare these findings across genders and different racial/ethnic groups.
- Future research could examine the efficacy of behavioral modification and anger management programs in samples of veterans with PTSD and subthreshold PTSD symptoms.

Background Information

Methodology:

- 117 Veterans who had been deployed to Iraq or Afghanistan and came to the Deployment health Clinic of the VA Puget Sound Health Care System between 2004-2005 completed self-report questionnaires.
- Participants completed questionnaires about their combat exposure (assessed with the Laufer's Combat Exposure Scale and the Desert Storm Trauma Questionnaire), drinking behaviors (assessed with the Patient Health Questionnaire), PTSD (assessed with the PTSD Checklist-Military Version), anger (assessed with the Trait-Anger Scale), hostility (assessed with the hostility subscale of the Brief Symptom Inventory), and aggression (assessed with four items adapted from the National Vietnam Adjustment Study).
- An analysis of covariance was run to determine associations between anger, aggression, and hostility for those with PTSD, subthreshold PTSD, and a non-PTSD group.





Participants:

- Participants were predominantly male (97%), Caucasian (71%), and had a mean age of 33 (SD = 8.5), with 14 years of education (SD = 2.3 years).
- Participants were predominantly married (50%), followed by single (35%) and divorced (13%).
- Most were in the Army or National Guard (78%), and were on Reserve status when called to Active Duty (70%).

Limitations:

- This small, homogenous sample drawn from a clinical population is unlikely to be representative of all OEF/OIF Veterans. Findings may not generalize.
- Medical factors that can influence anger and hostility were not measured or taken into consideration (e.g., traumatic brain injury).

Assessing Research that Works

Research Design and Sample				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Research Methods				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The research methods (e.g., measurement, analysis) used to answer the research question were...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limitations				Quality Rating:	
	Excellent Minor Limitations (★★★★)	Appropriate Few Limitations (★★★)	Limited Several Limitations (★★)	Questionable Many/Severe Limitations (★)	
The limitations of this study are...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Implications				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The implications of this research to programs, policies and the field, stated by the authors, are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/> Not applicable because authors do not discuss implications	
Overall Quality Rating				