

The underlying role of posttraumatic stress disorder symptoms in the association between intimate partner violence and deliberate self-harm among African American women

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Abstract

African American women are at heightened risk for intimate partner violence (IPV) and its negative consequences, including health-compromising behaviors. Deliberate self-harm (DSH) is one clinically-relevant behavior that has been understudied among African American women generally and those with exposure to IPV in particular. To date, no studies have examined factors that may account for the relationship between IPV and DSH. Therefore, the goal of the present study was to examine the intercorrelations among IPV (physical, psychological, and sexual), PTSD, and DSH history and versatility, and the potentially mediating role of PTSD symptoms in the IPV-DSH relation. Participants were 197 African American community women currently experiencing IPV. Sixty participants (31%) reported a history of DSH. Among participants who reported DSH, there was an average endorsement of 2.3 unique forms of deliberate self-harm (i.e., DSH versatility). Significant positive associations were detected among physical IPV severity, psychological IPV severity, PTSD symptom severity, and DSH history and versatility. PTSD symptom severity mediated the relationships between physical and psychological IPV severity and DSH history and versatility. Results highlight the relevance of PTSD symptoms to DSH and suggest that treatments targeting PTSD symptoms may be useful in reducing DSH among IPV-exposed African American women.

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Deliberate self-harm (DSH), defined here as the deliberate, direct destruction of body tissue without conscious suicidal intent [1–3], is a serious and preventable public health concern associated with a range of deleterious outcomes [4,5]. Despite evidence to suggest that African American women exposed to intimate partner violence (IPV) constitute a particularly at-risk group with regard to health-compromising behaviors [6,7], no studies to date have examined rates and correlates of DSH within this population. Furthermore, there is scant attention to potential mechanisms underlying the relationship between various forms of IPV and DSH generally. One factor worth considering is posttraumatic stress disorder (PTSD) symptoms, which have been found to underlie the relationship

between other forms of traumatic exposure and DSH [8–10] and are heightened among African American women [11,12].

Although DSH historically has been studied within the context of borderline personality disorder [13], a growing body of evidence suggests that nonclinical adult populations are at heightened risk for DSH, with rates ranging from 17% to 41% [2,14–17]. Notably, however, investigations of the rates and correlates of DSH among nonclinical adults from diverse racial/ethnic groups remain scarce. The relative absence of research on DSH in diverse racial/ethnic groups may be due in part to early findings. Specifically, several studies detected lower rates of DSH among non-White individuals [16,18]. Notably, however, the vast majority of these studies were limited by inclusion of small numbers of participants from any one racial/ethnic group, often aggregating across multiple distinct racial/ethnic groups (i.e., White vs. non-White [African American, Latino/a, Asian, etc.]). Conversely, findings from investigations of DSH within large, racially/ethnically diverse samples indicate that DSH among non-White individuals warrants further consideration [19,20].

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For example, Gratz et al. [20] found significantly higher rates of DSH among African American adolescents ($N = 637$; 43%) compared to their White counterparts ($N = 1294$; 37%). Altogether, these findings highlight the need for additional research examining the rates and correlates of DSH in understudied racial/ethnic groups, such as African Americans.

Investigation of DSH among African American women who experience IPV may be particularly important. IPV-exposed women are at significant risk for health-compromising behaviors, such as suicide attempts [6,21,22], substance use [23–25], and risky sexual behavior [26–28]. Further, preliminary research suggests that exposure to IPV is associated with an increased risk for DSH. For example, IPV-exposed women report heightened rates of DSH (30–65%) [15,29], and are three times more likely to endorse a history of DSH than women not exposed to IPV [30]. Likewise, IPV has been found to be associated with DSH outcomes, including DSH history (the presence vs. absence of DSH), frequency (the frequency with which DSH is used), and versatility (the number of unique types of DSH) [15,29,31,32]. Notably, despite evidence to suggest that IPV-exposed African American women exhibit greater health-compromising behaviors (e.g., substance use and suicide attempts) [7], no studies to date have specifically examined the rates or correlates of DSH among IPV-exposed African American women.

PTSD symptoms may be an important factor driving DSH in IPV-exposed African American women. Both theoretical and empirical evidence suggests that DSH often functions as a way to escape or avoid internal experiences perceived as uncomfortable or distressing, including aversive emotions, thoughts, memories, and somatic sensations [1,33–36]. DSH, therefore, can be conceptualized as an experientially avoidant behavior maintained and strengthened primarily through negative reinforcement and escape conditioning. Both IPV-exposed women [37–39] and African American individuals [11,12] exhibit heightened PTSD symptoms, which they may seek to escape or avoid (consistent with affect regulation models) [40–42]. Thus, DSH may be one strategy IPV-exposed African American women utilize to escape or avoid aversive PTSD symptoms in particular. Indeed, rates of DSH among individuals with PTSD often exceed 50% [43–45], and PTSD symptoms have been shown to be associated with DSH among IPV-exposed [15] and IPV-non-exposed populations [8,10]. Further, existing research suggests that PTSD symptoms are associated with greater self-reported experiential avoidance (i.e., efforts to escape or avoid unwanted internal experiences or those external conditions that elicit them) [46,47] and heightened involvement in behaviors that serve an experientially avoidant function (e.g., substance use and risky sexual behavior) [48–51]. Lastly, and of particular relevance to the present study, PTSD has been found to mediate the relation between non-IPV forms of traumatic exposure (e.g., childhood abuse) and DSH [8–10].

Given the aforementioned evidence, the goal of the present study was to examine rates of DSH and intercorre-

lations among IPV, PTSD, and DSH within a sample of IPV-exposed African American community women. Further, we sought to extend extant research by investigating the mediating role of PTSD symptoms in the relation between IPV and DSH. Findings will directly address limitations of existing investigations. First, research examining the relation between IPV and DSH has focused on single forms of IPV. While frequently co-occurring [52–54], physical, psychological, and sexual IPV have been shown to demonstrate differential relations with a range of outcomes [52,53,55]. As such, it is important for research to examine the associations between victimization by type (i.e., physical, psychological, and sexual IPV) and DSH. Second, IPV-exposed women demonstrate heightened rates of DSH [15,29,30] and greater PTSD symptoms [37–39]; however, a dearth of research has examined the rates and correlates of DSH within this population, and no studies to date have examined mechanisms underlying the relation between IPV and DSH generally or among IPV-exposed women in particular. Lastly, despite evidence to suggest that IPV-exposed African-American women are at particular risk for health-compromising behaviors [7], research on the IPV-DSH association has relied on predominantly White samples.

Consistent with past research, we hypothesized that IPV-exposed women with greater physical, psychological, and sexual IPV severity would report greater PTSD symptom severity and DSH outcomes (i.e., history and versatility). In addition, we predicted that PTSD symptom severity would be significantly positively correlated with DSH outcomes. Finally, given evidence suggesting that PTSD symptoms underlie the association between non-IPV traumatic exposure (e.g. childhood abuse) and DSH outcomes [8–10], we hypothesized that PTSD symptom severity would mediate the relations between physical, psychological, and sexual IPV severity and DSH history and versatility.

1. Method

1.1. Participants

Participants were 197 African American women reporting experiences with at least one act of physical victimization by their current male intimate partner in the past six months, as measured via phone screen using selected items from the CTS-2 [56]. Additional inclusion criteria were: (a) 18 years of age or older; (b) English speaking; (c) being in a heterosexual relationship for at least 6 months and reporting physical victimization by that partner during that time; (d) continuous partner contact (i.e., saw their partner at least twice weekly with no more than 2 weeks apart during the previous month); and (e) a monthly household income of no greater than \$4200, which was determined a priori to control for greater income/higher socioeconomic status being associated with greater access to and utilization of treatment and services, which can have an impact on mental health and substance use symptoms.

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