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History of Trauma and Attempted Suicide Among Women in a Primary Care Setting

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The results of past research have demonstrated apparent links between suicidality and a history of sexual abuse or physical abuse. However, the relative predictive power of such abuse histories in explaining suicidality remains unknown, as does the potential relationship between suicidality and emotional abuse, physical neglect, and witnessing violence. In the current study, 151 women who presented for nonemergent medical care indicated whether they had experienced each of five types of abuse and whether they had ever attempted suicide. Similar to past research, increased rates of having attempted suicide were evident among women who had been sexually or physically abused. Rates of past suicide attempts were also higher among those who had experienced emotional abuse or had witnessed violence. However, many women indicated having experienced multiple forms of trauma. In a multivariate analysis, only sexual abuse and physical abuse were uniquely predictive of having attempted suicide. Results are discussed with regard to the potential importance of bodily intrusiveness during abuse as most predictive of subsequent suicidality.

Numerous psychological and psychiatric problems are associated with a history of sexual and/or physical abuse, including suicidality (see Browne & Finkelhor, 1986; Malinosky-Rummell & Hansen, 1993; and Weaver & Clum, 1995, for reviews). Suicidality has been linked with a history of sexual abuse (e.g., Briere & Runtz, 1987; Duane, Stewart, & Bridgeland, 1997; Peters & Range, 1995; Romans, Martin, Anderson, Herbison, & Mullen, 1995), physical abuse (e.g., Briere & Runtz, 1988; Lester, 1991; Straus, 1993), and combined sexual and physical abuse (e.g., Brown & Anderson, 1991; Bryer, Nelson, Miller, & Krol, 1987; McCauley et al., 1997). However, little research has been conducted on the relative degree to which different types of trauma are predictive of suicidality.

Recently, Bryant and Range (1995) investigated potential relationships between suicidality and the experience of sexual abuse, physical abuse, and physical punishment among a sample of 182 college women. Because all of the women who indicated a history of sexual abuse also indicated a history of physical abuse, comparisons were conducted between women with histories of sexual/physical abuse ($n = 22$), physical abuse ($n = 78$), physical

punishment (n = 70), and no sexual or physical abuse or physical punishment (n = 12). Bryant and Range (1995) found that young women with combined sexual and physical abuse displayed the greatest degree of suicidality, followed by those who had been physically abused or physically punished. The lowest degree of suicidality was among the few women (n = 12) who reported no trauma history.

Bryant and Range's (1995) findings are clinically meaningful, but several questions remain. These include whether their findings generalize to women outside of a college setting as well as to the potential link between sexual abuse and suicidality independent of the experience of physical abuse. In addition, the relationship between other forms of trauma (e.g., emotional abuse, physical neglect, witnessing violence) and suicidality have received little empirical attention, even though emotional abuse appears to be predictive of mental health problems (Dubro, Zanarini, Lewis, & Williams, 1997; Hart & Brassard, 1987) as does exposure to violence (Berton & Stabb, 1996; Osofsky, 1995). Finally, the relationship of the combination of various traumas to attempted suicide is unknown.

The current study was undertaken to investigate these and other issues. Bryant and Range (1995) measured history of sexual and physical abuse as well as degree of suicidal thoughts and intent among college women. We measured history of five types of trauma among adult women sampled from a naturalistic setting and inquired about actual history of attempted suicide.

METHOD

Subjects

Research participants were 151 women who presented consecutively for routine gynecological care from a female family physician in a health maintenance organization (HMO). Participants ranged in age from 17 to 49 years with a mean of 34.0 years (SD = 8.98, *Median* = 33). Of the 151 women, 128 (84.8%) were White, 11 (7.2%) were American Indian, 4 (2.6%) were Black, 2 (1.3%) were Asian, 2 (3.6%) were Latino, and the remaining 4 (2.6%) indicated some other ethic/racial identity. The majority of participants (64.2%) were currently married, all participants had completed high school, and most (62.3%) had some post-high school education or vocational training.

Measures

Research participants were asked to complete an eight-page questionnaire that primarily explored demographic information, experiences of self-destructive behavior, and five types of maltreatment. Specifically, within the Self-Harm Inventory (SHI; Sansone, Wiederman, & Sansone, in press), respondents were asked to indicate whether they had ever "attempted suicide." The items dealing with history of maltreatment were written for use in the current study. Respondents were asked to indicate whether they had ever experienced any of the five forms of abuse described in the questionnaire. Sexual abuse was defined for respondents as "any sexual activity against your will." Physical abuse was defined as "any physical insult against you that would be considered socially inappropriate by either yourself or others and that left signs of damage on your body either temporarily or permanently or caused pain that persisted beyond the 'punishment.'" Emotional abuse was defined as verbal and nonverbal behaviors with the purpose "of hurting and controlling you, not kidding or teasing you." Physical neglect was defined as "basic life needs not being met." Witnessing

violence was defined as "the first-hand observation of physical violence that did not directly involve you." Additional "yes/no" and "fill- in-the-blank" items inquired about details surrounding each type of abuse experienced (e.g., relationship of perpetrators, ages during which the abuse occurred, etc.). The questionnaire used in the current study relied on women's self-identification of various forms of maltreatment. However, prior research has demonstrated that such self-identified experiences of abuse are more consistently predictive of mental health problems than are experimenter- identified experiences of abuse (Carlin et al., 1994).

Procedure

Upon presenting for routine gynecological care, the study was introduced to the potential research participants by a female family physician practicing in an HMO setting. Those who agreed to participate signed an informed consent form and were taken to a private room to complete the questionnaire. Participation typically took 5-20 minutes depending on the number of different types of abuse experienced. Of 154 women invited to participate, the 151 who agreed and completed all measures represent a 98.1% participation rate. The data were collected over 8 months.

RESULTS

Of the 151 women, all responded "yes" or "no" to the items having to do with sexual abuse, physical abuse, and emotional abuse, but one woman did not respond to the physical neglect item and two women did not respond to the witnessing violence item. Of those who responded to questions regarding each type of abuse, 39 (25.8%) reported having experienced sexual abuse, 55 (36.4%)physical abuse, 66 (43.7%) emotional abuse, 14 (9.3%) physical neglect, and 64 (43.0%) witnessing violence. Overall, 15 women reported having attempted suicide. The rates of attempted suicide as a function of trauma history are presented in Table 1. Note that likelihood of having attempted suicide was greater among women who had experienced sexual abuse, physical abuse, emotional abuse, or witnessing violence, but was not greater among women reporting a history of physical neglect.

Of the 103 women who reported experiencing at least one of the five types of trauma, only 37 (35.9%) of them reported just one type of trauma (i.e., the majority of women with a trauma history reported experiencing multiple types of trauma). To address what types of trauma or abuse are uniquely predictive of increased likelihood of having attempted

TABLE 1. Percentage of Women Who Have Attempted Suicide as a Function of History of Trauma

	Indicated This Type of Abuse %	Did Not Indicate This Type of Abuse %	X^2	$p <$
Type of Trauma				
Sexual Abuse	25.6	4.5	14.5	.0002
Physical Abuse	21.8	3.1	13.66	.003
Emotional Abuse	16.7	4.7	5.94	.02
Physical Neglect	7.1	9.6	.09	.77
Witnessing Violence	15.6	5.9	3.83	.05

suicide, we entered sexual abuse, physical abuse, emotional abuse, and witnessing violence into a logistic regression analysis (Norusis, 1990). In this way we were able to investigate the predictive power of each type of trauma while statistically controlling for the effects of the other three trauma variables. Physical neglect was not included in the equation as it was unrelated to attempted suicide at the univariate level (see Table 1). The results of the logistic regression analysis are presented in Table 2. Note that sexual abuse and physical abuse were each uniquely predictive of having attempted suicide, even after controlling for the effects of each other as well as emotional abuse and witnessing violence. After statistically controlling for the effects of the other trauma variables, emotional abuse and witnessing violence were not related to having attempted suicide.

DISCUSSION

Similar to the results of past research, in the current study having attempted suicide was linked with a history of sexual abuse (Briere & Runtz, 1987; Peters & Range, 1995; Romans et al., 1995) or physical abuse (Briere & Runtz, 1988; Lester, 1991; Straus, 1993). Additionally, rates of attempted suicide were elevated among our female research participants who indicated a history of emotional abuse or witnessing violence. At this point it appeared that suicidality was related to a variety of different trauma histories. However, the experience of multiple types of trauma was common in our sample, leaving the question of the relative predictive power of each type of trauma history in the explanation of attempted suicide unresolved.

A multivariate analysis revealed that only sexual abuse and physical abuse were uniquely predictive of having attempted suicide. In other words, the likelihood of having attempted suicide was higher if the respondent indicated a history of sexual abuse or physical abuse, but the apparent link between attempted suicide and emotional abuse or witnessing violence was due to the frequent coexistence with sexual or physical abuse. The experience of emotional abuse or witnessing violence was *not* linked with increased risk of attempted suicide as long as the respondent had not also experienced sexual or physical abuse. Because history of sexual abuse and physical abuse were each independently related to having attempted suicide, one would expect the greatest likelihood of having attempted suicide to exist among those women who had experienced both sexual and physical abuse. Indeed, among the 21 women in our sample who had experienced both types of abuse, 8 (38.1 %) had attempted suicide, which is significantly higher than the 11.1% of sexually abused women without physical abuse ($n = 18$) who had attempted suicide [$Z = 2.09$, $p < .05$] and

TABLE 2. Results of a Logistic Regression Analysis to Predict Having Attempted Suicide

Predictors	B	S.E.	Wald	*df*	*R*	*p* <
Sexual Abuse	1.67	.63	7.10	1	.23	.008
Physical Abuse	1.77	.79	5.06	1	.18	.02
Emotional Abuse	.22	.74	.09	1	.00	.77
Witnessing Violence	.37	.65	.33	1	.00	.57

Model Chi-Square ($N = 148$, $df = 4$) = 22.73, $p < .0001$
Goodness of Fit ($df = 143$) = 124.72, $p < .87$
89.9% of cases correctly classified

Note. R = the partial correlation between the predictor variable and having attempted suicide after statistically controlling for the effects of the other predictor variables (Norusis, 1990)

significantly greater than the 12.1% of physically abused women without sexual abuse (n = 33) who attempted suicide [$Z = 2.16$, $p < .05$].

To explore the risk of suicidality among women, it appears important to consider jointly a prior history of sexual and physical abuse, as has been the case in examining other sequelae of abuse (Wind & Silvern, 1992). Apparent relationships between suicidality and emotional abuse or witnessing violence appear to be spurious and due to the frequent coexistence of these types of abuse with sexual or physical abuse. It may be that the relevant dimension on which sexual and physical abuse differs from physical neglect, emotional abuse, and witnessing violence is intrusion of bodily boundaries (Young, 1992). That is, both sexual and physical abuse involves contact with the victim's body whereas the other types of abuse do not. In addition, the intrusive physical quality of the combined physical and sexual abuse has intentional and personally malignant overtones (unlike physical neglect or witnessing violence). Prior researchers have found that, among survivors of sexual abuse, degree of intrusiveness and use of force were related to perceptions of increased severity (Williams, 1993).

How does the experience of combined sexual and physical abuse relate to increased vulnerability for attempted suicide? Among other factors, it is possible that physical and sexual assault, especially when both are experienced by the same individual, results in an unconscious devaluing or dehumanization of one's own body (Young, 1992), which heightens the susceptibility to suicide attempts. Accordingly, it is not surprising that past research has revealed that the severity of sexual abuse was predictive of subsequent dissociation (Maynes & Feinauer, 1994) and intentional self-harm (Romans et al., 1995; Silk, Lee, Hill, & Lohr, 1995). In the current study, we measured the existence of past abuse but not its severity with regard to bodily intrusiveness. Further research is needed to determine the relative predictive power of sexual and physical abuse history in the understanding of subsequent suicidality when such severity of abuse is taken into consideration.

It is important to stress that while these findings indicate an association between sexual and physical abuse, and attempted suicide, the contribution of these variables to actual suicide is unknown. There are undoubtedly many variables that mediate the event of suicide including immediate life stressors, the presence of mental illness (e.g., depression), and the acute disruption of significant relationships. Therefore, these specific types of trauma (i.e., sexual and physical abuse) may be seen as risk factors for suicide attempts, but not necessarily absolute predictors for suicide itself, which may be mediated by a variety of additional factors.

In a related vein, it needs to be noted that the current study has its limitations. Although the overall sample was of fair size, the numbers of women who had experienced certain forms of abuse and not others were relatively small. Accordingly, the current results need to be replicated with larger and more diverse samples (e.g., women differing in age, ethnicity, education). Also, the measures used in the current study were unstandardized and measured the relevant constructs in dichotomous ways. A future study with a larger sample would allow for investigation of such factors as severity of abuse, relationship to perpetrator, and so forth, as predictive of attempted suicide.

In the clinical context, the current findings suggest that clinicians need to be aware that sexually and physically abused individuals may self-destructively act out against their own bodies. If there is a psychological association between malignant body intrusion and susceptibility to subsequently damaging one's own body (Young, 1992), it would be important to explore with such patients their attitudes toward body-self. This exploration, coupled with psychological efforts around neutralizing negative body image, may be preventive in regards to suicide attempts.

As with all forms of maltreatment, interpersonal abuse is a preventable problem. Further study of its effects, as well as the dissemination of this information to the public, is an important initial step in understanding the legacy of maltreatment on victims.

REFERENCES

Berton, M. W., & Stabb, S. D. (1996). Exposure to violence and post-traumatic stress disorder in urban adolescents. *Adolescence, 31,* 489-498.

Briere, J., & Runtz, M. (1987). Postsexual abuse trauma: Data and implications for clinical practice. *Journal of Interpersonal Violence, 2,* 367-379.

Briere, J., & Runtz, M. (1988). Multivariate correlates of childhood psychological and physical maltreatment among university women. *Child Abuse and Neglect, 12,* 331-341.

Brown, G., & Anderson, B. (1991). Psychiatric morbidity in adult inpatients with childhood histories of sexual and physical abuse. *American Journal of Psychiatry, 148,* 55-61

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin, 99,* 66-77.

Bryant, S. L., & Range, L. M. (1995). Suicidality in college women who were sexually and physically abused and physically punished by parents. *Violence and Victims, 10,* 195-201.

Bryer, J. B., Nelson, B. A., Miller, J. B., & Krol, P. A. (1987). Childhood sexual and physical abuse as factors in adult psychiatric illness. *American Journal of Psychiatry, 144,* 1426-1430.

Carlin, A. S., Kemper, K., Ward, N. G., Sowell, H., Gustafson, B., & Stevens, N. (1994). The effect of differences in objective and subjective definitions of childhood physical abuse on estimates of its incidence and relationship to psychopathology. *Child Abuse & Neglect, 18,* 393-399.

Duane, E. A., Steward, C. S., & Bridgeland, W. M. (1997). Consequences of childhood sexual abuse for college students. *Journal of College Student Development, 38,* 13-23.

Dubro, E. D., Zanarini, M. C., Lewis, R. E., & Williams, A. A. (1997). Childhood antecedents of self-destructiveness in borderline personality disorder. *Canadian Journal of Psychiatry, 42,* 63-69.

Hart, S. N., & Brassard, M. R. (1987). A major threat to children's mental health: Psychological maltreatment. *American Psychologist, 42,* 160-165.

Lester, D. (1991). Physical abuse and physical punishment as precursors of suicidal behavior. *Stress Medicine, 1,* 255-256.

McCauley, J., Kern, D. E. Kolodner, K., Dill, L., Schroeder, A. F., DeChant, H. K., Ryden, J., Derogatis, L. R., & Bass, E. B. (1997). Clinical characteristics of women with a history of childhood abuse. *Journal of the American Medical Association (JAMA), 277,* 1362-1368.

Malinosky-Rummell, R., & Hansen, D. J. (1993). Long-term consequences of childhood physical abuse. *Psychological Bulletin, 114,* 68-79.

Maynes, L. C., & Feinuaer, L. L. (1994). Acute and chronic dissociation and somatized anxiety as related to childhood sexual abuse. *American Journal of Family Therapy, 22,* 165-175.

Norusis, M. J. (1990). *SPSS advanced statistics user's guide.* Chicago: SPSS, Inc.

Osofsky, J. D. (1995). The effects of exposure to violence on young children. *American Psychologist, 50,* 782-788.

Peters, D. K., & Range, L. M. (1995). Childhood sexual abuse and current suicidality in college women and men. *Child Abuse and Neglect, 19,* 335-341.

Romans, S. E., Martin, J. L., Anderson, J. C., Herbison, G. P., & Mullen, P. E. (1995). Sexual abuse in childhood and deliberate self-harm. *American Journal of Psychiatry, 152,* 1336-1342.

Sansone, R. A., Wiederman, M. W., & Sansone, L. A. (in press). The Self-Harm Inventory (SHI): Development of a scale for identifying self-destructive behaviors and borderline personality disorder. *Journal of Clinical Psychology.*

Silk, K. R., Lee, S., Hill, E. M., & Lohr, N. E. (1995). Borderline personality disorder symptoms and severity of sexual abuse. *American Journal of Psychiatry, 152,* 1059-1064.

Straus, M. A. (1993). Corporal punishment of children and depression and suicide in adulthood. In J. McCord (Ed.), *Coercion and punishment in long-term perspective* (pp. 59-77). New York: Cambridge University Press.

Weaver, T. L., & Clum, G. A. (1995). Psychological distress associated with interpersonal violence: A meta-analysis. *Clinical Psychology Review, 15,* 115- 140.

Williams, M. B. (1993). Assessing the traumatic impact of child sexual abuse: What makes it more severe? *Journal of Child Sexual Abuse, 2*(2), 41-59.

Wind, T. W., & Silvern, L. (1992). Type and extent of child abuse as predictors of adult functioning. *Journal of Family Violence, 7,* 261-281.

Young, L. (1992). Sexual abuse and the problem of embodiment. *Child Abuse & Neglect, 16,* 89-100.

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