

Letters to the editor

DIVERSE SEXUAL EXPERIENCES AND SELF-HARM BEHAVIORS AMONG WOMEN IN AN INTERNAL MEDICINE SETTING

DEAR EDITOR:

In this study, we wished to examine in a nonpsychiatric population a possible relationship between diverse and impulsive sexual experiences and self-harm behaviors. Participants were female outpatients, ages 18 years or older, who presented for routine outpatient medical care at an ambulatory center in which residents in the Department of Internal Medicine function as the primary providers. The sample was one of convenience. Exclusion criteria (determined by the recruiters) were cognitive, psychiatric, or medical impairment that would preclude the successful completion of a survey.

Participants ($N=76$) ranged in age from 18 to 75 years ($M=42.64$, $SD=15.16$). The majority (85.5%) was White; 11.8 percent were African-American, 1.3 percent Native American, and 1.3 percent Asian. Most participants had attained a high school diploma

(68.4%), 11.8 percent had a bachelor's degree, and 6.6 percent a graduate degree. Only 24.3 percent of the sample was married, 5.4 percent were separated, 29.7 percent divorced, 12.2 percent widowed, and 28.4 percent never married.

Each participant completed a four-page research booklet, which took about 10 minutes. The cover page of the booklet contained the various elements of informed consent, and completion of the booklet was assumed to be implied consent. The booklet explored the preceding demographic information as well as a diversity of sexual experiences that might reflect impulsivity. These latter queries were developed by the authors (i.e., they do not constitute a standardized questionnaire) and included a history of pregnancies (i.e., number of pregnancies, live births, births outside of marriage, miscarriages, abortions), sexual history (e.g., age of menarche, age of first intercourse, number of different lifetime sexual partners, number of treatments for a sexually transmitted disease, homosexual experiences), and history of rape.

The booklet also contained the Self-Harm Inventory (SHI),¹ a 22-item, yes/no, self-report inventory that explores participants' histories of self-harm behavior. Each item in the inventory is preceded by the statement, "Have you ever intentionally, or on purpose,..." and items include, "overdosed, cut yourself on purpose, burned yourself on purpose," and "hit yourself." The individual items are seemingly face valid. Each endorsement is in the pathological direction and the SHI total score is the summation of "yes" responses. The study was approved by the institutional review boards of both the community hospital that sponsors the internal medicine residency and the university.

As for results, in this sample, scores on the SHI ranged from 0 to 15 ($M=2.49$, $SD=3.31$). The age of respondents was statistically significantly correlated with scores on the SHI ($r=0.28$, $p<0.02$). Because age would be related to various aspects of one's sexual experience, we partialled age out of the correlation coefficients representing the relationships between the sexual variables and self-harm scores. These semipartial correlations are presented in Table

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TABLE 1. Partial correlations between sexual variables and scores on the Self-Harm Inventory (SHI)¹ (controlling for age)

SEXUAL VARIABLES	SHI SCORES
Age at menarche	0.24*
Age at first sexual intercourse	-0.42***
Total number of pregnancies	-0.15
Total number of births	-0.14
Total number of births outside marriage	0.02
Total number of miscarriages	-0.07
Total number of abortions	-0.08
Total number of different sexual partners	0.29*
Total number of times treated for a sexually transmitted disease	0.12
Raped by a stranger	0.29*
Raped during a date	0.52***
Raped by a partner	0.26*
Same-sex sexual experience	0.25*

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, all two-tailed

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1. Note that a number of sexual variables (e.g., early age of first intercourse, number of different sexual partners, rapes, same-sex sexual experiences) demonstrated significant correlations with the SHI. These findings indicate that diverse (impulsive?) sexual experiences may be associated with various self-harm behaviors.

There are a number of potential limitations in this study. These include the relatively small sample size, self-report nature of the data, and use of a sample of convenience. However, this is the first study to our knowledge to explicitly examine an array of sexual variables and self-harm behaviors among a primary care population. These data indicate that, in some individuals, diverse sexual experiences may be associated with self-harm behaviors. If so, then individuals with diverse sexual histories need to be carefully queried about various types of self-harm behaviors.

REFERENCES

1. Sansone, RA, Wiederman MW, Sansone LA. The Self-Harm Inventory (SHI): development of a scale for identifying self-destructive behaviors and borderline personality disorder. *J Clin Psychol.* 1998;54:973–983.

With regards,

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