

*Letter to the Editor*

## **Childhood abuse and non-suicidal self-harm behavior in adulthood among the mothers of children in psychiatric treatment**

**R. A. Sansone<sup>1,2</sup>, J. Jackson<sup>1</sup>, and M. W. Wiederman<sup>3</sup>**

<sup>1</sup> Department of Psychiatry and Internal Medicine, Wright State University of Medicine, Dayton, Ohio, U.S.A.

<sup>2</sup> Kettering Medical Center, Kettering, Ohio, U.S.A.

<sup>3</sup> Department of Human Relations, Columbia College, Columbia, South Carolina, U.S.A.

Received November 3, 2006; accepted November 29, 2006

Published online February 15, 2007 © Springer-Verlag 2007

*Keywords:* Childhood; abuse; self-harm behavior.

Prior empirical studies have consistently demonstrated a correlation between abuse in childhood and non-suicidal self-harming behavior in adulthood (Santa Mina & Gallop, 1998), both in clinical and nonclinical (i.e., college students) populations. In addition, a greater number of abuses in childhood have been associated with a significantly greater number of self-harm behaviors in adulthood (Sansone et al, 2002; Wiederman et al, 1999). We wondered if such a relationship would be evident in a nonclinical population of adult women whose children were being evaluated and treated in a mental health clinic.

Participants were the mothers of adolescent patients who were being seen in an outpatient child psychiatry clinic located on an air force base in a mid-sized, mid-western city. Exclusion criteria were medical, psychiatric, or cognitive impairment that would preclude the completion of a study booklet. Participants were recruited as time allowed (i.e., a sample of convenience). Of the 75 women approached, 68 agreed to participate for a response rate of 91%.

The 68 participants ranged in age from 30 to 64 years (Mean = 43.31, SD = 6.84). Because the original study focused on the children of these women, we did not determine adult participants' marital, racial, or educational status. All of the women were either active duty or married to an active duty employee of the air force.

Each participant completed a brief research booklet that explored age, history of childhood abuse, and history of self-harm behavior. With regard to childhood abuse, participants were asked, with yes/no response options, "Prior to the age of 12, did you ever experience . . ."

- (1) sexual abuse (any sexual activity against your will);
- (2) physical abuse (any physical insult against you that would be considered inappropriate by either yourself or others and that left visible signs of damage on your body either temporarily or permanently or caused pain that persisted beyond the "punishment");
- (3) emotional abuse (verbal and nonverbal behaviors by another individual that were purposefully intended to hurt and control you, not kid or tease you);
- (4) physical neglect (not having your basic life needs met); and
- (5) the witnessing of violence (the first-hand observation of violence that did not directly involve you).

Self-harm behaviors were assessed with the Self-Harm Inventory (SHI; Sansone et al, 1998), a one-page, 22-item, yes/no, self-report measure that explores respondents' 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," and "attempted suicide." Each endorsement on the SHI is pathological and the SHI total score is the sum of all "yes" responses.

Participation in the survey was presumed to represent informed consent. The Institutional Review Board of the Air Force approved this project.

Of the 68 participants, 37 (54.4%) denied having experienced any of the listed abuses prior to age 12; 14 (20.6%) reported sexual abuse, 13 (19.1%) physical abuse, 16 (23.5%) emotional abuse, 14 (20.6%) witnessing violence, and 5 (7.4%) physical neglect. In addition, 17 (25%) respondents indicated having experienced one form of abuse, while 14 (20.6%) indicated having experienced more than one.

Total SHI scores ranged from 0 to 15, with a mean of 1.88 (SD = 3.17). Among the participants, 31 scored 0, fourteen scored one, seven scored two, five scored three, four scored four, one scored five, and one each scored 7–9, 11, 14, and 15. Scores on the SHI were significantly related to the number of different forms of childhood abuse respondents had experienced ( $r = 0.40$ ,  $p < 0.001$ ). To examine whether the correlation was the result of statistical outliers with regard to SHI scores, we conducted a second analysis in which SHI scores were coded as 0, 1, and 2 or more. The correlation between these truncated SHI scores and the total number of different forms of childhood abuse indicated remained virtually the same ( $r = 0.37$ ,  $p < 0.001$ ).

In keeping with previous research, our findings indicate that various abuses in childhood are associated with non-suicidal self-harm behavior in adulthood, with the

number of abuses correlating with the number of self-harm behaviors. Clinicians in mental health settings need to be mindful of this relationship when assessing patients.

This study has a number of limitations including a small sample size, self-report methodology, non-standardized queries about childhood abuse, and limited demographic data on participants. However, the sample represents a unique nonclinical, non-college-student population in the literature and underscores the psychiatric complexities between trauma and its psychological sequelae.

## References

- Sansone RA, Wiederman MW, Sansone LA (1998) The Self-Harm Inventory (SHI): development of a scale for identifying self-destructive behaviors and borderline personality disorder. *J Clin Psychol* 54: 973–983.
- Sansone RA, Gaither GA, Songer DA (2002) The relationships among childhood abuse, borderline personality and self-harm behavior in psychiatric inpatients. *Violence Vict* 17: 49–56.
- Santa Mina EE, Gallop RM (1998) Childhood sexual and physical abuse and adult self-harm behavior and suicidal behaviour: a literature review. *Can J Psychiatry* 43: 793–800.
- Wiederman MW, Sansone RA, Sansone LA (1999) Bodily self-harm and its relationship to childhood abuse among women in a primary care setting. *Violence Against Women* 5: 155–163.

Correspondence: Randy A. Sansone, M.D., Sycamore Primary Care Center, 2115 Leiter Road, Dayton, OH 45 342, U.S.A.; e-mail: randy.sansone@kmcnetwork.org