



An initial investigation of nonsuicidal self-injury among male and female survivors of military sexual trauma



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ABSTRACT

Nonsuicidal self-injury (NSSI) has been understudied among survivors of military sexual trauma (MST). The aims of the current study were to: (1) describe characteristics of NSSI among survivors of MST and (2) determine if MST survivors who have engaged in NSSI differ from those who have never engaged in NSSI in terms of the severity of posttraumatic stress disorder (PTSD) and depressive symptoms, trauma-related cognitions, and recent suicidal ideation. Participants were 107 veterans (65 females, 42 males) with a history of MST who completed measures of NSSI, PTSD and depressive symptoms, recent suicidal ideation, and trauma-related cognitions. Approximately one-fourth of participants ($n = 27$; 25.23%) endorsed a history of NSSI. The majority of participants who engaged in NSSI reported that they first engaged in NSSI following MST ($n = 18$; 66.67%). MST survivors with a history of NSSI reported more severe PTSD symptoms, recent suicidal ideation, and trauma-related cognitions. NSSI was relatively common in the sample and was associated with a more severe clinical presentation. Longitudinal research is needed to understand the development, maintenance, and function of NSSI in MST survivors, especially as it pertains to risk for suicidal self-directed violence.

1. Introduction

The Centers for Disease Control and Prevention defines non-suicidal self-directed violence (commonly referred to as nonsuicidal self-injury [NSSI]) as a “behavior that is self-directed and deliberately results in injury or the potential for injury to oneself” (p. 21; Crosby et al., 2011). Additionally, there must be “no evidence, whether implicit or explicit, of suicidal intent” (p. 21). Similarly, the International Society for the Study of Self-Injury (ISSS) defines NSSI as “the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned” (ISSS, 2007). NSSI is typically more prevalent and occurs with greater frequency than suicidal self-directed violence (i.e., suicide or suicide attempt; Hamza et al., 2012), with lifetime prevalence rates of NSSI estimated at approximately 5.9% among United States adults (Klonsky, 2011).

As knowledge regarding NSSI has expanded, research has established a link between NSSI and risk for suicide, with NSSI potentially serving a role in the transition from suicidal ideation to future suicidal self-directed violence (Bryan et al., 2015; Franklin and Nock, 2016). However, much of the research on NSSI has focused on civilian and

adolescent samples (Swannell et al., 2014). Given that rates of suicide in the veteran population continue to exceed those of non-veteran adults (Department of Veterans Affairs, 2018), a better understanding of correlates of suicidal self-directed violence and suicidal ideation, particularly among veterans, is needed. NSSI is one such factor in need of further investigation; NSSI is associated with an elevated likelihood of experiencing suicidal ideation in samples of college student veterans (Bryan and Bryan, 2014) and Iraq/Afghanistan war veterans (Kimbrel et al., 2015; Kimbrel et al., 2016). Initial research with college student veterans has revealed that NSSI is associated with various psychiatric symptoms, including symptoms of posttraumatic stress disorder (PTSD) and depression (Bryan and Bryan, 2014), which are associated with suicide risk in veterans (Sher et al., 2012). Therefore, further understanding of NSSI among veterans is warranted.

In prior research with veterans, reported rates of lifetime history of NSSI have ranged from 6 to 17% (Kimbrel et al., 2015; Kimbrel et al., 2016; Kimbrel et al., 2017; Kimbrel et al., 2018; Villatte et al., 2015). Rates appear relatively similar between male and female veterans (Kimbrel et al., 2016). However, as large-scale epidemiological studies of NSSI in veterans are lacking, the approximate prevalence of NSSI

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within the veteran population remains unknown. Further, prior research on NSSI in veterans has primarily focused on those who are male, in college, survived combat trauma, or who served in the recent conflicts in Iraq and Afghanistan (Bryan and Bryan, 2014; Bryan et al., 2015; Kimbrel et al., 2015; Kimbrel et al., 2016; Kimbrel et al., 2017; Kimbrel et al., 2018). This has yielded important information on NSSI in certain subpopulations of veterans; however, understanding of NSSI among other veteran subgroups remains limited.

In particular, survivors of military sexual trauma (MST) constitute one veteran subgroup that has been understudied with respect to NSSI. This is a substantial gap in the literature considering that 38.4% of women and 3.9% of men report experiencing MST during their military service (Wilson, 2016). Further, MST is associated with a multitude of mental health sequelae, including PTSD, depression, more severe trauma-related cognitions, and suicide (Kimerling et al., 2016; Sexton et al., 2018). Although NSSI research with survivors of MST has been scarce, two studies underscore the potential relevance of NSSI to veterans who have experienced MST. In a recent study with Veterans Crisis Line employees, MST and NSSI were commonly reported concerns expressed by female veterans contacting the Veterans Crisis Line (Ramchand et al., 2016). Additionally, reported that a positive MST screen was associated with an increased likelihood of “suicide and intentional self-inflicted injury” (p. 2163) in both male and female veterans in Veterans Health Administration (VHA) care. However, suicidal and non-suicidal self-directed violence were examined together, rather than as distinct types of self-directed violence. Thus, understanding of rates and characteristics of NSSI among MST survivors remains limited. It is also unknown whether history of NSSI relates to clinical presentation in MST survivors. Specifically, it is unknown whether MST survivors who have engaged in NSSI differ from MST survivors who have not engaged in NSSI in the severity of their psychiatric symptoms (e.g., depression and PTSD), recent suicidal ideation, or trauma-related cognitions.

The current manuscript sought to expand knowledge regarding NSSI among survivors of MST. Our first aim was to better understand characteristics of NSSI (i.e., occurrence and common methods) among veterans who had experienced MST. Our second aim was to better understand how clinical presentation (i.e., severity of recent suicidal ideation, PTSD symptoms, depressive symptoms, and trauma-related cognitions) might differ between MST survivors based on history of NSSI (i.e., presence/absence). Based on prior research, we hypothesized that MST survivors with a history of NSSI would report more severe recent suicidal ideation, PTSD and depressive symptoms, and trauma-related cognitions.

2. Methods

2.1. Participants and procedures

One-hundred twelve veteran survivors of MST were recruited as part of a larger study aimed at understanding factors associated with suicidal ideation and suicide attempts among veterans who experienced MST. Participants were required to be eligible to receive VHA care in the Mountain West and were ineligible if they were unable to provide informed consent, demonstrated severe cognitive impairment, or had severe current psychiatric symptoms (e.g., psychosis, imminent suicidal intent) that precluded participation. Participants were recruited from VHA facilities and the community through flyers, announcements, and letters.

The present study was a secondary analysis of a broader mixed-methods study that included qualitative interviews and administration of multiple self-report measures.¹ Of the total sample, one participant

withdrew following consent, one was ineligible following consent, and 3 participants were missing complete data on measures analyzed for the present aims. This resulted in a final analytic sample of 107 participants (65 females, 42 males). Information on the sample can be found in Table 1. All participants provided written consent and were compensated for their participation. Study procedures were approved by the local institutional review board.

2.2. Measures

2.2.1. NSSI

The Self-Injurious Thoughts and Behaviors Interview (SITBI; Nock et al., 2007) is a structured interview that was used to assess NSSI history, with those endorsing a history of NSSI also asked the age at which they first and last engaged in NSSI and whether NSSI first and most recently occurred before or after their experience(s) of MST. Additional questions queried methods of NSSI and perceived self-reported likelihood of future NSSI (from 0 “low” to 4 “very much”). The SITBI has demonstrated strong psychometric performance, including test-retest reliability and correspondence to other measures of self-directed violence (Nock et al., 2007).

2.2.2. Potential psychiatric correlates

The Beck Scale for Suicide Ideation (BSS; Beck and Steer, 1991) measured recent (i.e., past-week) suicidal ideation, the PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013) assessed recent PTSD symptoms, and the Patient Health Questionnaire-9 (PHQ-9; Kroenke et al., 2001) assessed recent depressive symptoms.² Additionally, the Post-traumatic Cognitions Inventory (PTCI) was administered for an overall score of trauma-related cognitions pertaining to oneself, the world, and self-blame (Foa et al., 1999). The BSS (Beck et al., 1988), PCL-5 (Bovin et al., 2016; Wortmann et al., 2016), PHQ-9 (Kroenke et al., 2001; Kroenke et al., 2010), and PTCI (Foa et al., 1999) are all commonly administered measures for the purposes described above and have established reliability and validity. Additionally, internal consistency was excellent for all of these measures in our sample (BSS: $\alpha = 0.95$; PCL-5: $\alpha = 0.95$; PHQ-9: $\alpha = 0.90$; PTCI: $\alpha = 0.96$).

2.2.3. Demographics

A sociodemographic questionnaire was also administered to assess demographics (e.g., age, education, gender, race, ethnicity) and military service (e.g., service era, deployed [yes/no], and combat experience [yes/no]).

2.3. Analytic plan

To address the first aim, descriptive characteristics of NSSI were computed, including frequency and percentage of the overall sample. Additionally, the frequency of NSSI histories was compared between genders with a chi-square analysis to determine if the occurrence of NSSI was relatively similar between genders as reported by Kimbrel et al. (2016). For participants who reported engaging in NSSI, we examined the frequency and percentage of method(s) of NSSI, as well as means and standard deviations regarding age at first episode of NSSI and perceived likelihood of engaging in NSSI in the future. In addition, we computed whether NSSI first occurred prior to or following MST.

For the second aim, a multivariate analysis of covariance (MANCOVA) was used to examine if there were differences in the severity of recent suicidal ideation, PTSD and depressive symptoms, and trauma-related cognitions based on history of NSSI (yes/no), while

¹ Initial findings have been reported previously (e.g., Monteith et al., 2016; Monteith et al., 2018). Findings from the primary aims are in preparation.

² Analyses were also replicated with omission of the PHQ-9 suicidal ideation item (i.e., Item 9) due to potential multicollinearity. Results did not differ based on inclusion or exclusion of this item.

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