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African-Caribbean & African American Women's Study

Research supported by the Abuse Status and Health Effects among African Caribbean and African American Women (ACAOWS) study (J. Campbell & D. Campbell, Co-PIs) from the Caribbean Exploratory Research Center of Excellence (CERCE), University of the Virgin Islands, Grant # 5P20MD002286, National Institutes of Health, G. Callwood PI

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## Suicidality in African-Caribbean and African American Women Experiencing Intimate Partner Abuse

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## Background and Significance

- Suicide- Self killing
- Suicidality-No clear consensus on definition.
- One operational definition of contingent suicidality was: either the patient made suicide threats or statements that were linked to the admission decision (Lambert, M.T (2002))
- Term suicidality not as clinically useful as more specific terminology (ideation, behavior, attempts, and suicide) (Meyer et. al (2010))




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**Slide 1**

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**DC1** Doris Campbell, 10/21/2010

## Background and Significance

- Prior research links IPA and suicidality in low income African American women (Kaslow, Leiner, Reviere, Jackson, et al, 2002; Leiner, Compton, Houry & Kaslow, 2008)
- Limited studies of suicidality in Caribbean women
- Few studies examined risk factors associated with suicidality in underresourced communities, or culture and religious beliefs that may discourage suicide and promote self preservation among abused Caribbean women (McFarlane, Malacha, Gist, Watsdson, Batten, Hall and Smith, 2005; Kaslow, Thompson, Okun, Price, Young, Bender, Wyckoff, Goldin, Parker, 2001).

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## PURPOSE

- Describe the prevalence and mediators of suicidality in African Caribbean and African American women experiencing Intimate Partner Abuse (IPA) the USVI and Baltimore City.
- Describe the association of suicidality with depression and post traumatic stress syndrome in African Caribbean and African American women experiencing IPV in the USVI and Baltimore.
- Describe resource and service utilization among African Caribbean and African women who experience IPV
- Describe pre-emptive interventions that might help African American and African Caribbean women cope effectively with suicidality.



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## Methods

- ❖ Comparative case (Abused) control (Non abused ) study
- ❖ Eligibility criteria
  - ❖ Women aged 18-55 years
  - ❖ Self-identify as African Caribbean or African American
  - ❖ Report of a male sex partner in the past two years
- ❖ Women recruited from primary care, prenatal or family planning clinics
- ❖ Questionnaire administered on a touch screen computer with optional headphones - an important methodological strategy
  - ❖ For women of low literacy
  - ❖ For sensitive information
  - ❖ Alerts interviewer if high score on DA or suicidality
  - ❖ Allows increased recruitment among Spanish speaking
  - ❖ Recording in Spanish & English by USVI residents for increased cultural appropriateness
- ❖ Study period 12/1/09 to 09/2011



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## Case Status

- ❖ Intimate Partner Violence (IPV) in lifetime (case status) assessed using the Abuse Assessment Screen (McFarlane & Helton - [www.nnvawi.org](http://www.nnvawi.org))
- ❖ Pushed, slapped, hit, kicked, or physically hurt &/OR
- ❖ Forced sex
  - Any of the above by current or former husband, boyfriend, or male or female partner
- ❖ &/or above cutoff on WEB (Women's Experiences of Battering - Hall-Smith)
- ❖ Controlled, in fear of current or former husband, boyfriend, or male or female partner



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## Measures

- Suicidal thoughts
- Suicide attempts
- Self harm (self cutting)
- Mental & Physical QOL - from SF8
- Depression - CESD
- PTSD - brief PTSD screen

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## RECRUITMENT SITES

### Baltimore City



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## RECRUITMENT SITES

Virgin Islands

**St. Thomas**



**St. Croix**



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## ● RESULTS

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## Demographic Characteristics

	Baltimore City	US Virgin Islands	Overall
<b>Age (In Years)</b>	30.09	29.28	29.49
	(50-10.09)	(50-8.55)	(05-9.11)
<b>Education</b>			
Less than HS	28.28%	16.27%	20.38%
HS/GED	39.55%	39.71%	39.66%
Some College	17.73%	28.47%	24.76%
College Grad	14.55%	15.55%	15.20%
<b>Marital Status</b>			
Single	57.40%	43.33%	48.21%
Partnered	22.87%	34.29%	30.33%
Married	12.11%	16.67%	15.09%
Div./Wid./Other	7.62%	5.71%	6.38%
<b>Employment</b>			
Employed	39.46%	52.14%	47.74%
Unemployed	60.54%	47.86%	52.26%

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## PREVALENCE OF INTIMATE PARTNER VIOLENCE

	Baltimore City	US Virgin Islands	Overall
<b>Type of IPV</b>			
Lifetime Emotional Abuse	5.41%	7.89%	7.20%
Lifetime Physical/Sexual Abuse	32.48%	33.17%	32.98%
IPV in the Past 2 Years	21.14%	21.87%	21.66%
Lifetime Physical Abuse	13.45%	15.62%	15.04%
During Pregnancy			
Current Physical Abuse	6.60%	10.47%	9.09%
During Pregnancy			
Forced Sex in Past 2 Years	7.05%	9.63%	8.88%
Forced Sex in Past 2 Years By Intimate Partner	5.70%	6.88%	6.54%

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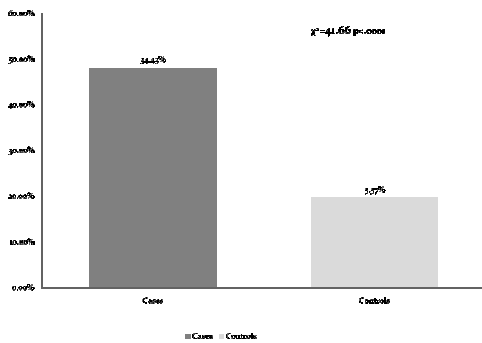
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## Depression: Abused vs. Non-abused Women\*




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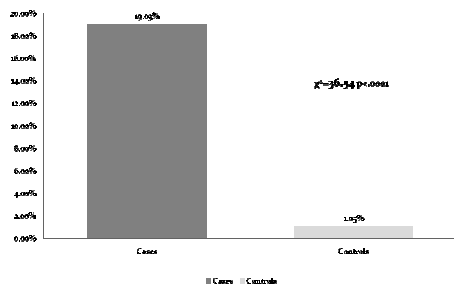
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## PTSD: Abused vs. Non-abused Women\*




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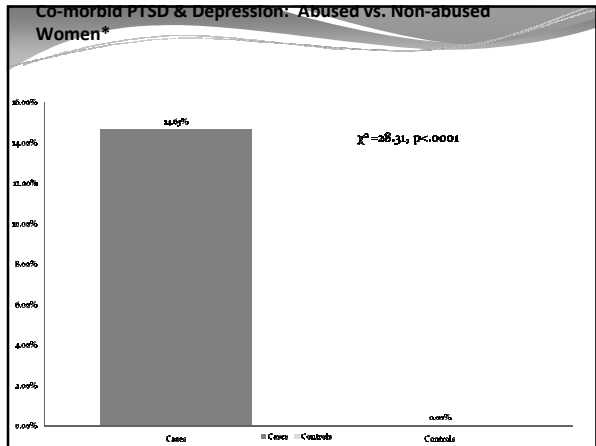
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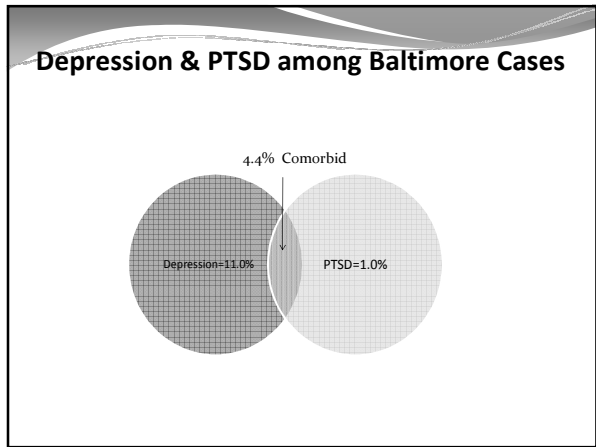
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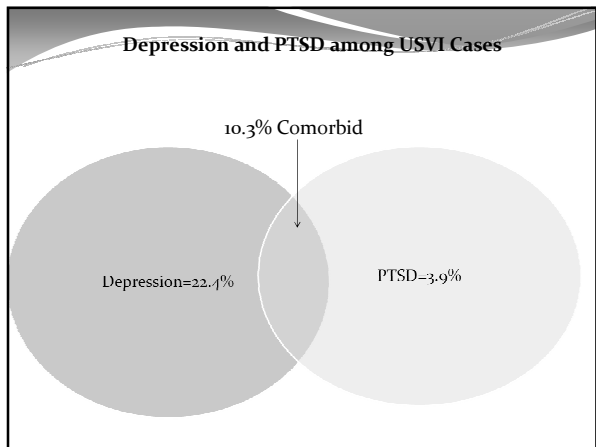
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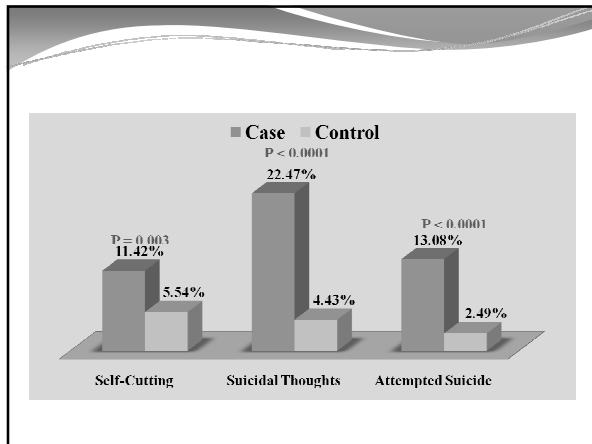
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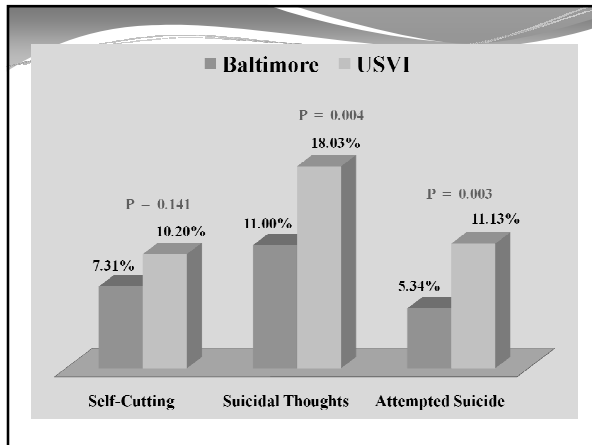
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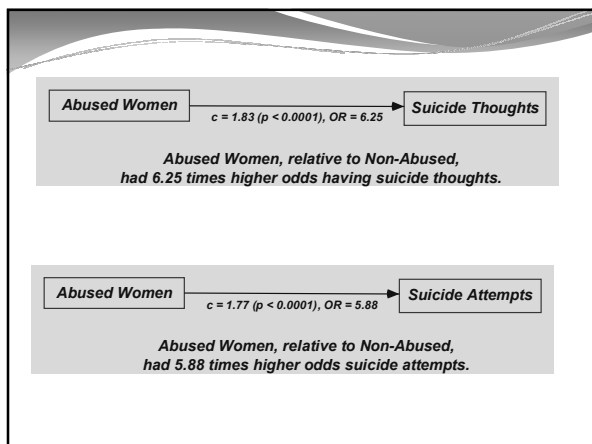
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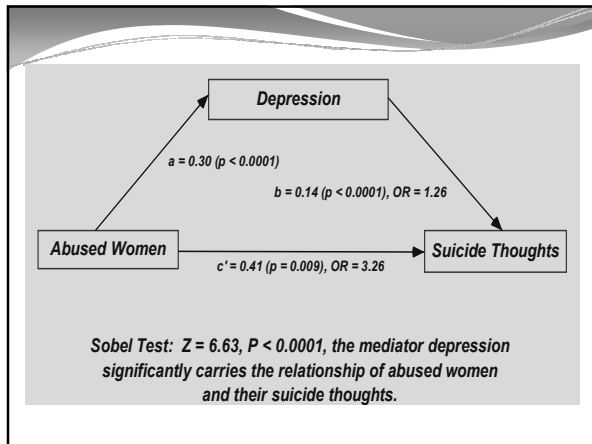
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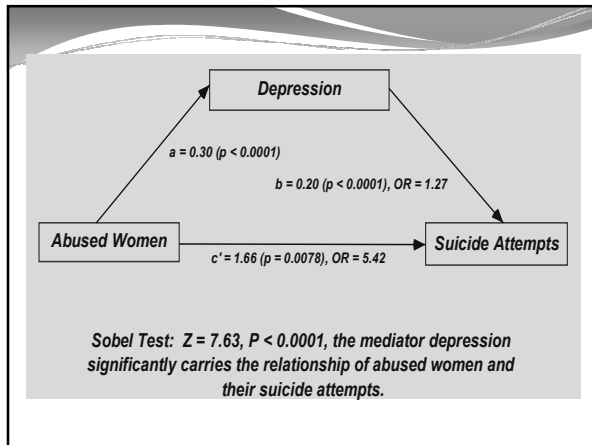
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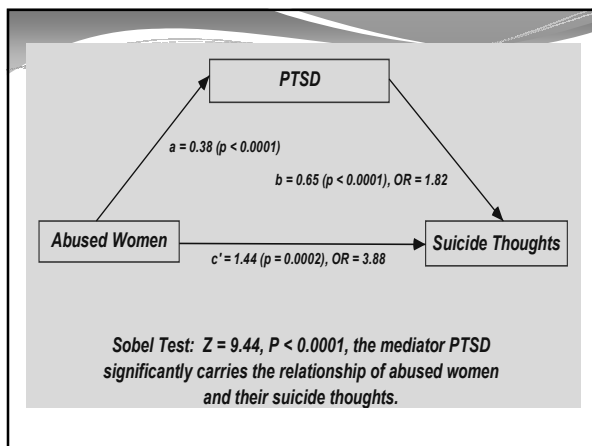
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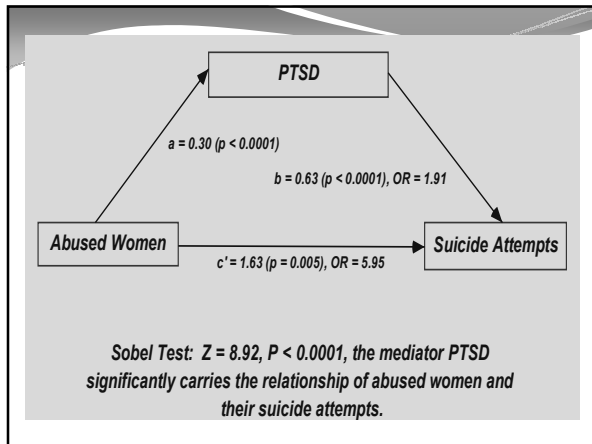
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### SUICIDALITY: ODDS RATIO

- When age, income, education, employment, marital status, being pregnant, and children under 18 years of age were controlled for, relative to control group, women who had experienced abuse had
  - 2.12 times higher odds of engaging in self-cutting
  - 6.43 times higher odds of having suicide thoughts
  - 6.18 times higher odds of attempting suicide

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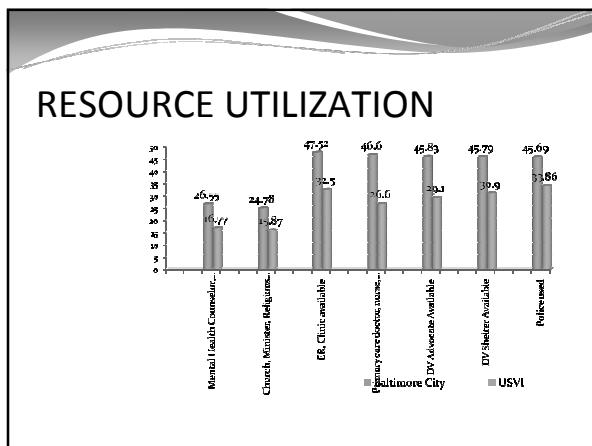
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## CONCLUSIONS AND RECOMMENDATIONS

- At the IPV-Depression/PTSD link, depression mediated by many ways of coping, social support and spiritual support
- Ability to access resources is critical
- Routine universal screening for IPV in all health care settings recognizing that woman may present with many symptoms/complaints seemingly unrelated to IPV
- ACAAWS study protocol to assess for suicidality.

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## CONCLUSIONS AND RECOMMENDATIONS

- Assess for level of family functioning and social support. High levels of family functioning and support can mediate association between social environment and suicidality
- Clinicians need to explore among women victims, the presence of self-inflicted bodily self-harm
- Knowing that some coping styles or behaviors are protective against suicidality, practitioners should target these behaviors as risk reducing.

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### ACAAWS Team Members

<p><u>United States Mainland</u></p> <p>Jacquelyn Campbell, PhD, RN, FAAN Phyllis Sharps PhD, RN, FAAN Richelle Bolyard, MHS Janila Stockman, PhD, MPH Marguerite Baty, PhD, MSN, MPH, RN Akosoa McFadgion, MS, MSW, PhD student Kaitlan Gibbons, PsyD (c) Mary Paterno, MSN, CNM, RN, PhD student Sharon O'Brien PhD Sachi Mana-ay, BSN student Jessica Draughon, MSN, RN, PhD student Callie Simkoiff, BSN Gyasi Moscou-Jackson, MHS, BSN, RN Chris Kunselman Ayanna Johnson, BA Ashley Chappell, BSN, RN Lucine Francis, BSN Naa Ayele Amponsah, BA Hossein Yarandi, PhD</p>	<p><u>US Virgin Islands</u></p> <p>Doris Campbell, PhD, ARNP, FAAN Gloria Callwood, PhD, RN, FAAN Desiree Bertrand, MSN, RN Charmayne M. Dunlop-Thomas, MS Lorna Sutton, MPA Tyra DeCastro Alexandria Bradley, RN Sally Browne, RN Edris Evans, RN Yvonne Francis, RN Naomi Joseph, BSN student Jennifer King, RN Suzette Lettsome, MSPHN, RN Julie Matthew, RN Kenice Pemberton, ASN student J'Nique Smith, BSN student Jaslene Williams, MSW</p>
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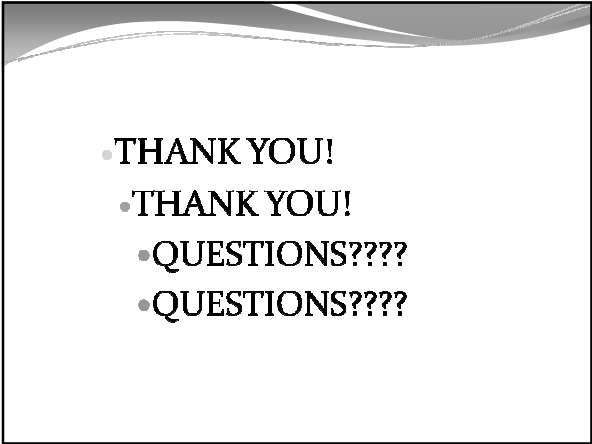
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