African-Caribbean & African American Women’s Study

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

- 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).
PURPOSE

- Describe the prevalence and mediators of suicidality in African Caribbean and African American women experiencing Intimate Partner Abuse (IPA) in 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.
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
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
Measures

- Suicidal thoughts
- Suicide attempts
- Self harm (self cutting)
- Mental & Physical QOL – from SF8
- Depression – CESD
- PTSD – brief PTSD screen
RECRUITMENT SITES
Baltimore City
RECRUITMENT SITES
Virgin Islands

St. Thomas

St. Croix
## Demographic Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Baltimore City</th>
<th>US Virgin Islands</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (In Years)</strong></td>
<td>30.09 (SD=10.09)</td>
<td>29.28 (SD=8.55)</td>
<td>29.49 (DS=9.11)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than HS</td>
<td>28.18%</td>
<td>16.27%</td>
<td>20.38%</td>
</tr>
<tr>
<td>HS/GED</td>
<td>39.55%</td>
<td>39.71%</td>
<td>39.66%</td>
</tr>
<tr>
<td>Some College</td>
<td>17.73%</td>
<td>28.47%</td>
<td>24.76%</td>
</tr>
<tr>
<td>College Grad</td>
<td>14.55%</td>
<td>15.55%</td>
<td>15.20%</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>57.40%</td>
<td>43.33%</td>
<td>48.21%</td>
</tr>
<tr>
<td>Partnered</td>
<td>22.87%</td>
<td>34.29%</td>
<td>30.33%</td>
</tr>
<tr>
<td>Married</td>
<td>12.11%</td>
<td>16.67%</td>
<td>15.09%</td>
</tr>
<tr>
<td>Div./Wid./Other</td>
<td>7.62%</td>
<td>5.71%</td>
<td>6.38%</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>39.46%</td>
<td>52.14%</td>
<td>47.74%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>60.54%</td>
<td>47.86%</td>
<td>52.26%</td>
</tr>
</tbody>
</table>
# Prevalence of Intimate Partner Violence

<table>
<thead>
<tr>
<th>Type of IPV</th>
<th>Baltimore City</th>
<th>US Virgin Islands</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Emotional Abuse</td>
<td>5.41%</td>
<td>7.89%</td>
<td>7.20%</td>
</tr>
<tr>
<td>Lifetime Physical/Sexual Abuse</td>
<td>32.48%</td>
<td>33.17%</td>
<td>32.98%</td>
</tr>
<tr>
<td>IPV in the Past 2 Years</td>
<td>21.14%</td>
<td>21.87%</td>
<td>21.66%</td>
</tr>
<tr>
<td>Lifetime Physical Abuse During Pregnancy</td>
<td>13.45%</td>
<td>15.62%</td>
<td>15.04%</td>
</tr>
<tr>
<td>Current Physical Abuse During Pregnancy</td>
<td>6.60%</td>
<td>10.47%</td>
<td>9.09%</td>
</tr>
<tr>
<td>Forced Sex in Past 2 Years</td>
<td>7.05%</td>
<td>9.63%</td>
<td>8.88%</td>
</tr>
<tr>
<td>Forced Sex in Past 2 Years By Intimate Partner</td>
<td>5.70%</td>
<td>6.88%</td>
<td>6.54%</td>
</tr>
</tbody>
</table>
Depression: Abused vs. Non-abused Women

\[ \chi^2 = 41.66 \ p < .0001 \]

- Cases: 34.43%
- Controls: 3.57%
PTSD: Abused vs. Non-abused Women

χ²=36.54 p<.0001
Co-morbid PTSD & Depression: Abused vs. Non-abused Women*

\[\chi^2 = 28.31, p < 0.0001\]
Depression & PTSD among Baltimore Cases

- Depression = 11.0%
- PTSD = 1.0%
- 4.4% Comorbid
Depression and PTSD among USVI Cases

- Depression = 22.4%
- PTSD = 3.9%
- 10.3% Comorbid
Case  |  Control
--- | ---
**Self-Cutting**  |  
11.42%  |  5.54%
*P = 0.003*  |  *P < 0.0001*

**Suicidal Thoughts**  |  
22.47%  |  4.43%

**Attempted Suicide**  |  
13.08%  |  2.49%
*P < 0.0001*  |  

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The chart shows the percentage of Baltimore and USVI students reporting self-cutting, suicidal thoughts, and attempted suicide.

- **Self-Cutting**:
  - Baltimore: 7.31%
  - USVI: 10.20%
  - Significance: $P = 0.141$

- **Suicidal Thoughts**:
  - Baltimore: 11.00%
  - USVI: 18.03%
  - Significance: $P = 0.004$

- **Attempted Suicide**:
  - Baltimore: 5.34%
  - USVI: 11.13%
  - Significance: $P = 0.003$
Abused Women, relative to Non-Abused,
had 6.25 times higher odds having suicide thoughts.

Abused Women, relative to Non-Abused,
had 5.88 times higher odds suicide attempts.
Abused Women → Depression

a = 0.30 (p < 0.0001)

Depression → Suicide Thoughts

b = 0.14 (p < 0.0001), OR = 1.26

c' = 0.41 (p = 0.009), OR = 3.26

Sobel Test: Z = 6.63, P < 0.0001, the mediator depression significantly carries the relationship of abused women and their suicide thoughts.
Sobel Test: $Z = 7.63$, $P < 0.0001$, the mediator depression significantly carries the relationship of abused women and their suicide attempts.
Abused Women \rightarrow PTSD \rightarrow Suicide Thoughts

- $a = 0.38$ (p < 0.0001)
- $b = 0.65$ (p < 0.0001), OR = 1.82
- $c' = 1.44$ (p = 0.0002), OR = 3.88

Sobel Test: $Z = 9.44$, P < 0.0001, the mediator PTSD significantly carries the relationship of abused women and their suicide thoughts.
Abused Women → PTSD
\(a = 0.30\) (\(p < 0.0001\))

PTSD → Suicide Attempts
\(b = 0.63\) (\(p < 0.0001\)), OR = 1.91

Abused Women → Suicide Attempts
\(c' = 1.63\) (\(p = 0.005\)), OR = 5.95

Sobel Test: \(Z = 8.92, P < 0.0001\), the mediator PTSD significantly carries the relationship of abused women and their suicide attempts.
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
RESOURCE UTILIZATION

- Mental Health Counselor...
- Church, Minister, Religious...
- ER Clinic available
- Primary care doctor/nurse...
- DV Advocate Available
- DV Shelter Available
- Police used

Bar chart showing utilization rates for various resources in Baltimore City and USVI.
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.
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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THANK YOU!

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QUESTIONS????

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