## LETTER TO THE EDITOR

## A Survey of Medically Self-Sabotaging Behaviors Among Perpetrators of Partner Violence

**To the Editor:** Up to 18% of women report some type of intimate partner violence in their current or most recent relationship with a male partner (eg, battering, physical assault, and/or sexual assault),<sup>1</sup> indicating that a significant minority of men engage in such behaviors. However, little is known about the problematic health behaviors of perpetrators of intimate partner violence, such as engaging in the medically self-sabotaging behaviors of preventing wounds from healing or making medical situations worse. A review of the PubMed database revealed no related articles. In this study, we examined these 2 problematic health care behaviors among this unique population.

**Method.** Participants in this study were adult US men and women who were court-referred to a group educational intervention for the perpetration of partner violence in 1 of 4 different treatment facilities between June and October of 2013. After receiving approval from the executive directors, the recruiter (K.E.) met with 24 different treatment groups, enrolled 193 of 235 participants (82.1%), obtained signed consent forms, and provided surveys for completion in-group and onsite.

The survey contained a demographic query as well as the Self-Harm Inventory,<sup>2</sup> which assesses the lifetime prevalence of 22 self-harm behaviors. Items 9 and 10 of the Self-Harm Inventory query, "Have you ever intentionally, or on purpose: (9) prevented wounds from healing and (10) made medical situations worse on purpose," with yes/no response options. Participants were advised to not identify themselves on the surveys. Completed surveys were placed into sealed envelopes and given to the researcher. The project was approved by an institutional review board.

**Results.** Of the 193 participants, 170 were men and 23 were women. All participants checked an age range falling between 18 and 65 years, with most (71.5%) endorsing between 21 and 40 years. As for ethnicity, 43.0% were white, 19.7% black, 14.5% Native American, 11.4% Hispanic, 10.9% other, and 0.5% Asian.

Fifteen participants (7.8%) endorsed the item pertaining to preventing wounds from healing. These respondents did not statistically significantly differ from those participants who did not endorse this item in age ( $F_{1,191}$ =2.53; P<.15) or sex ( $\chi^2$ =0.03, P<.87). Twenty-four participants (12.4%) endorsed the item pertaining to making medical situations worse on purpose. These participants did not statistically significantly differ in age from

those respondents who did not endorse this item ( $F_{1,191} = 0.04$ ; P < .89). However, there was a statistically significant difference in sex among endorsers of this item compared to those who did not endorse this item, with more women reporting having made medical situations worse (29.2%) than women who did not (9.5%) ( $\chi^2 = 7.77$ , P < .01).

According to findings, approximately 10% of perpetrators of partner violence report medically self-sabotaging behaviors—a significant minority. These behaviors most likely reflect the aggressive and destructive elements encountered in these individuals. Whether these behaviors are associated with specific psychiatric diagnoses remains unknown.

The potential limitations of this study include use of self-report data, relatively small subsamples for comparison, and examination of severe offenders (court-ordered to treatment). However, given the dearth of data in this area, this is the first study to our knowledge to examine problematic health care behaviors among perpetrators of partner violence.

## REFERENCES

- Smith PH, Thornton GE, Devellis JE, et al. A population-based study of the prevalence and distinctiveness of battering, physical assault, and sexual assault in intimate relationships. *Violence Against Women*. 2002;8(10):1209–1232.
- 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(7): 973–983.

## Randy A. Sansone, MD Randy.sansone@khnetwork.org Kenneth Elliott, PhD Michael W. Wiederman, PhD

Author affiliations: Departments of Psychiatry and Internal Medicine, Wright State University School of Medicine, Dayton, and Psychiatry Education, Kettering Medical Center, Kettering, Ohio (Dr Sansone); Department of Advanced Professional and Special Services, University of Central Oklahoma, Edmond (Dr Elliott); and Faculty Development, University of South Carolina School of Medicine, Greenville (Dr Wiederman).

Potential conflicts of interest: None reported. Funding/support: None reported. Published online: May 7, 2015.

Prim Care Companion CNS Disord 2015;17(3):doi:10.4088/PCC.14l01759 © Copyright 2015 Physicians Postgraduate Press, Inc.