

## A Survey of Self-Directed Physical Aggression Among Perpetrators of Partner Violence

**To the Editor:** The characterization of partner-violent behavior is potentially relevant in terms of anticipating psychiatric diagnoses, treatment needs, and outcomes. One unaddressed issue is the relationship, if any, between externalized aggressive behavior (ie, partner violence) and self-directed physical aggression. Beyond the literature on murder followed by suicide (eg, references 1 and 2) and a report of suicidal ideation or attempts in perpetrators of bullying (22%),<sup>3</sup> associations between person-directed violence and self-directed physical aggression remain unclear, despite the documented presence of negative self-schemas among batterers.<sup>4</sup> We explored among a sample of batterers 5 self-directed physically aggressive behaviors.

Participants were adult men and women who were court-referred to 1 of 4 treatment facilities because of perpetration of partner violence. Of the 235 individuals approached, 193 agreed to participate (82.1%): 170 men and 23 women. All respondents were between ages 18 and 65 years, with most (71.5%) between 21 and 40 years. The majority was white (43.0%), followed by black (19.7%), Native American (14.5%), Hispanic (11.4%), other (10.9%), and Asian (0.5%).

At the 4 sites, a recruiter met with 24 different treatment groups and reviewed the project focus and elements of informed consent. Participants signed consent forms and completed self-report surveys onsite. In addition to demographic queries, surveys contained the Self-Harm Inventory (SHI),<sup>5</sup> which is a 22-item, yes/no, self-report inventory that explores participants' lifetime histories of self-harm behavior. In this study, we were interested in a subset of 5 queries related to self-directed physical aggression: cut self, burned self, hit self, banged head, and scratched self. This project was approved by a university institutional review board.

Of the 193 participants, 19.7% reported cutting self, 15.5% burning self, 34.7% hitting self, 33.7% banging one's head, and 10.9% scratching self. In addition, 101 participants (52.3%) endorsed none of the 5 self-directed physical aggression items; 92 (47.7%) endorsed at least 1 item; 66 (34.2%), 2 or more items; 37 (19.2%), 3 or more items; 18 (9.3%), 4 or more items; and 8 (4.1%), all 5 items. The total number of items endorsed was weakly, but statistically significantly negatively correlated with age ( $r = -0.18$ ,  $P < .05$ ). The mean (SD) number of items endorsed by men (1.09 [1.46]) compared to women (1.57 [1.62]) was not statistically significantly

different,  $F_{1,191} = 2.12$ ,  $P < .15$ . Similarly, the percentages of men (45.9%) and women (60.9%) who endorsed at least 1 item were not statistically significantly different,  $\chi^2 = 1.82$ ,  $P < .14$ .

Limitations of the study include the self-report nature of the data, small sample size, and unknown ability to generalize findings to individuals with less severe histories of battering. However, findings indicate that a significant subgroup of perpetrators of partner violence, with no differences between men and women, also engage in self-directed physical aggression—a relatively novel finding in this literature. This finding may be particularly meaningful in teasing out associations with underlying psychopathology (eg, borderline personality disorder, depression), treatment (medications, psychotherapy), and long-term outcome (suicide).

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

**Author affiliations:** Departments of Psychiatry and Internal Medicine, Wright State University School of Medicine, Dayton, and Department of Psychiatry Education at Kettering Medical Center, Kettering, Ohio (Dr Sansone); Violence Prevention Program, University of Central Oklahoma, Edmond (Mr Elliott); and Department of Psychology, Columbia College, Columbia, South Carolina (Dr Wiederman).

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