

Examination of trauma history questionnaire deepens understanding of vulnerable women

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Exposure to trauma is associated with many negative outcomes, especially for at-risk populations like incarcerated women and perinatal women. The Trauma History Questionnaire (THQ) is a common

measure of exposure to trauma, but no published studies have validated the instrument with these two understudied groups.

In a new study [published](#) in *Women & Health*, researchers at Idaho State University (ISU) explored the THQ to shed light on these groups.

"Given the long-term physical and mental health risks associated with exposure to trauma, especially in vulnerable populations, valid measures of different types of trauma exposures are critical," explains Shannon Lynch, professor of psychology at ISU, who coauthored the study. Lynch is an expert whose work is promoted by the NCJA Crime and Justice Research Alliance.

More than half of women in the United States will experience at least one traumatic event in their lives. Exposure to trauma is linked to rises in rates of depression, anxiety, substance use, [social isolation](#), and chronic health problems, the effects of which are especially concerning for women experiencing incarceration or pregnancy. The high-risk life circumstances of these women may differentially affect the ways they experience and recover from traumatic events.

The THQ is frequently used to assess traumatic experiences in various populations. In this study, researchers sought to address the lack of studies on the instrument's validity with incarcerated women and perinatal women. They analyzed two samples of incarcerated women (the Trauma Exposure and Treatment Needs Study and the Seeking Safety Study) and one sample of prenatal women, that is, women immediately before and after the birth of their child (the IDAHO Mom Study); all three studies were conducted in the northwestern United States.

In particular, the study examined the validity of constructs with other measures and indices of trauma, convergent validity with related

constructs (i.e., depression, anxiety, somatic symptoms, [social support](#)), and the predictive validity of prenatal THQ scores with postnatal depression. The study also compared the incarcerated women with the perinatal women to identify unique interactions between gender and life circumstances in relation to trauma.

The THQ performed roughly as expected with the perinatal and incarcerated samples and demonstrated sufficient psychometric properties for use in future research with these populations.

It demonstrated a strong relation to a similar trauma measure (the Severity of Violence Against Women Scale) for both groups of women, as well as relations to relevant constructs of symptoms of depression, post-traumatic stress disorder, and psychological distress in these samples. Incarcerated women had significantly higher THQ scores than perinatal women, and prenatal women's THQ scores predicted later postpartum symptoms of depression.

Based on these findings, the authors suggest that while exposure to trauma may differ within subgroups of understudied female populations, robust connections exist between trauma and mental health outcomes across life circumstances.

In light of the elevated rates of exposure to trauma in the two groups of incarcerated women, as well as the strong associations between trauma and negative mental health outcomes, they recommend increased attention to [mental health care](#) in women's prisons. And in light of the relation between trauma and depression in the perinatal group and research on the negative effects of trauma and depression on maternal and fetal well-being, they recommend increased mental health care and support for women exposed to trauma in the perinatal period.

Among the study's limitations, the authors note that each study used

different measures, which limits direct comparison among samples. In addition, data for the studies were collected at different points in time. Finally, all three studies were conducted in the same region, which limits the generalizability of the results to other demographically distinct regions.

"Our findings increase our understanding of the kinds of trauma experienced by [incarcerated women](#) and perinatal women, and they can help inform the utility of trauma assessments for these vulnerable groups," says Lillian Bengtson, a doctoral candidate in clinical psychology at ISU, who led the study.

"Accurately measuring [trauma](#) in these groups will allow researchers and practitioners to better understand [risk factors](#) and long-term outcomes, and provide a focus for prevention and treatment involving vulnerable populations of women."

More information: Lillian Bengtson et al, Trauma History Questionnaire: validation with novel samples of incarcerated women and perinatal women, *Women & Health* (2024). [DOI: 10.1080/03630242.2024.2344503](#)

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