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AN EXAMINATION OF THE IMPACT TRAUMATIC EVENTS HAS ON PSYCHOSOCIAL IMPAIRMENT IN EATING DISORDER PATIENTS

Jennifer Parker Hackett

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AN EXAMINATION OF THE IMPACT TRAUMATIC EVENTS HAS ON
PSYCHOSOCIAL IMPAIRMENT IN EATING DISORDER PATIENTS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Jennifer Parker Hackett

June 2018

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ABSTRACT

Research suggests that trauma has an impact on eating disorders. While prior research has demonstrated that the trauma from abuse has a significant impact on eating disorders, research has failed to explore other types of trauma. In addition, previous studies have stopped short of examining the impact trauma has on functioning among individuals with an eating disorder. This study aimed to address that gap in the literature. The purpose of this study is to examine whether traumatic life events impact psychosocial functioning among individuals living with an eating disorder. Furthermore, this study aimed to identify which traumas are shown to have the strongest impact on psychosocial functioning.

A quantitative design was used for this investigation, using measurement scales that have been shown to be valid and reliable in measuring the constructs of trauma and psychosocial functioning among individuals with an eating disorder. Participants completed a single survey of the combined measurement scales. A non-random purposive sample was collected from online social media sites Tumblr, Facebook, eating disorder message boards, and an outpatient eating disorder treatment center. Using a study sample of N= 2,319 descriptive and inferential statistics were conducted using SPSS. Based on the results of correlation and multiple regression analyses, a statistically significant relationship was found between traumatic life events and psychosocial impairment among those with eating disorders. The findings of this study have the potential to impact the way social work policies address the relationship between trauma and

eating disorders, and influence the way social work clinicians implement strategies to treat both trauma and eating psychopathology.

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DEDICATION

This paper is dedicated to my family. Without their support, I would not be where I am today. It took a village to get me to this place in my life while ensuring my other roles as a mother, wife, and daughter didn't fall to the wayside. I want to thank my village for taking this journey with me, being understanding of my constraints, and standing by me. This one is for all of you.

To my son I would also like to say a special word... Never be afraid to follow your dreams. No matter how daunting. If you believe in it, then the risk and hard work are worth it. Be passionate about what you do, let it bring meaning to your life, be humble, be kind, and give more than you take from this world. Lastly, I would like to end with a quote that has shaped my life, my work, and continues to inspire my journey.

"The woods are lovely, dark, and deep, but I have promises to keep and miles to go before I sleep... And miles to go before I sleep (Frost, 1923)."

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CHAPTER ONE

INTRODUCTION

Problem Formation

Eating disorders are conditions marked by unhealthy eating habits and a relationship with food that seriously impacts the mental and physical health of the client. There are several types of eating disorders, such as, Anorexia nervosa, Bulimia nervosa, Binge eating and Eating disorder otherwise not specified. Each type of eating disorder is marked by its own symptoms that can range from starvation, overeating, and purging. All of which negatively impact the quality of life for the individual suffering from it. Approximately 20 million women and 10 million men in the United States will meet criteria for an eating disorder at some point in their lifetime (National Eating Disorder Association, 2011). The incidence of anorexia nervosa and bulimia nervosa have continued to rise in the last fifty years and as of 2011 (National Eating Disorder Association, 2011). Eating disorders are primarily diagnosed in youth in their teens and early 20's, but men and people outside of that age range can be effected by these disorders. This group of disorders can result in damage to the heart, diabetes and potential gastric rupture (National Eating Disorder Association, 2011; National Institute of Mental Health, 2016; National Alliance on Mental Health, 2016). In addition, eating disorders are marked by an obsession with body image, food intact, and secretive eating that can impact personal and professional relationships (National Eating Disorder Association, 2011). Of all the psychiatric disorders, Anorexia

nervosa alone has the highest mortality rate (National Institute of Mental Health, 2016).

As noted above, eating disorders have serious health implications, worst of which is death and yet this disorder does not receive funding for future research nearly as much as other diseases with lower prevalence rates. Eating disorders received approximately 32 million dollars in research funding last year (National Institutes of Health, 2016), an amount that has stayed steady over the last few years. And while that funding is a large amount, it is also substantially less than the funding for other disorders. For example, schizophrenia, which received 241 million dollars in research funding last year, Autism received 208 million dollars in research funding last year and Bipolar Disorder received 83 million in funding last year (National Institutes of Health, 2016).

All the disorders mentioned above are important and worthy of research funding. One might argue they are disorders that are more impactful in the everyday lives of those who suffer from them, or that their symptoms are more intense. For a group of disorders as treatment resistant as eating disorders are, a better understanding of what impacts these disorders and how they can be effectively treated must be a priority. Since eating disorders can have substantial ramifications on an individual's health and wellbeing, it is crucial that the mental health field gain a deeper understanding of the problem, the factors that contribute to it, and better ways to treat it.

Trauma is a factor that previous research studies have found be related to eating disorders. While research has focused heavily on abuse and at times the findings in this area have been contradictory, a link has been identified between the experience of trauma in an individual's life and the diagnosis of an eating disorder (Backholm, Isomaa, & Birgegard, 2013; Breire & Scott, 2007; Culbert, Racine, & Klump, 2015; Kong & Berstien, 2009; Rorty, Yager, & Rossotto, 1994; Smythe, Heron, Wonderlich, Crosby, & Thompson, 2008).

Purpose of this Study

The purpose of this study is to examine the impact traumatic life events have on psychosocial functioning among individuals living with an eating disorder. To do that, this research study looked at traumas that fall under the categories of crime-related events, general disasters/traumas; as well as, physical and sexual traumas. Participant consisted of women and man between the ages of 18 and 55 years of age, who reported an eating disorder diagnosis or reported they met criteria for an eating disorder. This study looked to identify if individuals with an eating disorder, who have experienced traumatic life events in one of the categories listed above would also rate higher levels of impairment in psychosocial functioning

This research study was conducted using online social media sites Tumblr, Facebook, and eating disorder focused message boards. In addition, participants were also recruited from an outpatient eating disorder treatment

center, using volunteer clients who were already in treatment. All participants were evaluated using measurement scales that have been shown to be valid and reliable. This study was conducted using quantitative research methods. Two scales were used to examine traumatic life events and psychosocial functioning among individuals with an eating disorder. The scales were combined into a single survey that participants completed. This method was chosen, because prior research has demonstrated it is effective when examining these factors with this population (Kong & Berstien, 2009; Rorty, Yager, & Rossotto, 1994; Wonderlich et al., 2001). Furthermore, this study used non-random purposive and snowball sample techniques, which prior research has also demonstrated is reflective of the larger population for this disorder (Kong & Berstien, 2009; Rorty, Yager, & Rossotto, 1994; Yuan, Bare, Johnson, & Saberi, 2014; Wonderlich et al., 2001).

Significance of the Project for Social Work Practice

Understanding the relationship between trauma and eating disorders could directly impact the field of social work. It could impact future research through Agencies such as the National Institute of Mental Health (NIH), National Alliances on Mental Illness (NAMI), National Eating Disorders Association (NEDA) who actively conduct research on eating disorders. This study has the potential to add to the body of knowledge these agencies have collected; as well as influence future research on trauma and eating disorders.

This study could impact social work practice by influencing how Licensed Clinical Social Workers address and meet the needs of individuals with an eating disorder who have also experienced traumatic life events. By demonstrating that trauma impacts psychosocial functioning among individuals with an eating disorder, social work clinicians could begin to implement strategies to treat the specific trauma along with the eating psychopathology. In addition, the findings of this study could impact social work policy by enabling policies that also target and address the influence trauma has on individuals with an eating disorder.

This study has the potential to demonstrate a greater understanding of the impact trauma has on individuals with an eating disorder. By understanding the influence trauma has, the social work field could implement policies, practices, and research that addresses the impact trauma has on eating disorders. For instance, by having this study demonstrate trauma among individuals with an eating disorder results in more impairment in psychosocial functioning, then social work practice could implement treatments that address both the eating disorder and trauma. This study aimed to explore whether trauma impacts psychosocial functioning among individuals with an eating disorder. It is the belief that the presence of current or past traumatic life events will result in more impaired functioning for individuals with an eating disorder.

CHAPTER TWO

LITERATURE REVIEW

Introduction

A review of the literature indicates previous research has explored the relationship between trauma and eating disorders; however, the current understanding of how these variables interact with one another is still not clear (Backholm, et al, 2013; Breire & Scott, 2007; Culbert et al., 2015; Kong & Berstien, 2009; Neumark-Sztainer & Story, 2000; Rorty et al., 1994; Smythe et al., 2008). Most research indicates that trauma does impact eating disorders, but there is not a clear consensus on what way it impacts eating disorders (Backholm et al., 2013; Breire & Scott, 2007; Culbert et al., 2015; Kong & Berstien, 2009; Neumark-Sztainer & Story, 2000; Rodriguez, Rorty et al., 1994). Some researchers believe eating disorders and trauma are separate variables that are mediated by a comorbid disorder; While others believe trauma has a direct negative influence on the eating disorder diagnosis itself (Backholm et al., 2013; Brewerton, 2007; Kong & Berstien, 2009; Mantero & Crippa, 2002; Neumark-Sztainer & Story, 2000; Rorty et al., 1994; Smythe et al., 2008). The lack of consensus on the relationship between eating disorders and the various types of trauma, demonstrates that more research on the topic needs to be done.

Trauma Defined as Sexual Abuse

One trauma most research agrees has a significant impact on eating disorders is childhood sexual abuse. Previous research has repeatedly shown that childhood sexual abuse has an adverse effect on eating disorders, especially regarding bulimia nervosa (Brewerton, 2007; Culbert et al., 2015; Neumark-Sztainer & Story, 2000; Rodriguez, Perez, & Garica, 2005; Ross, 2009; Wonderlich, Crosby, Mitchell, Thompson, Redlin, Demuth, Smythe, & Haseltine, 2001). Childhood sexual abuse has been shown to have a lasting and substantial impact on an individual's life, as well as on an eating disorder diagnosis. By experiencing this type of trauma, individuals are significantly more likely to develop an eating disorder (Backholm et al., 2013; Brewerton, 2007; Breire & Scott, 2007; Culbert et al., 2015; Rodriguez et al., 2005; Wonderlich et al., 2001). Research has found that sexual abuse is the most frequently cited trauma by patients with an eating disorder that report having experienced a trauma. (Backholm et al., 2013; Breire & Scott, 2007; Kong & Berstien, 2009).

While research has shown childhood sexual abuse does impact several types of eating disorders, Bulimia nervosa has been shown to be particularly impacted by this type of trauma (Brewerton, 2007; Rodriguez et al., 2005; Rorty et al., 1994; Wonderlich et al., 2001). Individuals with a diagnosis of bulimia nervosa are significantly more likely to report having experienced childhood sexual abuse than other types of eating disorders. The reasons behind this are not entirely clear. What research has found is that rates of sexual abuse appear

to be higher among patients with an eating disorder than with the general population, further strengthening the relationship between trauma and eating disorders (Breire & Scott, 2007; Rodriguez et al., 2005).

It has been theorized that some eating disorder behaviors may be the result of internalized attempts to cope or an attempt to engage in behaviors that will make clients feel better about themselves after the trauma they have experienced (Backholm et al., 2013; Breire & Scott, 2007). This may be especially true for individuals struggling with bulimia nervosa. The act of purging may be a way to internally cope with a previous trauma to their body. With the strong connection between eating disorders and childhood sexual abuse it is easy to see why so much research has focused primarily on childhood sexual abuse when exploring trauma, but other types of trauma should be examined for possible significance as well.

Understanding Trauma

While researching the significant role childhood sexual abuse can play in eating disorders, it should be noted it can also limit the scope of understanding on the topic of trauma if childhood sexual abuse is the primary type of trauma that researchers have generally focused on (Smythe et al., 2008; Rodriguez et al., 2005). For example, research studies are beginning to find that emotional abuse has also been shown to impact eating disorder behaviors (Smythe et al., 2008). In addition, one study found that a history of emotional abuse can be a predictor of eating pathology later in life (Kong & Berstien, 2009; Rorty et al.,

1994). While another study found that trauma beyond the scope of abuse can have an impact as well (Smythe et al., 2008). Smythe et al. found any adverse event that an individual felt was traumatic could impact their eating behaviors if they met criteria for disordered eating. Which stresses the potential effects multiple smaller traumatic events can play on disordered eating (2008). The research primarily looks at trauma in the form of abuse, but as some preliminary research is beginning to show, other forms of trauma should be examined (Smythe et al., 2008).

Taking a different look at the impact of trauma, some researchers feel that trauma has a comorbid relationship with eating disorders in the form of posttraumatic stress disorder and other psychopathologies (Brewerton, 2007; Mantero & Crippa, 2002). Brewerton noted that eating disorder patients with a history of trauma are significantly more likely to meet criteria for an additional diagnosis. His findings suggest trauma impacts a comorbid disorder more than it directly affect an eating disorder (2007). For those researchers', trauma is mediated by another disorder instead of having a direct impact on the eating disorder diagnosis (Brewerton, 2007; Mantero & Crippa, 2002).

Due to a lack of consensus on the construct definition of trauma, trauma has several different meanings when the literature is reviewed. Most research defines trauma as previous instances of abuse, especially sexual abuse (Neumark-Sztainer & Story, 2000; Rodriguez et al., 2005; Rorty et al., 1994). Other research defines trauma as any instance an individual deems traumatic

(Smythe et al., 2008). In order to define trauma more clearly other studies have broadened their definition of trauma for their research to include physical, sexual, and emotional abuse; as well as, emotional and physical neglect (Kong & Berstien, 2009; Rorty et al., 1994; Smythe et al., 2008). The study by Kong and Berstien (2009) did not examine instances of trauma outside of abuse, but it did expand trauma to a broader definition than just sexual abuse. This study argues that trauma needs to be more clearly defined and not just within the scope of abuse. A traumatic event not listed in the research, but future research needs explore, is loss. How does the trauma of loss in the form of death or separation or even just internalized perception of loss potentially impact eating disorders? More research needs to be done to understand the various types of trauma.

Limitations in Previous Research

A review of the literature reveals limitations within the research that need to be resolved before clear conclusions can be made about. For example, a lack of consensus on the definition of childhood sexual abuse and what falls within the parameters of it limits the understanding of the impact it plays on eating disorders (Wonderlich et al., 2001). When the full scope of childhood sexual abuse and the different forms it can take are not explored and considered, it becomes impossible to understand all the effects this type of trauma could play in eating disorders and limits the scope of understanding for other forms of trauma. Another area in need of clearer construct definitions is trauma. Various definitions of trauma's have been listed in previous studies, but the lack of

consistency in the definition can make it challenging to definitively determine which traumas have an impact on eating disorders.

Another limitation is the focus on abuse as the only form of trauma. When exploring the impact trauma has on eating disorders a single definition of trauma greatly limits the generalizability to other forms of trauma (Smythe et al., 2008). As noted above early research has shown a possible impact from emotional and physical abuse; as well as, a culmination of several smaller traumatic events (Neumark-Sztainer & Story, 2000; Rodriguez et al., 2005; Rorty et al., 1994). A review of the literature demonstrates a need for a broader examination of various types of trauma. While a few studies have sought to explore different kinds of trauma, more research needs to be done to gain a better understanding of the types of trauma that impact functioning in individual with an eating disorder. Before an understanding of the role trauma plays on eating disorders can be understood, there needs to be more comprehensive research on which trauma's impact eating disorders. This study aimed to fill that gap and examine a larger array of traumatic life events that have otherwise not been researched.

Theory Guiding Conceptualization

Attachment Theory

Introduced by John Bowlby, Attachment theory surmises that deep emotional connections were crucial to overall wellbeing (Zastrow, & Kirst-Ashman, 2010). A deep emotional connection, especially to a parent or caregiver

is an attachment. Individuals with healthy attachments to a parent or caregivers went on to have healthy attachments later in life, as well as overall being more emotionally and mentally healthy. These attachments primarily develop between a mother and her infant, but they can develop with any caregiver. There are five stages of attachment, all that build upon each other as the child ages to create a healthy emotional connection that allows and teaches an individual how to have healthy emotional connections with other people in the future (Zastrow, & Kirst-Ashman, 2010).

There are four factors that account for a healthy attachment; time spent together, responding appropriately to a child's needs, the level of emotion and responsiveness to the child, and being present for the child during their life (Zastrow, & Kirst-Ashman, 2010). When these four factors come together in an optimal setting, a child grows up to create and maintain healthy relationships throughout their lives; However, when attachment does not occur the results can be long lasting. Individuals with an unhealthy attachment to a caregiver can struggle throughout their life to create meaningful connections and to trust others. They are more likely to have struggles with psychological problems during their lifetime (Zastrow, & Kirst-Ashman, 2010).

Attachment theory is directly related to this study by the influence it has on trauma and eating disorders. Attachments can be directly impeded by trauma. As noted above, one of the main sources of trauma is abuse. Abuse that happens at the hands of a caregiver will not only create trauma, but impact attachment within

the individual, further complicating the trauma for an individual. In addition, attachment has been shown to be contributing factor in eating disorder. An unhealthy attachment has been shown to be a risk factor for eating disorders later in life (Zastrow, & Kirst-Ashman, 2010)

Summary

A review of the literature demonstrates a need for further research. Prior research has limited the construct definition of trauma to types of abuse. In limiting the scope of trauma, gaps in the research have resulted and need to be addressed. Future research needs to examine different types of trauma beyond the definition of abuse. With a more comprehensive definition of trauma, a clearer understanding of the relationship between trauma and eating disorders can be gained.

CHAPTER THREE

METHODS

Introduction

This chapter discusses the study design. Followed by the sampling methods that were utilized within this study. In addition, how data was collected and the instruments that were applied for this research. Also, it will explain procedures that were implemented during data collection. Then finally, protections that were put in place in this research study for human subjects will be laid out.

Study Design

The purpose of this study was to examine the impact traumatic life events has on psychosocial functioning among individuals living with an eating disorder. The variables in this study were measured using quantitative methods in a cross-sectional study. The rationale for this type of methodology was the result of previous research done on related variables (Kong & Berstien, 2009; Rorty, Yager, & Rossotto, 1994; Wonderlich et al., 2001). With groundwork research already established, a quantitative study was a good method to examine gaps in previous research. The study used validated instruments to measure the research variables. Data was collected and measured quantitatively. Participants were adults who reported a diagnosis from a medical professional for an eating disorder; or, adults who gave a self-diagnosis for an eating disorder diagnosis.

Methodological decisions were impacted by the content of this study. Due to the sensitive nature of the research topic, this study chose adult participants over children and adolescents. As a protected population, it was determined that this topic would best be examined on an adult population to avoid creating further trauma. In addition, participants used self-report standardized instruments that measure prior instances of traumatic life events, psychosocial functioning, and demographics. The use of standardized instruments aided in reducing retraumatization that could have potentially occurred if qualitative data collection methods were used; such as focus groups or in-depth interviews. The use of validated instruments allowed necessary data to be collected while maintaining minimal risk to participants.

Limitations to this study were due in part to the methodology used and the sensitivity of the topic. With the use of quantitative scales, the link between trauma and functioning could be examined, but more detailed factors about the internal connection for the participants between the two variables could not be obtained from the scales used in this study. In addition, participants had the survey option for a self-diagnosis. To reduce the chance of misdiagnosis, future research could seek participations with only a medical diagnosis. Another limitation that should be noted, this study only used participants over the age of 18. A significant portion of individuals with eating disorders are under the age of 18 (National Eating Disorder Association, 2011); however, being a protected population, this study chose not to risk further harm. In order to examine the

effects of trauma on functioning among individuals with an eating disorder under the legal age of consent further research will need to be conducted.

This study examined whether traumatic life events impact psychosocial functioning among individuals with an eating disorder. It is hypothesized that the presence of traumatic life events will result in the participants reporting more severe psychosocial impairment in their overall functioning. The study aims to first identify, whether traumatic life events impact functioning in individuals with an eating disorder, and second, what type of traumatic life events are reported by individuals with an eating disorder.

Sampling

This study used a non-random purposive and snowball sample techniques to recruit participants. Participants were recruited from two sources. First, from an eating disorder outpatient treatment center in San Bernardino County and second, through social media websites Tumblr, Facebook, and eating disorder focused message boards. Participants who were recruited from the outpatient treatment center were individuals with a current eating disorder diagnosis and who are in treatment. Participants recruited from online social media sources consisted of individuals who self-reported having an eating disorder diagnosis from a medical professional or reported they met criteria for one. This study had N= 2,312 participants complete the survey, from over 15 countries. Selection criteria was based on individuals 18 years of age or older, of any ethnicity with an eating disorder diagnosis from a medical professional or reported they met

criteria for an eating disorder. This sample was chosen based on previous research that has worked with similar populations. Previous research has demonstrated this method of sampling is suitable for examining the proposed topics (Kong & Berstien, 2009; Rorty, Yager, & Rossotto, 1994; Wonderlich et al., 2001). In addition, this method was chosen, because previous research has also shown this method to be effective in overcoming recruitment barriers and reaching more individuals from the desired population directly (Yuan, Bare, Johnson, & Saberi, 2014).

Data Collection and Instruments

Data was collected over a four-month period between October 2017 to January 2018. Participants from the outpatient treatment center were made aware of the participation opportunity from their treatment provider. Online participants were recruited from social media websites Tumblr, Facebook, and eating disorder focused message boards using online posting and personal messages announcing the study. Participants self-reported their symptoms, diagnosis, and experiences using a single 73-item survey that had two validated measurements within it. Online participants completed the same survey in an online format created using Qualtrics Research Suite with a limit of one attempt per Internet Protocol (IP) address (Qualtrics, 2017). The survey collected information regarding trauma history and psychosocial functioning among individuals with an eating disorder; as well as, basic demographic information on participants. The independent variable within the study was the presence and

type of traumatic life event. This was measured using the Trauma History Questionnaire (Hooper et al., 2011). The dependent variable was the degree of psychosocial functioning reported by the participant with an eating disorder. This was measured using the Clinical Impairment Assessment Questionnaire (Bohn, et al., 2008).

Trauma History Questionnaire

The Trauma History Questionnaire (THQ) is a self-report 24-items scale that assesses the occurrence of various types of trauma (Hooper et al., 2011). The Trauma History Questionnaire has been tested for validity and reliability, and during preliminary evaluation has demonstrated to accurately measure trauma (Hooper et al., 2011). In addition, the scale has been tested for cultural validity and found to hold up with diverse populations and when translated into other languages (Hooper et al., 2011). The THQ shows strong construct validity, identifying serious illness ($\kappa = 1.00$) and sexual abuse ($\kappa = .87$), when compared to the established scale Stressful Life Events Screening Questionnaire (Hooper et al., 2011). This scale is straightforward for participants, and applies to diverse populations, however, the scale is unable to gather detailed information on a specific trauma. To overcome this limitation, the current study did not seek in-depth information concerning individual traumas. As mentioned above, that is an area future research could explore using more qualitative methods.

Clinical Impairment Assessment Scale

The Clinical Impairment Assessment Scale (CIA) is a 16-item self-report scale that assesses the severity of psychosocial impairment on functioning among individuals with an eating disorder (Bohn, et al., 2008). CIA has established a high degree of internal validity ($\alpha=.85$), test-retest reliability correlation (.86), and construct validity ($\alpha=.89$) (Bohn, et al., 2008). This instrument demonstrated it is reliable and valid in measuring psychosocial impairment on functioning in individuals with an eating disorder. A noted limitation is a small sample size in previous studies for individuals with anorexia nervosa.

Procedures

Participants were recruited at an outpatient eating disorder treatment center and online social media websites Tumblr, Facebook, and eating disorder focused message boards. They were given information regarding the topic of the research study and the type of information that would be gathered. The data was collected at times and dates that were most convenient for participants over a four-month period. Data was collected by myself or the clinical director at the outpatient treatment center. Data was collected in a clinical setting within the treatment center and in an online format from social media websites. Private session rooms were utilized to collect data and maintain confidentiality for participants. Online participations were recruited from study announcements sent

out and posted. An anonymous link was provided to complete the survey. All participants received a consent form prior to completing the survey. Each survey took approximately ten to twenty minutes to complete. Following completion of the survey a debriefing statement was made available to participants.

Protection of Human Subjects

Participation was voluntary, participants were informed they could withdraw from the study at any time. In order to maintain the confidentiality and anonymity of participants within the study, identifiable information was not gathered. By abstaining from having identifiable information, there was an assurance that the information gathered could not be tied back to any individual. Participants signed a consent form before taking part in the study. Following participation, they received a debriefing statement explaining the nature of the research, reasoning behind the questions asked and resources if they needed additional support to process any feelings the survey may have triggered. All hard copy consent forms and surveys were kept in a locked file cabinet and were destroyed one year after the research is complete. All online surveys and data were kept on a password protected Qualtrics account and password protected USB drive (Qualtrics, Provo, UT).

Data Analysis

Quantitative procedures were utilized to answer the research question and test the study hypothesis. Descriptive statistics were conducted on the demographic information from participants. The trauma history questionnaire was broken down into three subscales; crime related events, general disaster and trauma, physical and sexual trauma. Additional variables that were analyzed include psychosocial functioning. Using Pearson's correlation, the relationship between the three subscales for trauma and psychosocial functioning were examined. In addition, standard multiple regression analysis was conducted to examine the relationship trauma has on psychosocial functioning among individuals with an eating disorder.

Summary

This study examines the relationship between trauma and psychosocial functioning among individuals with an eating disorder. This study uses a non-random sample of participants from an outpatient eating disorder treatment center. The variables of trauma, psychosocial functioning, and eating psychopathology will be measured using reliable and valid scales. Participants will complete a single survey of the combined measurements online and in person. Participants were recruited from Tumblr, Facebook, eating disorder message boards and an outpatient treatment center. Quantitative analysis was

conducted to examine the relationship between trauma and psychosocial functioning.

CHAPTER FOUR

RESULTS

Introduction

The following chapter will review the statistical findings on the relationship between traumatic life events and impairment among individuals with an eating disorder. Quantitative measures were used to analyze the data and the findings supported the study's hypothesis. Descriptive statistics were conducted to describe the demographic characteristics of study participants. Inferential statistics were utilized to examine the relationship between traumatic life events and psychosocial impairment among those with an eating disorder. The results of correlation and standard multiple regression analyses are presented in detail.

Data Analysis

Descriptive Statistics

Table 1 presents the demographic characteristics of the study sample. The sample ranged in age from 18 to 57. A large proportion of study participants were women (92.4%). The sample was approximately three-fourths Caucasian (72.2%) with the second largest group defined as Other (16.5%). Followed by Hispanic (10%), African American/Black (4.1%), Asian American/Pacific Island (3.1%), and American Indian/Alaska Native (2.9%). Highest level of education ranged from some high school to a graduate degree. Approximately a third of the sample has some college (35.2%) or is a high school graduate (32.7%) with the

third largest group having some high school (15.1%), followed by a college degree (13.3%) and then a graduate degree (3.8%).

Approximately half of the sample reported having a current or previous diagnosis of anorexia nervosa (41.6%) with a third of participants reporting a diagnosis of Eating Disorder Not Otherwise Specified (31.8%). The third largest group marked their diagnosis Unknown (15.8%), followed by bulimia nervosa (8.1%), and Other diagnosis was last (2.7%). A large proportion of the study participants reported a self-described diagnosis (62.9%) and a third have had a diagnosis from a medical professional (37.1%).

Table 1. Demographic Characteristics of Study Sample

	N(%)	Range
Age		18-57
Gender		
	Males 174(7.6%)	
	Female 2123(92.4%)	
Race/Ethnicity		
	Non-Hispanic/White 1668(72.2%)	
	Hispanic/Latino 230(10%)	
	Asian American/Pacific Island 72(3.1%)	
	American Indian/Alaska Native 68(2.9%)	
	African American/Black 94(4.1%)	
	Other 380(16.5%)	
Highest Level of Education		
	Some high school 349(15.1%)	
	High school graduate 753(32.7%)	
	Some College 811(35.2%)	
	College degree 306(13.3%)	
	Graduate degree 87(3.8%)	
Current/Previous Eating Disorder Diagnosis		
	Anorexia 960(41.6%)	

	Bulimia	188(8.1%)
	Eating Disorder NOS	733(31.8)
	Other	63(2.7%)
	Unknown	364(15.8%)
Was your eating Disorder Diagnosis given by		
	Medical professional	852(37.1%)
	Self-described diagnosis	1442(62.9%)

Inferential Statistics

A Pearson correlation analysis was conducted to test to relationship between traumatic life events and impairment among individuals with an eating disorder. A Pearson correlation analysis yielded a small, positive relationship between the Crime Trauma Subscale and impairment, $r = .12$, $n = 1797$, $p = .001$, with high levels of crime related trauma associated with high levels of impairment. In addition, Pearson correlation analysis yielded a small, positive relationship between the General Disaster Trauma Subscale and impairment, $r = .16$, $n = 1782$, $p = .001$, with high levels of general disaster trauma associated with high levels of impairment. Finally, a Pearson correlation analysis yielded a small, positive relationship between the Physical and Sexual Trauma Subscale and impairment, $r = .21$, $n = 1777$, $p = .000$, with high levels of physical and sexual related trauma associated with high levels of impairment. See Table 2 for additional information.

Table 2. Correlation Matrix on the Relationship Between Trauma and Higher Levels of Impairment

	1	2	3	4	5	6
1. Impairment Scale	1					
2. Crime Scale	.12**	1				
3. General Disaster Scale	.17**	.29**	1			
4. Physical Sexual Scale	.22**	.27**	.37**	1		
5. Age	-.06**	.06**	.11**	.06**	1	
6. Gender	.04	.02	.01	.09**	.01	1

** . Correlation is Significant at the 0.01 Level (2-tailed).

Standard multiple regression analysis was used to examine the relationship between various forms of trauma and psychosocial functioning among those with eating disorders, as well as to test the effects traumatic life events has on impairment. The independent variables included in the regression were age, gender, ethnicity, crime trauma subscale, general disaster trauma subscale, and physical and sexual trauma subscales. The dependent variable was impairment as measured by the impairment scale. The overall model was significant ($F = 11.837$, $p < 0.001$) and accounted for 7% of the variance in impairment among individuals with an eating disorder. Gender and race/ethnicity were non-significant. However, age, the crime subscale, the general disaster subscale, and the physical and sexual subscale were all found to be significantly related to impairment. Younger age was related to higher levels of impairment among individuals with an eating disorder. In addition, experiencing trauma in the areas of crime, general disaster, and sexual or physical abuse was related to

higher levels of impairment among individuals with an eating disorder. The regression model results are presented in Tables 3.

Table 3. Multiple Regression Analysis on Impairment: Age, Gender, Race/Ethnicity, Crime Scale, General Disaster Scale, Physical and Sexual Scale (N = 2,297)

Variable	B	Std. Error	Beta	t	Sig
Constant	49.77	1.17		42.36	.01
Age	-0.07	0.02	-0.08	-3.30	.01
Gender	-0.55	.73	-0.02	-0.77	.44
Hispanic	-0.73	.82	-0.03	-0.9	.37
Non-Hispanic/White	-0.72	.75	-0.04	-0.9	.33
Asian/Pacific Islander	-1.58	1.25	-0.03	-1.26	.21
American Indian/Alaska	.30	1.15	.01	.26	.79
African American/Black	-0.59	1.11	-0.01	-0.53	.59
Race/Other	.72	.80	.03	.91	.36
Crime Scale	.47	.23	.05	2.02	.04
General Disaster Scale	.39	.10	.09	3.77	.01
Physical & Sexual Abuse Scale	.77	.12	.17	6.53	.01

Summary

This chapter discussed the statistical analysis that was run on the data collected for this study. Demographic information for study participants was presented. In addition, a review of the results from Pearson's correlation and standard multiple regression were discussed. The results of the study yielded a significant finding that supported the study hypothesis and determined there is a relationship between traumatic life events and impairment among individuals with an eating disorder.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the significant study findings and the inferences that can be drawn from them. In addition, limitations of the study will be addressed and how they impact the results of this study. Finally, the chapter will explore the implications of the study findings on future social policy, practice and research will be made, including suggestions for future research.

Discussion

The purpose of this study was to identify whether there is a relationship between traumatic life events and impairment among individuals with an eating disorder. The results of the data analysis suggest there is a significant relationship between exposure to traumatic life events and psychosocial impairment, supporting the proposed hypothesis. In addition, this study aimed to identify the types of traumatic events individuals with an eating disorder indicated they had experienced.

Trauma history was measured using the Trauma History Questionnaire which is broken down into three subcategories of traumas including: crime-related events, general disaster trauma, and physical and sexual experiences. The crime-related subcategory examined whether individuals have ever experienced traumas such as being robbed, mugged, or experiencing a home

break in. In addition, the general disaster and trauma subscale examined traumatic events such as a serious accident, a natural disaster, being in a situation where the participant was seriously injured, witnessed a situation where someone else was seriously injured, seeing a dead body, losing a loved one, or experiencing a life-threatening illness. The final subscale measures physical and sexual types of trauma, such as being forced to engaging in sexual activity, being touched or being forced to touch someone, being attacked by a family member using a weapon, being attacked by someone close, or being beaten. All three subscales were found to have a significant relationship to impairment.

These findings are consistent with previous research studies that have examined the relationship between trauma and eating disorders. Previous empirical research has shown a relationship between trauma and eating disorders, especially when trauma is defined in terms of sexual abuse (Brewerton, 2007; Culbert et al., 2015; Neumark-Sztainer & Story, 2000; Rodriguez, Perez, & Garica, 2005; Ross, 2009; Wonderlich, Crosby, Mitchell, Thompson, Redlin, Demuth, Smythe, & Haseltine, 2001). Furthermore, these findings are consistent with previous research that found even when the definition of trauma was expanded beyond abuse, trauma was still shown to have a significant relationship with eating disorders (Smythe et al., 2008).

These findings suggest that exposure to traumatic life events have an impact on psychosocial impairment among individuals with an eating disorder. That conclusion is consistent with previous research, but also expands upon the

existing body of knowledge by examining impairment directly verses other aspects of eating disorders, as well as by examining the types of traumatic events individuals with an eating disorder report having experienced.

Limitations

Limitations were present during this study that should be taken into consideration. Participants were gathered primarily from anonymous online sources and their responses were self-reported much like most surveys. Therefore, it is impossible to verify whether the information they provided regarding their diagnosis was accurate or current. Furthermore, many participants indicated they had a self-described diagnosis. Without including valid and reliable measurements of eating disorder psychopathology, the study cannot conclusively say whether those participants meet criteria for an eating disorder as described in the DSM-5 (American Psychiatric Association, 2013). In addition, since this was a cross-sectional study, the results cannot be used to determine whether traumatic life events are predictive of impairment. Though the study has some limitations, the study findings do contribute to the empirical evidence of a significant relationship between traumatic life events and psychosocial impairment among those who report having an eating disorder.

Implications for Social Work Policy, Practice, and Research

The results of this study have the potential to influence future social work policy, practice and research. With the knowledge that there are traumas outside

of the scope of abuse that impact impairment among individuals with an eating disorder, it would be beneficial for social work policy and practice to implement treatment plans and protocols that reflect that need. Social work administrators and organizational leaders could explore staff trainings on trauma and implement programs that address both trauma and eating disorders. On a micro social work level, practitioners could utilize the trauma history questionnaire more frequently during assessments with clients who have a history of trauma, as well as, implement treatment plans that are designed to treat the eating disorder concurrently with the client's trauma history.

Future social work research could examine this area further by including an eating disorder psychopathology scale in order to conclusively determine whether participants meet criteria for an eating disorder, or by utilizing research participants who are currently in a treatment setting for an eating disorder. In addition, future research could benefit from further exploring the various types of traumatic life events that impact individuals with an eating disorder. This study has only begun to examine the different types of traumatic events individuals with an eating disorder could have experienced. Therefore, research also could benefit from taking a more qualitative methodological approach when examining trauma in order to gain a deeper understanding of how individuals feel the traumatic events they've experienced have impacted their eating disorder.

Conclusion

In conclusion, this study found that there is a significant relationship between traumatic life events and impairment among individuals with an eating disorder. In addition, this study was able to identify some of the traumatic events individuals reported experiencing. These findings are consistent with previous research, but also expand upon what types of traumatic events can have an impact. The lack of verifiable eating disorder psychopathology in participants was a limitation in this study. With that said, this study has the potential to impact agency policies and micro practice when it comes to the treatment of individuals with an eating disorder who have also experienced trauma. This study could also potentially lead the way for future research to expand upon social work's understanding of how traumatic life events impact individuals with an eating disorder.

APPENDIX A
TRAUMA HISTORY QUESTIONNAIRE

TRAUMA HISTORY QUESTIONNAIRE

The following is a series of questions about serious or traumatic life events. These types of events actually occur with some regularity, although we would like to believe they are rare, and they affect how people feel about, react to, and/or think about things subsequently. Knowing about the occurrence of such events, and reactions to them, will help us to develop programs for prevention, education, and other services. The questionnaire is divided into questions covering crime experiences, general disaster and trauma questions, and questions about physical and sexual experiences.

For each event, please indicate (circle) whether it happened and, if it did, the number of times and your approximate age when it happened (give your best guess if you are not sure). Also note the nature of your relationship to the person involved and the specific nature of the event, if appropriate.

<u>Crime-Related Events</u>		<u>Circle</u>		<i>If you circled yes, please indicate</i>	
		<u>one</u>		Number of times	Approximate age(s)
1	Has anyone ever tried to take something directly from you by using force or the threat of force, such as a stick-up or mugging?	N o	Ye s		
2	Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?	N o	Ye s		
3	Has anyone ever attempted to or succeeded in breaking into your home when you were <u>not</u> there?	N o	Ye s		
4	Has anyone ever attempted to or succeed in breaking into your home while you <u>were</u> there?	N o	Ye s		
<u>General Disaster and Trauma</u>		<u>Circle</u>		<i>If you circled yes, please indicate</i>	
		<u>one</u>		Number of times	Approximate age(s)
5	Have you ever had a serious accident at work, in a car, or somewhere else? (<u>If yes</u> , please specify below)	N o	Ye s		

6	Have you ever experienced a natural disaster such as a tornado, hurricane, flood or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury? (<u>If yes</u> , please specify below)	N o	Ye s		
7	Have you ever experienced a “man-made” disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or your loved ones were in danger of death or injury? (<u>If yes</u> , please specify below)	N o	Ye s		
8	Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?	N o	Ye s		
9	Have you ever been in any other situation in which you were seriously injured? (<u>If yes</u> , please specify below)	N o	Ye s		
10	Have you ever been in any other situation in which you feared you <u>might</u> be killed or seriously injured? (<u>If yes</u> , please specify below)	N o	Ye s		
11	Have you ever seen someone seriously injured or killed? (<u>If yes</u> , please specify who below) _____	N o	Ye s		
12	Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason? (<u>If yes</u> , please specify below)	N o	Ye s		
13	Have you ever had a close friend or family member murdered, or killed by a drunk driver? (<u>If yes</u> , please specify relationship [e.g., mother, grandson, etc.] below)	N o	Ye s		
14	Have you ever had a spouse, romantic partner, or child die? (<u>If yes</u> , please specify relationship below)	N o	Ye s		

15	Have you ever had a serious or life-threatening illness? (If yes , please specify below) _____	N o	Ye s		
16	Have you ever received news of a serious injury, life-threatening illness, or unexpected death of someone close to you? (If yes , please indicate below)	N o	Ye s		
17	Have you ever had to engage in combat while in military service in an official or unofficial war zone? (If yes , please indicate where below) _____	N o	Ye s		
<u>Physical and Sexual Experiences</u>		<u>Circle</u> <u>one</u>		<i>If you circled yes, please indicate</i>	
				Repeate d?	Approxim ate age(s) and frequency
18	Has anyone ever made you have intercourse or oral or anal sex against your will? (If yes , please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below)	N o	Ye s		
19	Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat? (If yes , please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below)	N o	Ye s		
20	Other than incidents mentioned in Questions 18 and 19, have there been any other situations in which another person tried to force you to have an unwanted sexual contact?	N o	Ye s		
21	Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon?	N o	Ye s		
22	Has anyone, including family members or friends, ever attacked you <u>without</u> a weapon and seriously injured you?	N o	Ye s		

2 3	Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?	N o	Ye s		
2 4	Have you experienced any other extraordinarily stressful situation or event that is not covered above? (<u>If yes</u> , please specify below)	N o	Ye s		

(Hooper, Stockton, Krupnick, & Green, 2011)

APPENDIX B
CLINICAL IMPAIRMENT ASSESSMENT QUESTIONNAIRE

INSTRUCTIONS

Please place an 'X' in the column which best describes how your eating habits, exercising or feelings about your eating, shape or weight have affected your life over the past four weeks (28 days). Thank you.

		Not at all	A little	Quite a bit	A lot
	Over the past 28 days, to what extent have your ...eating habits ...exercising or feelings about your eating, shape or weight ...				
1	... made it difficult to concentrate?				
2	... made you feel critical of yourself?				
3	... stopped you going out with others?				
4	... affected your work performance (if applicable)?				
5	... made you forgetful?				
6	... affected your ability to make everyday decisions?				
7	... interfered with meals with family or friends?				
8	... made you upset?				
9	... made you feel ashamed of yourself?				
10	... made it difficult to eat out with others?				
11	... made you feel guilty?				
12	... interfered with you doing things you used to enjoy?				
13	... made you absent-minded?				
14	... made you feel a failure?				
15	... interfered with your relationships with others?				
16	... made you worry?				

(Bohn, Doll, Cooper, O'Connor, Palmer, & Fairburn, 2008).

APPENDIX C
INFORMED CONSENT STATEMENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the relationship between trauma history and functioning among individuals with an eating disorder. The study is being conducted by Jennifer Hackett, a graduate student, under the supervision of Prof. Erica Lizano, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine the relationship between trauma and functioning among individuals with an eating disorder.

DESCRIPTION: Participants will complete a survey that asks of a few questions on trauma history, daily functioning, body image beliefs, behaviors toward food, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 15-20 minutes to complete the survey.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Prof. Erica Lizano at (909) 537-5584.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2017.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

APPENDIX D
DEBRIEFING STATEMENT

Study of Trauma and Psychosocial Functioning Debriefing Statement

This study you have just completed was designed to examine the relationship between trauma history and psychosocial functioning among individuals with an eating disorder. In this study, you were asked to complete a survey with questions on trauma history, psychosocial functioning, body image beliefs, food behaviors, and demographics.

We find that a history of trauma may impact psychosocial functioning among individuals with an eating disorder. By examining the findings of the surveys, we expect to find trauma has an impact on functioning. We are also interested in identifying which traumatic experiences have the biggest impact. Understanding this connection can be helpful to clinicians working with clients who have experienced trauma and who are also living with an eating disorder.

If our procedures have triggered unpleasant feelings for you, or if you are experiencing distress and would like to talk to a counselor or therapist, you may seek assistance from the following service center:

Counseling & Psychological Services,
Health Center,
California State University, San Bernardino.
Phone: 909-537-5040

Thank you for your participation.

If you have any questions about the study, please feel free to contact Jennifer Hackett or Professor Erica Lizano at (909) 537-5584. If you would like to obtain a copy of the group results of this study, please contact Professor Erica Lizano at (909) 537-5584 at the end of Winter Quarter of 2018.

APPENDIX E
IRB APPROVAL LETTER

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Jennifer Hackett
Proposal Title An Examination of the Impact Traumatic Events
Has on Psychosocial Functioning Among Individuals
20170 William Ewing Jensen

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)

Jennifer Hackett _____ Date 6/7/2017

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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