



# The conditional indirect effects of suicide attempt history and psychiatric symptoms on the association between intimate partner violence and suicide ideation



Caitlin Wolford-Clevenger, M.S.<sup>a,\*</sup>, Phillip N. Smith, Ph.D.<sup>b</sup>

<sup>a</sup> Department of Psychology, University of Tennessee-Knoxville, 310 Austin Peay Bldg., Knoxville, TN 37996-0900, United States

<sup>b</sup> Psychology Department, University of South Alabama, UCOM 1000, 75 S. University Blvd., Mobile, AL 36688, United States

## ARTICLE INFO

### Article history:

Received 29 August 2016

Received in revised form 20 October 2016

Accepted 21 October 2016

Available online 25 October 2016

### Keywords:

Domestic violence shelter

Psychological aggression

Partner abuse

Suicide risk

Mental health

## ABSTRACT

**Background:** Women seeking shelter from intimate partner violence (IPV) experience heightened risk for suicide ideation and attempts compared to abused and non-abused women in the general population. However, few theory-guided studies have examined what cognitive-emotional symptoms might underlie this increased risk.

**Methods:** Guided by fluid vulnerability theory, this cross-sectional, survey study tested whether depressive symptoms, PTSD symptoms, and hopelessness mediate the association between IPV (coercive control and physical violence) and suicide ideation and whether suicide attempt history facilitated these mediated relations in 134 women seeking shelter from IPV.

**Results:** Depressive symptoms, but not PTSD symptoms or hopelessness, mediated the relation between coercive control and suicide ideation, and suicide attempt history facilitated this association. No variables mediated the association between physical violence and suicide ideation. Limitations: The small sample size may have limited statistical power. The cross-sectional design precludes temporal conclusions from being drawn.

**Conclusions:** Shelter-seeking women subjected to coercive control who experience associated depressive symptoms may be at risk of suicide ideation, with history of a suicide attempt increasing this risk. Fluid vulnerability theory may help guide suicide risk assessment and intervention efforts among women seeking shelter from IPV.

© 2016 Elsevier Ltd. All rights reserved.

## 1. Introduction

Intimate partner violence (IPV), defined as physical, psychological, and/or sexual violence committed by a partner (Breiding et al., 2015), is a major social problem that confers risk of psychiatric symptoms including depression, posttraumatic stress disorder (PTSD), and suicide ideation and attempts (Coker et al., 2000; Golding, 1999). Suicide ideation and attempts are of particular concern, as they are precursors to suicide, which is a leading and preventable cause of death in the United States (CDC, 2013). Women seeking shelter from IPV experience heightened risk in particular, as they have higher rates of suicide ideation and attempts (34%) than IPV victims who do not seek such help (6.6%) as well as women in the general population (4.2%; Golding, 1999; Mościcki et al., 1988). This amplified risk may be due to shelter-seeking women's greater victimization by coercive control compared to abused women who do not seek shelter (Johnson, 1995; Johnson & Leone, 2005). Coercive control is defined as the assertion of power through the use of demands contingent on implicit or explicit, credible threats (Dutton & Goodman, 2005a) and has been shown to have a greater

emotional impact than physical violence (O'Leary, 1999). The emotional consequences of coercive control victimization may affect suicide risk.

Indeed, many studies have supported that coercive control associates with suicide-related thoughts and behaviors (e.g., Golding, 1999; Leiner, Compton, Houry, & Kaslow, 2008; Leone, 2011; Pico-Alfonso et al., 2006) and perhaps more strongly than physical violence (Leone, 2011; Wolford-Clevenger, Vann, & Smith, 2016). Furthermore, intimate partner homicide risk—which is often signified by coercive control—has been linked to suicide attempts and threats (Cavanaugh, Messing, Del-Colle, O'Sullivan, & Campbell, 2011; Frye, Manganello, Campbell, Walton-Moss, & Wilt, 2006). Studies examining coercive control more precisely have corroborated these findings, demonstrating that coercive control relates to suicide attempts more strongly than physical violence (Frye et al., 2006; Leone, 2011). Thus, the literature highlights coercive control as a chief form of IPV that associates with suicide risk among women seeking help from violent relationships.

Beyond showing the association between coercive control and suicide risk, studies have examined factors that explain this relation. Studies of women experiencing IPV have supported psychiatric symptoms (i.e., symptoms of depression, hopelessness, and PTSD) to mediate the relation between psychological abuse and suicide ideation and attempts (Kaslow et al., 1998; Leiner et al., 2008). However, researchers have

\* Corresponding author.

E-mail address: [cwolford2@utk.edu](mailto:cwolford2@utk.edu) (C. Wolford-Clevenger).

examined suicide ideation and attempts as separate outcomes, rather than assessing how the latter may influence the former. Examining how past suicide attempts impact current suicide ideation, a pivotal point in the trajectory to suicide, is critical given that past suicide attempt history is one of the strongest predictors of death by suicide (Christiansen & Jensen, 2007). A theory of suicide that specifies how the experience of coercive control, related psychiatric symptoms, and suicide attempt history impact suicide ideation will refine the understanding and prevention of suicide risk among women seeking shelter from IPV.

Rudd's (2000) *fluid vulnerability theory* may shed light on the undefined relations among coercive control, psychiatric symptoms, and suicide-related thoughts and behaviors. The theory proposes that stressors activate the acute vulnerability for suicide via a "suicidal mode," which involves distinct, suicide-risk promoting responses from cognitive, affective, physiological, and behavioral/motivational systems. Cognitive responses entail one or more negative core beliefs, such as worthlessness and hopelessness. The affect system is characterized by dysphoria, involving various negative mood states such as sadness, anger, and anxiety. Physiological components of the mode involve heightened arousal. Behavioral/motivational aspects of the suicidal mode involve a clear desire for death or intent to kill oneself (Rudd, 2000). "Facilitating modes," particularly prior suicide attempts, create an enduring chronic vulnerability by predisposing individuals to the activation of the suicidal mode (Rudd, 2000). For example, active suicide ideation is more easily triggered among people with multiple suicide attempts than single and non-attempters, presumably due to their chronic vulnerability toward the suicidal mode (Joiner & Rudd, 2000). Fluid vulnerability theory has been supported in studies testing various static and dynamic factors (e.g., Bryan, Ray-Sannerud, Morrow, & Etienne, 2013). This theory's specification of cognitive, affective, physiological, and behavioral/motivational factors that mediate the relation between a stressor and suicide ideation, as well as the facilitating influence of suicide attempt history, may be particularly applicable to women seeking shelter from IPV.

Women seeking shelter from violent relationships have doubtlessly experienced a recent and significant stressor. Women coercively controlled in their relationship may be more vulnerable to entering the suicidal mode, as they likely experience consequential severe dysphoria involving depressive and posttraumatic stress disorder (PTSD) symptomology (e.g., sad mood and anxiety; Golding, 1999; Mechanic, Weaver, & Resick, 2008). Cognitively, women in controlling relationships may be vulnerable to self-oriented thoughts colored with helplessness and worthlessness and a hopeless outlook. Indeed, research on women seeking help for IPV has shown them to have substantial negative affect (e.g., depressive and PTSD symptoms; Bargai, Ben-Shakhar, & Shalev, 2007) and cognition (e.g., hopelessness; Clements, Sabourin, & Spiby, 2004). According to fluid vulnerability theory, such negative affect and cognition would increase suicide ideation (Rudd, 2000). This transition from negative affect and cognition to suicide ideation would be even more likely for women with suicide attempt histories, as research suggests that such history predisposes individuals to suicidal mode activation. However, no studies have tested what cognitive-emotional experiences might underlie the influence of coercive control on suicide ideation and whether suicide attempt histories facilitate these associations (Joiner & Rudd, 2000).

In summary, although the literature suggests that coercive control may be a critical factor that promotes suicide risk among IPV victims, few studies have specifically examined this construct but rather have focused on global IPV or psychological violence. Furthermore, researchers have not heavily relied on theory that suggests mediators of this relation and tend to examine suicide ideation and attempts as separate outcomes, rather than assessing how the latter may influence the former. Thus, the purpose of the current study was to replicate that coercive control has a stronger association with suicide ideation and attempts than physical violence (e.g., Leone, 2011), to identify what cognitive-

emotional experiences mediate the relation between coercive control and suicide ideation, and to examine whether suicide attempt history facilitates these associations. Such theory-guided work that measures coercive control more precisely will help specify targetable points for intervention among shelter-seeking women experiencing suicide ideation.

We relied on Rudd's (2000) fluid vulnerability theory to guide our hypotheses. First, we hypothesized that coercive control will more strongly associate with suicide ideation and attempts than physical violence. Second, as a preliminary test of the fluid vulnerability theory, we hypothesized that affect states of depressive and PTSD symptoms and the cognitive state of hopelessness would mediate the relation between coercive control and suicide ideation. We expected that suicide attempt history would moderate these associations, such that the relations between these symptoms and suicide ideation would be stronger among women with histories of suicide attempts than those without attempts. Finally, given data show coercive control as a stronger correlate of suicide ideation than physical violence (e.g., Leone, 2011), we hypothesized that this moderated mediation model would not emerge for the relation between physical violence and suicide ideation.

## 2. Methods

### 2.1. Participants

Women ( $n = 134$ ) were recruited from a domestic violence shelter in a Gulf Coast city. All shelter residents were eligible to participate except those younger than 19 years of age (the age of majority in Alabama) and those who could not read or understand English. Participants' ages ranged from 19 to 67 ( $M = 32.50$ ,  $SD = 8.21$ ). A majority of the women identified as African American/Black (53%) or Caucasian/White (41%). Most women reported completing some college (40%), completing some high school (23%), graduating high school (16%), or receiving a GED (13%). Fifty-three percent of the women endorsed practicing a religion. A majority reported that prior to shelter entry they were living with their partner (72%), and 53% of the women had children with their partner. The average relationship length with their most recent partner was 5.29 years ( $SD = 4.80$ ). The average number of days women reported having been in shelter at the time of data collection was 9.64 ( $SD = 14.21$ ). The average number of times women reported seeking help for IPV from hospitals, police, and shelters in their most recent relationship were 1.03 ( $SD = 2.19$ ), 3.17 ( $SD = 3.71$ ), and 1.20 ( $SD = 0.91$ ), respectively.

### 2.2. Procedure

The university's Institutional Review Board approved these procedures. The first author contacted the shelter twice each week to assess whether new potential participants had arrived. If new residents had arrived, two graduate research assistants (all White/Caucasian women) visited the shelter within 24 h to inform the new residents about the study and the opportunity to participate. After securing written informed consent, research assistants met with each participant privately and administered self-report questionnaires and semi-structured interviews. All participants were given a referral sheet of local mental health resources and compensated with a \$10 gift card.

### 2.3. Measures

#### 2.3.1. Coercive control

The 32-item Coercive Tactics subscale from the Coercion in Intimate Partner Relationships scale assessed coercive control the participants experienced from their partners in the past year (Dutton, Goodman, Terrell, Schmidt, & Fujimoto, 2007). The Coercive Tactics subscale asks respondents to indicate (no = 0, yes = 1) whether they experienced various controlling threats by their partner. The last item is an open-

Download English Version:

<https://daneshyari.com/en/article/5036180>

Download Persian Version:

<https://daneshyari.com/article/5036180>

[Daneshyari.com](https://daneshyari.com)