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Mediators of the Daily Hassles-Suicidal Ideation Link in African American Women

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Abstract

The current study investigated depressive symptoms and hopelessness as mediators of the daily hassles-suicidal ideation link in low income African American women exposed to intimate partner violence ($n = 100$). As hypothesized, daily hassles, depressive symptoms, and hopelessness were each significantly and positively associated with suicidal ideation. Moreover, the relation between daily hassles and suicidal ideation was, in part, accounted for by depressive symptoms and hopelessness. This study demonstrates the importance of assessing for the presence of these risk factors when determining the likelihood that an abused African American woman will consider suicide. The findings further highlight the value of designing and implementing interventions that target the reduction of depressive symptoms and hopelessness in abused African American women exposed to daily hassles to reduce their suicide risk.

Suicide is the 10th leading cause of death in the United States and accounts for approximately 36,000 deaths each year with 5.5% of suicides occurring in African Americans (Centers for Disease Control and Prevention, 2011). Furthermore, recent research has suggested that suicide rates among African Americans may be on the rise (Crosby & Molock, 2006; Joe, 2006; Joe, Baser, Breeden, Neighbors, & Jackson, 2006). However, some data indicate that African Americans report less suicidal ideation than their European American counterparts (Molock, Kimbrough, Lacy, McClure, & Williams, 1994). To explain this discrepancy, it has been suggested that African Americans may be less likely to self-disclose than individuals from other racial/ethnic backgrounds, in part due to concerns about the stigma that is often associated with mental illness and suicidality (Morrison & Downey, 2000). Regardless of the reasons that underlie the racial/ethnic differences on the continuum of suicidal behaviors, suicide continues to be a significant public health problem among African Americans and is not well understood (Walker, Wingate, Obasi, & Joiner, 2008).

In the African American community, as in the general population, women are less likely to die by suicide, though they are more likely to have suicidal thoughts and/or attempt suicide

(Griffin-Fennell & Williams, 2006). One explanation for the higher levels of suicidal thoughts and behaviors among African American women relates to their experiences with a variety of unique stressors. For example, research has shown that intimate partner violence (IPV) may contribute to a heightened risk of mental health problems including depression (Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012), and women who experience IPV are at a higher suicide risk than non-abused women (McLaughlin, O'Carroll, & O'Connor, 2012). IPV is defined as a pattern of physical, emotional, and/or sexual violence and economic intimidation by an intimate partner in the context of coercive control (Tjaden & Thoennes, 2000). African American women often are exposed to more serious forms of violence in intimate relationships than women belonging to other racial/ethnic groups (Cho, 2012; Moore, Probst, Tompkins, Cuffe, & Martin, 2007). Thus, IPV is a critical factor to consider when assessing African American women for suicide risk (Kaslow et al., 1998; Kaslow et al., 2002; Leiner, Compton, Houry, & Kaslow, 2008). However, not all African American women who experience violence in their intimate relationships become suicidal. Thus, it is important to explore other additional factors that may contribute to suicidality in this high-risk group.

One such factor is daily hassles, as defined as routine day-to-day stressors that often disrupt one's daily routine or life (Almeida, 2005). Research has demonstrated that women who have been abused by an intimate partner are at a higher risk of experiencing life stressors and daily hassles as compared to nonabused women (Cano & Vivian, 2003; Patel, Bhaju, Thompson, & Kaslow, 2012). Moreover, daily hassles have been associated with decreased psychological functioning in African American women (Woods-Giscombé, 2010; Woods-Giscombé & Lobel, 2008), which in turn may contribute to suicidal thoughts and/or behaviors. Unfortunately, there has been limited research investigating African American women's experiences with daily hassles as a potential risk factor for suicide. One study (Kaslow et al., 2005) found that daily hassles significantly predicted suicide attempt status in a sample of low income African American women. Likewise, only a handful of studies have demonstrated that daily hassles were associated with increased psychological symptoms, including depression and hopelessness, in African American women (Compton, Carter, Kryda, Goulding, & Kaslow, 2008; Cooper, Guthrie, Brown, & Metzger, 2011). Thus, more research is warranted to investigate the relations among these risk factors for suicidal ideation (i.e., daily hassles, depressive symptoms, hopelessness) in a theoretical context.

A number of theoretical models of suicidal behavior have posited that cognitive processes (e.g., depressive symptoms, hopelessness) are important mediating variables in understanding suicidal risk, particularly in response to stress (Abramson et al., 1998; Smith, Alloy, & Abramson, 2006). Specifically, Abramson and colleagues (1998) and Smith and coworkers (2006) posit that the way in which individuals interpret stressful life events may lead to negative emotional responses, in turn contributing to a heightened suicide risk. Guided by this conceptual framework, we anticipate that women who experience everyday life stress will be at an increased risk of becoming depressed and/or hopeless, which will in turn make them more likely to have thoughts about suicide. Given that depressive symptoms and hopelessness have been shown to be robust predictors of suicidality among abused African American women (Kaslow et al., 2002) and daily hassles appear to negatively affect psychological well-being, it is critical to investigate the associations among these variables

in this understudied population. Accordingly, we examined daily hassles, depressive symptoms, and hopelessness as possible risk factors for suicidal ideation in African American women.

The current study will add to our knowledge base in a number of ways. First, it represents the first attempt to examine the daily hassles-suicidal ideation (not attempt status) link in this sample. There are a number of reasons why it is valuable to study ideation, not just attempts, such as the higher base rates of suicidal ideation as compared to attempts, the importance of understanding the associations among variables related to the continuum of suicidal behavior (ranging from ideation to completion), and because the measurement of suicidal ideation allows for more significant gradations of the behavior because its measurement is more comprehensive. It should be noted, however, that the association with suicidal ideation is being examined in the context of a sample in which all of the women attempted suicide. Second, no other investigations have considered variables, especially theoretically relevant factors, that may play a role in explaining why women exposed to daily hassles are more vulnerable to becoming suicidal. Specifically, the main purpose of the current study was to determine whether or not depressive symptoms and hopelessness were mediators in the relation between daily hassles and suicidal ideation among low income African American women who have been exposed to IPV. Although a cross-sectional design is not optimal for evaluating mechanisms and cannot be used to ascertain causality, mediational analyses have been performed in countless correlational psychological research studies in an effort to shed light on associations among conceptually-related variables (Baron & Kenny, 1986; MacKinnon, Fairchild, & Fritz, 2007). We anticipate that a better understanding of the interplay among these variables will have implications for the improved identification and treatment of African American women at risk for suicidal behavior. Consequently, on the basis of existing literature and consistent with theory (Abramson et al., 1998; Smith et al., 2006), we hypothesized that: (1) daily hassles would be positively associated with depressive symptoms and hopelessness; (2) depressive symptoms, hopelessness, and daily hassles would be positively associated with higher levels of suicidal ideation, and (3) depressive symptoms and hopelessness would each significantly mediate the relation between daily hassles and suicidal ideation.

Method

Participants

The sample consisted of 100 low income African American women between the ages of 18 and 56 ($M = 37.38$, $SD = 10.32$) who presented to a large public sector hospital for either medical or psychiatric reasons. Based on recent recommendations (Fritz & MacKinnon, 2007) and our own calculations, it was determined that the current sample size of 100 afforded sufficient power to detect direct and indirect effects. All participants attempted suicide within the year prior to presentation and also endorsed being in an abusive interpersonal relationship, either currently or within the past year. Women were excluded from the study if they were determined to have significant intellectual or cognitive impairment, as assessed by a score of less than 24 out of 30 on the Mini-Mental State Exam (MMSE) (Folstein, Folstein, McHugh, & Fanjiang, 2001) or if they were determined to be

functionally illiterate by scoring less than 18 on the Rapid Estimate of Adult Literacy in Medicine (REALM) (Williams et al., 1995). Similarly, they were excluded if they were unable to complete the assessment battery due to active psychotic symptoms. The sample consisted of women who were predominantly of low socioeconomic status; the majority of the respondents were unemployed (90.0%) and reported less than \$500 monthly household income (69.0%). In addition, 45% of the women did not graduate high school or complete a GED program and 55% classified themselves as homeless (living on the streets, staying in a shelter, or temporarily staying with family/friends). The majority of the women (73.0%) had children.

Measures

Demographic Data Form—This questionnaire was developed for use in previous studies and includes questions about demographics (e.g., age, sex, education, socioeconomic status), family composition (e.g., presence of dependent children, relationship status), and living situation (homeless vs. not homeless), all of which we carefully considered as potential confounding variables. Our criteria for determining covariates included probable association with daily hassles (based on theory and literature), probable association with suicidal ideation, and a judgment that the potential confound could not plausibly be caused by daily hassles (MacKinnon, Krull, & Lockwood, 2000). On these bases, we included each of these variables as covariates in the mediational models.

Survey of Recent Life Experiences (SRLE)—The SRLE (Kohn & MacDonald, 1992) is a 51-item self-report measure assessing typical daily stressors (hassles). The scale is comprised of 6 factors: social and cultural difficulties, work, time pressure, finances, social acceptability, and social victimization. Respondents are asked to rate items (e.g., “too many things to do at once”) on a four-point scale (1 = not at all part of my life, 4 = very much part of my life) based on the extent to which each item was a hassle for them during the past month. Scores range from 51 to 204, with higher scores indicating more experiences with daily hassles. The SRLE has shown high internal consistency reliability in various samples (de Jong, Timmerman, & Emmelkamp, 1996; Kohn & MacDonald, 1992). The measure also has been used effectively in other studies with African American samples (Patel et al., 2012). In the current sample, the Cronbach’s α was .91.

Beck Depression Inventory-II (BDI-II)—The BDI-II (Beck, Steer, & Brown, 1996) is a widely used 21-item self-report measure of the severity of depressive symptoms. The items (groups of specific statements) are scored from 0 to 3 to assess an individual's level of symptom severity, yielding a summed minimum score of 0 and a maximum score (indicative of high depressive symptomology) of 63. An example of an item on the BDI-II is “Sadness,” with response options being 0 (I do not feel sad), 1 (I feel sad much of the time), 2 (I am sad all of the time), and 3 (I am so sad or unhappy that I can’t stand it). Good estimates of internal consistency and concurrent validity have been demonstrated in clinical and non-clinical samples (Bisconer & Gross, 2007; Naragon-Gainey, Watson, & Markon, 2009). For example, research indicates that the BDI-II is correlated with measures of suicide risk and other measures of depression (Osman, Kopper, Barrios, Gutierrez, & Bagge, 2004). Moreover, many studies have demonstrated that the BDI-II is a reliable and valid measure of

depressive symptoms in African Americans (Gary & Yarandi, 2004; Grothe et al., 2005) and African American suicide attempters (Joe, Woolley, Brown, Ghahramanlou-Holloway, & Beck, 2008). In the current study, the estimate of internal consistency reliability for the BDI-II was .94.

Beck Hopelessness Scale (BHS)—The BHS (Beck, Weissman, Lester, & Trexler, 1974) is a 20-item self-report measure of hopelessness or negative attitudes about future events. Each item is rated as either true (coded 1) or false (0). An example item on the BHS is “I have enough time to accomplish the things I want to do” (reverse scored). Scores are summed to derive a total scale score; higher scores are indicative of stronger negative attitudes about the future. In a clinical sample, patients who scored nine or above on the BHS were approximately 11 times more likely to die by suicide than patients who scored eight or below (Beck, Brown, Berchick, Stewart, & Steer, 1990). Studies examining psychometric properties of the BHS have reported acceptable estimates of internal consistency and concurrent validity for total BHS scores (Bisconer & Gross, 2007; Brown, Henriques, Sosdjan, & Beck, 2004). Moreover, there is strong evidence for convergent validity, demonstrated by high correlations between the BHS and similar constructs in adults (Lamis & Lester, 2012; Steed, 2001). The BHS has also previously been used and shown to have good psychometric properties in African American women (Kaslow et al., 1998). In the current sample, the Cronbach's alpha was .94.

Beck Scale for Suicide Ideation (BSS)—The BSS (Beck & Steer, 1991) is a 21-item self-report questionnaire measuring suicide ideation. The items provide participants with three response options (e.g., “I have no wish to die”, “I have a weak wish to die”, or “I have a moderate to strong wish to die”) and are rated on a scale from zero to two, based on intensity. Scores are summed to provide a total score indicative of suicide risk (Brown, 2000). The BSS is a valid and reliable measure in various populations (Beck & Steer, 1991), demonstrating good internal consistency reliability at validation (Beck & Steer, 1991) and excellent internal consistency reliability in more recent studies of psychiatric inpatients ($\alpha = .96$) (Pinninti, Steer, Rissmiller, Nelson, & Beck, 2002) and African Americans seeking care in an emergency department ($\alpha = .88$) (Leiner et al., 2008). In addition, the BSS evidences good convergent validity, with high correlations with the Scale for Suicide Ideation (Beck, Kovacs, & Weissman, 1979) and ratings of suicide ideation by clinicians (Healy, Barry, Blow, Welsh, & Milner, 2006; Leiner et al., 2008). In the current study, the internal consistency reliability estimate was .90.

Procedure

Participants were recruited and screened using two methods. First, African American women ages 18 to 64 who presented to the hospital's medical or psychiatric emergency rooms after experiencing IPV or following a serious suicide attempt requiring medical attention and/or reporting significant suicidal intent were recruited and screened for study participation. Women were recruited and assessed for eligibility by a member of the research team (undergraduate or graduate student, predoctoral intern, postdoctoral fellow) once they were medically stable. The team member explained the study and answered any relevant questions. Second, women were also recruited by research assistants from other

medical and psychiatric clinics in the hospital. Potential participants were administered a series of questions regarding their experiences of IPV and suicidal behavior over the course of the preceding 12 months. Participants had to report IPV and a suicide attempt within the past year to qualify for the study. Women who did not meet study criteria were provided with information regarding various community resources and support groups as applicable.

Women who were deemed eligible for study participation were assessed immediately or scheduled for an assessment within a week of initial screening. The assessments were administered verbally by a trained member of the research team and took approximately two to three hours to complete. Upon completion of the battery, which consisted of 29 measures, each participant received \$20 and a roundtrip fare for use on the city transit system. If at any time during the interview a woman was identified as imminently suicidal, homicidal, severely depressed, or as having other acute psychiatric difficulties (e.g., psychotic symptoms), she was immediately referred for appropriate psychiatric intervention (e.g., evaluation, hospitalization, medication, psychotherapy).

Results

Descriptive statistics and correlations among the four primary study variables—daily hassles, depressive symptoms, hopelessness, and suicidal ideation—are presented in Table 1. All correlations are significant at $p < .01$. Moreover, it is important to note that, on average, the African American women in our sample reported levels of severe depressive symptoms ($BDI = 31.13$), moderate hopelessness ($BHS = 8.48$), and severe suicidal ideation ($BSS = 15.32$). To test the predictive relations among study constructs in the context of mediational models, we examined these relations as paths, adjusting for sociodemographic covariates, which were modeled as exogenous predictors of the study variables.

Results were obtained by fitting two separate saturated (i.e., just-identified) path analytic models with depressive symptoms and hopelessness as mediating variables. Model fit indices are not presented within the current study due to the just-identified nature of the models. As recommended by MacKinnon and colleagues (MacKinnon, 2008; MacKinnon, Cheong, & Pirlott, 2012), we chose to examine depressive symptoms and hopelessness as mediators in separate models given the high correlation ($r = .69$) between the two variables. Hypotheses 1 and 2 concern predictive relations among study constructs in the context of the mediational models depicted in Figures 1 and 2, with the inclusion of covariates and standardized coefficients shown.

In the first model and consistent with our hypotheses, the path coefficient between daily hassles and suicidal ideation was significant, $b = 0.09$, $SE = 0.03$, $Est./SE = 2.57$, $p < .01$; the path coefficient between daily hassles and depressive symptoms was also significant, $b = 0.20$, $SE = 0.05$, $Est./SE = 3.61$, $p < .001$; and the path coefficient between depressive symptoms and suicidal ideation was significant, $b = 0.36$, $SE = 0.06$, $Est./SE = 5.82$, $p < .001$.

Similarly, in the second model and as anticipated, the path coefficient between daily hassles and suicidal ideation was significant, $b = 0.11$, $SE = 0.03$, $Est./SE = 3.52$, $p < .001$; the path

coefficient between daily hassles and hopelessness was also significant, $b = 0.07$, $SE = 0.02$, $Est./SE = 2.85$, $p < .01$; and the path coefficient between hopelessness and suicidal ideation was significant, $b = 0.63$, $SE = 0.16$, $Est./SE = 3.93$, $p < .001$.

The primary hypothesis focused on the mediation of the link from daily hassles to suicidal ideation by depressive symptoms and hopelessness. Mediated paths and total effects were tested as the product of coefficients in separate saturated path models estimated in *Mplus* v. 6.1 (Muthen & Muthen, 2010), using the software's facility for maximum likelihood estimation in the context of missing data. The models were conventional three-variable mediation systems, as described in any standard treatment of indirect effects (MacKinnon, 2008), with the addition of the suite of covariates. The null hypothesis is that the sum of the two indirect paths—from the predictor (daily hassles) to the mediator (depressive symptoms, hopelessness) and from the mediator to the outcome (suicidal ideation)—is equal to zero, indicating no indirect effect. We tested for the significance of indirect (mediated) effects using the percentile bootstrap with 3,000 draws to generate empirical confidence intervals for the products of the coefficients composing the mediated paths, one of the methods recommended for specific indirect effects.

In the first model examining depressive symptoms as a potential mediator of the relation between daily hassles and suicidal ideation in low income African American women, the total effect of daily hassles on suicidal ideation was positive and significant, with a point estimate of 0.16, 95% CI 0.08 – 0.22, standardized estimate of 0.40. Consistent with Hypothesis 3, this effect was significantly mediated by depressive symptoms, $ab = 0.07$, 95% CI 0.03 – 0.12. The confidence interval excluded zero, indicating a significant indirect effect of daily hassles on suicidal ideation via depressive symptoms, supporting the mediation hypothesis. Furthermore, the standardized effect size for the indirect effect was 0.18 (CI: 0.06–0.30), indicating that suicidal ideation increases by 0.18 standard deviations for every 1-SD increase in daily hassles indirectly via depressive symptoms.

In the second model examining hopelessness as a mediator of the relation between daily hassles and suicidal ideation, the total effect of daily hassles on suicidal ideation was also positive and significant, with a point estimate of 0.16, 95% CI 0.08 – 0.22, standardized estimate of 0.40. Likewise, consistent with hypothesis, this effect was significantly mediated by hopelessness, $ab = 0.04$, 95% CI 0.01 – 0.08. Again, the confidence interval excluded zero, indicating a significant indirect effect of daily hassles on suicidal ideation via hopelessness. The standardized effect size for the indirect effect was 0.11 (CI: 0.03–0.20), indicating that suicidal ideation increases by 0.11 standard deviations for every 1-SD increase in daily hassles indirectly via hopelessness.

Discussion

Given that the majority of studies typically only focus on psychological symptoms associated with suicidality, our study represents the first empirical effort to examine daily hassles as a contributor to depressive symptoms and hopelessness within the broader context of suicide risk. Specifically, a novel component of the present investigation was the mediational perspective we took in order to test relations among study variables

hypothesized to confer risk for suicidal ideation among low-income, abused, African American women. Prior research across a range of samples has demonstrated that daily hassles, depressive symptoms, and hopelessness, each confer substantial risk for suicidal thoughts and behaviors (Haney et al., 2012; Kaslow et al., 2005; Lamis & Lester, 2012; Reinecke, DuBois, & Schultz, 2001). However, previous studies have not reported findings regarding the relations among these three risk factors and the nature of their associations with suicidal ideation in African American women. Moreover, guided by theory (Abramson et al., 1998; Smith et al., 2006), we examined these variables in mediation models predicting suicidal ideation. Consistent with this conceptual framework, we hypothesized that experiences with daily hassles and the associated stress contribute to feelings of depression and hopelessness, which in turn increase the risk for suicidal ideation in African American women. Overall, the results were in accord with the study hypotheses.

Specifically, in keeping with prior empirical investigations (Blankstein, Lumley, & Crawford, 2007; Compton et al., 2008; Cooper et al., 2011; Kaslow et al., 2005), (1) daily hassles were positively associated with depressive symptoms and hopelessness; and (2) daily hassles, depressive symptoms, and hopelessness were all positively associated with suicidal ideation. In addition, 3) depressive symptoms and hopelessness both significantly mediated the relation between daily hassles and suicidal ideation.

These findings suggest that African American women who experience commonplace daily difficulties, such as social and cultural difficulties, time pressure, finances, social acceptability, and social victimization are at an increased risk of becoming depressed, feeling hopeless about the future, and having suicidal ideation. Within the context of the current sample, low income, abused African American women may experience a significant number of stressors in their everyday lives (McCallum, Arnold, & Bolland, 2002; Woods-Giscombé & Lobel, 2008), which may exacerbate symptoms of depression, hopelessness, and suicidality, and decrease overall mental health. Moreover, depressive symptoms and hopelessness were positively related to suicidal ideation. These results also were consistent with data (Lamis & Lester, 2012; Leiner et al., 2008) that revealed that African American women with elevated symptoms of depression and hopelessness demonstrated higher levels of suicidal thinking.

Although the significant direct relations among primary study variables help elucidate our understanding of why African American women may contemplate suicide, a more in-depth analysis of the complex associations among contributory variables and their relation with suicidal ideation was warranted. As anticipated, findings provide support for the proposed mediational models and suggest that daily hassles increase the risk of suicidal ideation in African American women in part due to their depressive symptoms and feelings of hopelessness. It is possible that African American women who have been survivors of IPV also experience stress in their everyday lives (e.g., financial burdens, social rejection), which may make them more susceptible to becoming depressed and/or having a negative outlook on the future (i.e., hopelessness), in turn contributing to suicidal thoughts. However, future studies will need to utilize more sophisticated longitudinal models to establish the causal relations among these variables.

Although the current study adds to the growing literature examining factors that may contribute to suicidal ideation in low income, abused African American women, there are limitations to this study that suggest areas for future research. First, our sample consisted exclusively of low income African American women and it is unclear how these results would generalize to other ethnic groups or to African American women of higher socioeconomic status. Replication of our findings across populations would increase our confidence that depressive symptoms and hopelessness mediate the daily hassles-suicidal ideation link. Second, our measures were self-report questionnaires, which could create bias in responding as participants may minimize symptoms or conflict to create more positive impressions of themselves. Moreover, due to the low literacy rate of the women, interviewers read aloud the study measures to the respondents, which may have increased the possibility of social desirable responding (Davis, Couper, Janz, Caldwell, & Resnicow, 2010). Future studies should utilize a multi-modal data collection strategy with African American women, such as conducting interviews with the participants in addition to administering self-report questionnaires in written form.

Third, diagnostic interviews conducted by clinicians were not used and thus depressive symptoms were measured using the BDI-II. While the BDI-II is a valid and reliable instrument, it assesses depressive symptoms, not clinical diagnoses of depression. The relations among daily hassles, depression, and suicidal ideation may be different depending on whether the depressive symptoms are episodic or chronic in nature. Therefore, clarification is needed regarding the role of major depressive disorder versus depressive symptoms in the relations examined in the current study. Fourth, the role of daily hassles as a predictor of depressive symptoms, hopelessness, and suicidal ideation may have been confounded with the stress directly related to the trauma experienced in the lives of the abused African American women in our sample. Subsequent research in this high risk population should assess and control for levels of IPV experienced and the stress associated with the abuse. Fifth, although the sample size was deemed sufficient to detect all of the statistically significant hypothesized effects, there is still the possibility of failing to reject the null hypothesis when it is false (i.e., Type II error). Future scholars should collect and analyze data from large samples (i.e., > 500) to reduce the likelihood of committing a Type II error and increasing their ability to detect real effects. Sixth, there are additional variables that could be controlled for and other possible mediators that may also account for the relation between daily hassles and suicidal ideation. Variables to consider might include substance abuse, psychiatric disorders, impulsivity, and aggression. Future longitudinal work exploring the roles of specific covariates and mediators is needed to determine subpopulations of African American women at highest suicide risk, and to identify factors underlying the daily hassles-suicidality relation. Finally, this study relied exclusively on data collected using a cross-sectional research design, which precludes conclusions about the causal nature of the independent and mediating variables. Based on our cross-sectional study design, we can only conclude that these variables are associated with each other; therefore, more sophisticated methodologies and longitudinal designs should be employed before the temporal ordering of constructs can be determined. Cross-sectional mediational designs have the risk of resulting in significant biased estimates of longitudinal parameters, in cases of both full and partial mediation (Maxwell & Cole, 2007; Maxwell, Cole, & Mitchell, 2011).

Indeed, there are many advantages to the use of longitudinal designs for addressing questions of mechanism using mediational analyses, as such designs allow for more precise inferences regarding the causal associations (Cole & Maxwell, 2003). In a related vein, future studies could address different ordering of the variables examined in this study.

Despite these limitations, the results from the current study along with previous work (Cooper et al., 2011; Kaslow et al., 2005; Kaslow et al., 2002; Lamis & Lester, 2012), may have several practical implications. The findings suggest that the assessment of daily hassles, depressive symptoms, and hopelessness could potentially aid in the identification of African American women at risk for suicide. For instance, clinicians and mental health professionals could use the proposed models and the findings from the present study to effectively identify low income, abused African American women who may be at risk for suicide. Accordingly, African American women who report experiencing daily hassles, depressive symptoms, and hopelessness may need to be assessed for suicidal ideation and behaviors on a regular basis and referred to psychological and/or psychiatric treatment. Given that distress from daily hassles often contributes to negative emotional states, clinicians should assess these unfavorable outcomes associated with stress and intervene before they adversely impact psychological well-being. This assessment procedure, which may utilize self-report instruments as well as clinical interviewing techniques, should help prevention specialists gain a greater understanding of the roles that these identified risk factors play in suicidal ideation. In turn, this understanding can aid in the development and improvement of targeted, individualized interventions for African American women considered to be at a high risk for suicide.

Moreover, routine screenings of daily hassles, depressive symptoms, and hopelessness could take place during intake assessments and community screening days. Additionally, the present study reinforces the importance of adequate follow-up, referral, and monitoring of these variables to prevent future suicidal behavior in African American women. This study also provides suggestive evidence regarding the ways in which these factors may interact to produce suicide-related outcomes. Further investigation of the interrelations among identified risk markers should aid in the understanding of suicide in this high-risk group. Once the nature of these associations is better understood among low income African American women exposed to IPV, more effective and culturally relevant suicide prevention and intervention programs may be designed and implemented.

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Figure 1.

Model with standardized regression coefficients depicting depressive symptoms as a mediator in the relation between daily hassles and suicidal ideation.

Note. $N = 100$. $*p < .05$; $**p < .01$.

Figure 2. Model with standardized regression coefficients depicting hopelessness as a mediator in the relation between daily hassles and suicidal ideation.
Note. $N = 100$. $*p < .05$; $**p < .01$.

Table 1

Correlation Matrix, Means, and Standard Deviations of Study Measures

Variable	1	2	3	4
1. Daily Hassles	--			
2. Depressive Symptoms	.33**	--		
3. Hopelessness	.29**	.69**	--	
4. Suicidal Ideation	.38**	.59**	.45**	--
Mean	131.26	31.13	8.48	15.32
SD	27.41	14.91	6.35	10.54

Note. $N = 100$. Tabled values are zero-order correlations.

* $p < .05$;

** $p < .01$.