Published in final edited form as:

Psychiatry Res. 2017 March ; 249: 195–199. doi:10.1016/j.psychres.2017.01.029.

A Test of the Interpersonal-Psychological Theory of Suicide among Arrested Domestic Violence Offenders

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Abstract

Little is known about risk factors for suicide ideation and attempts among domestic violence offenders. Guided by the interpersonal-psychological theory of suicide, this cross-sectional study examined risk factors for suicide ideation and attempts among 312 men and 84 women arrested for domestic violence and mandated to attend batterer intervention programs. Men reported greater capability for suicide, but no gender differences were found in perceived burdensomeness and thwarted belongingness. After controlling for correlates of suicide ideation, perceived burdensomeness—but not thwarted belongingness or its interaction with perceived burdensomeness—associated with suicide ideation. Suicide attempters exhibited greater perceived burdensomeness, drug use and problems, borderline personality disorder symptoms, depressive symptoms, and suicide ideation, but not capability for suicide, than nonattempters. Gender did not moderate the associations of the IPTS constructs with suicide ideation and attempts. These findings parallel tests of the interpersonal-psychological theory in other samples. Additional work is needed to identify factors that distinguish risk for suicide ideation from risk for suicide attempts among domestic violence offenders.

Keywords

ideation; attempts; gender; capability for suicide; interpersonal needs; domestic violence offenders; psychiatric symptoms

1. Introduction

Criminal offenders experience heightened risk for suicide ideation, attempts, and deaths compared to the general population (Pratt et al., 2006; Webb et al., 2012). Offender research

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has primarily focused on incarcerated persons, demonstrating that risk factors mirror those in the general population, including psychiatric symptoms, drug and alcohol use, and aggression (Sarchiapone et al., 2009; Swogger et al., 2014). Individuals arrested for domestic violence and mandated to attend batterer intervention programs (BIPs) are a subset of offenders who have received relatively less empirical attention, despite their high prevalence rates of suicide ideation (e.g., 22% in past two weeks; Wolford-Clevenger et al., 2015a) and attempts (15% in past year; Henning et al., 2003). Identified risk factors for suicide ideation and attempts among offenders in BIPs, such as depressive and borderline personality disorder (BPD) symptoms (Wolford-Clevenger et al., 2015), fail to provide sufficient specificity for suicide risk assessment efforts. Furthermore, no developments have been made regarding what distinguishes domestic violence offenders who experience suicide ideation from those who attempt suicide. Identifying additional risk factors, especially those specific to suicide ideation versus attempts, will refine suicide prevention efforts for this population.

The *interpersonal-psychological theory of suicide* (IPTS; Joiner, 2005; Van Orden et al., 2008) is an empirically supported theory of suicide that proposes specific risk factors for suicide ideation and attempts that may guide suicide prevention efforts among offenders in BIPs. The IPTS advances that suicide ideation results from the concurrent presence of thwarted belongingness, defined as feelings of disconnectedness and low reciprocal care—and perceived burdensomeness, defined as feelings of self-hatred and liability (Van Orden et al., 2008). The theory further holds that those who deliberate suicide are not capable of engaging in lethal self-injury unless they are sufficiently fearless about death and tolerant of physical pain (Van Orden et al., 2008). This theory may be particularly appropriate to test within this clinical population, as it employs an “ideation-to-action” framework that proposes constructs that distinguish risk for suicide ideation from risk for suicide attempts (Klonsky and May, 2014).

According to the IPTS, domestic violence offenders may be especially vulnerable to suicide ideation, as the interpersonal and legal consequences of their domestic violence involvement may disrupt their social relations (i.e., thwarted belongingness) and generate feelings of self-hatred and liability (i.e., perceived burdensomeness). Indeed, interpersonal and legal problems have been linked to suicide deaths (Cook and Davis, 2012), and research has supported thwarted belongingness and perceived burdensomeness as risk factors for suicide ideation in other criminal populations (e.g., prison inmates; Mandracchia and Smith, 2015). Furthermore, domestic violence offenders may have greater capability for suicide, as such capability has been linked to aggression (Ribeiro and Joiner, 2009; Smith et al., 2016; Swogger et al., 2014). However, tests of the IPTS on criminal offenders have thus far focused on men. It is important to test whether these findings generalize to women offenders, especially given that more women offenders attempt suicide than men (Henning et al., 2005). In adult populations, studies have consistently found higher levels of capability for suicide in men (Granato et al., 2015; Wolford-Clevenger et al., 2015), with no gender differences in thwarted belongingness and perceived burdensomeness (Joiner et al., 2009; Van Orden et al., 2008). A test of the IPTS and possible gender differences in its constructs will advance efforts to improve suicide prevention in domestic violence offenders.

Thus, the purpose of the present study was to test whether the IPTS constructs associate with suicide ideation and attempts among men and women arrested for domestic violence and mandated to BIPs. First, given prior research, we hypothesized that men would report greater capability for suicide than women (Granato et al., 2015), and given the lack of gender differences found in the literature, we aimed to explore potential gender differences in thwarted belongingness and perceived burdensomeness. Second, we hypothesized that thwarted belongingness and perceived burdensomeness would interact to positively associate with suicide ideation, such that as thwarted belongingness increases, the relation between perceived burdensomeness and suicide ideation would strengthen. We hypothesized that this relation would remain after controlling for demographic and other empirically supported correlates of suicide ideation, including depressive symptoms, BPD symptoms, alcohol use and problems, drug use and problems, and suicide attempt history (Swogger et al., 2014; Wolford-Clevenger et al., 2015). Within this hypothesis, we also aimed to explore potential gender differences in the associations of thwarted belongingness and perceived burdensomeness with suicide ideation. Third, we hypothesized that suicide attempters would report greater capability for suicide than nonattempters, after controlling for demographic correlates, depressive symptoms, BPD symptoms, alcohol use and problems, drug use and problems, thwarted belongingness, and perceived burdensomeness. Within this hypothesis, we also aimed to explore potential gender differences in the association of capability for suicide with suicide attempt history.

2. Method

2.1 Participants

312 men and 84 women who were arrested for domestic violence and mandated to attend BIPs in Rhode Island were recruited for a larger study. Participants' average age was 34.55 ($SD = 10.73$) years old. Participants primarily identified racially and ethnically as Caucasian/Non-Hispanic (67%), with 10% identifying as Black/African American, 13% as Hispanic/Latino(a), 8% as "Other," 2% as American Indian/Alaska Native, and 1% as Asian/Pacific Islander. Most participants were employed (67%). Participants reported having 12.19 ($SD = 2.06$) years of education. Participants reported having attended 9.99 ($SD = 6.84$) BIP sessions prior to data collection.

2.2 Procedures

An Institutional Review Board approved study procedures. Participants were recruited from three BIP sites that administered forty-hour, open enrollment, group interventions that were similar in content (i.e., cognitive-behavioral and Duluth model components). Men and women attended separate groups. Participants completed measures in small groups. Participation was voluntary, anonymous, and not compensated.

2.3 Measures

2.3.1 BPD symptoms—BPD symptoms were measured using the total score of the BPD subscale of the Personality Diagnostic Questionnaire-4, a 9-item, yes (1)- no (0) scale designed to screen for personality disorder symptoms (PDQ4; Hyler et al., 1988). One item that assessed for history of threats to harm or kill oneself was removed given the likely

redundancy between this item and the suicide attempt variable. The PDQ-4 has demonstrated good internal consistency in prior samples (Hyer et al., 1989) and the present sample ($\alpha = 0.76$).

2.3.2 Alcohol use and problems—Alcohol use and problems were assessed using the Alcohol Use Disorder Identification Test (AUDIT; Saunders et al., 1993), a 10-item screener that assesses the degree of and problems related to alcohol consumption in the year prior to BIP entry. Items were summed to create a continuous score of alcohol use and problems (Babor et al., 2001). The measure has demonstrated good internal consistency, test-retest reliability, and construct validity (Babor et al., 2001; Saunders et al., 1993) and excellent internal consistency in the current study ($\alpha = 0.91$).

2.3.3 Drug use and problems—Drug use and problems one year prior to BIP entry were assessed using the Drug Use Disorders Identification Test (DUDIT; Stuart et al., 2004). This measure consists of 14 items which assess the frequency and problems associated with the use of substances (e.g., cannabis, cocaine, and hallucinogens). The total score is the sum of the scores on each item. The DUDIT has been shown to be reliable and valid in other samples of men and women attending BIPs (Stuart et al., 2004) and demonstrated excellent internal consistency in the current study ($\alpha = 0.87$).

2.3.4 Depressive symptoms—The depression subscale (excluding the six suicide ideation items) of the Psychiatric Diagnostic Screening Questionnaire (PDSQ; Zimmerman and Mattia, 2001) measured depressive symptoms experienced during the two weeks prior to program entry. The depression subscale has demonstrated reliability and validity in psychiatric outpatients (Zimmerman and Mattia, 2001). The 15-yes (1) – no (0) items demonstrated excellent internal consistency in the present study ($\alpha = 0.92$).

2.3.5 Suicide ideation—The six yes (1) – no (0) items pertaining to suicide ideation in the PDSQ depression subscale were summed to assess suicide ideation occurring two weeks prior to program entry (Zimmerman and Mattia, 2001). The items assess both passive and active ideation. The subscale has exhibited good internal consistency in a prior sample of men attending BIPs ($\alpha = 0.88$; Wolford-Clevenger et al., 2015) and in the current sample ($\alpha = 0.89$).

2.3.6 Thwarted belongingness and perceived burdensomeness—The Interpersonal Needs Questionnaire (INQ; Van Orden et al., 2012) assessed current feelings of thwarted belongingness and perceived burdensomeness. The scale consists of 15 items on a 7-point Likert scale and has separate subscales for thwarted belongingness and perceived burdensomeness. The INQ has demonstrated reliability and validity in samples of young and older adults (Van Orden et al., 2012). The subscales of perceived burdensomeness and thwarted belongingness demonstrated good to excellent internal consistency in this sample (α s = 0.93 and 0.86, respectively).

2.3.7 Capability for suicide—The 20-item Acquired Capability for Suicide Scale (ACSS; Van Orden et al., 2008) assessed current perceived pain tolerance and fearlessness about death on a 5-point Likert scale (0 = “not at all like me” to 5 = “very much like me”).

An exploratory factor analysis of the scale in a sample of male prisoners demonstrated three meaningful factors for the ACSS: fearlessness about death, general fearlessness/pain tolerance, and spectator enjoyment of violence (Smith et al., 2013). Alternatively, exploratory and confirmatory factor analyses of college students resulted in a one-factor, 7-item scale—the Fearlessness About Death Scale (Ribiero et al., 2014). In the present sample, all internal consistencies for Smith and colleagues' (2013) and Ribiero and colleagues' (2014) subscales were unacceptable (α s < 0.70). Thus, given its acceptable internal consistency and measurement of both pain tolerance and fearlessness about death, the total score of the 20-item ACSS was used ($\alpha = 0.72$).

2.3.8 Suicide attempt history—Attempt history was measured using one item inquiring about whether the participant has never attempted suicide, attempted once, or attempted more than once in their lifetime.

3. Results

Twenty-five percent of the sample reported ever having attempted suicide (16% one attempt; 9% more than one attempt). Thirty percent of the sample reported some level of suicide ideation (i.e., reported “yes” to one or more of the suicide ideation items). For the remaining analyses, positively skewed and kurtotic variables were log-transformed. The results of analyses using the log-transformed variables did not differ from those using the original variables; therefore, we report results of the latter. Analyses examining sociodemographic factors in relation to the primary variables of interest demonstrated that past year income negatively associated with suicide ideation ($r = -0.16$, $p = 0.012$), thwarted belongingness ($r = -0.18$, $p < 0.001$), and suicide attempt history ($r = -0.17$, $p = 0.005$). Age ($r = -0.20$, $p < 0.001$) negatively associated with capability for suicide. A greater percentage of women (37%) reported a history of suicide attempts than men (22%; $\chi^2 = 7.52$, $df = 1$, $p = 0.006$). No gender differences emerged for suicide ideation ($p = .75$), drug use and problems ($p = .72$), alcohol use and problems ($p = .12$), depressive symptoms ($p = .78$), or BPD symptoms ($p = .67$). A trend indicated that a greater percentage of White/Caucasian participants (28%) reported suicide attempt histories than nonwhite participants (19%; $\chi^2 = 3.43$, $df = 1$, $p = 0.064$). Number of BIP sessions attended was not associated with suicide ideation or attempts.

Regarding our first hypothesis and exploratory aim, men reported greater capability for suicide ($M = 65.11$; $SD = 10.92$) than women ($M = 55.27$, $SD = 9.67$; $t = 7.28$, $df = 374$, $p < 0.001$). No gender differences were found in the means of thwarted belongingness ($p = .94$) or perceived burdensomeness ($p = .77$). See Table 1 for the means, standard deviations, and bivariate correlations of the main study variables.

For the second hypothesis and exploratory aim, we used hierarchical regression. Past year income, depressive symptoms, BPD symptoms, alcohol and drug use problems, and suicide attempt history were entered as covariates in the first block, perceived burdensomeness and thwarted belongingness in the second block, and the interaction term between mean-centered perceived burdensomeness and thwarted belongingness in the third block. The continuous suicide ideation variable was entered as the criterion variable. The overall model

fit of the third block containing the interaction between perceived burdensomeness and thwarted belongingness did not contribute variance beyond that of the second block ($R^2 = 0.001$, $p = 0.57$). The overall model fit of the second block contributed significant variance beyond the first block, explaining 55% of the variance ($F_{(8,226)} = 33.64$, $p < 0.001$; $R^2 = 0.10$, $p < 0.001$). Past suicide attempt(s), depressive symptoms, and perceived burdensomeness positively associated with suicide ideation (See Table 2). An identical hierarchical regression was conducted that included gender as a potential moderator of the interactive effect of thwarted belongingness and perceived burdensomeness on suicide ideation. Gender did not moderate the main ($p = 0.56$) or interactive effects ($p = 0.91$) of thwarted belongingness and perceived burdensomeness on suicide ideation. Due to limited space, these null results are not reported in detail.

For the third hypothesis and exploratory aim, we employed multivariate analysis of variance with gender and suicide attempt as independent variables, capability for suicide, drug use and problems, alcohol use and problems, depressive symptoms, BPD symptoms, thwarted belongingness, perceived burdensomeness, and suicide ideation as the dependent variables, and past year income as a covariate. The overall model for suicide attempt history was significant; Pillais' Trace = .15, $F(8, 213) = 4.86$, $p < .001$. Suicide attempters did not exhibit greater capability for suicide than nonattempters ($p = 0.59$). Suicide attempters reported greater perceived burdensomeness ($p = 0.014$), drug use and problems ($p = .007$), BPD symptoms ($p < 0.001$), depressive symptoms ($p = 0.04$), and suicide ideation ($p < 0.001$), than nonattempters (See Table 3 for means, standard deviations, and effect sizes). The interaction between gender and suicide attempt history status in predicting levels of acquired capability was not significant ($F = 0.35$, $p = 0.85$).

4. Discussion

The present study tested whether the IPTS constructs help explain increased suicide risk among men and women in BIPs and what, if any, gender differences emerged regarding the theory's tenets. Perceived burdensomeness, but not thwarted belongingness, nor the interaction between the two, associated with suicide ideation. Suicide attempters did not report greater capability for suicide, but reported greater perceived burdensomeness, drug use and problems, BPD symptoms, depressive symptoms, and suicide ideation than nonattempters. Regarding gender differences, men reported greater capability for suicide than women, whereas more women reported a suicide attempt history than men. Men and women did not differ in levels of perceived burdensomeness and thwarted belongingness. Gender did not moderate the relations of thwarted belongingness and perceived burdensomeness with suicide ideation and capability for suicide with attempt history. These findings were generally inconsistent with the theory (Van Orden et al., 2008) but parallel prior empirical data.

In particular, perceived burdensomeness, but not thwarted belongingness, has associated with suicide ideation in various samples (e.g., Cero et al., 2015). The present study adds to the suggestion that perceived burdensomeness may be a more salient risk factor for suicide ideation than thwarted belongingness and showed that association held in both men and women. This pattern of findings highlighting the salience of perceived burdensomeness

suggests that perhaps perceived burdensomeness should be emphasized in the theory. Alternatively, the salience of perceived burdensomeness may be sample-specific. For instance, domestic violence offenders may be particularly vulnerable to feelings of burdensomeness, as they may experience guilt and liability for the physical, psychological, interpersonal, and legal consequences of their crimes. Similarly, perceived burdensomeness, but not thwarted belongingness, associated with attempt history—suggesting that it may be more pertinent to suicide risk in general. However, this finding may be due to individuals with suicide attempt histories being at more chronic risk for suicide ideation (Joiner et al., 1999). To test this possibility, future work could test the theory within samples that thwarted belongingness may conceivably be more strongly related to suicide ideation than perceived burdensomeness (e.g., isolated prisoners, marginalized groups).

Conclusions concerning capability for suicide are less clear, as studies have both supported (e.g., Van Orden et al., 2008) and rejected (e.g., Smith et al., 2013) the hypothesis that suicide attempters have greater capability for suicide than nonattempters. The present study found that although suicide attempters did not differ from nonattempters in capability for suicide, gender differences in these constructs emerged. Like previous research, men reported greater capability for suicide than women (Granato et al., 2015) and more women reported attempts than men (Henning et al., 2005). However, given that theoretical and empirical literature suggests suicide attempters have greater capability for suicide than nonattempters, one would expect women to have greater capability for suicide than men (Smith et al., 2016; Van Orden et al., 2008). However, having made a prior suicide attempt only predicts half of deaths by suicide (American Psychiatric Association, 2003). Capability for suicide may capture a propensity towards suicide—perhaps shared by men who die on their first attempt—that is not adequately captured by suicide attempt history (e.g., general aggression). Therefore, suicide attempt history and capability for suicide may not correlate with one another. Alternatively, measurement issues could explain these findings. First of all, capability for suicide may be highest among individuals who make more lethal attempts—typically made by men (e.g., hanging, asphyxia; Tsirigotis et al., 2011; Van Orden et al., 2008). Secondly, the null findings concerning capability for suicide may also be due to poor measurement of capability for suicide, as the factor structure of the ACSS differs across samples (Ribeiro et al., 2014; Smith et al., 2013) and its internal consistency is oftentimes unacceptable. Finally, men may engage in greater risk-taking behavior that increases capability for suicide, such as more severe aggression and substance use (Wolford-Clevenger et al., 2015; Smith et al., 2016). Indeed, drug and alcohol use and problems were associated with capability for suicide in the present study; however, men and women did not differ in their substance use. Future work should attend to these possibilities.

Longitudinal work, in particular, is needed to distinguish what factors may increase capability for suicide and turn suicide ideation towards action. Given that attempters in the present study reported greater depressive symptoms, BPD symptoms, and drug use and problems, closer scrutiny of how these symptoms may function in promoting suicide attempts would build on such “ideation-to-action frameworks” (Klonsky and May, 2014, 2015). In particular, given the inconsistent findings regarding capability for suicide, future work is needed to examine what dispositional, dynamic, and acquired factors, aside from

pain tolerance and fearlessness about death, may turn suicide thoughts towards action among domestic violence offenders

Relatedly, the present study had notable limitations. First, our measurement of suicide attempts did not specify whether the person intended to die, the lethality of the attempts, nor the time since the last attempt. Intent to die and lethality of suicide attempts may impact the associations with capability for suicide. Furthermore, suicide attempters in the present study may have differed markedly in the time since their last attempt, which also may have implications for the associations between suicide attempt history and current capability for suicide. Second, our suicide ideation scale was constructed from a depressive symptom measure. Third, variables differed in time frame of recall (e.g., past year alcohol use versus past two week suicide ideation). Finally, these cross-sectional measurements do not allow for conclusions about temporal relations. Nonetheless, the present study provides some direction about what factors may promote risk for suicide ideation in men and women arrested for domestic violence and mandated to BIPs.

Acknowledgments

Funding

Please note that this work was supported, in part, by grant K24AA019707 from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) awarded to the last author and by grant F31AA024685 from the NIAAA awarded to the first author. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIAAA or the National Institutes of Health.

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Highlights

- We tested a theory of suicide among individuals arrested for domestic violence.
- Men had greater capability for suicide but more women reported suicide attempts.
- Perceived burdensomeness associated with suicide ideation.
- Suicide attempters did not exhibit greater capability for suicide than nonattempters.
- Attempters showed more psychiatric symptoms and burdensomeness than nonattempters.

Table 1

Means, Standard Deviations, and Correlations of Study Variables

	1	2	3	4	5	6	7	8	9
1. Suicide Ideation	-								
2. Suicide Attempt History	0.35**	-							
3. Perceived Burdensomeness	0.56**	0.22**	-						
4. Thwarted Belongingness	0.41**	0.15**	0.43**	-					
5. Capability for Suicide	-0.002	-0.01	0.08	-0.07	-				
6. BPD Symptoms	0.43**	0.32**	0.41**	0.34**	0.06	-			
7. Depressive Symptoms	0.63**	0.34**	0.48**	0.41**	0.07	0.53**	-		
8. Alcohol Use and Problems	0.13*	0.02	0.16**	0.07	0.12*	0.22**	0.24**	-	
9. Drug Use and Problems	0.25**	0.10	0.27**	0.20**	0.18**	0.35**	0.30**	0.38**	-
Mean (<i>SD</i>)	0.92 (1.72)	-	9.95 (7.30)	28.81 (13.61)	63.08 (11.39)	3.02 (2.30)	4.70 (4.72)	8.93 (9.25)	7.50 (10.68)

Note:

**
 $p < 0.01$;*
 $p < 0.05$;

BPD = Borderline Personality Disorder; Suicide Attempt History: 0 = absence, 1 = presence

Table 2**Hierarchical Regression Predicting Suicide Ideation**

Variable	B	t	R ²	R ²
Step 1			0.45^{**}	
Income	0.03	0.51		
Suicide Attempt History	0.20	3.79 ^{**}		
Depressive Symptoms	0.52	8.57 ^{**}		
Borderline Personality Disorder Symptoms	0.12	1.93		
Alcohol Use and Problems	-0.10	-1.80		
Drug Use and Problems	0.06	1.12		
Step 2			0.55^{**}	0.10^{**}
Income	0.04	0.76		
Suicide Attempt History	0.15	3.16 ^{**}		
Depressive Symptoms	0.38	6.34 ^{**}		
Borderline Personality Disorder Symptoms	0.06	1.09		
Alcohol Use and Problems	-0.07	-1.49		
Drug Use and Problems	0.01	0.11		
Thwarted Belongingness	0.04	0.72		
Perceived Burdensomeness	0.36	6.37 ^{**}	0.55^{**}	0.001
Step 3				
Income	0.04	0.79		
Suicide Attempt History	0.16	3.20 ^{**}		
Depressive Symptoms	0.38	6.34 ^{**}		
Borderline Personality Disorder Symptoms	0.06	1.02		
Alcohol Use and Problems	-0.07	-1.46		
Drug Use and Problems	0.01	0.18		
Thwarted Belongingness	0.04	0.81		
Perceived Burdensomeness	0.34	4.93 ^{**}		
Perceived Burdensomeness X Thwarted Belongingness	0.03	0.58		

Note:

^{**}
 $p < 0.01$;

^{*}
 $p < 0.05$;

Suicide Attempt History: 0 = absence, 1 = presence

Table 3

Differences between Attempters and Nonattempters

Variable	Attempters <i>M</i> (<i>SD</i>)	Nonattempters <i>M</i> (<i>SD</i>)	Partial Eta ²
Capability for Suicide	65.09 (13.15)	64.78 (10.74)	0.001
Alcohol Use and Problems	10.38 (10.28)	9.24 (8.82)	0.004
Drug Use and Problems	12.24 (15.94)	6.92 (8.82)	0.03 **
Depressive Symptoms	6.50 (4.78)	3.99 (4.31)	0.02 *
BPD Symptoms	4.85 (2.39)	2.73 (2.33)	0.12 ***
Perceived Burdensomeness	13.83 (10.44)	9.02 (5.64)	0.03 *
Thwarted Belongingness	29.67 (12.63)	26.51 (13.67)	0.01
Suicide Ideation	1.97 (2.34)	0.53 (1.23)	0.08 ***

*Note:**
 $p < 0.05$;**
 $p < 0.01$;***
 $p < 0.001$;

BPD = Borderline Personality Disorder