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Suicidal Ideation among Women Court-Referred to Batterer Intervention Programs

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Abstract

Identifying the prevalence and correlates of suicidal ideation in women mandated to batterer intervention programs is necessary to prevent suicide in this greatly understudied population. This study used cross-sectional, self-report survey methodology to identify the prevalence and correlates of suicidal ideation among 79 women attending batterer intervention programs. Thirty-three percent of the sample reported experiencing suicidal ideation during the two weeks prior to entering the program. Multiple linear regression analysis indicated that, while controlling for number of batterer intervention sessions attended, symptoms of depression and borderline personality disorder, but not symptoms of antisocial personality disorder, were associated with suicidal ideation.

Keywords

intimate partner violence; perpetration; suicidal ideation; women; psychiatric symptoms

Suicide risk is a major health concern among criminal offenders, as they exhibit elevated risk for suicide compared with the general population (O'Donnell, House, & Waterman, 2015; Webb, Shaw, Stevens, Mortensen, Appleby, & Qin, 2012). A growing subpopulation of criminal offenders about which suicide risk is not well understood is women arrested for intimate partner violence (IPV), defined as physical, sexual, and psychological aggression towards one's partner (Saltzman, Fanslow, McMahon, & Shelley, 2002). With the implementation of mandatory and dual arrest laws, a growing number of women are being arrested for IPV and ordered to attend batterer intervention programs (Carney, Buttell, & Dutton, 2007; Hamberger & Potente, 1994; Miller, 2001; Langhinrichsen-Rohling, McCullars, & Misra, 2012; Stuart, Moore, Hellmuth, Ramsey, & Kahler, 2006a). Studies have demonstrated that suicidal ideation and related behaviors are particularly prevalent among men arrested for IPV (Conner, Cerulli, & Caine, 2002; Wolford-Clevenger et al., 2015). Given that both IPV perpetration and victimization have been found to be associated with increased suicidal ideation, women attending these programs may also be at especially high risk for suicide and in need of intervention (Golding, 1999; Ilgen et al., 2009; Lamis,

Leenaars, Jahn, & Lester, 2013). However, no studies have examined suicidal ideation in this population. Identifying the prevalence and correlates of suicidal ideation in women attending batterer intervention programs will improve our understanding and prevention of suicide in this greatly understudied, yet growing subpopulation of criminal offenders.

The literature regarding suicide risk among women arrested for IPV is in its infancy; thus, studies sampling from other populations may elucidate what correlates may be relevant to women in batterer intervention programs. Research sampling from court-involved men, psychiatric inpatients, healthcare patients, adolescents, and communities has demonstrated an association between IPV perpetration and suicide-related thoughts and behaviors (Heru, Stuart, Rainey, Eyre, & Recupero, 2006; Ilgen et al., 2009; Kerr & Capaldi, 2011; Lamis et al., 2013; Nahapetyan, Orpinas, Song, & Holland, 2013; Rhodes et al., 2009). On the other hand, data from university students, emergency department patients, and cohabitating partners have not supported IPV perpetration as a risk factor for suicidal ideation, finding a negative or null relationship (Chan, Tiwari, Leung, Ho, & Cerulli, 2007; Houry et al., 2009; Peek-Asa et al., 2005). These inconsistent findings may be a result of measurement or sampling differences. Despite these inconsistencies, a few studies have provided preliminary support for the relation between IPV perpetration and suicide risk among individuals arrested for IPV. Indeed, 12% of a large sample of women arrested for IPV reported having attempted suicide at one point in their lives (Henning, Jones, & Holdford, 2003). These findings suggest that IPV perpetration may be related to suicidal ideation to the extent that it results in interpersonal and legal distress, such as that involved in being arrested for IPV and mandated to a batterer intervention program (Yen et al., 2005).

While literature regarding other populations supports that IPV perpetration may be a correlate of suicidal ideation, IPV victimization may also be associated with suicidal ideation. IPV victimization has been documented to confer risk for suicide-related thoughts and behaviors in various samples, including women seeking help for IPV, population-based samples, and women entering substance use treatment (Kaslow, 2002; Golding, 1999; Devries et al., 2011; Schneider, Burnette, Ilgen, & Timko, 2009). Many women arrested for IPV are likely to also have been victimized by IPV (Archer, 2000; Henning et al., 2003; Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012; Martin, 1997; Miller, 2001). For example, among abused women charged for killing or injuring their partners, 48% reported suicidal ideation (Browne, 1987). Further, women arrested for IPV and mandated to batterer intervention programs who are also victimized may feel especially distressed and prone to suicidal ideation, as qualitative interviews with criminal justice professionals have indicated that arrested women's partners often use their court-involvement as means to manipulate and harm them (Miller, 2001). Therefore, IPV victimization among arrested women may also be associated with suicidal ideation due to distress stemming from their legal involvement and added interpersonal difficulties.

Furthermore, additional correlates of suicidal ideation pertinent to this population need to be identified to inform modifiable points for suicide intervention and prevention. A small body of literature indirectly supports that symptoms of depression, borderline personality disorder, and antisocial personality disorder may promote suicidal ideation among women arrested for IPV. Symptoms of these psychiatric disorders are prevalent in both IPV perpetrators and

suicidal individuals (Black, Gunter, Loveless, Allen, & Sieleni, 2010; Douglas et al., 2008; Henning et al., 2003; Holtzworth-Munroe & Stuart, 1994; James & Taylor, 2008; Kessler et al., 2005; Smith, Selwyn, Wolford-Clevenger, & Mandracchia, 2013; Verona, Patrick, & Joiner, 2001). Literature concerning typologies of perpetrators supports that arrested women, like men, may differ in levels of antisocial personality disorder, borderline personality disorder, and depressive symptoms, and that perpetrators with borderline personality disorder and depressive symptoms engage in the highest rates of suicidal ideation (Carney et al., 2007; Holtzworth-Munroe & Stuart, 1994; Johnson et al., 2006). Similarly, one study found that 22% of men court-ordered to batterer intervention programs experience suicidal ideation and that depressive and borderline personality disorder symptoms correlated with such ideation (Wolford-Clevenger et al., 2015). Thus, the literature suggests that symptoms of antisocial personality disorder, borderline personality disorder, and depression may predispose women in batterer intervention programs to impulsive and maladaptive emotional regulatory thoughts and behaviors, such as suicidal ideation (Conner, Duberstein, Conwell, & Caine, 2003). However, no studies have directly tested whether symptoms of these disorders are associated with suicidal ideation among women in batterer intervention programs.

In summary, research regarding the prevalence and correlates of suicidal ideation among women arrested for IPV is nonexistent. Only one study has examined the lifetime prevalence of suicide attempts among women in batterer intervention programs, and studies on suicidal ideation and threats have solely focused on men in batterer intervention programs. Research has not considered the unique experiences of arrested women court-mandated to batterer intervention programs, a severely understudied and budding population in which efforts to understand their degree of suicide risk are sorely needed. Examining the prevalence and correlates of suicidal ideation in women attending batterer intervention programs will inform whether suicide risk is an important treatment need in this population.

Purpose & Hypotheses

The purpose of the current study was to advance the understanding of the prevalence as well as potential indicators of suicidal ideation among women in batterer intervention programs. This is the first study, to our knowledge, to examine suicidal ideation in women court-mandated to batterer intervention programs; therefore, we made no *a priori* predictions about the prevalence of suicidal ideation. Given the modest amount of research supporting a direct association between IPV perpetration and suicidal ideation, we expected that physical and psychological IPV perpetration would be positively correlated with suicidal ideation. Additionally, given the high rates of bidirectional violence and findings that physical and psychological IPV victimization are associated with suicidal ideation, we expected this relationship to be replicated in a sample of women arrested for IPV (Iverson et al., 2012; Langhinrichsen-Rohling et al., 2012). Finally, in accordance with past research (e.g., Black, Gunter, Loveless, Allen, & Sieleni, 2010; Smith et al., 2013), we expected symptoms of depression, borderline personality disorder, and antisocial personality disorder to account for significant variance in suicidal ideation, while controlling for the potential effects of IPV (i.e., physical and psychological violence) perpetration and victimization and relevant demographic correlates.

Method

Participants

Women who were arrested for domestic violence and subsequently court-ordered to attend batterer intervention programs in Rhode Island were recruited for a larger study. A majority of the women were involved in criminal cases and were not prescribed any other conditions by the court. Participants' ($n = 79$) age ranged from 18 to 56 ($M = 30.35$, $SD = 10.10$) and had an average of 12.12 ($SD = 2.23$) years of education. The racial composition of the sample was 75% Caucasian/Non-Hispanic, 8% African American/Non-Hispanic, 7% Hispanic, 1% Asian or Pacific Islander, 2% Native American or Alaskan Native, and 6% identified as "Other." Participants' average income in the past year was \$20,403 ($SD = \$18,597$). Participants' had an average of 1.75 children ($SD = 1.41$). A majority of the participants reported they were cohabitating (35%), dating (28%), or married (15%) prior to entering the batterer intervention program. The average relationship length in years was 5.46 ($SD = 8.80$). Participants who were cohabitating prior to the batterer intervention program (35%), reported living together on average for 3.85 years ($SD = 5.97$). Forty-six percent of the women reported remaining romantically involved with their partner at the time of study participation. On average, participants had attended 10.39 ($SD = 6.90$) batterer intervention program sessions prior to data collection. The women reported an average of 1.05 ($SD = 1.23$) arrests for domestic violence against their partner and 0.33 ($SD = 1.15$) arrests for violence against non-partners.

Procedure

An Institutional Review Board approved the study procedures. Women who were arrested for domestic violence and court-mandated to three batterer intervention program sites in Rhode Island were recruited for a larger study conducted in 2004 (see Stuart et al., 2006a; Stuart, Moore, Kahler, Gordon, & Ramsey, 2006b; Stuart et al., 2008). Each site conducted a forty-hour program, in open enrollment, group format, and utilized approximately the same intervention content, which was psychoeducational in nature and focused on victim safety (e.g., challenging denial, reducing risk for repeated abuse, and identifying risk factors). Given that the batterer intervention programs were in open enrollment format, participants differed in the number of sessions they completed prior to participating in the study. To control for the differences in number of sessions completed, participants were instructed to report on their depressive symptoms and suicidal ideation (described below) experienced two weeks prior to program entry. Women who agreed to participate (90%) completed a battery of self-report questionnaires during a batterer intervention group session. Data were solely collected via self-report questionnaires. No interviews were used. All data collected were completely confidential, as the answers to questionnaires were written (not provided verbally in these groups) and were not shared with group facilitators or criminal justice system professionals. No compensation for participation was provided.

Measures

Demographic Questionnaire—Participants completed a demographics questionnaire designed for the current study regarding their age, education, race/ethnicity, number of children (i.e., biological, step-children, adopted), relationship status prior to entering the

batterer intervention program, relationship length, years cohabitating, and number of batterer intervention program sessions completed.

Intimate Partner Violence—The Conflict Tactics Scale-Revised (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996; Straus, Hamby, & Warren, 2003) assessed psychological and physical IPV perpetration and victimization in the twelve months prior to entering the batterer intervention program. The CTS2 consists of 78 items that assess the frequency (zero to more than twenty times) of negotiation, sexual coercion, injury, and physical and psychological violence. Only the psychological and physical IPV perpetration and victimization subscales were used in the current study, as the internal consistencies of the sexual coercion subscales were low and therefore considered unreliable. The CTS2 has demonstrated good test-retest reliability in court-mandated males and construct and discriminant validity in college samples (Straus et al., 1996; Vega & O’Leary, 2007). The internal consistencies of the subscales were as follows: psychological IPV perpetration ($\alpha = .79$), psychological IPV victimization ($\alpha = .76$), physical IPV perpetration ($\alpha = .83$) and physical IPV victimization ($\alpha = .90$).

Depressive Symptoms—The depression subscale of the Psychiatric Diagnostic Screening Questionnaire (PDSQ; Zimmerman & Mattia, 2001a,b) assessed participants’ depressive symptoms during the two weeks prior to entering the batterer intervention program. The PDSQ is a screening instrument for Axis I disorders from the Diagnostic and Statistical Manual-IV-TR (DSM-IV-TR; American Psychiatric Association [APA], 2000). We used the total score of the 15 yes-no items that did not contain suicidal content. The six suicide-related items were removed to create a suicidal ideation scale, which is described below. The total score ranged from 0 to 15. The full depression subscale has exhibited good test-retest reliability, internal consistency, and convergent and discriminant validity in psychiatric outpatients (Zimmerman & Mattia, 2001b). The 15-item subscale used for this study had good internal consistency ($\alpha = .89$).

Symptoms of Borderline and Antisocial Personality Disorders—Borderline personality disorder and antisocial personality disorder symptoms were assessed by participants’ continuous scores on the borderline personality disorder and antisocial personality disorder subscales of the Personality Diagnostic Questionnaire-4, a screening instrument for Axis II disorders (PDQ4; Hyler et al., 1988). The items for these subscales loaded independently on each subscale. The borderline personality disorder subscale of the PDQ4 consists of nine yes (1) –no (0) items assessing symptoms of borderline personality disorder such as attempts to prevent abandonment, impulsivity, disturbed identity, and suicidal threats. Notably, for the current study, the item that assesses for history of suicidal or nonsuicidal threats or behaviors was removed to prevent inflation of the association between borderline personality disorder symptoms and suicidal ideation. Thus, eight items were used for the current study. The borderline personality disorder score was obtained by summing these eight items, with total scores ranging between 0 and 8.

Similarly, the antisocial personality disorder score was obtained by summing eight yes (1) –no (0) items that assess symptoms of antisocial personality disorder such as lack of remorse, impulsivity, and irritability, with total scores ranging between 0 and 8. The PDQ-4 has

demonstrated good test-retest reliability and internal consistency in prior samples (Hyler et al., 1989, Trull, 1993). The borderline personality disorder and antisocial personality disorder subscales demonstrated acceptable internal consistency in the current sample ($\alpha = .71$ and $.74$, respectively).

Suicidal Ideation—The six yes-no items of the PDSQ depression subscale that contained suicidal content were used to measure suicidal ideation over the two weeks prior to entering the batterer intervention program (Zimmerman & Mattia, 2001a,b). The total score ranged from 0 to 6. This measurement of suicidal ideation appears to adhere to the multidimensional nature of suicidal ideation, with items assessing wishes for death, passive suicidal ideation, active suicidal ideation, and serious planning and preparation for suicide (Silverman et al., 2007). Four of the items appear to assess passive suicidal ideation whereas two appear to assess active suicidal ideation involving intent and preparation. This subscale exhibited good internal consistency in the current sample ($\alpha = .88$).

Results

Descriptive and Bivariate Analyses

First, frequencies were computed to determine the percentage of participants who experienced and perpetrated at least one act of physical and psychological IPV. A majority of the participants reported scores greater than one on each of the physical IPV perpetration (76%) and victimization subscales (79%) and psychological IPV perpetration (93%) and victimization subscales (94%). This suggests that bidirectional violence was prevalent among this sample.

To compute the percentage of suicidal ideation reported in the sample, we dichotomized the suicidal ideation variable to 0 = no to each suicidal ideation item and 1 = yes to at least one of the items. The same dichotomization was made for the total of the four passive suicidal ideation items and the two active suicidal ideation items. Thirty-three percent of the sample reported experiencing some level (i.e., endorsed at least one of the suicidal ideation items) of suicidal ideation during the two weeks prior to entering the batterer intervention program. Twenty-one percent of the sample endorsed exclusively passive suicidal ideation, whereas 12% of the sample also endorsed active ideation. The non-mutually exclusive percentage of endorsement for each passive suicidal ideation item was as follows: had thoughts about dying (20%), wished for death (16%), believed one would be “better off” dead (24%), and had thoughts of suicide without intent to act on them (22%). The non-mutually exclusive percentage of endorsement for each active suicidal ideation item was as follows: had thoughts of suicide with intent to act on them (9%) and considered methods for suicide (11%).

Next, correlations, means, and standard deviations for the variables were computed using the continuous versions of the variables. None of the demographic variables correlated with suicidal ideation except for number of batterer intervention program sessions, which was positively correlated with suicidal ideation and symptoms of depression, borderline personality disorder, and antisocial personality disorder (see Table 1, for means, standard deviations, and correlations). Therefore, we controlled for number of batterer intervention

program sessions in the regression analysis. Contrary to our hypotheses, suicidal ideation was not correlated with physical and psychological IPV perpetration or victimization. Suicidal ideation was positively correlated with symptoms of depression, borderline personality disorder, and antisocial personality disorder (See Table 1).

Regression Analysis

Simultaneous multiple linear regression was used to test the hypothesis that symptoms of depression, borderline personality disorder, and antisocial personality disorder would account for significant variance in suicidal ideation. Given that IPV victimization and perpetration were not correlated with suicidal ideation in bivariate analyses, we did not include them in the multivariate analysis. Number of batterer intervention program sessions attended was associated with suicidal ideation in bivariate analyses; therefore, we entered number of batterer intervention program sessions as a covariate in the regression analysis. Symptoms of depression, antisocial personality disorder, and borderline personality disorder were entered as the predictors. The suicidal ideation subscale was entered as the criterion variable. None of the tolerance statistics were below .25, suggesting no problems with multicollinearity. Our hypothesis was partially supported. The overall model fit was significant; $R^2 = .41$, $F(4, 75) = 12.74$, $p < .001$. Symptoms of depression, borderline personality disorder, but not antisocial personality disorder accounted for significant variance in suicidal ideation, while accounting for number of batterer intervention program sessions attended, which was not associated with suicidal ideation (See Table 2 for regression results).

Given that suicidal ideation was not normally distributed and therefore failed to meet the assumptions of ordinary least squares (OLS) regression, we also performed a binary logistic regression with the dichotomized suicidal ideation variable (0 = ideation absent, 1 = ideation present) as the criterion variable and depressive, antisocial personality disorder, and borderline personality disorder symptoms as the predictor variables. This analysis performed similarly to the OLS regression; therefore, to retain the suicidal ideation variable as continuous, we report on the OLS regression.

Discussion

The current study is the first, to our knowledge, to identify the prevalence and correlates of suicidal ideation among women court-mandated to batterer intervention programs. Our results indicated that 33% of the sample reported experiencing suicidal ideation two weeks prior to entering the batterer intervention program. Contrary to our hypotheses, positive, bivariate relations between IPV perpetration and victimization and suicidal ideation did not emerge. Consistent with our hypotheses, symptoms of depression and borderline personality disorder accounted for significant variance in suicidal ideation, while controlling for number of batterer intervention program sessions attended. However, contrary to our hypotheses, symptoms of antisocial personality disorder did not account for significant variance in suicidal ideation, while accounting for the effects of depressive and borderline personality disorder symptoms.

The finding that 33% of the sample experienced suicidal ideation within the two weeks prior to entering the batterer intervention program is comparable to the one-year prevalence of suicidal ideation among women prisoners (33.9%; Jenkins et al., 2005). Further, 12% of the sample experienced active suicidal ideation (involving intent and preparation to act), which is a strong correlate of suicide attempts (Joiner, Rudd, & Rajab, 1997). Although this is a minority of the sample, this percentage is higher than the one-week prevalence of suicidal ideation among women prisoners (8.4%; Jenkins et al., 2005). The level of suicidal severity within this sample supports findings in the literature that women court-involved for IPV are at increased risk for suicide-related thoughts and behaviors (Conner et al., 2002; Henning et al., 2003). Therefore, it appears that both men and women arrested for IPV are vulnerable to suicidal thoughts and behaviors during a period characterized by legal and interpersonal conflict (Conner, Duberstein, & Conwell, 2000; Yen et al., 2005).

However, IPV perpetration and suicidal ideation were not positively correlated. This finding corroborates past studies finding a negative or null relationship between IPV perpetration and suicidal ideation (Chan et al., 2007; Houry et al., 2009; Peek-Asa et al., 2005), but is inconsistent with studies finding a positive relationship (Conner et al., 2002; Heru, Stuart, Rainey, Eyre, & Recupero, 2006; Ilgen et al., 2009; Kerr & Capaldi, 2011; Lamis et al., 2013; Nahapetyan, Orpinas, Song, & Holland, 2013; Rhodes et al., 2009). Also inconsistent with past research (e.g., Iverson et al., 2012), IPV victimization was not correlated with suicidal ideation. Given the high percentage of IPV perpetration (76%) and victimization (79%) in the sample, it is likely that these high rates of IPV reduced power to detect potential associations with suicidal ideation. Furthermore, rather than the frequency of violence perpetration and victimization, the individual's perception of being a victim and/or perpetrator may contribute risk for suicidal ideation.

Also consistent with past research (e.g., Johnson et al., 2006), the current study demonstrated that symptoms of depression and borderline personality disorder were associated with suicidal ideation. This finding corroborates past work demonstrating that borderline personality disorder is a strong correlate of suicide risk and that male perpetrators with borderline personality disorder symptoms exhibit high rates of suicide-related thoughts and behaviors (Holtzworth-Munroe & Stuart, 1994; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Johnson et al., 2006; Kessler et al., 2005; Linehan, 1993). Women attending batterer intervention programs who suffer from symptoms of depression and borderline personality disorder may seek to mitigate their emotional distress associated with legal and interpersonal troubles through aggressive thoughts toward themselves or others. Indeed, violent men and women, including arrested women, endorse poor emotional regulation as a common reason for perpetrating IPV (Langhinrichsen-Rohling et al., 2012; Stuart et al., 2006a). Given that hopelessness is a key risk factor for suicidal behavior among criminal populations (Palmer & Connelly, 2005), future work should assess whether hopelessness is the key symptom driving the relation between depressive symptoms and suicidal ideation among women arrested for IPV.

Contrary to hypotheses and past research, the current study found that antisocial personality disorder symptoms were not associated with suicidal ideation while accounting for depressive symptoms, borderline personality disorder symptoms, and number of batterer

intervention program sessions completed. First, antisocial personality disorder symptoms were related to suicidal ideation in bivariate analyses, but not multivariate analyses, suggesting that the association between antisocial personality disorder symptoms and suicidal ideation washed out when accounting for the other correlates. Therefore, it appears that, when accounting for other personality pathology and length of batterer intervention program attendance, antisocial personality disorder symptoms are not significantly associated with suicidal ideation. Given that borderline personality disorder and antisocial personality disorder share some overlap in symptoms, such as impulsivity (Paris, 1997), it is possible that borderline personality disorder symptoms accounted for the bivariate associations found between antisocial personality disorder and suicidal ideation (James & Taylor, 2008).

Further, women with antisocial personality disorder symptomology may not be especially prone to suicidal ideation, which is consistent with work demonstrating that partner-violent men with borderline personality disorder symptoms exhibit greater suicidal ideation than those exhibiting antisocial personality disorder traits (Johnson et al., 2006). Given that antisocial personality disorder traits involve deceitfulness and manipulation (APA, 2000), perhaps women with these traits rely on suicidal threats to control their partners rather than engage in genuine deliberation about suicide. Future work is needed to disentangle the heterogeneous symptoms of depression, borderline personality disorder, and antisocial personality disorder and determine what specific symptom clusters influence suicidal ideation among women arrested for IPV.

Finally, unexpectedly, in examining the demographic variables that may associate with suicidal ideation, the current study found a positive correlation between number of intervention sessions and psychiatric symptoms, including suicidal ideation. As participants progress through the batterer intervention program, they may become more aware of and honest about their psychological difficulties. Therefore, those participants who have been in the program longer may report greater psychiatric difficulties occurring prior to the intervention than those who are earlier in the program progression. Alternatively, these may be spurious correlations. No other demographic variables correlated with suicidal ideation, which may be due to the small and homogenous nature of the sample.

Limitations & Future Directions

These findings should be interpreted with caution given the following limitations. First, participants completed the measures in small, open enrollment groups during a batterer intervention session. Positive impression management may have influenced the batterers' reports; however, we reduced potential for positive impression management by emphasizing the confidentiality of their data. Further, the effects of the presence of other group members and variation in number of sessions attended are unknown. In order to control for the potential impact of the sessions on the data, participants were instructed to report on their experiences prior to batterer intervention program entry; therefore, recall bias may have impacted the results. Second, data were collected in 2004; data from more recent batterer intervention program samples are needed to replicate these results. Third, we did not track at which site participants completed the study; however, a longitudinal study using data

collected from these sites indicated no differences in program outcomes due to site (Stuart et al., 2013).

Fourth, this study employed a cross-sectional design and utilized retrospective, self-report measures, which preclude causal inferences. Longitudinal work is needed to help clarify the temporality of these associations. Additionally, the sample was predominantly White; therefore, the results cannot be generalized to individuals of different racial/ethnic backgrounds attending batterer intervention programs. Fifth, the study measured suicidal ideation in the two weeks prior to the women's entry to the batterer intervention programs; future studies should aim to measure suicidal ideation at entry to and throughout the program to better understand the development of suicide risk in this population. Relatedly, although our measure of suicidal ideation appears to map on to recent conceptualizations of suicidal ideation (Silverman et al., 2007), it has not been validated. Sixth, symptoms of depression and borderline personality disorder are heterogeneous and vary over time (Judd et al., 1998; Zanarini, Frankenburg, Hennen, & Silk, 2014). Future work should identify what unique symptom clusters within depression and borderline personality disorder are predictive of suicidal ideation and how variations in these symptoms may impact suicide risk over time. Finally, the small sample size may have led us to be underpowered for this study.

Although these limitations provide future directions for research, the study had notable strengths. Knowledge regarding the intervention needs of women court-mandated to batterer intervention programs is severely limited. This study provided a unique opportunity to examine the experiences of this population with respect to suicidal ideation, a dangerous precursor to suicide attempts and death by suicide and major health concern among criminal offenders (O'Donnell et al., 2015; Webb et al., 2012). These data provide valuable information about this population's needs in terms of adjunct treatments that address suicide risk.

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Clinical Implications

Women attending batterer intervention programs should be routinely screened for suicide risk, given that 33% of the sample reported experiencing suicidal ideation, with 12% experiencing active suicidal ideation, during the two weeks prior to entering the program. Given the group format of most batterer intervention programs, short screeners for suicidal ideation could be administered followed by a more comprehensive interview to individuals meeting cut-off criteria. In addition, practitioners should assess suicide attempt history to determine the individual's level of *chronic* risk for suicide, which is a heightened sensitivity to internal and external crises that promotes suicidal ideation (Joiner & Rudd, 2000; Joiner, Walker, Rudd, & Jobes, 1999).

Describing procedures for managing suicide risk is beyond the scope of this article (for interested readers, see Joiner et al., 1999); therefore, our recommendations are specific to the study's findings that symptoms of depression and borderline personality disorder may increase suicidal ideation in women attending batterer intervention programs. Batterer intervention programs may help reduce suicidal ideation by incorporating treatments of depression and borderline personality disorder, such as Interpersonal Therapy for depression (IPT; Klerman, Weissman, Rounsaville, & Chevron, 1984) and Dialectical Behavior Therapy (DBT; Linehan, 1993), to reduce depressive and borderline personality disorder symptom severity and related aggression towards the self and others (Fruzzetti & Levensky, 2000).

Table 1.

Bivariate Correlations and Descriptive Statistics for Study Measures

	1	2	3	4	5	6	7	8	9
1. Physical Perpetration	-	-	-	-	-	-	-	-	-
2. Psychological Perpetration	.69***	-	-	-	-	-	-	-	-
3. Physical Victimization	.81***	.62***	-	-	-	-	-	-	-
4. Psychological Victimization	.57***	.88***	.66***	-	-	-	-	-	-
5. Depressive Symptoms	.30**	.24*	.30**	.27*	-	-	-	-	-
6. BPD Symptoms	.44***	.53***	.32**	.46***	.59***	-	-	-	-
7. ASPD Symptoms	.32**	.44***	.19	.43***	.29**	.58***	-	-	-
8. Suicidal Ideation	.14	.10	-.02	.06	.57***	.56***	.58***	-	-
9. Number of BIP sessions	.03	.17	.02	.14	.26*	.25*	.39***	.30*	-
Mean	19.29	44.41	25.06	45.40	5.73	2.73	2.26	1.02	10.39
(SD)	(28.93)	(37.90)	(41.58)	(36.88)	(4.21)	(2.32)	(2.06)	(1.79)	(6.90)
Range	0–192	0–146	0–225	0–139	0–14	0–8	0–7	0–6	0–32
Cronbach's α	.83	.79	.90	.76	.89	.78	.74	.88	-

Note: Continuous versions of variables used. BPD = Borderline Personality Disorder, ASPD = Antisocial Personality Disorder, BIP = Batterer Intervention Program, SD = Standard Deviation

* $p < .05$

** $p < .01$

*** $p < .001$ (two-tailed).

Table 2

. Results for Regression Predicting Suicidal Ideation

Predictor Variable	β	t	p
Number of BIP sessions	.07	0.66	.51
ASPD Symptoms	-.07	-0.60	.55
BPD Symptoms	.50	3.85	<.001
Depressive Symptoms	.23	2.09	.04

Note: BPD = Borderline Personality Disorder, ASPD = Antisocial Personality Disorder, BIP = Batterer Intervention Program. Criterion variable is suicidal ideation subscale.