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ORIGINAL ARTICLE

Suicide attempts and domestic violence among women psychiatric inpatients

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Abstract

Objective. Previous clinical observations, as well as empirical studies in fairly unique samples, suggest that there may be a relationship between domestic-violence victimization and suicide attempts. We wished to examine this relationship among psychiatric women inpatients. *Methods*. In this study among psychiatric inpatients, we compared women with versus without suicide attempts with regard to scores on a measure of domestic violence. *Results*. Compared to women without attempts, women with acknowledged histories of suicide attempts had significantly higher scores on the measure of domestic violence. *Conclusion*. These data support a relationship between domestic-violence victimization and a history of suicide attempts. From the perspective of assessment, inpatient clinicians need to carefully screen every patient with a history of suicide attempts for a history of domestic violence.

Key Words: *Suicide, suicide attempts, domestic violence, partner violence*

Introduction

A number of authors describe a clinical relationship between domestic-violence victimization and suicide attempts [1–4]. In addition, Greening [5] augmented this observed association by describing a relationship between violence *severity* from a partner and suicide attempts by the victim. However, few studies have *empirically* examined the relationship between domestic-violence victimization and suicide attempts.

Of the available empirical studies, Frank and Dingle [6] examined this relationship among 4501 women physicians and found that participants with histories of domestic violence were significantly more likely to report suicide attempts. Among rural-dwelling predominantly Hispanic women seeking refuge in a shelter, Krishnan et al. [7] found that 48% had entertained thoughts of suicide. In a study [8] comparing women victims of domestic violence with non-victims in an emergency room setting, investigators found that the prevalence of suicide attempts in each subsample during the past year was 3.5 and 0%, respectively. Among partner-abused women recruited from family practice clinics, Coker et al. [9] found that 37% had considered and 19% had attempted suicide. Among teens in the community with histories of abusive relationships, Roberts et al. [10] found that intimate partner violence was associated with higher levels of risk behaviors including suicidal behavior in females. Through telephone surveys, Seedat et al. [11] found that abused women were more likely to attempt suicide.

Other studies have examined adjunctive issues including the associated psychiatric morbidity among partner-abused individuals with and without suicidal ideation [12] as well as protective factors [13] against suicide attempts. In contrast to the preceding studies, however, not all investigators have found associations between intimate partner violence and suicide attempts [14].

To summarize, there is the general clinical awareness of a relationship between domestic-violence victimization and suicidal ideation/attempts, but there are limited empirical studies to confirm these impressions. Of the available empirical studies, the samples are fairly diverse (i.e., women physicians, emergency room patients, family practice patients, community dwellers), which potentially limits the ability to generalize their findings to psychiatric populations. In the present study, we examine the relationship between self-reported suicide attempts and domestic-violence victimization among a sample

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of women psychiatric inpatients hospitalized in an urban community hospital.

Method

Participants

Study candidates were women psychiatric inpatients, admitted for various psychiatric reasons, at an urban community hospital in a mid-sized, mid-western city. All candidates were aged 18 or older, and unaccompanied by a partner at the time of recruitment for the study. Exclusion criteria, which were assessed by the recruiting physician, were cognitive (i.e., dementia, severe psychosis), intellectual, or medical impairment that would preclude the individual's successful completion of a survey booklet. The recruitment phase took place over a 1-year period. Of the 131 study candidates approached by the physician recruiter, 113 agreed to participate, for a response rate of 86.3%.

With regard to race, 80 (70.8%) participants indicated White, 24 (21.2%) African-American, seven (6.2%) Native American, one Asian, and one 'Other'. Participants ranged in age from 18 to 57 years (M = 35.98, SD = 10.43). With regard to marital status, 15.9% of the sample were married, 15.9% separated, 32.7% divorced, 29.2% never married, 2.7% widowed, and 3.5% did not indicate marital status. As for level of *completed* education, 18.8% did not graduate high school, 45.5% graduated high school, 27.7% had some college experience, 4.5% had a bachelor's degree, and 3.6% had a graduate degree.

Procedure

All study candidates were under the care of a single psychiatrist (J.C.), who is a university-affiliated physician, and were approached as time permitted (i.e. a sample of convenience). After an introduction to the project, each participant was given a research booklet to complete. The research booklet contained a measure for domestic violence and the succinct query, 'Have you *ever* attempted suicide?', which was intended as an lifetime inquiry.

Domestic violence measure

The *Severity of Violence Against Women Scale* (SVAWS) [15] was used to assess histories of domestic violence. The SVAWS is a 46-item, self-report measure that explores three elements of domestic violence: (1) threats (19 items), (2) acts (21 items), and (3) sexual aggression (six items). We modified the SVAWS in the following ways: (1) we eliminated the items on sexual aggression due to the sensitive nature of these queries, which resulted in a 40-item scale; (2) we reduced the Likert-style response options from 10 to five, with 1 = never, 2 = rarely, 3 = on occasion, 4 = often, and 5 = very often; and (3) we revised the qualifier, 'over the past 12 months,' to 'throughout adulthood' to capture the lifetime prevalence of such experiences. This last modification was necessary to develop accurate study subsamples (i.e. those with versus without histories of domestic violence). To use the 12-month qualifier might have resulted in unintentional contamination of the subsamples. For example, a participant may have been a victim of domestic violence 2 years previous to the study; using the 12-month qualifier, this participant would be 'negative' rather than the reality of being 'positive' for a domestic violence history. The Cronbach's α for the Threats subscale was 0.97, the Acts subscale 0.97, and the overall total scale 0.98.

Completion of the booklet by participants was assumed to be informed consent. The Institutional Review Boards of both the community hospital and university approved this project.

Results

SVAWS responses

Scores on the SVAWS Threats and Acts subscales exhibited the full range of possible scores from 19 to 45 (M = 48.02, SD = 21.32) and 21 to 105 (M = 23.84, SD = 22.18), respectively. Because scores on these two subscales were highly correlated ($r = 0.84$, $p < 0.001$), we combined them for further analyses. In doing so, the possible score on the overall measure could range from 40 to 200, but actual scores ranged from 40 to 187 (M = 91.85, SD = 41.67).

Suicide attempts and SVAWS scores

A total of 107 of women responded to *both* the item about suicide attempts and the SVAWS. Of these 107 women, 34 indicated *not* having attempted suicide ever, compared with 73 women who indicated having attempted suicide. We then investigated whether these two groups of women differed in their reports of domestic violence from a partner by conducting an ANOVA on the SVAWS scores. The results indicated that there was a statistically significant difference between the two groups, $F(1,105) = 4.24$, $p < 0.05$. Specifically, women who did *not* report a history of attempted suicide reported less domestic violence (M = 80.38, SD = 39.86) compared to women who reported a history of attempted suicide (M = 97.99, SD = 41.76).

Discussion

These findings indicate that among women psychiatric inpatients, those with histories of attempted

suicide are significantly more likely to report higher levels of domestic violence. Therefore, among women psychiatric inpatients who report past suicide attempts, clinicians need to consistently screen for the presence or not of domestic or intimate partner violence. Consistent with the findings of our study, the preponderance of empirical investigations in this area supports a consistent relationship between suicide attempts and domestic violence.

This study consisted of a psychiatric sample whereas the samples of previous studies, many of which were noted in the introduction, have consisted of various clinical (e.g., emergency room and family medicine patients) and nonclinical populations (e.g., individuals in the community). Interestingly, regardless of sample composition, the relationship between suicide attempts and domestic violence appears to be ubiquitous across study samples.

Given the comparison subsample of other psychiatric inpatients in this study, and their probable high levels of interpersonal difficulties, it is particularly meaningful that women who reported suicide attempts still had significantly higher domestic-violence scores. Specifically, one would anticipate higher-than-expected rates of domestic violence in psychiatric patients without histories of suicide, as well, due to their social vulnerability. It would be interesting to determine if this relationship is sustained among psychiatric outpatients.

These data do not clarify the temporal relationships between domestic violence and suicide attempts. Specifically, do suicide attempts precede, coincide with, or follow exposure to domestic violence? If suicide attempts precede one's exposure to domestic violence, are they secondary to preexisting psychiatric disturbances such as depression, Axis II disorders including borderline personality, substance abuse, and/or general psychopathology? Likewise, these types of psychiatric disorders might result in affected individuals being more likely to attract impaired male partners. On the contrary, if suicide attempts follow intimate partner violence, does exposure to domestic maltreatment account for psychiatric symptomatology?

This study has several potential limitations. First, all data were self-report in nature, which poses some inherent limitations. Second, the inquiry about suicide attempts was a simple, one-item self-report query without external corroboration. There are invariably a number of cultural and normative factors that may have prevented the disclosure by participants of suicide attempts. Third, this sample consisted of women psychiatric inpatients, thus the findings may not generalize to healthier psychiatric outpatients or other types of nonclinical populations. However, to our knowledge, this is the first study to explore among psychiatric inpatients the relationship between suicide attempts and histories of domestic violence. These data confirm the observed relationship in the majority of other studies in this area—a relationship that appears to transcend various study populations.

As we noted previously, future research might examine the temporal relationship between suicide attempts and domestic maltreatment, and the contributory variables to suicide attempts in this population such as comorbid Axis I (e.g., mood and anxiety disorders, alcohol and substance abuse) and II (e.g., borderline personality) disorders. By increasing the awareness of these intertwining issues among professionals, we may be able to reduce victim maltreatment through an increased index of suspicion, education, monitoring, and legal and social interventions for vulnerable populations.

Key point

- According to these study data, women with suicide attempts report significantly greater levels of domestic violence in their histories, than women without suicide attempts

Statement of interest

None of the authors has any commercial or other associations that would pose a conflict of interest with the material in this article.

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