Childhood Abuse, the Interpersonal–Psychological Theory of Suicide, and the Mediating Role of Depression

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Although childhood abuse is a well-known risk factor for suicide, no studies have investigated the role of interpersonal–psychological (Joiner, 2005), constructs in this association. This study examined whether childhood physical, sexual, and emotional abuse were associated with IPTS constructs, and whether depressive symptoms mediated these associations. Ninety-one participants completed self-report measures. Emotional abuse predicted perceived burdensomeness and thwarted belongingness, and depressive symptoms mediated these associations. Physical abuse predicted the acquired capability for suicide, although depression did not mediate this association. These findings suggest that specific types of abuse differentially predict IPTS components and underscore depression as a potential mechanism.

The Centers for Disease Control and Prevention (CDC) defines childhood abuse as “words or overt actions that cause harm, potential harm, or threat of harm to a child” (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008, p. 11). According to this definition, childhood abuse is a form of maltreatment involving acts of commission, which can include emotional, physical, and sexual abuse (Leeb et al., 2008). Childhood abuse is prevalent within the United States (World Health Organization, 2016), and a survey conducted in 2010 noted rates for emotional abuse (35.0%), physical abuse (15.9%), and sexual abuse (10.9%) (CDC, 2015). Furthermore, childhood abuse creates risk for physical, mental, and emotional consequences (e.g., Glaser, 2000; Norman et al., 2012; Wegman & Stetler, 2009).

Childhood abuse is also associated with suicide ideation and suicide attempt (Cero & Sifers, 2013; Duhe et al., 2001; Joiner et al., 2007; Norman et al., 2012). In fact, research suggests that individuals who experienced childhood abuse (i.e., sexual, physical, or neglect) were over four times...
more likely to attempt suicide in young adulthood (Brown, Cohen, Johnson, & Smailes, 1999) and that the increased risk for attempting suicide continues into adulthood (Bruffaerts et al., 2010). Additionally, sexual and physical abuse were more strongly associated with suicide ideation and attempt than other types of childhood abuse (e.g., verbal abuse; Joiner et al., 2007), suggesting that different types of abuse impact the likelihood of experiencing suicide ideation and attempts. Several studies have found that childhood abuse and maltreatment, as measured by the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003), are associated with suicide attempt in various samples (de Araujo & Lara, 2016; Hassan, Stuart, & De Luca, 2016; Mandelli, Carli, Roy, Serretti, & Sarchiapone, 2011; Sfoggia, Pacheco, & Grassi-Oliveira, 2008; Smith et al., 2016).

Although the relationship between childhood abuse and suicidal self-directed violence has been well documented, it has not been studied from the perspective of the Interpersonal–Psychological Theory of Suicide (IPTS; Joiner, 2005). According to the IPTS, both the desire for suicide and the acquired capability for suicide are necessary for lethal self-harm to occur (Joiner, 2005). Thwarted belongingness is conceptualized as the unmet need for social connectedness with others (Van Orden et al., 2010), and perceived burdensomeness refers to feeling like one’s existence is burdensome to society or loved ones (Van Orden et al., 2010); both are considered to be proximal causes of the desire for suicide. The IPTS proposes that individuals acquire the capability to attempt suicide through habituation to the pain and fear required to inflict self-directed violence; this habituation can occur through direct (e.g., attempting suicide) or indirect (e.g., combat exposure, childhood abuse) pathways (Van Orden et al., 2010). The acquired capability for suicide has been theorized to include both fearlessness about death (FAD) and increased pain tolerance.

Researchers have proposed that IPTS constructs may account for the increased risk for suicidal self-directed violence associated with childhood abuse (Van Orden et al., 2010). For example, experiencing childhood maltreatment, such as physical or sexual abuse, may cause an individual to acquire the capability for suicide by causing them to habituate to pain and fear by virtue of repeated exposure to these during abuse (Joiner, 2005; Van Orden et al., 2010). Smith and Cukrowicz (2010) proposed that childhood abuse (e.g., sexual abuse) could indirectly facilitate the capability for suicide, although they suggested that such experiences would need to be intense and frequent in order for this to occur, relative to more direct experiences (e.g., nonsuicidal self-injury, suicide attempt). IPTS proponents have also theorized that one mechanism by which childhood abuse may relate to suicide ideation is by increasing perceived burdensomeness and thwarted belongingness, due to the implied burdensomeness and disconnection associated with childhood abuse (Joiner, 2005).

In spite of this, empirical tests of the relationship between childhood abuse and IPTS components have been limited. Christensen, Batterham, Mackinnon, Donker, and Soubelet (2014) recently conducted a population-based study with a large sample of Australian adults (N = 1,167), examining predictors of IPTS constructs (Christensen et al., 2014). Number of lifetime traumatic experiences and recent stressful life events were associated with higher levels of the acquired capability for suicide, but not with perceived burdensomeness or thwarted belongingness, when accounting for other variables (e.g., demographics, other IPTS variables, personality traits). These findings are the first to suggest that lifetime trauma exposure and stressful life events are relevant to individuals’ acquired capability for suicide. However, the trauma variable employed comprised a wide range of traumatic experiences (e.g., natural disasters, torture) occurring across the life span, limiting what can be ascertained regarding the association between specific traumatic experiences (e.g., childhood abuse) with IPTS variables.
In addition to a direct relation between childhood abuse and interpersonal–psychological components of suicide, it is also possible that depression serves as a mechanism underlying these relations. Childhood abuse confers the risk of subsequent psychiatric disorders (Carr, Martins, Stingel, Lemgruber, & Juruena, 2013), including depression (Brown et al., 1999). Depression is a robust predictor of suicide (e.g., Brown, Beck, Steer, & Grisham, 2000) and has been associated with interpersonal–psychological components of suicide (e.g., Anestis, Moberg, & Arnau, 2014; Davidson, Wingate, Grant, Judah, & Mills, 2011; Silva, Ribeiro, & Joiner, 2015). Specifically, depressive symptoms were associated with both perceived burdensomeness and thwarted belongingness (e.g., Davidson et al., 2011). As such, it could be that childhood abuse is directly related to components of suicide, as well as indirectly, through depressive symptoms. Importantly, depressive symptoms may also serve as a modifiable risk factor. As such, understanding its role in the relation between childhood abuse and IPTS components is critical.

To our knowledge, no studies have examined whether childhood abuse is associated with the IPTS components of perceived burdensomeness, thwarted belongingness, or the acquired capability for suicide. Additionally, no prior study has examined depressive symptoms as a mediator of these associations. Because childhood abuse encompasses a broad range of potentially violent or otherwise harmful experiences (e.g., physical, sexual, emotional), their relation to the IPTS may provide valuable information regarding potential ways in which various forms of childhood abuse confer risk for suicide over the life span. This may furthermore advance suicide prevention efforts. For example, if specific types of childhood abuse are associated with thwarted belonging or perceived burdensomeness, a focused effort on preventing and addressing the emotional impact of these types of childhood abuse may strengthen efforts to reduce later-in-life suicide ideation. If specific forms of childhood abuse are associated with the acquired capability for suicide, this may suggest that efforts to prevent suicide attempts may be bolstered by preventing these types of abuse and addressing the emotional impact of such abuse.

Our objectives were to examine the associations between different types of childhood abuse (i.e., sexual, physical, and emotional) with perceived burdensomeness, thwarted belongingness, and the acquired capability for suicide. In addition, we sought to examine whether depressive symptoms mediated these associations. We hypothesized that all three forms of childhood abuse would be significantly associated with perceived burdensomeness, thwarted belongingness, and the acquired capability for suicide, but did not have a priori hypotheses regarding their differential relationships (e.g., specific types of abuse being related to a specific component of the IPTS). We also hypothesized that depressive symptoms would mediate these associations (i.e., between childhood abuse and IPTS constructs).

METHODS

Sample

Our sample included 91 participants, who were predominantly female (88.8%), Caucasian (78%), non-Hispanic (60.4%; 14.3% did not report ethnicity), and young (mean age = 21.72; SD = 5.79, range 18–47). Participants were adults ≥18 years, recruited from a private university and community in the Dallas/Fort Worth area. Participants were part of a larger study with inclusion criteria encompassing: engaging in nonsuicidal self-injury on at least 5 days in the past year (n = 31); having elevated scores on the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004; n = 30); or healthy individuals who did not meet criteria for a current psychiatric diagnosis, engage in self-harm, or have high emotion dysregulation (n = 30). Individuals were excluded if they had a current
diagnosis of psychosis and/or uncontrolled medical ailments (e.g., history of angina, myocardial infarction, congestive heart failure, clinically significant arrhythmias, transient ischemic attacks, cerebrovascular accidents, diabetes mellitus, significant asthma, emphysema, chronic obstructive pulmonary disease). The study was approved by the university ethics committee, and all participants provided written informed consent.

**Measures**

**Childhood Trauma Questionnaire (CTQ).** Participants completed the CTQ (Bernstein et al., 2003), a 28-item self-report measure of early life traumatic experiences (as a child or teenager), including sexual abuse, physical abuse, emotional abuse, physical neglect, and emotional neglect. The three abuse variables (rather than the neglect variables) were chosen for this study. Each CTQ maltreatment subscale includes five items, with a potential score ranging from 5 to 25. The CTQ abuse subscales employed in this study demonstrated high internal reliability in this sample (emotional: \( \alpha = .90 \); physical: \( \alpha = .90 \); sexual: \( \alpha = .96 \)).

**Interpersonal Needs Questionnaire (INQ).** The INQ-15 (Van Orden, Cukrowicz, Witte, & Joiner, 2012) assesses thwarted belongingness and perceived burdensomeness with 15 items rated on a 7-point Likert scale (1 = not at all true for me, 7 = very true for me), created by averaging responses for each subscale. Participants rated a series of statements regarding their beliefs about themselves and others (e.g., “These days, I feel disconnected from other people,” “These days, I think I am a burden on society”). The INQ-15 has demonstrated acceptable reliability and validity (Hill et al., 2015; thwarted belonging: \( \alpha = .81-.87 \); burdensomeness: \( \alpha = .85-.90 \)), including in this study (thwarted belonging: \( \alpha = .93 \); burdensomeness: \( \alpha = .97 \)).

**Acquired Capability for Suicide Scale (ACSS).** The 20-item version of the ACSS (Van Orden, Witte, Gordon, Bender, & Joiner, 2008) assessed acquired capacity to inflict lethal self-harm. Individuals rated the extent to which statements described them, using a 5-point Likert-type scale, ranging from 0 (not at all like me) to 4 (very much like me), with responses summed to obtain a total score. The ACSS includes items such as, “I am not at all afraid to die” and “The pain in dying frightens me” (reverse coded). Although prior research using this version of the ACSS with adults has demonstrated acceptable reliability and validity (e.g., Ribeiro et al., 2014), a recent study identified a method of assessing FAD (one aspect of acquired capability) with seven items of the ACSS, deemed the ACSS-FAD subscale (Ribeiro et al., 2014). Thus, we also calculated the ACSS-FAD subscale score to assess fearlessness about death specifically. Both the ACSS total score and the ACSS-FAD subscale score demonstrated acceptable internal reliability in the present sample (ACSS total: \( \alpha = .81 \); ACSS-FAD: \( \alpha = .82 \)).

**Beck Depression Inventory—Second Edition (BDI-II).** The BDI-II (Beck, Steer, & Brown, 1996) is a 21-item self-report measure of recent depressive symptoms. Items are rated on a 4-point scale that ranges from 0 to 3, with higher scores indicating more severe symptoms. The BDI-II has good internal consistency (\( \alpha = .93 \); Beck et al., 1996; current sample: \( \alpha = .95 \)).

**Self-Injurious Thoughts and Behaviors Interview (SITBI).** For individuals in the nonsuicidal self-injury group, the SITBI (Nock, Holmberg, Photos, & Michel, 2007) was conducted to assess the presence, frequency, and characteristics across a range of self-injurious thoughts and behaviors, including both nonsuicidal and suicidal. The majority reported a lifetime history of suicide ideation (90.3%; \( n = 28 \)) and about half reported a history of at least one suicide attempt with intent to die (45.2%, \( n = 14 \)).

**Analysis Plan**

Linear regressions were conducted with SPSS version 23 (IBM Corp, Armonk, NY, USA) to examine whether different
types of childhood abuse (physical, sexual, and emotional) were associated with perceived burdensomeness, thwarted belongingness, and acquired capability for suicide (total score and fearlessness about death subscale), and whether depressive symptoms mediated the relations. In each regression, all three types of abuse were entered as predictors, with each IPTS construct included as the dependent variable in each respective regression.

The mediation analysis procedure outlined by MacKinnon, Lockwood, and Williams (2004) was utilized to test for mediation; this method directly tests the significance of the mediated pathway utilizing results of linear regression analyses. This study used MacKinnon procedures given the strengths it has over the classic Baron and Kenny (1986) approach (e.g., increased power to detect effects, lower type II error; MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002). Mediation models were only tested for significant direct effects. To test the significance of the mediation effect, PRODCLIN was utilized for all significant models (Shrout & Bolger, 2002). Although depressive symptoms were correlated with the predictor variables, all variance inflation factors were acceptable (Neter, Kutner, Nachtsheim, & Wasserman, 1996).

RESULTS

Sample Characteristics

Descriptive statistics and a correlation matrix of study variables are presented in Table 1. All three types of childhood abuse were significantly associated with perceived burdensomeness and thwarted belongingness. In contrast, none of the childhood abuse variables were associated with the acquired capability for suicide (total score or fearlessness about death subscale) in the bivariate analyses.

Mediation Analyses

Childhood Abuse and Perceived Burdensomeness. In the model without the mediator, only emotional abuse was significantly related to perceived burdensomeness ($B = .23, p < .001$), whereas physical abuse ($B = .01, p = .80$) and sexual abuse ($B = .04, p = .28$) were not significantly associated with perceived burdensomeness. Depressive symptoms significantly mediated the relation (Confidence interval [CI]: .07, .21) between childhood emotional abuse and perceived burdensomeness, mediating 60.56% of the relation (see Figure 1, top panel).

Childhood Abuse and Thwarted Belongingness. In the model without the mediator, only emotional abuse was significantly associated with thwarted belongingness ($B = .21, p < .001$). Physical abuse ($B = .003, p = .94$) and sexual abuse ($B = .01, p = .69$) were nonsignificant. Depressive symptoms significantly mediated the relation (CI: .07, .19) between emotional abuse and thwarted belongingness and mediated 62.8% of the relation (see Figure 1, bottom panel).

Childhood Abuse and Acquired Capability for Suicide. Only physical abuse was significantly associated with the acquired capability for suicide (ACSS total score, $B = .84, p = .04$), whereas the other forms of childhood abuse were not significant (emotional abuse: $B = -.06, p = .87$; sexual abuse: $B = -.13, p = .69$). Mediation analyses revealed that depressive symptoms did not mediate this relation (CI: $-.13, .14$).

When analyses were rerun with the ACSS-FAD subscale as the outcome (instead of the ACSS total score), none of the paths from childhood abuse to fearlessness about death (ACSS-FAD) were significant (emotional abuse: $B = -.19, p = .29$;
TABLE 1
Descriptive Statistics and Correlation Matrix of Main Study Constructs

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (SD)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emotional abuse (CTQ)</td>
<td>8.98 (5.00)</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Physical abuse (CTQ)</td>
<td>6.93 (4.16)</td>
<td>.65***</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sexual abuse (CTQ)</td>
<td>6.61 (4.51)</td>
<td>.45***</td>
<td>.43***</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Depressive symptoms (BDI-II)</td>
<td>9.73 (11.88)</td>
<td>.79***</td>
<td>.51***</td>
<td>.37***</td>
<td>–</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Perceived burdensomeness (INQ-15)</td>
<td>2.36 (1.73)</td>
<td>.72***</td>
<td>.50***</td>
<td>.40***</td>
<td>.77***</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Thwarted belongingness (INQ-15)</td>
<td>2.86 (1.54)</td>
<td>.69***</td>
<td>.46***</td>
<td>.34**</td>
<td>.76***</td>
<td>.74***</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Fearlessness of death (ACSS-FAD)</td>
<td>15.27 (6.22)</td>
<td>-.07</td>
<td>.03</td>
<td>-.02</td>
<td>-.14</td>
<td>-.06</td>
<td>-.19</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>8. Acquired capability for suicide (ACSS)</td>
<td>38.69 (11.86)</td>
<td>.01</td>
<td>.18</td>
<td>.09</td>
<td>-.05</td>
<td>-.01</td>
<td>-.07</td>
<td>.80***</td>
<td>–</td>
</tr>
</tbody>
</table>

Note. SD, standard deviation; CTQ, Childhood Trauma Questionnaire; BDI-II, Beck Depression Inventory, Second Edition; INQ, Interpersonal Needs Questionnaire-15; FAD, Fearlessness about Death Scale; ACSS, Acquired Capability for Suicide.

*p ≤ .05, **p ≤ .01, ***p ≤ .001.

physical abuse: $B = .21$, $p = .34$; sexual abuse: $B = -.02$, $p = .91$; thus, mediation analyses were not conducted.

**DISCUSSION**

Prior research has identified early life trauma as a significant risk factor for subsequent suicide ideation and attempts (Brown et al., 1999; Bruffaerts et al., 2010; Dube et al., 2001; Joiner et al., 2007; Norman et al., 2012); however, to our knowledge, this study is the first to apply the IPTS—a leading contemporary theory of suicide—to this important topic. In our study, various types of childhood abuse (physical, sexual, and emotional) differentially predicted interpersonal–psychological constructs, and depressive symptoms served as a mediator of some of these associations. These results suggest that the specific mechanisms linking childhood abuse to the desire and capability for suicide vary.

Childhood emotional abuse was the only type of abuse that was associated with both IPTS components that are considered to be proximal causes of the desire for suicide. Specifically, emotional abuse predicted thwarted belongingness and perceived burdensomeness, over and above the effects of childhood physical and sexual abuse. In addition, current depressive symptoms partially mediated these relations. These results suggest that childhood emotional abuse is more closely related to the constructs proposed to associate with the desire for suicide (perceived burdensomeness and thwarted belonging), compared to childhood physical or sexual abuse (which were associated with perceived burdensomeness and thwarted belonging in bivariate analyses...
In prior research, emotional abuse has been more strongly linked to depression and suicide ideation than other forms of abuse or neglect (Martins, Baes, de Carvalho Tofoli, & Juruena, 2014). Furthermore, research suggests that emotional abuse is uniquely associated with low self-esteem (e.g., Mullen, Martin, Anderson, Romans, & Herbison, 1996), suggesting an additional pathway by which childhood emotional abuse may relate to feeling disconnected from others as a young adult. It is also possible that individuals exposed to emotional abuse (particularly if characterized by hostility and rejection) gradually internalized the messages conveyed by the abuse itself (Glaser, 2002), leading them to feel as if they did not belong or were burdensome to others. Our finding regarding emotional abuse is also in line with the IPTS; childhood abuse is thought to be related to thwarted belongingness through the absence of reciprocal care (e.g., receiving support from others and care for others; Van Orden et al., 2010), which often occurs in emotional abuse. Our findings suggest that childhood emotional abuse is relevant to the constructs thought to increase the desire for suicide and that this may be due to feeling like a burden to others and feeling disconnected from others.

We also examined the associations between different types of childhood abuse with the acquired capability for suicide—the IPTS component requisite for suicidal self-directed violence in the presence of suicidal desire (Joiner, 2005). Physical abuse significantly predicted the acquired capability for suicide, above and beyond sexual and emotional abuse. The IPTS proposes that repeated exposure to painful and provocative events, including physical abuse, habituates individuals to the fear and pain associated with lethal self-harm (Joiner, 2005). Our findings provide partial support

![Figure 1. Mediation analyses. Numbers next to each path are regression coefficients. The top panel shows the relation between emotional abuse and perceived burdensomeness, as mediated by depressive symptoms. The bottom panel shows the relation between emotional abuse and thwarted belongingness, as mediated by depressive symptoms. Numbers in parentheses reflect adjusted pathways after the inclusion of the mediator. Physical abuse and sexual abuse were also included in all analyses. *p < .05; **p < .01.](image-url)
for this such that childhood physical abuse was significantly and positively related to the acquired capability for suicide. In contrast, neither childhood sexual or emotional abuse was associated with the acquired capability for suicide or with fearlessness about death specifically. Thus, it may be that the exposure to the physical violence inherent in physical abuse causes individuals to habituate to the pain, but not fear, inherent in dying by suicide—and in a manner that does not occur with sexual or emotional abuse.

Assessment and understanding of the components of the IPTS, particularly in individuals with a history of childhood abuse, could be helpful in identifying and addressing factors closely related to lethal self-harm and identifying individuals who may be most at risk for suicidal self-directed violence. In bivariate correlations, all forms of abuse were associated with the two components of desire for suicide, with only emotional abuse significant in adjusted analyses. This suggests that assessing childhood abuse, and emotional abuse in particular, could help to identify a potentially at-risk population in terms of the desire for suicide. Because childhood emotional abuse is often overlooked (Glaser, 2002), assessing all of the different forms of abuse which may occur is essential. Although cross-sectional, these findings suggest that the prevention of childhood abuse should be an ongoing focus in reducing the desire and capability for suicide. Interventions may focus on burdensomeness and belongingness, which are considered to be malleable and could be important targets of treatment to reduce desire for suicide and overall suicide risk. In cases in which childhood abuse has already occurred, there are potentially additional targets for intervention; for example, targeting often-related sequelae (e.g., depressive symptoms) could be an important component in reducing the components thought to increase one’s desire for suicide (perceptions of burdensomeness and thwarted belongingness). Additionally, among individuals with a history of childhood physical abuse, preventing behaviors that may further increase their acquired capability for suicide may be particularly important.

There are a number of considerations that require mention. Although this study included a range of individuals (e.g., healthy individuals, individuals high in emotion dysregulation, and individuals reporting nonsuicidal self-injury), the exclusion of individuals with current and active suicide ideation could be missing an important subset of individuals for whom the IPTS could be most applicable and limits the understanding of how this model is applied. However, among the individuals reporting nonsuicidal self-injury, a portion reported history of suicide ideation (90%) and attempts (45%). The rate of completed suicide among individuals who report recent self-harm is 37 times higher than a matched general population cohort (Olfson et al., in press), highlighting the variability this study sample includes. Other limitations include reliance on self-report measures, the cross-sectional design, the low percentage of males, restricted age range of participants, and the small proportion of individuals reporting childhood sexual abuse, although this percentage was on par with nationally reported numbers (CDC, 2015). The cross-sectional design precluded an analysis of the dynamic relation between these constructs. Depressive symptoms are correlated with components of suicide, such as perceived burdensomeness (e.g., Van Orden, Lynam, Hollar, & Joiner, 2006), and this relation could be bidirectional such that increased sense of perceived burdensomeness could fuel depression in addition to depression increasing perceived burdensomeness. Future research should use longitudinal methods to better identify the ways in which depression and history of childhood abuse confer risk of and vulnerability to components of suicide.

Future studies identifying additional mechanisms that explain the relations between childhood abuse and components of the IPTS (e.g., posttraumatic stress disorder [PTSD] symptoms, perceived social support,
emotion dysregulation) could provide valuable information on areas for targeted intervention. For example, posttraumatic stress disorder [PTSD] symptom clusters are related to components of the acquired capability for suicide (Zuromski, Davis, Witte, Weathers, & Blevins, 2014), indicating another possible mechanism. Longitudinal studies would also better illuminate temporal associations. Finally, examining factors that moderate the impact of different types of childhood abuse on interpersonal–psychological outcomes (e.g., whether the abuse was inflicted by a parent, other adverse childhood experiences) will be critical for enhancing our understanding of factors that exacerbate risk for burdensomeness, thwarted belonging, and acquired capability for suicide.

In summary, childhood abuse represents a distal risk factor for subsequent suicide attempts (Brown et al., 1999; Dube et al., 2001), yet our findings indicate that various types of childhood abuse also relate to proximal factors associated with suicide ideation and attempts—namely, perceived burdensomeness, thwarted belongingness, and the acquired capability for suicide. Importantly, depressive symptoms mediated the relation between distal factors (i.e., emotional abuse) and proximal factors (i.e., burdensomeness, thwarted belonging). This could be an important area of intervention for reducing the desire for suicide following childhood abuse.

REFERENCES


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