



The association between violence and lifetime suicidal thoughts and behaviors in individuals treated for substance use disorders

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ABSTRACT

Objective: The present study examined the association between lifetime violent behavior and suicidal thoughts and attempts in a national sample of patients seeking substance use disorder (SUD) treatment.

Method: A large national sample of adults entering substance use disorder treatment (N=6,233) was examined. After describing the correlates of prior suicidal thoughts and attempt(s) in this sample, we examined the association between self-report of lifetime violence and suicidal ideation, a single prior attempt and multiple prior attempts in patients seeking SUD treatment.

Results: In bivariate analyses, individuals with prior violence were more likely to report suicidal ideation, single and multiple suicide attempts than those without prior violence. These associations remained significant after controlling for demographic factors, symptoms of depression, and childhood victimization. In examinations of specific types of violence, more extreme forms of violence (i.e., murder, rape) were most strongly associated with risk of multiple suicide attempts.

Conclusions: Prior violence is consistently associated with greater risk for suicidal thoughts and behaviors in patients seeking SUD treatment. Treatment providers should be aware that those patients with some of the greatest violence in their past are also those at elevated risk for harm to themselves.

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1. Introduction

Prior suicidal thoughts and behaviors are common in patients treated for Substance Use Disorders (SUDs; Darke, Ross, Lynskey, & Teesson, 2004; Roy, 2002; Roy, Lamparski, DeJong, Moore, & Linnola, 1990; Tiet, Ilgen, Byrnes, & Moos, 2006). For example, rates of lifetime suicide attempts among SUD patients are as high as 45% (Johnsson & Fridell, 1997) and a recent study found that approximately a third of patients reported suicidal ideation within the two weeks prior to seeking SUD treatment (Ilgen et al., 2009). Additionally, although SUD treatment engagement is positively associated with reductions in suicide attempts, patients with SUDs remain at high risk for suicidal behaviors following SUDs treatment (Darke et al., 2007; Ilgen, Jain, Lucas, & Moos, 2007). Further work is needed to better elucidate the risk factors for suicidal thoughts and behaviors in SUD patients.

The examination of factors associated with a suicide attempt prior to SUD treatment entry has identified several pre-treatment factors,

including previous suicide attempts, suicidal ideation, depression, psychotic symptoms, past physical and/or sexual abuse, and more severe pre-treatment alcohol or other substance use (Darke et al., 2004; Ilgen, Tiet, & Moos, 2004; Roy, 2002; Roy et al., 1990). Additionally, Tiet et al. (2006) found that patients in SUD treatment with a recent suicide attempt were more likely to report difficulty controlling violent behavior than those without a recent attempt. Conner & Duberstein (2004) proposed that prior aggression and/or violence was an important risk factor for suicidal thoughts and behaviors in those with alcohol use disorder. However, the link between violence and suicidal behaviors is still preliminary and requires more research.

Prior violent behavior is common in individuals entering SUD treatment with up to 70% of some treatment seeking samples reporting prior violent behaviors (Burnette et al., 2008; Chermack & Blow, 2002; Chermack, Fuller, & Blow, 2000). Patients with prior violence generally report greater severity of psychopathology, pre-treatment substance use and psychosocial problems than those without violence (Burnette et al., 2008; Chermack et al., 2000). Additionally, research on alcohol dependent samples indicates that lifetime suicide attempts are more common in those who report higher rates of lifetime aggression and

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aggressive behavior during periods of alcohol use (Koller, Preuss, Bottlender, Wenzel, & Soyka, 2002; Preuss et al., 2002). Finally, psychological autopsy studies comparing those who died by suicide to matched controls indicates that suicide is more common in those with a history of domestic violence (Conner et al., 2001) and verbal and non-verbal aggression towards others (Conner, Conwell, Duberstein, & Eberly, 2004; Conner, Duberstein, & Conwell, 2000; Dumais et al., 2005). More broadly, psychological autopsies are based largely on interviews with persons who knew the deceased individual (e.g., family members). This design makes it harder to assess the nature of prior lifetime violence and to control for other potential confounds such as prior childhood sexual or physical abuse. However, this research has not directly examined the association between lifetime violence and suicidal thoughts and behaviors in more representative samples of patients seeking SUD treatment.

A recent study examined the association between self-reports of prior aggression and suicidal ideation in a sample of 488 patients seeking SUD treatment (Ilgen et al., 2009). The results of this study indicate that aggression towards a partner is more strongly associated with risk of suicidal ideation than aggression towards a non-partner. Additionally, in multivariate models that controlled for severity of baseline substance use and childhood physical and sexual abuse, aggression towards a partner was still significantly associated with a greater likelihood of suicidal ideation. However, the risk factors for suicidal thoughts and attempts usually differ (Kessler, Borges, & Walters, 1999) and it is not known whether prior violence is associated with suicide attempts in those seeking SUD treatment. Additionally, patients seeking SUD treatment report a wide array of violent behaviors, from physical assault to mugging or attacking with a weapon (Burnette et al., 2008) and the link between different forms of violence and the risk of suicidal thoughts and behaviors has not been established.

The present study utilized data from 6,228 patients from a national sample of drug and alcohol treatment programs. After describing the correlates of prior violence in this sample, this study examined the association between self-report of lifetime violence and suicidal ideation, a single prior suicide attempt, and multiple attempts in patients seeking SUD treatment. The final set of analyses focused on the specific association between different types of violence and suicidal thoughts and behaviors.

2. Methods

2.1. Procedures

This study used the publically accessible data from National Treatment Improvement Evaluation Study (NTIES; Gerstein et al., 1997). NTIES was a large, multi-site examination of publicly funded SUD treatment programs. The present study focused exclusively on the baseline assessment. All participants were interviewed by trained NTIES staff. Interviews were structured, computer-assisted survey protocols, approximately one-hour in length, created for the NTIES. Questions covered mental and physical health, substance use, victimization history, and health utilization. The present study was conducted with approval from the Institutional review board of the Ann Arbor VA.

2.2. Participants

The present sample reflects the full sample of adult (≥ 18 years old) participants recruited for NTIES. Overall, 90% of patients who were approached and asked to participate in NTIES agreed to be a part of the study and provided informed consent. The majority of participants (72%) were male, the average age was approximately 32 years old, 55% were African American, 57% had at least the equivalent of a high school degree, and most (58%) were unemployed.

On average, prior to treatment participants reported slightly more than 2 days out of the last 30 of drug use.

2.3. Measures

As noted previously, NTIES participants were asked a series of questions specifically developed for this study. Items related to the domains of primary interest are described below.

2.3.1. Suicidal ideation and attempts

This study focuses on three questions related to suicidal thoughts and behaviors at treatment entry. First, patients were asked "Have you ever attempted suicide?". Those endorsing a prior suicide attempt were asked "Have you attempted suicide more than once?" Those not reporting a prior attempt were asked "Have you ever thought seriously about committing suicide?". These questions were combined to create four mutually exclusive groups: no ideation or attempt (s), suicidal ideation only, a single suicide attempt, or multiple suicide attempts.

2.3.2. Prior violence

Participants were also asked about prior acts of violence towards others. Specifically, they were asked whether they had ever: (a) used a weapon to steal, (b) attacked or threatened someone, (c) beaten someone up, (d) severely hurt someone, (e) forced sex on someone, or (f) killed someone. Endorsement of any of these behaviors was scored as having engaged in some form of prior violence.

2.3.3. Other variables of interest

Participants reported on age and education (i.e., whether or not they had a High School Diploma/General Equivalency Diploma [GED]). Race and ethnicity was self-identified by participants among three options (e.g., Non-Hispanic Non-Black, Non-Hispanic Black, and Hispanic). Participants were also asked the number of days in the past month that they used marijuana, crack, cocaine, heroin, or downers (e.g., none, 1 day, 2–5 days, 6–10 days, 11–20 days or more than 20 days); individual ratings were averaged across the five substances to create an estimate of average substance use. Additionally, patients were asked whether they had ever experienced a period of two weeks or longer when they felt: (1) very sad or depressed, or (2) had lost interest or pleasure in things. Individuals endorsing either item were classified as having previous symptoms of depression. Lastly, participants reported on prior exposure to (a) childhood sexual abuse, defined as having been forced to engage in sexual intercourse (vaginal, oral, or anal) and (b) childhood physical abuse prior to the age of 18.

2.4. Analyses

After describing the frequency of suicidal thoughts, a single suicide attempt, and multiple suicide attempts, we examined the association between baseline patient characteristics and different patterns of lifetime suicidal thoughts and attempts. Next, a multinomial logistic regression was conducted to examine the factors associated with suicidal thoughts, a single suicide attempt, multiple suicide attempts, or a comparison group of those without any lifetime ideation or attempts. The remaining exploratory analyses focused on the association between different forms of prior violence and suicidal thoughts and/or suicide attempts. First, bivariate comparisons examined the differences in frequencies of different forms of violence between those with no prior suicidal thoughts or attempts, those with suicidal thoughts only, a single suicide attempt or multiple suicide attempts. Finally, a series of multinomial logistic regression analyses were conducted examining the association between each form of violence and risk of suicidal ideation, suicide attempt or multiple attempts, after controlling for differences in patient characteristics (age, gender, education, race/ethnicity, symptoms of depression (n/y), days of substance use, childhood physical abuse, and childhood sexual abuse).

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