



Firearm ownership in veterans entering residential PTSD treatment: Associations with suicide ideation, attempts, and combat exposure



Phillip N. Smith^{a,*}, Joseph Currier^a, Kent Drescher^b

^a Department of Psychology, University of South Alabama, Mobile, AL, USA

^b National Center for PTSD, VA Palo Alto Healthcare System, Menlo Park, CA, USA

ARTICLE INFO

Article history:

Received 30 January 2015

Received in revised form

2 May 2015

Accepted 12 July 2015

Available online 15 July 2015

Keywords:

Veterans

Firearm ownership

Suicide ideation

Suicide attempts

Posttraumatic stress disorder

Combat exposure

ABSTRACT

This study aimed to describe the frequency of firearm ownership in veterans entering residential treatment for posttraumatic stress disorder (PTSD) and examine the association of firearm ownership with suicide ideation and suicide attempt history, combat exposure, and PTSD symptom severity. Two samples of veterans entering residential PTSD treatment were assessed at intake using self-report measures. Approximately one third of participants endorsed firearm ownership across the two samples. Analyses with a sample predominantly comprised of Vietnam Veterans found that those who endorsed both suicide ideation and prior suicide attempts were less likely to own a firearm compared to suicide ideators and non-suicidal participants. In addition, more frequent combat exposure, but not PTSD symptom severity, was associated with firearm ownership in both samples and most participants endorsed using safe storage practices. These lower rates of firearm ownership generally, and in those with suicide ideation and prior attempts in particular, may reflect an increased focus on means restriction in treatment for combat-related PTSD. Means restriction counseling among PTSD treatment seeking veterans should target those with combat exposure.

© 2015 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Suicide is a leading cause of death for military veterans who experience posttraumatic stress disorder (PTSD) upon returning to civilian life (Jakupcak et al., 2009). Notwithstanding recent advances in the treatment of combat-related PTSD and other problems (e.g., Eftekhari et al., 2013), access to firearms is associated with an additional increase in suicide risk beyond the influence of mental disorders (Anglemeyer et al., 2014; Conwell et al., 2002). This finding is attributed to a higher case-fatality ratio of firearms (83%) compared to other means for suicide (e.g., drug overdose 1.5% and cutting 1.2%; Spicer and Miller, 2000). Consequently, whether focusing on veterans with PTSD or other at risk populations, choosing a firearm as a preferred method for suicide substantially increases the risk of death. Given that other research suggests that veterans are more likely to employ firearms as a method of suicide compared to non-veterans (Kaplan et al., 2007), means restriction counseling is an important component of suicide prevention among veterans (Barber and Miller, 2014; Mann et al., 2005). Such means restriction efforts might be particularly

important for veterans with PTSD due to its primacy as a risk factor for suicide in veterans over other risk factors such as deployment and combat exposure (Kang et al., 2015).

Inquiry about the presence of lethal means for suicide and means restriction counseling, particularly as it applies to firearm safety, is not a common practice among clinical professionals (Betz et al., 2013; Grossman, 2003). In order to encourage means restriction counseling in veterans seeking treatment for PTSD, it is important to determine the frequency of firearm ownership as well as what indicators are associated with greater likelihood of owning firearms. In particular, it is important to identify if documented risk factors for suicide (e.g., combat exposure, PTSD symptom severity) are associated with rates of firearm ownership. Such information would help mental health providers by identifying instances in which means restriction is indicated and inform risk prevention efforts among this particularly vulnerable subset of military veterans.

The current study was exploratory and primarily descriptive in nature. Focusing on two independent samples of veterans seeking residential treatment for PTSD, we had two primary aims: (1) describe the frequency of firearm ownership; and (2) examine differences in suicide ideation and attempt history, combat exposure, and PTSD symptom severity between those who did and did not endorse firearm ownership. Lastly, we inquired about participants' use of safe storage practices. Although the objectives of this study

* Correspondence to: Department of Psychology, University of South Alabama, 75 S University Blvd., 1000UCOM, Mobile, AL 36688, USA. Fax: +1 251 460 6320.

E-mail address: pnsmith@southalabama.edu (P.N. Smith).

were primarily exploratory, we predicted that individuals who endorsed owning a firearm would report greater suicide ideation and/or attempts, as well as greater combat exposure and PTSD symptom severity compared to those who denied firearm ownership. This hypothesis was predicated on data suggesting that military veterans with PTSD are more likely to own firearms than those with other mental disorders, such as schizophrenia and substance misuse, and that veterans who die by suicide are more likely to own firearms compared to non-veterans (Freeman et al., 2003; Kaplan et al., 2007).

2. Methods

2.1. Subjects

Data were collected from a total of 832 veterans entering residential PTSD treatment programs at two sites. Site one is a Veterans Health Administration (VHA) program that houses a 45-bed program for men and 10-bed program for women. Data were collected from the VHA program between 2003 and 2007. Subjects sampled at this site (heretofore referred to as Sample #1) consisted of 623 veterans with an average age of 50.85 years ($SD=9.93$) and largely included men (86.7%). Ethnic backgrounds were Caucasian (61%), African American (16.1%), Latino/a (13.8%), Asian American (2.4%), Native American (2.6%), and other minority groups (4.1%). Nearly half of these veterans were divorced (33.5%) or separated (9.0%), 25.5% were married or living with a domestic partner, 23.1% had never married, and 6.4% had been widowed. This sample largely included Vietnam Veterans; in total, 7.7% had served in Iraq and/or Afghanistan.

The second site is a 15-bed not-for-profit, residential rehabilitation program. Data were collected from the not-for-profit program between 2008 and 2012. In contrast to the VHA program that serves veterans from all eras of service and genders, this not-for-profit program exclusively serves men who served in Iraq and/or Afghanistan. Subjects sampled at this site (heretofore referred to as Sample #2) consisted of 215 Iraq and/or Afghanistan Veterans with an average age of 30.54 years ($SD=7.47$). With the exception of an under-representation of African Americans (4.7%), this sample had a similar diversity of ethnic backgrounds: Caucasian (61.5%), Latino/a (14.6%), Asian American (7%), Native American (1.9%), and other minority groups (10.3%). Veterans' marital statuses were as follows: divorced (19.5%) or separated (10.7%), 34.9% were married or living with a domestic partner, 31.2% had never married, and two patients had been widowed.

Admissions to each program were based on clinical referrals for veterans with a primary diagnosis of PTSD who had not improved via less intensive treatment options. Exclusion criteria were: (a) active psychosis, (b) unwillingness to discontinue substance misuse, and (c) medical conditions that would hinder or prevent engagement in treatment activities. The length of stay was two to three months for the VHA program and typically longer (4 months or more) for the not-for-profit program.

2.2. Procedure and materials

Information for study variables was obtained as part of the units' standard intake assessment via self-report instruments that were administered during the first week of each program for the purposes of clinical decision-making and quality management of the programs. Although patients were given the option for their clinical information not to be used for research purposes, all patients were recruited and only a small percentage requested not to be included in research generated from this clinical data base (i.e., 5% or less). All clinical data were de-identified and approved for

research by the human subjects review boards of the affiliated institutions.

As part of intake procedures, participants were asked ("yes" or "no") whether they owned any firearms. For those who responded affirmatively, they were then asked to report the number of handguns and total firearms owned. Firearm owners were also asked ("yes" or "no") if they had kept their firearms in a safe manner when not in use and if they had done so for the past four months. Safe firearm storage was defined as "keeping your firearm(s) disassembled (the firearm is kept taken apart), in a locked safe, cabinet, or case, protected with trigger, action, or magazine locks, (or) keeping the bullets in a locked place, separate from the firearm(s)".

Suicidal ideation was assessed with the question: "Have you ever had serious thoughts of committing suicide?" Suicide attempt history was assessed with the question: "Have you attempted suicide in your lifetime?" Responses to these questions were each scored in a "yes" or "no" format. A single three-category variable was then developed for gauging veterans' risk status at the time of entering the residential setting—No Suicide ("no" on both items), Ideation Only ("yes" on ideation item; "no" on attempt item), and Ideation/Attempt ("yes" on both items).

Exposure to combat-related stressors was assessed in Sample #1 using the Combat Experiences Scale (CES; Keane et al., 1989). The CES is a 7-item measure of the frequency of exposure to war-zone stressors. Scores on the CES range from 7 to 35 with higher scores indicating more frequent exposure to combat stressors. Veterans in Sample #2 completed an early, 18-item, continuously-scored version of the Combat Experiences Scale from the Deployment Risk and Resilience Inventory (DRRI-CES; King et al., 2006). Scores on this version of the DRRI-CES could range from 0 to 54 with higher scores indicating more frequent exposure to combat stressors.

PTSD symptom severity was measured using the PTSD Checklist–Military Version (PCL-M; Blanchard et al., 1996). The PCL-M is a 17-item measure of the severity of re-experiencing, avoidance, and hyper-arousal symptoms of PTSD over the previous month. Scores on the PTSD-M range from 17 to 85 with higher scores again indicating more severe PTSD symptomology.

3. Results

3.1. Sample #1 results

Nearly one-third of Sample #1 (32.3%) reported owning a firearm at the start of their treatment. There was a near equal distribution of patients across the three suicide risk groups: No Suicide=28.4%, Ideation Only=33.4%, and Ideation/Attempt=38.2%. The mean CES score was 20.81 ($SD=11.8$) for Sample #1. On average, the severity of PTSD symptoms was 63.59 ($SD=11.14$).

Results of a chi-square analysis revealed that veterans with a history of attempting suicide were less likely to own a firearm ($n=62/26.1%$) at the time of beginning treatment compared to the other two groups (No Suicide=57/32.2%; Suicide Ideation=82/39.4%), $\chi(623)=908$, $p=0.011$. In addition, an independent samples *t*-test revealed that veterans with greater exposure to combat-related activities and/or circumstances were more likely to own a firearm, $t(553)=5.17$, $p<0.001$. However, we failed to find a reliable difference in firearm ownership on the basis of PTSD symptom severity, $t(623)=0.84$, $p=0.403$. When considering the 201 veterans in Sample #1 who owned a firearm, Table 1 provides descriptive information on numbers of firearms across the suicide risk groups along with relative percentages of those who were adhering to safety standards.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات