Report Information from ProQuest

July 30 2013 18:41

Table of contents

Gender Differences in Predictors of Suicidal Thoughts and Attempts Among Homeless Veterans that Abuse Substances

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Publication info: Suicide & Life - Threatening Behavior 35.1 (Feb 2005): 106-16.
ProQuest document link

Abstract: This study of 315 male and 310 female homeless military veterans in a V.A. inpatient program designed to treat substance abusers, many of whom also suffer psychiatric disorders, was designed to examine gender differences in factors associated with the odds of having suicidal thoughts, and of attempting suicide, in comparison to being nonsuicidal. A maximum likelihood estimation multinomial logistic regression showed childhood and current sexual and physical abuses, depression, fearfulness, relationship problems, limited social support, and low self-esteem was more strongly associated with suicidal thoughts and attempts for women than for men veterans. Extent of alcohol and other drug abuse, aggression, resilience, self-efficacy, combat exposure, combat-related PTSD, and work problems were more strongly associated with suicidal thoughts and attempts for men than for women. Implications of these findings for V.A. programs are discussed. [PUBLICATION ABSTRACT]

Full text: Headnote

This study of 315 male and 310 female homeless military veterans in a V.A. inpatient program designed to treat substance abusers, many of whom also suffer psychiatric disorders, was designed to examine gender differences in factors associated with the odds of having suicidal thoughts, and of attempting suicide, in comparison to being nonsuicidal. A maximum likelihood estimation multinomial logistic regression showed childhood and current sexual and physical abuses, depression, fearfulness, relationship problems, limited social support, and low self-esteem was more strongly associated with suicidal thoughts and attempts for women than for men veterans. Extent of alcohol and other drug abuse, aggression, resilience, self-efficacy, combat exposure, combat-related PTSD, and work problems were more strongly associated with suicidal thoughts and attempts for men than for women. Implications of these findings for V.A. programs are discussed.

The suicide rate is 10.6 per 100,000 in the United States, making it the eighth leading cause of death. Men are four times more likely than are women in this country to commit suicide; however, the probability of suicidal attempts is 2 to 3 times higher for women (Sakinofsky &Leenaars, 1997). The overall lifetime prevalence of suicidal ideation ranges between 2.6% and 14.6% and between 1.5% and 4.2% for suicide attempts in the general American population (Eynan et al., 2002). By comparison, a recent study of 330 homeless adults found that 61% of the men reported suicidal ideation and 28% indicated suicide attempts, whereas 78% and 57%, respectively, of the women reported these same experiences (Eynan et al., 2002).

Evidence shows that homeless woman have significantly higher rates of lifelong victimization, mood disorders, and posttraumatic stress disorder (PTSD) than do unsheltered men (Bassuk, Melnick, &Browne, 1998; Fisher, Hovell, Hofstetter, &Hough, 1995; Horwitz, Widom, McLaughlin, &White, 2001). Differential experiences with these adversities may account for much of the disparity in risk of suicidal ideation and attempts between homeless women and men, since these factors are associated with suicidal tendencies (Dube et al., 2001; Frierson, Melikian, &Wadman, 2002).

There has been scant research that includes both homeless men and women (e.g., Fisher et al., 1995; Koegel, Melamid, &Burnam, 1995; Koegel, Sullivan, Burnam, Morton, &Wenzel, 1999; MacLean, Paradise, &Cauce, 1999; Wenzel, Koegel, &Gelberg, 2000). Investigation of gender differences among homeless military veterans has been particularly scarce (Benda, in press; Beiida, 2003). The lacunae of knowledge about gender differences in suicidal thoughts and attempts among homeless veterans are problematic.

Any gender differences in suicidal thoughts and attempts are particularly germane to Veterans Affairs (V.A.) medical centers because the services offered reflect the fact that the preponderance of patients have been, and continue to be, men (Fontana, Schwartz, &Rosenheck, 1997; Kressin et al., 1999). Women presently comprise only 5% of veterans with access to healthcare services in the V.A., or approximately 1.4 million of a total population of 25.5 million veterans (Salgado, Vogy, King, &King, 2002). However, the proportion of active-duty military personnel that are women has risen from 2% to 15% between 1970 and 2000, and they are being placed in direct combat (Quester &Gilroy, 2002). The expansion in proportion of women soldiers is expected to result in increased demand for specialized services for women at V.A. medical centers (Salgado et al., 2002).
The purpose of the present study is to examine gender differences in predictors of suicidal thoughts and attempts among homeless veterans who abuse substances. Veterans are defined as nonsuicidal if they are not thinking about suicide, and if they have not attempted suicide in the past 5 years. For convenience of discussion, veterans who are having suicidal thoughts, but have not attempted suicide in the past 5 years, will be referred to as contemplators, whereas persons who have made an effort to kill themselves in the past 5 years will be called attempters.
The study is based on an extension of attachment theory (Bowlby, 1980). Attachment has been conceived as a developmental process extending over the life span (Ainsworth, Blehar, Waters, &Wall, 1978; Bowlby, 1988; Hanson &Spratt, 2000). Emotional closeness, encouragement, and responsiveness from caregivers engender personal attributes, such as self-esteem, self-efficacy, resilience, and ego-identity, which serve as "buffers" against undesirable outcomes like substance abuse. These attributes also can serve as strengths in overcoming those adverse outcomes. Healthy relationships and personal attributes nourish a sense of a unified self and direction in one's life, or ego-identity (Baer, 2002; Conger &Conger, 2002; Conger &Ge, 1999; Crittenden, 2000).
In contrast, early sexual and physical abuses often fracture attachments, impede development of healthy attributes, and seem to generate a plethora of adverse reactions such as suicidal thoughts and attempts, stress, depression, aggression, fearfulness, and substance abuse (Cicchetti &Toth, 1995; Finkelhor &Dziuba-Leatherman, 1994; Ireland, Smith, &Thornberry, 2002; Widom, 1999, 2001). A national retrospective survey finds that veterans are more likely to have histories of childhood abuse (Finkelhor, Hotaling, Lewis, &Smith, 1990), but there is sparse evidence that early abuses are related to suicidal thoughts and attempts among veterans (Martin, Rosen, Durand, Knudson, &Stretch, 2000). Another traumatic experience for many veterans that seems to be associated with suicidal thoughts and attempts is combat in war (Lambert &Flowler, 1997).
Hypotheses are limited owing to the paucity of studies comparing homeless women to men (Wenzel et al., 2000). Based on the existing literature, the expectation is that women will report more childhood and current abuses, mood disorders, and suicidal thoughts and attempts than men (Eynan et al., 2002; Wenzel et al., 2000). Men will likely have more aggression, substance abuse, and cognitive problems (Koegel et al., 1995; Wenzel, Leake, &Gelberg, 2001).

METHOD

Samples

Because of their relatively small admission rate, a convenience sample of all female veterans that entered an inpatient V.A. program for homeless substance abusers over a 3-year period was selected. Only 13 women, or 4%, declined to participate in the study, leaving 310 women who responded to the survey. To have an equivalent number of men, a systematic random sample of every 4th male veteran that entered this program over the same 3-year period was selected. Of the 330 men approached to participate in the study, 15 veterans declined (4.5%). Persons were considered homeless if they had spent at least a week in the 30 days preceding the present admission to the V.A. in (A) unconventional places such as abandoned buildings or houses, cars, tents, or on the streets; (B) a shelter; or (C) hotel or motel room paid for by voucher.
Sociodemographics of the samples are shown in Table 1. Women were more likely to be married, to have

children, and to have been sexually and physically abused in the past 2 years before the study interviews than were men. Men were more likely to have been in substance treatment and to have committed crimes. The majority of female (81.9%) and male (90.8%) homeless veterans were comorbid with substance abuse and other psychiatric disorders. Table 2 shows means and standard deviations of age and several scales used in the study.

Procedures

Four social workers that worked in the inpatient phase of this V.A. treatment program conducted admission interviews with subscales of the Multi-Problem Screening Inventory (MPSI; Hudson, 1990). As shown in Table 2, there were two interviews. One interview was conducted in the first week after admission, and another interview was conducted during the second week, to avoid overtaxing respondents. Using the MPSI, a third interview was conducted with all veterans 1 month after their release from inpatient treatment to obtain information about social support; work problems; problems with family, partner, and friends; and psychiatric condition. Veterans gave signed consent for those interviews.

The inpatient phase of the V. A. program involved substance abuse and mental health treatment, securing stable employment, and learning independent living skills, and lasted from 6 months to 1 year, depending on an interdisciplinary assessment of needs. Aftercare lasted about 6 months and involved developing and encouraging social support, resolving problems, and reinforcing attendance at AA and NA meetings, employment, and independent living.

Measures

The majority of the measures in this study were from the MPSI. The subscales used in this study, shown in Table 2, had strong validity and reliabilities above .80 in Hudson's research (Hudson &McMurtry 1997) and the present study. Reliabilities (a) in the present study for remaining measures are shown in parentheses, and all measures used had strong validity indicated in the literature.

Veterans were asked to respond to the physical abuse subscale of the MPSI and the sexual abuse subscale (α = .91) of the Childhood Trauma Questionnaire (CTQ; Bernstein &Fink, 1998) about two different time periods in their life in separate interviews to try to avoid response sets. Childhood abuse (12 years of age and younger) was asked about during first inpatient interview, and current abuse (by any partner in the past 2 years) was asked about in the second inpatient interview.

The Inventory of Parent and Peer Attachment (IPPA; Armsden &Greenberg, 1987) consists of three subscales measuring parental communication, trust, and alienation. Summing the trust and communication subscale scores, and then subtracting the alienation subscale score from the total, computed a total parental attachment score (α = .88). Social support was measured by the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, &Farley 1988) (α = .87).

Rosenberg's (1979) self-esteem scale (α = .89), a self-efficacy scale (Maddox, Mercandante, Prentice-Dunn, Jacobs, &Rogers, 1982) (α = .85), a resilience scale (Wagnild &Young, 1993) (α =.88), and an ego identity scale (EIS) were administered to measure personal attributes that strengthen persons to overcome addictions and psychiatric problems (Tan, Kendis, Fine, &Porac, 1977).

TABLE 1
Sample Characteristics

Predictor	Women ($n = 310$)		Men ($n = 315$)	
	Persons	Percent	Persons	Percent
Race				
White	176	56.9	182	57.8
Person of color	96	41.4	133	42.2
Marital status				
Married	161	51.9	91	28.9
Other	149	48.1	224	71.1
Dependent children				
Yes	220	71.0	66	21.0
No	90	29.0	249	79.0
Prior psychiatric hospitalizations*				
Yes	93	30.0	98	31.1
No	217	70.0	217	68.9
Prior substance abuse treatment*				
Yes	99	31.9	163	51.8
No	211	68.1	152	48.2
Crimes in past 5 years*				
Yes	62	20.0	176	55.9
No	248	80.0	139	44.1
Employment*				
Full-time	202	65.2	211	67.0
Other	108	34.8	104	33.0
Live with substance abuser*				
Yes	130	41.9	113	35.9
No	180	58.1	202	64.1
Childhood Abuse				
Abused sexually	130	41.9	79	25.1
Abused physically	109	35.2	101	32.1
Current Abuse*				
Abused sexually	93	30.0	8	2.5
Abused physically	77	24.8	35	11.0
Comorbidity				
Yes	254	81.9	286	90.8
No	56	18.1	29	9.2
Rehospitalized*				
Yes	203	65.5	221	70.2
No	107	34.5	94	29.8

*Psychiatric hospitalizations and drug treatment prior to the current hospitalization in which persons are interviewed. Crimes are all felonies and not minor offenses like loitering, vagrancy, public intoxication, or panhandling. Full-time employment and live with abusers refer to 2 months after release from current inpatient treatment in which the first two interviews took place. Current abuse in the past 2 years before they were interviewed. Rehospitalized for substance abuse and/or other psychiatric disorders within 2 years after release from a V.A. inpatient treatment program for these disorders.

TABLE 2
Sample Ages and Scores on Measures

	Women		Men	
	Mean	*SD*	*Mean*	*SD*
First Interview Upon Admission to the V.A. Hospital				
Age	36.5	8.3	45.9	10.6
Attachment to caregivers	14.2	3.1	12.9	2.9
Ego identity	6.1	1.8	8.1	1.2
Self-esteem	49.2	5.4	35.1	3.7
Child sexual abuse	15.1	2.7	8.2	1.4
Child physical abuse	40.9	10.1	32.9	9.2
Alcohol abuse	38.7	15.1	49.1	13.9
Drug abuse	39.1	10.8	50.2	11.8
Second Interview Upon Admission to the V.A. Hospital				
Self-efficacy	19.4	7.7	26.6	6.3
Resilience	14.2	3.9	17.2	4.2
Current sexual abuse	8.2	3.8	1.3	0.8
Current physical abuse	30.1	10.2	10.2	5.1
Combat exposure	25.1	10.3	55.2	9.1
Combat-related PTSD	110.4	17.1	120.3	15.7
Interview One Month after Release from Hospitalization during Aftercare				
Social support	32.2	5.7	20.8	9.1
Family problems	48.5	9.9	40.1	7.5
Partner problems	35.7	5.4	44.2	7.7
Friend problems	44.6	8.3	32.1	5.7
Depression	52.6	12.3	28.6	10.1
Aggression	10.2	5.7	27.0	9.3
Fearfulness	29.9	10.1	15.4	5.4
Ideas of reference	29.1	10.2	31.2	9.1
Suicidal thoughts	16.1	5.2	12.6	7.2
Confused thinking	22.2	6.4	31.3	9.3
Memory loss	18.2	6.4	32.6	6.5
Work problems	18.3	5.2	27.2	6.4

Note. First and second interviews conducted within 2 weeks after admission.

Combat exposure was measured using the Laufer combat scale (α = .80; Gallops, Laufer, &Yager, 1981), and posttraumatic stress disorder (PTSD) was measured with the Mississippi scale for combat-related PTSD (α = .87; Keane, Caddell, &Taylor, 1988). Finally, veterans were asked about their age, race (coded: 0 = White, 1 = Person of color), and marital status (coded: 0 = married, 1 = other).

Outcome

The outcome analyzed in the study is a trichotomy consisting of nonsuicidal veterans, those who scored 15 or above on the Hudson (1990) 11-item MPSI subscale (α = .89) measuring suicidal thoughts and who had not attempted suicide, and those who had attempted suicide. Only suicide attempts within the past 5 years were considered relevant to the study. According to Hudson, a score of 15 or above indicates a problem with suicide thoughts, and this classification was in agreement with recordings in medical records in 98 percent of the cases (all admissions are asked about suicidal thoughts by physicians).

Veterans were classified as nonsuicidal if they scored below 15 on Hudson's suicidal thoughts subscale and reported that they had not attempted suicide in the past 5 years. Persons were classified as suicide attempters only if they indicated that they had attempted suicide in the past 5 years in first inpatient interview, aftercare interview, and to physicians in their medical interview (i. e., there was a 95% agreement between those data).

FINDINGS

Table 3 indicates that homeless female veterans are more likely to be thinking about suicide (48.7% versus 44.4%), and to have attempted suicide in the past 5 years (36.5% versus 26.7%) than homeless male veterans. A maximum likelihood estimation multinomial logistic regression (MLR; Agresti, 1996) is used to identify which factors increase or decrease the likelihood of suicidal thoughts (contemplators), or of attempting suicide in the past five years (attempters), in comparison to being nonsuicidal (reference category). The estimated betas obtained from MLR give the magnitude of effect of each factor on being contemplators or on being attempters in comparison to the reference category. Exponents of the effects are the odds ratio (OR) of being contemplators, or of being attempters, instead of being nonsuicidal. The odds ratio is the likelihood of change from being nonsuicidal to being a contemplator, or being an attempter, with every one-unit increase in a particular factor. Since the numbers of women (310) and of men (315) are commensurate, the effects (Beta) and hazard ratios can be compared. All scales and age shown in Table 4 are standardized (Z-scores), so one unit change represents one standard deviation. Race (0 = White, 1 = Persons of color) and martial status (01 = married, 1 = other) are dichotomous data.

TABLE 3
Classification of Veterans According to Outcome

	Women ($n = 310$)		Men ($n = 315$)	
Classification	Number	Percent	Number	Percent
Nonsuicidal	46	14.8	91	28.9
Contemplating suicide	151	48.7	140	44.4
Attempted suicide	113	36.5	84	26.7

The findings clearly support the expected gender differences. For example, women are much more likely to contemplate (OR = 2.31) or attempt (OR = 2.48) suicide, in comparison to being nonsuicidal, than are men (ORs 1.89 and 1.90, respectively) if they were sexually abused during childhood (Table 4). The same pattern of results is seen in regard to physical abuse in childhood. The odds of women contemplating (OR = 2.44) or attempting (OR = 2.80) suicide, in comparison to being nonsuicidal, associated with current sexual abuse are among the largest in Table 4, and it should be noted that this factor is not significantly (α = 0.05) related to either suicidal measure for men. Self-esteem, social support, family problems, friend problems, problems with partner, depression, and fearfulness are more strongly associated with both suicidal measures for women than

for men. Self-esteem and social support are the only inversely related predictors (minus Betas), and together with depression, they are among the strongest predictors.

TABLE 4
Multinomial Logistic Regression of Being a Suicidal Contemplator or Attempter Instead of Nonsuicidal

	Women				Men			
	Contemplator		Attempter		Contemplator		Attempter	
Factors	Beta	OR[b]	Beta	OR	Beta	OR	Beta	OR
Age[a]	.02	1.02	.06	1.06	.01	1.01	.04	1.04
Race	.11	1.12	.18*	1.20	.12	1.13	.14	1.15
Marital status	.22**	1.25	.20*	1.22	.17*	1.19	.14	1.15
Attachment to caregivers	.27**	1.31	.28**	1.32	.18*	1.20	.29**	1.33
Childhood sexual abuse	.84**	2.31	.91**	2.48	.64**	1.89	.64**	1.90
Childhood physical abuse	.78**	2.19	.84**	2.32	.57**	1.77	.58**	1.79
Self-esteem	−.67**	0.51	−.91**	0.40	−.15*	0.86	−.17*	0.84
Self-efficacy	−.20**	0.82	−.27**	0.76	−.69**	0.50	−.62**	0.54
Resilience	−.26**	0.77	−.37**	0.69	−.73**	0.48	−1.17**	0.31
Ego identity	−.56**	0.57	−.73**	0.48	−.69**	0.50	−.87**	0.42
Alcohol abuse	.44**	1.56	.56**	1.76	1.04**	2.82	1.14**	3.11
Drug abuse	.18*	1.20	.29**	1.33	.86**	2.37	.94**	2.56
Current sexual abuse	.89**	2.44	1.03**	2.80	.01	1.01	.02	1.02
Current physical abuse	.87**	2.36	.94**	2.56	.06	1.06	.05	1.05
Combat exposure	.10	1.10	.10	1.11	.29**	1.34	.36**	1.43
Combat PTSD	.09	1.09	.05	1.05	.51**	1.56	.62**	1.86
Interview One Month after Release from Hospitalization during Aftercare								
Social support	−.87**	0.42	−.99**	0.37	−.33**	0.72	−.36**	−.70
Family problems	.72**	2.06	.77**	2.16	.20*	1.22	.17*	1.19
Friend problems	.23**	1.26	.32**	1.38	.09	1.09	.03	1.03
Problems with partner	.51**	1.67	.62**	1.86	.15*	1.16	.10	1.10
Aggression	.01	1.01	.09	1.09	.80**	2.23	.89**	2.43
Depression	.87**	2.39	1.00**	2.69	.33**	1.39	.46**	1.59
Fearfulness	.29**	1.33	.23**	1.26	.01	1.01	.02	1.02
Ideas of reference	.07	1.07	.05	1.05	.37**	1.44	.46**	1.59
Confused thinking	.09	1.09	.04	1.04	.43**	1.53	.47**	1.60
Memory loss	.01	1.01	.03	1.03	.20*	1.22	.26**	1.29
Work problems	.02	1.02	.07	1.07	.30**	1.35	.43**	1.54
−2 log likelihood	1541.2**				1521.1**			

[a]Age is the only factor that is not standardized.
[b]OR = Odds ratio.
*$p < .05$; **$p < .01$.

As anticipated, alcohol and drug abuse, aggression, and cognitive disorders (ideas of reference, confused thinking, and memory loss) are more strongly and positively associated with both suicidal thoughts and attempts for men than for women. The findings also show that combat exposure, combat-related PTSD, and work problems have significant positive associations with suicidal measures for men, but not for women. Self-efficacy and resilience have stronger inverse associations with both suicidal measures for men than for women.

The likelihood ratio (-2 log likelihood) compares the likelihood function for a model with the effects of predictors to the likelihood function for the null hypothesis model that all effects (beta), except the intercept, are 0. A chi-square table is used to ascertain the probability of the likelihood ratio, which is beyond .01 in this case. The Nagelkerke (1991) pseudo R^sup 2^ is .60 and .65 for women and men, respectively, which is the amount of variance in suicidal categories accounted for by the predictors.

DISCUSSION

In accord with prior research (Eynan et al., 2002) on homeless people, the present study finds that homeless female veterans are more likely to have suicidal thoughts and to have attempted suicide than homeless male veterans. Comparison of prevalence rates between these two studies cannot be made because Eynan et al. did not restrict contemplators to those who had not attempted suicide, and they report on suicide attempts over the life span, whereas this study only includes attempts made in the past 5 years.

As also expected, childhood and current sexual and physical abuses have a stronger positive association with suicidal thoughts and attempts for women than for men. In fact, current sexual and physical abuses are not significantly related to the measures of suicide for men. However, it should be noted that childhood abuses have protracted effects on suicidal expressions during adulthood for male as well as female veterans, but the effects are stronger for women. Too, current abuses are even more strongly associated with suicidal ideation and

attempts than are childhood abuses for women. To put the percentages of homeless veterans who have a history of childhood maltreatment into perspective, a retrospective cohort study of 17,337 adult health maintenance organization members found that 7.8% of persons who have attempted suicide in their lives have been physically abused, whereas 9.1% have been sexually abused (Dube et al., 2001). In the present study, 21.9% of the women and 18.3% of the men who have attempted suicide in the past 5 years have been physically abused. Twenty percent of these female veterans and 12.3% of these male veterans have been sexually abused. Despite the longer period in which suicide attempts are considered, members of a health maintenance organization who have attempted suicide have less prevalence of abuse than homeless men and women in the current study.

Taken together, the findings offer support for the conceptual framework underlying the study that women are more likely than men to be abused, and to turn adverse feelings and reactions inward, as are indicated from the findings on depression, fearfulness, and low self-esteem (Bassuk et al., 1998; Koegel et al., 1999). Women generally are more social than are men and, therefore, it comes as no surprise that problems with family, friends, and a partner are more significantly associated with suicidal thoughts and suicide attempts for female than for male veterans (Gilligan, 1982; Wenzel et al., 2000).

By contrast, male homeless veterans have higher scores on the alcohol and other drug abuse scales, more aggression, and greater problems with ideas of reference, confused thinking, and memory loss than their female counterparts. In fact, these cognitive impairments are not significantly related to suicide ideation or attempts for women. The assumption is that men are more likely than women to handle adverse experiences such as child abuse through aggression and by heavy consumption of substances. Men also seem more reluctant to admit that they have a problem with substance use and defer seeking treatment until they are at advanced stages of chemical abuse (Koegel et al., 1995; Wenzel et al., 2000). Their extent and longevity of substance abuse seems to result in more neuropsychological problems for homeless men in comparison to homeless women. Combat experience, combat-related PTSD, and work problems are significantly associated to suicidal thought and attempts only for men. Gender differences in factors related to combat may be a function of sampling from the Vietnam era: Combat exposure and combat-related PTSD may have commensurate effects on suicidal thoughts and attempts as more women enter direct warfare. Work problems may be more relevant for men because women typically are supporting children and cannot afford to find fault with their jobs. These gender differences in combat and work need further study to arrive at a sounder understanding.

The gender differences in self-efficacy and resilience are even less interpretable without additional investigation. This is a preliminary study of the odds of having suicidal thoughts or of attempting suicide in comparison to being nonsuicidal. It does not test a theoretical model, nor does the cross-sectional design permit a determination of developmental sequences of factors studied. The study also involves one V.A. hospital, which may not be representative of other V.A. hospitals. The study would have been strengthened by more use of multiple measures and sources of information, especially since this is a study of substance abusers that may have cognitive impairments. Another serious limitation of the study is that it does not examine those who have committed suicide, which is very useful for prevention programs. Those who contemplate and attempt suicide are not representative of persons who actually commit suicide (Eynan et al., 2002). Also, the lethality of suicide attempts is not assessed in the present study, but hindsight indicates that measuring seriousness of attempts is valuable to understanding and preventing suicidal behavior. It is possible that lethality of suicide attempts is a confounding factor in this study of gender. Future research should examine whether homelessness has unique or additive effects because many of the findings of this study have been observed in samples that do not involve homeless people (Dube et al., 2001). Studies of factors investigated in this project also need to be conducted in the general homeless population. Finally, longer period of follow-up would provide valuable information about the longitudinal prediction of factors.

At the same time, this study offers preliminary data that suggests there should be differential emphases on

services for homeless men and women. For example, it appears that whereas both men and women can benefit from treatment to eradicate the pains of childhood victimizations, women are much more likely to be in need of various cognitive and problem-solving strategies to escape and avoid current maltreatment. Treatment for depression and fearfulness may be more essential for women. This study suggests that women may benefit more than men from reestablishing supportive relationships with family, friends, and partners.

The primary findings regarding homeless male veterans are that they need extensive substance abuse treatment. Men also appear to need more treatment aimed at reducing aggression and learning to cope with cognitive impairments. Ideas of reference, confused thinking, and memory loss reflect significant cognitive impairments that will likely require the learning of extensive adaptation skills. This study suggests that men also may need to learn problem-solving skills in relation to their work.

In conclusion, this preliminary study of gender differences in predictors of suicidal thoughts and attempts among homeless veterans who abuse substances offers convincing evidence that there are dissimilarities that need to be reflected in programs at V.A. medical centers. Further studies of gender differences in factors related to suicidal thoughts and attempts are vital because of the increasing numbers of women serving in the military and in combat, and the lack of viable alternative treatments, especially for the homeless, due to high costs and managed care.

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Manuscript Received: July 10, 2003
Revision Accepted: May 1, 2004
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Subject: Gender differences; Risk factors; Suicides & suicide attempts; Drug abuse; Homeless people; Veterans

MeSH: Adult, Female, Homeless Persons -- psychology, Humans, Male, Middle Aged, Prospective Studies, Sex Factors, Substance-Related Disorders -- psychology, Suicide, Attempted -- psychology, United States; -- epidemiology, Veterans -- psychology, Homeless Persons -- statistics & numerical data (major), Substance-Related Disorders -- epidemiology (major), Suicide, Attempted -- statistics &; numerical data (major), Thinking (major), Veterans -- statistics & numerical data (major)

Publication title: Suicide & Life - Threatening Behavior

Volume: 35

Issue: 1

Pages: 106-16

Number of pages: 11

Publication year: 2005

Publication date: Feb 2005

Year: 2005

Publisher: Blackwell Publishing Ltd.

Place of publication: Washington

Country of publication: United Kingdom

Publication subject: Medical Sciences--Psychiatry And Neurology, Psychology

ISSN: 03630234

CODEN: SLBEDP

Source type: Scholarly Journals

Language of publication: English

Document type: PERIODICAL

Document feature: Tables; References

Accession number: 15843327

ProQuest document ID: 224890120

Document URL: http://search.proquest.com/docview/224890120?accountid=145296

Last updated: 2012-02-22

Database: ProQuest Research Library: Health & Medicine,ProQuest Education Journals,ProQuest Research Library: Social Sciences,ProQuest Social Science Journals

Bibliography

Citation style: APA 6th - American Psychological Association, 6th Edition

Benda, B. B. (2005). Gender differences in predictors of suicidal thoughts and attempts among homeless veterans that abuse substances. Suicide & Life - Threatening Behavior, 35(1), 106-16. Retrieved from http://search.proquest.com/docview/224890120?accountid=145296
