Commentary

Childhood abuse, adult alcohol use disorders and suicidal behaviour

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Summary

Childhood abuse is linked to a variety of maladaptive outcomes that can extend far into adulthood. Two of the most significant are alcohol use disorders and suicidal ideation/behaviour. This article explores the pathway from childhood abuse to suicidal behaviour through the development of alcohol use disorders, and examines the significance of a familial history of alcohol misuse in exacerbating suicidal behaviour in adults who were abused as children. It discusses the implications of this pathway, and describes areas of focus for those who work with child abuse victims and/or patients experiencing alcohol use disorders.

Introduction

In 2004, some 872,000 children in the US were estimated to be victims of child abuse or neglect.1 In the UK, there were 32,100 children on child protection registers in 2004,2 with 7% of all UK children experiencing serious physical abuse and 1% experiencing sexual abuse at the hands of their parents or care-takers during childhood.3 The impact of childhood abuse can be multi-faceted and extend far into adulthood.4–16 Consequences of early abuse may include both internalizing disorders (depression, anxiety, suicidal ideation) and externalizing problems (conduct disorders, aggression, alcohol or substance use, inappropriate or early sexual activity, suicidal behaviour).4–11 Practitioners working with children or adolescents who have experienced or are experiencing abuse should take a preventative approach, identifying and treating those at risk for alcohol misuse and/or suicide. Practitioners working with adults who are already abusing alcohol and/or are suicidal should work with the adult to identify and examine life events such as abuse that may be responsible. By identifying factors that have led to the misuse of alcohol and/or suicidal ideation, adults can obtain appropriate psychotherapy and deal in a more productive and beneficial manner with the pain that underlies their self-destructive impulses.

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The trauma of childhood physical and sexual abuse has repeatedly been reported as linked with both suicidal behaviour and alcohol use disorders.12–16 Adult women with a history of abuse are at an increased risk for developing depression, anxiety, substance abuse and suicidality,12 and adult women in treatment for alcohol abuse are more likely than those in the general population to report childhood sexual abuse and physical violence.13 Sexual abuse has also been implicated in the development of suicidal thoughts in adults: empirical studies demonstrate greater suicidal ideation and suicidal behaviour in both clinical and community populations of adults who report
childhood sexual and/or physical abuse than in comparison groups who do not.\textsuperscript{14} For example, Briere\textsuperscript{15} found that 51\% of sexual abuse victims (vs. 34\% of non-abused participants) demonstrated a history of suicide attempts, and that 31\% of victims (vs. 19\% of non-abused individuals) reported self-harm ideation. Gutierrez\textsuperscript{16} found that college-aged women who had been abused as children claimed higher levels of suicidal ideation and felt less repulsion for death and more repulsion for life. There appears to be a correlation between the experience of abuse in childhood and the presence of suicidal thoughts and behaviour in adulthood. This article aims to explain the path from childhood abuse toward suicidal behaviour through the development of alcohol use disorders.

**Alcohol misuse as a consequence of childhood abuse**

Victims of abuse may begin abusing alcohol for a variety of reasons. Alcohol and substance use disorders are a common coping strategy adopted by adults who were abused as children in attempting to adapt and distance themselves from the painful traumas they have experienced.\textsuperscript{17} Victims may turn to alcohol in an attempt to cope with the reactions they have towards their abuse. Alcohol may be used as a way to reduce feelings of isolation and loneliness, as a method of self-medication in an attempt to gain control over what the victims have experienced, as a way to improve self-esteem, or as a means with which to gain relief from the persistent memories of abuse.\textsuperscript{19,20} Alcohol misuse can be a form of self-destructive behaviour that arises from poor self-concept, self-blame, and feelings of worthlessness.\textsuperscript{6} It can provide an emotional and psychological escape from an abusive environment by creating an effect of stress reduction and the same feelings of disassociation that may have been used to deal with the horror of abuse.\textsuperscript{5,7,8} Adults who have experienced abuse during their childhood appear to develop alcohol use disorders as they search for avenues to turn to in order to cope with the experiences through which they suffered.

**Alcohol abuse and suicide**

Alcohol can also be responsible for creating a dis-inhibiting effect, allowing for the breakthrough of self-destructive impulses into actual behaviour.\textsuperscript{21} The trauma of child victimization is often associated with the self-destructive impulse of suicidality that emerges from isolation, loneliness, depression and a loss of self-esteem.\textsuperscript{4–11} Great importance has been ascribed to alcohol misuse as exacerbating and eliciting suicidality, and to it being chronic suicide in itself.\textsuperscript{22} One hundred and fifty years ago, Charles Wilson explained:

There are two forms under which the tendency to suicide exhibits itself in the confirmed drunkard, and it is of considerable practical importance that these should be distinguished. In the one form, the act assumes the appearance of cool deliberation, has frequently been long contemplated, and is approached with every precaution to prevent detection, and to secure its completion. Under the second form the act itself is without premeditation, in the strict sense of the term, and is a direct consequence of those more violent states of disorder of the intellect, for which he is no longer responsible than they are the results of his excesses.

He also stated:

...should [the alcoholic] lift his hands against his life, armed with an instrument more promptly fatal, it is by a kind of double-suicide that the last act is perpetrated. The more gradual self-destruction, which simulates disease is crowned by the rapid catastrophe which kills by violence. It is the character of the act which is changed, but not its essence.\textsuperscript{18}

Almost a century later, in 1938, Karl Menniger stated that the same wishes support alcoholism and suicide: ‘the wish to kill, the wish to be killed, and the wish to die.’\textsuperscript{22} Suicidal ideation may be present in many individuals who have experienced childhood abuse, but it is the alcohol misuse that is frequently exhibited in abused individuals that often serves as the facilitator of the suicidal act. Crombie et al.\textsuperscript{23} reported that 45\% of the completed suicide cases they studied consumed alcohol prior to their deaths and 19\% were drunk at the time of suicide. It is possible that the effects of drinking or being intoxicated may lead to increased and intensified suicidal ideations or behaviours. Alcohol misuse increases the number of unplanned suicide attempts among those who already have suicidal ideation,\textsuperscript{24} and alcohol use is predictive of subsequent suicide attempts.\textsuperscript{24} One out of every twenty active alcoholics who are hospitalized with depression die by suicide within two years without remission from alcoholism,\textsuperscript{25} overall there is an increased risk of suicidal behavior in individuals who have abused alcohol.\textsuperscript{26}
Additionally, when alcoholics attempt suicide they tend to use more lethal methods than non-alcoholics.27 determined that it is only when a diagnosis of alcohol dependence is present that suicidal ideation and lethality of the suicide attempt are correlated. While suicidal intent may be chronically present in many people who were victims of child abuse, the misuse of alcohol appears to make suicidal action more likely.

**Family history of alcoholism**

A family history of alcoholism is associated with both alcohol misuse and suicidal behaviour,28–37 Depressed individuals with a family history of alcoholism have a significantly higher prevalence of reported child physical and sexual abuse, more suicide attempts, and a greater intent to die when making their most lethal suicide attempt than individuals without a family history of alcoholism.28 Genetic and environmental factors both contribute to these outcomes; no person is merely a consequence of only their genetics or only their environment; they select specific environments to operate in based on their genetic propensities.28 Genetically, sons of alcoholic parents exhibit deficient serotonin functioning and tryptophan depletion.29,30 Tryptophan depletion impaired performance in a behavioural inhibition task in subjects with a positive family history, compared to subjects without alcoholic relatives.30 Other biological differences have also been found as a function of a family history of alcoholism.30–36 Subjects with alcoholism who reported a positive family history of problem drinking had larger startle blink amplitudes and smaller auditory and visual event-related brain potentials than did subjects with alcoholism who reported a negative family history.33 Lower amplitude of event-related brain potentials might reflect an aspect of neurophysiological inhibition that underlies the behavioural disinhibition that is associated with alcoholism risk.36 The sons of alcoholics have lower cortisol and prolactin levels after drinking,31,32 and compared to non-alcoholic men with a negative family history of alcohol misuse, non-alcoholic men with a positive family history had greater levels of the stimulatory G-protein Gs alpha in erythrocyte and lymphocyte membranes.34 In another study, ethanol increased the plasma level of beta-endorphin-related peptides in subjects from families with a history of alcoholism, but not in subjects from families without no such history.35 Suicidal behaviour may result from a genetically-based reduction of behavioural inhibition in those who grow up with familial alcohol problems.

Environmentally, the microenvironment between the developing infant and alcoholic parent is often characterized by harsh physical punishment and family violence, and is predictive of future problems.26 Additionally, family alcoholism and the experience of child abuse is a risk factor for the development of alcoholism and major depression. This alcohol misuse increases the risk of suicide in individuals with major depression.26,37 Experiencing ongoing child abuse can cause depressive feelings that may lead to suicidal impulses. These impulses may be acted on by individuals as a consequence of the development of alcohol use disorders. A family history of alcoholism appears to play a genetic and environmental role in heightening and intensifying the suicidal ideation that often emerges in adults who were abused as children.

**Implications**

Given the relationship between alcohol dependence and psychiatric illness, early diagnosis of alcohol misuse is important. All psychiatric patients should be screened for alcohol use disorders as an initial part of their risk assessment.38 Common psychiatric disorders that are comorbid with alcohol-misusing patients who report childhood abuse include major depression, post-traumatic stress disorder (PTSD), generalized anxiety, social phobia, agoraphobia and suicide attempts.39 Additionally, because alcohol is often used as a coping mechanism by abuse victims, it is crucial for abuse victims to be identified when evaluating and treating patients who misuse alcohol, to prevent or reduce any impending onset of alcohol abuse or dependence.39 Given the comorbidity between alcohol misuse and suicide, it is also essential that all patients with alcohol use disorders be screened for suicidality. Patients with an early onset of heavy drinking have an increased rate of suicide attempts,40 and those who start abusing alcohol in their teen years are four times more likely to attempt suicide than those who start abusing alcohol later in life.41

Treatment options for abuse victims who display alcoholism and suicidality can vary. For those who suffer from comorbid depression, it is helpful to first focus on abstinence and then treat the depression. Individuals depressed after one week of abstinence have superior outcomes with antidepressant treatment than those without a period of abstinence.38 Higher service intensity in acute treatment centres has also been associated with better substance and psychiatric outcomes, both at discharge and
at 12 months. These higher-intensity programs are able to provide strategies for substance abuse using psychiatric, counselling, rehabilitation and recreational services.38 However, not all suicidal patients have the benefit of seeing a mental health provider. Emergency department staff often have to deal with patients who present acutely with alcohol use disorders, psychiatric disorders and suicidality. It is essential that these staff have the knowledge and skills to provide the immediate help patients need before they can see a mental health practitioner.38 Lastly, many adults who are victims of dysfunctional parenting have grown up with feelings of isolation, negative self-concept, and a diminished ability to establish meaningful relationships.39 Support systems are needed to assist in the development of healthy adult functioning in such victims. Adults who do suffer from alcohol abuse or dependence need to be given the opportunity to explore any abuse they may have suffered though as a child. Through giving voice to their painful experiences, it is hoped that the suicidal impulses that stem from their pain can be exposed and dealt with in a constructive and therapeutic manner that will reduce their need for a suicide attempt.

References


