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Domestic Violence and Substance Use Severity as Risk Correlates of Suicidal Ideation among Persons Receiving Treatment for Substance Use Disorder in Anambra State, Nigeria

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ABSTRACT :

Suicidal ideation is a significant risk factor for future suicidal behaviour, and persons with substance use disorder (SUD) may be at greater risk for developing suicidal ideation. Suicidal ideation in sub-Saharan Africa may correlate with domestic violence, although this has not been studied. The relationship between the level of substance use and domestic violence and suicidal ideation among SUD seeking treatment in Anambra State, Nigeria was explored in this study. A cross-sectional correlational design was used to recruit 150 individuals with SUD (127 males and 23 females, M = 37.83, SD = 18.40) from Anambra State Neuropsychiatric Hospital, Nawfia and National Drug Law Enforcement Agency (NDLEA) Treatment and Rehabilitation Centre, Onitsha, through census sampling and purposive sampling. The Domestic Violence Questionnaire, Substance Use Scale, and Suicidal Ideation Scale were used to gather data. Pearson product–moment correlation analyses revealed that domestic violence was positively associated with suicidal ideation, r(148) = .44, p < .001, 95% CI [.30, .56]. Level of substance use was also positively associated with suicidal ideation, r(148) = .22, p = .006, 95% CI [.06, .37]. About 19% and 5% of the variance in suicidal ideation was due to domestic violence and substance use, respectively. The number association between domestic violence and suicidal ideation was larger, but the overlapping confidence intervals make it unclear whether the magnitudes of these associations are comparable. The results underscore the significance of routine screening for domestic violence and suicidal ideation in integrated addiction treatment with a trauma-informed approach. Longitudinal studies with multivariable analyses are suggested to establish the time dimension and the confounding effects.

Keywords: suicidal ideation; domestic violence; substance use disorder; trauma-informed care; Nigeria

1. Introduction

Suicide is a significant public health problem and a serious social tragedy (Ezeonuegbu & Okonkwo, 2022). It is one of the major causes of mortality in the world. It is seen extra commonly in vulnerable populations, such as people with substance use disorder (SUD) and those exposed to domestic violence (Kandel et al., 2021). A person with SUD might experience suicidal thoughts in Nigeria, where there is limited mental health care and high social stressors, and suicidal thoughts are a result of stressors stemming from interpersonal violence and substance-related issues. However, empirical literature in this setting remains limited.

Substance use is one of the most consistently documented risk factors for suicidal ideation and attempts (Brent, 2015; Goldman & Beardslee, 2019; Levy & Deykin, 2019; Shaffer & Fisher, 2021). In a case–control study using records from eight health systems, every category of SUD was associated with higher odds of death by suicide, with adjusted odds ratios ranging from 2.0 to 11.2 and the highest risk among people with multiple SUDs (Lynch & Ahmedani, 2020). Population surveys point in the same direction: adults with any SUD had nearly four times the odds of suicidal ideation (Alcover et al., 2024), and polysubstance use was associated with almost sevenfold odds (Mojtabai et al., 2022). Treatment-based samples also show substantial burdens of ideation, for example, 50% lifetime ideation among Norwegian inpatients (Bakken et al., 2022) and 32% recent ideation among people in opioid agonist treatment (Darke et al., 2019). Within Africa, studies in Ethiopia (Musisi et al., 2019) and in Lagos, Nigeria (Akinyemi & Oladipo, 2023) have linked substance use to suicidal ideation, the latter reporting a strong correlation (r = .58) between substance use severity and ideation. Cannabis is the most widely abused illicit drug in Nigeria, with high rates of use among young people (Adelaja, 2019; Ebie & Ebie, 2019; Ogunleye, 2020).

Domestic violence, also termed domestic abuse or family violence, refers to physical, emotional, psychological, sexual or economic abuse within domestic relationships, including marriage and cohabitation (Ezeonuegbu & Okonkwo, 2022). Evidence that it increases suicidal ideation is strong in community and clinical samples of women. In ten low- and middle-income countries, women exposed to intimate partner violence had roughly threefold odds of past-year suicidal thoughts (Devries et al., 2023); in a national sample in England, lifetime partner violence was associated with elevated odds of suicidal thoughts (OR = 1.85) and attempts (OR = 2.82; Makary & Watson, 2022). Comparable associations have been reported in Uganda (Kisaakye et al., 2023), rural China (Gao et al., 2021), Hong Kong (Chan et al., 2021) and Bangladesh (Sultana et al., 2017; Rahman & Karim, 2022). Evidence on men is much scarcer because violence against men is under-reported, partly owing to stigma and norms of masculinity (Ralph et al., 2016; Theodore, 2020).

Very few studies have examined domestic violence and suicidal ideation among people who are already in treatment for SUD. Okeke and Nwosu (2025) found that physical and emotional violence predicted ideation among women with SUD in south-eastern Nigeria, and Ezeonuegbu and Okonkwo (2022)

reported positive correlations of domestic violence and substance use with ideation among 41 persons with SUD in Anambra State. Warshaw et al. (2020) have likewise highlighted the entanglement of trauma from domestic violence and substance use. Larger, mixed-sex samples from Nigerian treatment settings are lacking.

The present study therefore examined whether (a) domestic violence and (b) level of substance use were associated with suicidal ideation among persons receiving treatment for SUD in Anambra State, Nigeria. Findings on a third correlate, life satisfaction, collected with the same instrument battery, are reported in a companion paper (Mbanefo & [Supervisor's Name], [under review/in preparation]).

2. Theoretical Background and Hypotheses

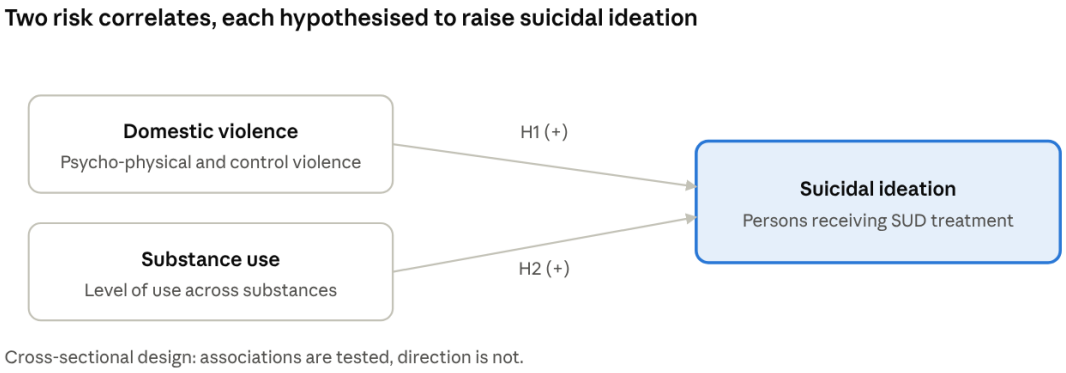
Three perspectives guided the study. First, the interpersonal theory of suicide holds that suicidal desire emerges when people experience perceived burdensomeness and thwarted belongingness, and that suicide requires, in addition, an acquired capability for self-harm (Joiner, 2005). Perceived burdensomeness has predicted both suicide-attempt status and current ideation in outpatient samples, even after controlling for hopelessness (Van Orden et al., 2016). Abuse by a partner or household member, and the isolation, humiliation and loss of autonomy that accompany it, may plausibly intensify both states.

Secondly, chronic stressors acting on pre-existing vulnerabilities are behind suicidal behaviour, as it is stated in the stress–diathesis model (Mann et al., 2017). Domestic violence is an ongoing interpersonal stressor, and dependence on substances could be a vulnerability. Substance use has also been linked to earlier psychological distress and suicidal thoughts in individuals with substance use issues who experience domestic violence (Cavanaugh et al., 2018; Choenni et al., 2021).

Third, from the perspective of the self-medication hypothesis, individuals tend to self-medicate to alleviate emotional pain and subsequent use of substances tends to increase over time (Khantzian, 1997). Chronic use can also lead to greater feelings of hopelessness and impulsivity, closely related to suicidal thinking (Conner et al., 2019).

On this basis, two hypotheses were tested:

- **H1.** Domestic violence will be positively associated with suicidal ideation among persons with SUD.
- **H2.** Level of substance use will be positively associated with suicidal ideation among persons with SUD.



conceptual model · 2 hypothesised correlates of suicidal ideation

Figure 1. Conceptual model of the hypothesised risk correlates of suicidal ideation.

3. Method

3.1 Design

A cross-sectional correlational survey design was used, which is appropriate for estimating the direction and strength of association between naturally occurring variables without manipulating them (Curtis et al., 2016; Privitera, 2022).

3.2 Setting and participants

Participants were 150 persons with SUD receiving treatment or rehabilitation services at two institutions in Anambra State: the Anambra State Neuropsychiatric Hospital, Nawfia, and the National Drug Law Enforcement Agency (NDLEA) centre, Onitsha. There were 127 males and 23 females, aged 17–78 years (M = 37.83, SD = 18.40). A census of all eligible clients present at each centre was combined with purposive sampling so that only persons clinically identified with SUD were included. Inclusion criteria were current admission for treatment, cognitive ability to understand the questionnaire, and voluntary consent.

3.3 Measures

Domestic violence was measured with the 43-item Domestic Violence Questionnaire (Abolmaali et al., 2014), which has two dimensions: psycho-physical violence (28 items) and control violence (14 items). Items are rated on a five-point scale [confirm scoring: 0–4 as originally specified] and summed, with higher scores indicating greater exposure. In a pilot of 30 respondents from Owerri, internal consistency was α = .93 for the total scale, α = .91 for psycho-physical violence and α = .79 for control violence.

Substance use was measured with the 12-item Substance Use Scale (Mateo et al., 2017), which covers lifetime use of tranquillisers or sleeping pills without prescription, cannabis, alcohol, tobacco, cocaine, amphetamines, heroin, ecstasy, hallucinogens, inhalants and other drugs. Items were rated on a five-point agreement format, and higher totals indicate a higher level of use. The original internal consistency was .81 (Mateo et al., 2017), and α = .88 in the Owerri pilot.

Suicidal ideation was measured with the 10-item Suicidal Ideation Scale (Rudd, 1989), which asks respondents how often, over the past year, they have had suicidal thoughts or behaviours; items are rated from 1 to 5. Rudd (1989) reported correlations of the scale with depression (Radloff, 1977) and hopelessness (Beck et al., 1974) as evidence of convergent validity. In the pilot, α = .90 and item–total correlations ranged from .49 to .78.

3.4 Procedure and ethics

After permission from the management of each centre, the first author administered the questionnaires directly to participants, explained the purpose and procedures of the study, and supervised completion, which took 30–45 minutes. Participation was voluntary and anonymous; written informed consent was obtained; no incentives were offered; and those who were unwilling or uncomfortable were excluded. [Insert ethics committee name, approval number and date.] [Describe the safeguarding procedure for participants who reported high suicidal ideation, e.g., referral to the centre's clinical staff.]

3.5 Data analysis

Data were analysed in SPSS version 26. Distributions were screened using skewness and kurtosis, and Pearson product–moment correlations were used because the variables were continuous and approximately normal (Field, 2018; Gravetter & Wallnau, 2020). Tests were two-tailed with α = .05. Ninety-five per cent confidence intervals were obtained with the Fisher *z* transformation, and the squared correlation (r^2) was used as the effect-size measure of shared variance. With two focal tests, a Bonferroni-adjusted α of .025 was also considered.

4. Results

4.1 Preliminary analyses

Table 1 presents descriptive statistics. All skewness and kurtosis values were within ±1.2, and the age distribution was approximately symmetrical, supporting the use of parametric analyses. Suicidal ideation showed a modest positive skew (0.58), indicating that most participants reported low-to-moderate ideation and a smaller group reported high levels.

Table 1. Descriptive statistics for the study variables (*N* = 150)

Variable	Min	Max	*M*	*SD*	Skewness	Kurtosis
Age (years)	17	78	37.83	18.40	−0.01	−1.19
Domestic violence	35	133	84.85	16.74	−0.05	−0.08
Substance use	19	56	39.28	8.27	−0.02	−0.60
Suicidal ideation	10	64	27.74	12.24	0.58	−0.29

Note. Standard errors were .198 (skewness) and .394 (kurtosis) for all variables.

4.2 Domestic violence and suicidal ideation (H1)

Domestic violence correlated positively and moderately with suicidal ideation, $r(148) = .438$, $p < .001$, 95% CI [.30, .56] (Table 2). Participants who reported more exposure to domestic violence tended to report more frequent or intense suicidal thoughts, and domestic violence shared about 19% of the variance in suicidal ideation. H1 was supported.

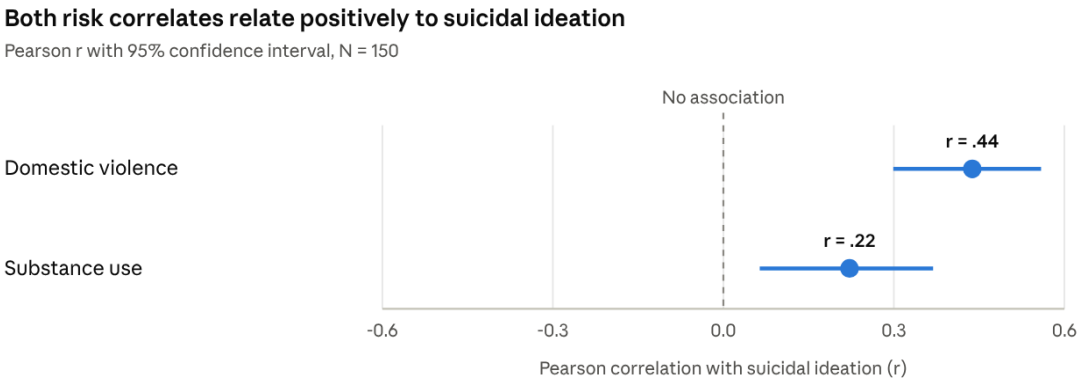
4.3 Substance use and suicidal ideation (H2)

Substance use was also positively associated with suicidal ideation, but the relationship was weaker, $r(148) = .222$, $p = .006$, 95% CI [.06, .37], with about 5% shared variance (Table 2). H2 was supported. Both associations remained significant at the Bonferroni-adjusted level (α = .025). Based on the confidence interval obtained, it is not possible to formally conclude that one correlation is actually larger than the other (Figure 2), given the overlap in the intervals.

Table 2. Pearson correlations between the risk correlates and suicidal ideation (*N* = 150)

Correlate	*r*	95% CI	r^2	*p*
Domestic violence	.438	[.30, .56]	.19	< .001
Substance use	.222	[.06, .37]	.05	.006

Note. Two-tailed tests. Confidence intervals were computed using the Fisher *z* transformation.



Computed from the reported coefficients (N = 150) with the Fisher z transformation

Figure 2. Correlations (with 95% confidence intervals) between the risk correlates and suicidal ideation.

5. Discussion

This study examined domestic violence and substance use as correlates of suicidal ideation among persons receiving SUD treatment in Anambra State. Both correlates were positively and significantly associated with ideation, and domestic violence showed the larger coefficient.

5.1 Domestic violence and suicidal ideation

The moderate positive association between domestic violence and ideation is consistent with studies of women in community and clinical settings (Devries et al., 2023; Gao et al., 2021; Kisaakye et al., 2023; Makary & Watson, 2022) and with the earlier Anambra State study of 41 persons with SUD (Ezeonuegbu & Okonkwo, 2022). It also extends findings on women with SUD in south-eastern Nigeria (Okeke & Nwosu, 2025) to a mixed-sex treatment sample that was predominantly male. Several mechanisms may explain the association. Repeated abuse, fear and emotional trauma may overwhelm coping resources and intensify despair (Warshaw et al., 2020), consistent with the stress–diathesis model, in which chronic stressors interact with vulnerabilities such as substance dependence (Mann et al., 2017). From the interpersonal perspective (Joiner, 2005), humiliation, control and isolation within the home may amplify perceived burdensomeness and low belonging. Because most participants were male, the findings also add to the limited evidence on men, among whom violence is often concealed (Ralph et al., 2016; Theodore, 2020). The present design cannot establish direction: people with high suicidal ideation or heavy substance use may also perceive or provoke more conflict at home.

5.2 Substance use and suicidal ideation

The positive association between substance use and ideation agrees with meta-analytic and population evidence (Borges et al., 2017; Poorolajal et al., 2016) and with studies of treatment-seeking samples (Akinyemi & Oladipo, 2023; Bakken et al., 2022; Darke et al., 2019; Musisi et al., 2019). The coefficient was smaller than in the Lagos study (r = .58; Akinyemi & Oladipo, 2023). Differences in instruments, in what was measured (a lifetime-use inventory here versus a severity screening tool there) and in sample characteristics may account for this, but the present data cannot test these explanations. Restriction of range is also plausible because every participant already met criteria for SUD. The self-medication hypothesis (Khantzian, 1997) and evidence that chronic use fosters impulsivity and hopelessness (Conner et al., 2019) offer a coherent account of why heavier use accompanies stronger ideation.

5.3 Implications for practice and policy

Three implications follow. First, addiction services should routinely screen for domestic violence and for suicide risk among those who disclose it, and should offer trauma-informed counselling, safety planning and referral to protective and legal services. Second, treatment for SUD should be integrated with mental health care, since both sets of problems co-occur. Third, awareness and stigma-reduction campaigns should recognise that men, too, experience domestic violence and that disclosure is often difficult. These recommendations accord with calls for integrating suicide-risk screening into SUD treatment (Alcover et al., 2024; Bakken et al., 2022) and violence screening into suicide prevention (Devries et al., 2023; Makary & Watson, 2022).

5.4 Limitations

The study of type is correlational, cross-sectional in nature and therefore can't allow causal inferences. All constructs were self-reported and thus may be prone to social desirability and disclosure biases; part of the population was recruited from a law enforcement organization which may have increased concerns about disclosure. None of the associations was statistically controlled for depression or other psychiatric comorbidity; hence, they may be confounded with these factors in addition to age, sex and marital status. Notably, the sample was small, from two centres in one state, and mainly male (127 out of 150) and did not allow for sex-specific analysis; generalisability would need to be improved to include more centres and females. All participants had an existing partner, and the number of "all" was not examined within items of the domestic violence measure, which referred to a spouse/partner rather than to the number of people who had a spouse/partner at the time of the study.

5.5 Directions for future research

Future work should use longitudinal designs, multivariable or mediation models that include depression, hopelessness and perceived burdensomeness, sex-stratified analyses, larger multi-state samples, and qualitative methods to understand how participants experience violence and suicidal thoughts.

6. Conclusion

In this sample of persons receiving treatment for SUD in Anambra State, higher exposure to domestic violence and higher levels of substance use were each associated with greater suicidal ideation, with the domestic-violence association numerically larger. Addiction treatment should therefore attend to interpersonal violence and suicide risk alongside substance use itself.

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