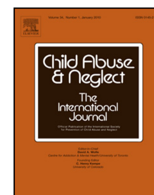
Child Abuse & Neglect xxx (2014) xxx–xxx

Contents lists available at ScienceDirect

Child Abuse & Neglect



Childhood trauma and suicide risk in a sample of young individuals aged 14–35 years in southern Brazil

Luana Porto Barbosa [a,*], Luciana Quevedo [a], Giovanna Del Grande da Silva [a], Karen Jansen [a], Ricardo Tavares Pinheiro [a], Jerônimo Branco [a], Diogo Lara [b], Jean Oses [a], Ricardo Azevedo da Silva [a]

[a] *Programa de Pós-Graduação em Saúde e Comportamento da Universidade Católica de Pelotas, Félix da Cunha, 412, Centro, 96010-000 Pelotas, Brazil*
[b] *Pontifícia Universidade Católica do Rio Grande do Sul (PUC-RS), Av. Ipiranga, 6681 Pd 12A, Partenon, 90670-100 Porto Alegre, RS, Brazil*

ARTICLE INFO

Article history:
Received 30 October 2013
Received in revised form 7 February 2014
Accepted 19 February 2014
Available online xxx

Keywords:
Suicide risk
Childhood trauma
Emotional abuse

ABSTRACT

Suicide is among the main causes of death of people aged between 15 and 44 years old. Childhood trauma is an important risk factor for suicide. Hence, the objective of this study was to verify the relationship between childhood trauma and current suicide risk (suicidal behavior and ideation) in individuals aged 14–35 years, in the city of Pelotas, Brazil. This is a cross-sectional, population-based study. Sample selection was performed by clusters. Suicide risk was evaluated using the Mini International Neuropsychiatric Interview (MINI) and Childhood trauma was assessed with the Childhood Trauma Questionnaire (CTQ). Moreover, the participants responded to a questionnaire concerning socioeconomic status, work, and substance use. The sample was composed of 1,380 individuals. The prevalence of suicide risk was 11.5%. The prevalence figures of childhood trauma were 15.2% (emotional neglect), 13.5% (physical neglect), 7.6% (sexual abuse), 10.1% (physical abuse), and 13.8% (emotional abuse). Suicide risk was associated ($p < .001$) with gender, work, alcohol abuse, tobacco use, and all types of childhood trauma. The odds of suicide risk were higher in women ($OR = 1.8$), people who were not currently working ($OR = 2.3$), individuals who presented alcohol abuse ($OR = 2.6$), and among tobacco smokers ($OR = 3.4$). Moreover, suicide risk was increased in all types of trauma: emotional neglect ($OR = 3.7$), physical neglect ($OR = 2.8$), sexual abuse ($OR = 3.4$), physical abuse ($OR = 3.1$), and emotional abuse ($OR = 6.6$). Thus, preventing early trauma may reduce suicide risk in young individuals.

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Introduction

Suicide represents an extremely important concern nowadays. A report from the World Health Organization (2012) and a review by Nock et al. (2008) of studies from 1997 to 2007 have identified suicide as one of the three leading causes of death among those in the most economically productive age group (15–44 years) and the second leading cause of death in the 15–19 years age group.

In Brazil, the mean suicide rate is 4–6 deaths for every 100,000 inhabitants (Kapczinski, Quevedo, Schitt, & Chachamovich, 2001). The state of Rio Grande do Sul, where the present study was conducted, has the highest suicide rate in Brazil (Lovisi,

* Corresponding author address: Universidade Católica de Pelotas (Catholic University of Pelotas), Félix da Cunha, 412, Centro, Pelotas, RS CEP: 96010-000, Brazil.

http://dx.doi.org/10.1016/j.chiabu.2014.02.008
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Santos, Legay, Abelha, & Valencia, 2009; Meneghel, Victora, Faria, Carvalho, & Falk, 2004). Moreover, the number of suicides has increased among younger individuals in this area (Bertolote, Mello-Santos, & Botega, 2010; Botega, 2009), and it is expected to reach the prevalence of more than 2.0% in the year of 2020 (Mello-Santos, Wang, & Bertolote, 2005; Vidal, Gontijo, & Lima, 2013; Volpe, Corrêa, & Barrero, 2006).

Suicidal behavior involves self-harming acts performed by the individual with the actual intention of dying, whereas suicidal ideation comprises thoughts that may range from "life is not worthy of being lived" to "it would be better if I died" to the concrete planning of a suicidal act (Kapczinski & Quevedo, 2009). Suicide risk includes both suicidal behavior and ideation. It has been associated with several variables, such as alcohol abuse/dependence (Koller & Preuß, 2002), impulsiveness (Mann, Waternaux, Haas, & Malone, 1999; Oquendo et al., 2004), feminine gender, being single and unemployed, psychiatric disorders, and stressful events (Isohookana, Riala, Hakko, & Rasanen, 2013; Sarchiapone, Carli, Cuomo, & Roy, 2007).

Stressful events, such as childhood trauma, are important risk factors for suicide (Roy, 2011). Early traumatic experiences have been associated with suicidal behavior (Mann, 1998; McGowan et al., 2009), and a history of physical and/or sexual violence, neglect, and rejection are adverse life events highly associated with suicide (Prieto & Tavares, 2005). Emotional abuse, specifically, may compromise the psychological development (Moor & Silvern, 2006) and leave profound emotional scars (Portwood, 1999) that will accompany an individual in adulthood and may trigger important psychopathologies (Finzi-Dottan & Karu, 2006). Indeed, a Korean study revealed that continuous emotional abuse during childhood was significantly associated with suicidal behavior in a group of students. The prevalence of suicidal behavior among the students who had experienced early trauma was 34.0%, compared to the prevalence of 18.1% among those without history of trauma (Jeon et al., 2009).

Despite the lack of population-based studies associating childhood trauma and suicide risk, one American study reported that childhood trauma predispose the individual to suicidal behavior (Sarchiapone et al., 2007). Thus, the purpose of this study was to verify the relationship between traumatic experiences during childhood and current suicide risk in a population-based sample of individuals aged 14–35 years, in the urban area of Pelotas, south of Brazil.

Method

This was a cross-sectional population-based study including individuals from 14 to 35 years of age who lived in the urban area of Pelotas, RS (Brazil). Sample selection was performed by clusters between June 2011 and October 2012. Sample size was estimated according to the following parameters: reliability of 95%, power of 80%, outcome prevalence of 10%, and lowest expected prevalence of 8%. In order to assure the necessary sample size, 48 sectors were randomly selected from the current census of 448 sectors in the city (Instituto Brasileiro de Geografia e Estatística [Brazilian Institute of Geography and Statistics], 2010). The total population of the area is approximately 97,000. The final sample consisted of 1,380 young individuals. After identifying the sample, those who agreed to participate in this study were interviewed at their home or were invited to come to the psychological clinic of the university to complete the interview.

Suicide risk was assessed with the Brazilian validated version (Amorim, 2000) of the Mini International Neuropsychiatric Interview (MINI). The coefficients (Kappa, sensibility, and specificity) of the original version of the MINI (Lecrubier, Sheehan, Weiller, & Amorim, 1997) were good or very good for all diagnoses, with the exception of generalized anxiety disorder (Kappa = .36), agoraphobia (sensibility = .59) and bulimia (Kappa = .53). Also, inter-rater and test–retest reliability were good. Regarding the Brazilian version, the reliability coefficients were good. Both the MINI and the MINI Plus presented psychometric qualities similar to the ones of more complex standardized diagnostic interviews (e.g., CIDI, SCID-P, expert evaluation) in different settings (psychiatric units and centers of primary care), which allows for reduced evaluation time. The suicidality section of the MINI inquires about several components of current suicide risk. The interviewee answers yes or no to five questions regarding the previous month: (a) have you wished you were dead? (Score: 1 point); (b) have you wanted to harm yourself? (2 points); (c) have you thought about suicide? (6 points); (d) have you had a suicide plan? (10 points); and (e) have you attempted suicide? (10 points). The interviewee also answers the question, "In your lifetime, did you ever make a suicide attempt?" (4 points). The range of suicide risk was *low* (score 1–5), *moderate* (score 6–9), and *high* (score $\geq$10). For analyses purposes, the scores were dichotomized as *absent* (low or absent risk) or *present* (moderate or high risk), as recommended by the MINI authors (Amorim, 2000).

Childhood trauma was evaluated using the Childhood Trauma Questionnaire (CTQ), which is a self-report scale that investigates history of childhood neglect and/or abuse in five trauma domains: physical abuse, emotional abuse, sexual abuse, emotional neglect, and physical neglect. The original version of the instrument presented good validity and reliability coefficients, with internal consistency medians ranging from $\alpha = .66$ to $\alpha = .92$ (Benstein et al., 2003). The Brazilian translated and adjusted version is appropriate for evaluating people older than 12 years of age (Grassi-Oliveira, Stein, & Pezzi, 2006). The CTQ is an easily understandable 5-item Likert scale on which the individual rates the frequency of 28 sentences related to traumatic situations during childhood.

In addition to the MINI and the CTQ, the participants answered a questionnaire on socioeconomic status, work, and substances use. The evaluation of socioeconomic classification was carried out through the Associação Brasileira de Empresas de Pesquisa (Brazilian Association of Research Companies; 2003), which is a scale based on the accumulation of material assets and on the schooling of the head of the household. It categorizes people into classes (A, B, C, D, and E) according to the scores, where A refers to the highest socioeconomic class and E to the lowest one. Work was evaluated through a yes

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