

Original article

Longitudinal Associations Between Community Violence Exposure and Suicidality

Sharon F. Lambert, Ph.D.^{a,*}, Nikeea Copeland-Linder, Ph.D., M.P.H.^b, and
Nicholas S. Ialongo, Ph.D.^c

^aDepartment of Psychology, George Washington University, Washington, DC

^bDepartment of Pediatrics, Johns Hopkins School of Medicine, Baltimore, Maryland

^cDepartment of Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

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Abstract

Purpose: To examine longitudinal associations between community violence exposure and suicide ideation and attempt, and whether depressive symptoms and aggressive behavior are intervening variables in this association.

Methods: Participants were 473 urban and predominantly African American adolescents who completed measures of community violence exposure, depressive symptoms, and suicide ideation and attempt in grades 6, 7, and 8; teachers reported about adolescents' aggressive behaviors in grades 6, 7, and 8. Path analysis was used to examine direct and indirect associations between community violence exposure in grade 6 and suicide ideation and attempt in grade 8. Depressive symptoms and aggressive behavior were examined as part of an indirect path from grade 6 community violence exposure to later suicide ideation and attempt.

Results: Results revealed an indirect association between community violence exposure and later suicide ideation for males and females; community violence exposure in grade 6 was associated with depressive symptoms in grade 7, which in turn, were positively associated with suicide ideation in grade 8. For males, community violence exposure in grade 6 was associated with increases in aggressive behavior in grade 7, which in turn, were associated with suicide attempts in grade 8. © 2008 Society for Adolescent Medicine. All rights reserved.

Keywords:

Adolescents; African American; Community violence; Suicide

Adolescents are exposed to community violence (CV) at alarming rates [1–5]. The public health significance of this high prevalence of adolescent CV exposure is magnified given the multiple emotional and behavioral problems associated with CV exposure; these include anxiety and post-traumatic stress symptoms, depressive symptoms, aggression and antisocial behavior, social withdrawal, substance use, and academic problems [5–9]. Recently, there has been

increased attention to the co-occurrence of CV exposure and suicidal behaviors. Overall, studies report increased suicide ideation and attempts among youth exposed to violence. For example, Cleary [10] found that suicidal behavior (ideation and attempt) and violent behavior were more frequent among youth who had been victimized compared with those who had not been victims of violence. O'Leary and colleagues [11] found that violence exposure was significantly associated with suicide ideation in a sample of preadolescents, and that youth who reported suicide ideation reported higher levels of distress in response to exposure to violence than those who did not report suicidal ideation. In a sample of adolescents ages 12 to 18, suicidal behavior (suicide ideation and deliberate self-harm) was associated with exposure to violence, with the risk of suicidal behavior in-

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*Address correspondence to: Sharon Lambert, Ph.D., Department of Psychology, George Washington University, 2125 G Street NW, Washington, DC 20052.

E-mail address: slambert@gwu.edu

creasing as the level of violence exposure increased. Specifically, suicidal behavior was highest among youth who had been severely victimized, lower among those who had been moderately victimized, and the lowest for those who had only witnessed violence [12]. Among a sample of incarcerated adolescent male juvenile delinquents with conduct disorder, Ruchkin and colleagues [13] found that suicide ideators and attemptors reported significantly more exposure to violence than youth who did not endorse suicidal behavior.

Research linking CV and suicide behaviors has been difficult to interpret because the majority of this research has relied on cross-sectional designs. As a result, it is unclear whether exposure to CV predicts later suicide ideation and attempt, and if so, what mechanisms account for this association. Examination of risk factors for suicide ideation and attempt suggest possible mechanisms that might link CV and suicide. For example, depressive symptoms have consistently been linked with suicide behaviors [14,15]. Aggressive youth also have been shown to have higher risk for suicide [16,17]. Several studies report gender differences in these risks for suicide behavior, with the effect of depressive symptoms stronger for females [14] and aggressive and disruptive behavior emerging as a stronger risk for males [18].

In addition to evidence highlighting each as risk factors for suicide behavior, both depressive symptoms and aggressive behavior have been identified as consequences of CV exposure [5,7]. Thus, it is possible that in addition to the concurrent association between CV and suicide documented in prior research, there is a longitudinal association between CV exposure and suicide that is accounted for, at least in part, by depressive and aggressive behaviors. Prior cross-sectional research showing a reduced association between adolescent violence exposure and suicide behaviors after adjusting for depressive symptoms and aggressive behavior suggests that this may be the case [12].

The present research examines longitudinal associations between exposure to CV and suicide behaviors in a community sample of urban and predominantly African American adolescents. It was hypothesized that CV exposure would predict increased depressive and aggressive behaviors, which in turn, would predict suicide behavior. This study extends prior literature in several important ways. The prospective longitudinal design enhances our understanding of the nature of association between CV and suicide behavior. To date, there has been limited empirical examination of mechanisms that may link exposure to CV and suicide behaviors in adolescents; understanding these pathways will inform prevention and intervention efforts. Examining these issues in a community sample will reveal whether the associations observed in high-risk samples also are present among other samples of youth.

Method

Participants

Participants were 473 middle school students initially assessed in the Fall of first grade as part of an evaluation of two universal school-based preventive interventions whose immediate targets were early learning and aggressive behavior [19]. There were no exclusion criteria for participation in the interventions. Of the 678 children who participated in the intervention trial in grade 1, 473 had written parental consent, provided verbal assent, and had completed measures of CV exposure, depressive symptoms and aggressive behavior, and suicidal behavior in grades 6, 7, and 8, respectively. These 473 youth comprised the sample of interest for this study. Procedures for this study were approved by the Johns Hopkins University Committee on Human Research (CHR #: H.33.02.06.07.A1).

Approximately half of the sample was female ($N = 220$; 46.5%). The majority of the sample, approximately 87%, was African American and the remaining participants were Caucasian. As an indicator of the socioeconomic status of the sample, 70.1% of the sample received free lunch or reduced lunches according to parent report at the first grade assessment. At the sixth grade assessment, youth ranged in age from 10.63 to 13.12 (mean = 11.77, $SD = .35$). The 473 students participating in this study did not differ from the students not included in this study in terms of gender, percentage receiving free or reduced lunch, intervention status, age at entry into the study, first grade self-reports of anxiety or depressive symptoms, or teacher ratings of first grade externalizing problems.

Assessment design

CV exposure, depressive symptoms, aggressive behavior, and suicide ideation and attempt were assessed in each of grades 6, 7, and 8. The time lag between variables included in the path analytic models was selected to permit conclusions about the influence of CV exposure on subsequent suicide ideation and attempt. Specifically, the path analyses include CV exposure assessed in grade 6, depressive symptoms and aggressive behavior assessed in grade 7, and suicide ideation and attempt assessed in grade 8.

Measures

CV exposure during the past year was assessed using items from the Children's Report of Exposure to Violence (CREV) [20], a self-report instrument used to assess the frequency of exposure to CV. Two CREV subscales were employed in the present study: violence directly witnessed, and violence personally experienced (victimization). The violent events included being beaten up, robbed or mugged, stabbed or shot, or witnessing someone experiencing one or more of those events or witnessing a killing. The CREV has proven to be highly reliable in African American youth and

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