

Adolescent Suicidal Behavior: Associations With Preadolescent Physical Abuse and Selected Risk and Protective Factors

SUZANNE SALZINGER, PH.D., MARGARET ROSARIO, PH.D.,
RICHARD S. FELDMAN, PH.D., AND DAISY S. NG-MAK, PH.D.

ABSTRACT

Objectives: To determine whether preadolescent physical abuse raises the risk of adolescent suicidal behavior, to examine potential mediators and moderators of the relationship between preadolescent abuse and adolescent suicidality, and to examine whether distal (preadolescent) risk factors add to proximal (adolescent) factors in predicting suicidality. **Method:** Seventy-five physically abused preadolescents on the New York City Maltreatment Register and 78 controls were studied at ages 10.5 and 16.5 years. Adolescent suicidal ideation and attempts and hypothesized risk and protective factors were assessed by self-report, parent interview, and teacher ratings. Data were analyzed by logistic regression. **Results:** Preadolescent physical abuse was a robust, largely unmediated, independent predictor of adolescent suicidality. Only adolescent internalizing problems mediated the relationship. No risk factors moderated the relationship. Adolescent attachment to parents and internalizing problems contributed independently to the prediction of suicidality risk in abused and control subjects. No preadolescent risk or protective factors added to the predictions beyond risk deriving from preadolescent abuse. **Conclusions:** The association between preadolescent physical abuse and adolescent suicidality is largely unmediated and unmoderated by well-documented risk factors for suicidality. Therefore, comprehensive interventions to reduce abusive parenting must begin when families enter the child protection system, along with therapeutic interventions with the children and adolescents themselves. *J. Am. Acad. Child Adolesc. Psychiatry*, 2007;46(7):859–866. **Key Words:** child physical abuse, adolescent suicidality, risk and protective factors.

The question of whether childhood physical abuse is an independent predictor of later suicidal behavior remains open. Extensive literature reviews of family factors, including abuse, suggest an association (Wagner, 1997),

especially with suicide attempt (Wagner et al., 2003). Results are mixed with regard to whether abuse is a predictor independent of other important risk factors for suicidality.

Risk and protective factors for adolescent suicidality (see Gould et al., 2003) include some that are well established, such as depression (Shaffer et al., 1996), and some with less consistent empirical support, such as aggressive behavior, peer support and social skills, parenting, and stressful life events (Gould et al., 1996; King et al., 2001).

Abuse has sometimes, but not always, been implicated as a risk factor. Among studies that included officially confirmed abuse and good measures of suicidality, two (Brown et al., 1999; Johnson et al., 2002) suggest that abuse is a specific predictor of suicide attempt, and one (Kaplan et al., 1997) found that abuse was associated with suicidal risk factors such as family disintegration, depression, disruptive behavior

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Drs. Salzinger and Feldman are with the New York State Psychiatric Institute and Columbia University, New York; Dr. Rosario is with the City University of New York–City College and Graduate Center, New York; Dr. Ng-Mak is with Merck Pharmaceuticals (West Point, PA) and was formerly with the Columbia University School of Public Health.

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Correspondence to Dr. Suzanne Salzinger, New York State Psychiatric Institute, 1051 Riverside Drive (Unit 56), New York, NY 10032; e-mail: ss73@columbia.edu.

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disorders, and substance abuse and dependence, but not specifically with attempts.

Less well studied are the processes relating abuse and later suicidality, assuming confirmation of the association between abuse and adolescent suicidality. In one community-based prospective study, interpersonal difficulties mediated the effect of physical abuse on later suicidality (Johnson et al., 2002). Most other risk factors have not been carefully examined for their potential role in the processes relating abuse and suicidality.

Part of the reason for continued ambiguity regarding the association between child abuse and later suicidality and the nature of the processes explaining the association is that most studies of suicidal risk have not had large enough samples of children confirmed for abuse but not referred for psychiatric or juvenile justice problems. The samples have usually consisted of patients admitted to treatment facilities for attempted suicide or adolescent psychiatric inpatients. Abuse has generally been assessed long after the fact and by retrospective report in interviews with adolescents or from chart reviews. Studies based on large community samples have had poor documentation of physical abuse (Silverman et al., 1996) and of a generally low rate of abuse. Moreover, the data are often not based on in-depth assessments and are not longitudinal (Flisher et al., 1997; Hibbard et al., 1990; Riggs et al., 1990; Straus and Kantor, 1994).

The present study's underlying model of processes linking abuse and suicidality can be represented by an ecological framework (e.g., Ayyash-Abdo, 2002) that includes individual factors such as psychopathology and loneliness, interactive factors consisting of supportive and abusive relationships with parents and friends, and external contextual factors such as stressful life events. These factors can be viewed as having proximal effects close in time to the adolescent suicidal behavior or as relatively distal effects in preadolescence.

The present study is designed to establish prospectively the association between preadolescent physical abuse and adolescent suicidal behavior in confirmed cases of physically abused children and nonabused classmate controls followed about 7 years later when they were in the latter part of high school. Specifically, we examined the relationships among abuse and generally accepted or theoretically hypothesized risk and protective factors and suicidality to determine

whether the proximal and distal risk factors suggested by the literature added independently to abuse or mediated or moderated the hypothesized relationship between early abuse and later suicidal behavior.

METHOD

Sample

The preadolescent sample consisted of 100 physically abused urban schoolchildren (65 boys, 35 girls) ages 9 to 12 years in grades 4 to 6, and 100 nonabused classmates case-matched for gender, age, and, as closely as possible, race, ethnicity, and socioeconomic status. Ninety-four percent of the children were of racial/ethnic minority status. Physically abused children were recruited from 354 confirmed cases in consecutive entries onto the New York City Register for Child Maltreatment from 1992 to 1996. Sexually abused cases were excluded, but children who were neglected as well as physically abused were included. We were able to contact 230 families by mail or telephone. The first 100 consenting families meeting study criteria were enrolled. On a number of demographic and maltreatment variables, consenting families did not differ from refusing families. Parents signed informed consent; children signed assent. A Federal Certificate of Confidentiality was obtained. Control children were screened for abuse by interviews with their caretakers about the handling of disputes among household members and by scanning the Maltreatment Register to ascertain that their names did not appear during the 4 years we were recruiting abuse cases.

Our follow-up study assessed the outcomes in middle to late adolescence of the preadolescent physically abused and nonabused children first studied at a mean age of 10.5 years (SD 0.96) and later at a mean age of 16.5 years (SD 0.53). The length of the follow-up period did not differ between the abused (mean 6.0 years, SD 0.90) and nonabused (mean 5.9 years, SD 0.91) children. All of the families had been asked at the time of the preadolescent study whether we could contact them later when the children would be in high school, and all of them agreed. For follow-up, we were able to locate and interview 153 of the original 200 families, 78 abused and 75 nonabused. Parents and adolescents over age 18 signed informed consent forms; younger adolescents signed assent forms. A Federal Certificate of Confidentiality was obtained.

There was no differential loss between groups. Ratings of severity of verbal and physical abuse on a scale of none, mild, moderate, and severe, based on interviews with parental guardians of the preadolescents, showed no significant difference between the children retained and lost to follow-up. Comparison of the retained sample to the adolescents lost to follow-up showed that more boys were lost ($\chi^2 = 4.328$, $df = 1$, $p < .05$), resulting in a sample more equally distributed than the original: 61% male and 39% female, compared with 65% male and 35% female in the original sample. Follow-up and original families did not differ significantly on ethnicity, maternal education, receipt of public assistance, family structure, number of out-of-home placements, and placement of children in special or regular education classes at time of recruitment.

The follow-up sample was 38% black, 7% white, 54% Hispanic, and 1% Asian. Thirty-two percent of the families received some form of public assistance during the past year. Sixty-four percent of the adolescents lived with a single parent, 11% with one biological and one nonbiological parent, and 24% with two biological parents.

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