

Associations Between Peer Victimization and Suicidal Ideation and Suicide Attempt During Adolescence: Results From a Prospective Population-Based Birth Cohort

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Objective: To test whether adolescents who are victimized by peers are at heightened risk for suicidal ideation and suicide attempt, using both cross-sectional and prospective investigations.

Method: Participants are from the Quebec Longitudinal Study of Child Development, a general population sample of children born in Quebec in 1997 through 1998 and followed up until 15 years of age. Information about victimization and serious suicidal ideation and suicide attempt in the past year was obtained at ages 13 and 15 years from self-reports (N = 1,168).

Results: Victims reported concurrently higher rates of suicidal ideation at age 13 years (11.6–14.7%) and suicide attempt at age 15 years (5.4–6.8%) compared to those who had not been victimized (2.7–4.1% for suicidal ideation and 1.6–1.9% for suicide attempt). Being victimized by peers at 13 years predicted suicidal ideation (odds ratio [OR] = 2.27; 95% CI = 1.25–4.12) and suicide attempt (OR = 3.05, 95% CI = 1.36–6.82) 2 years later,

even after adjusting for baseline suicidality and mental health problems and a series of confounders (socioeconomic status, intelligence, family's functioning and structure, hostile-reactive parenting, maternal lifetime suicidal ideation/suicide attempt). Those who were victimized at both 13 and 15 years had the highest risk of suicidal ideation (OR = 5.41, 95% CI = 2.53–11.53) and suicide attempt (OR = 5.85, 95% CI = 2.12–16.18) at 15 years.

Conclusion: Victimization is associated with an increased risk of suicidal ideation and suicide attempt over and above concurrent suicidality and prior mental health problems. The longer the history of victimization, the greater the risk.

Key words: suicidal ideation, suicide attempt, adolescence, peer victimization, bullying

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Suicide is among the top causes of mortality worldwide, especially in adolescents and young adults.^{1–3} According to recent US epidemiological data, 12.1% of adolescents (aged 13–18 years) “seriously thought about killing themselves” and 4.1% “tried to kill themselves” in their lifetimes.⁴ In Canada, in 2008 through 2009, 7.4% of adolescents aged 14 to 15 years “seriously considered attempting suicide” and 3.3% “attempted suicide” in the past year.⁵ Adolescents who have attempted suicide are at high risk for mortality and for psychological and social adjustment problems in adulthood,^{6–8} indicating that efforts need to be directed toward preventing the onset of suicide behaviors in adolescence.

Over the last few years, considerable attention has been given to the possible link between peer victimization and suicidal ideation and/or suicide attempt. Victimization by peers is highly prevalent in adolescence, with rates ranging from 11% to 40% across 25 countries,⁹ and it has been associated with concurrent suicidal ideation and suicide

attempt.^{10–12} Surprisingly, however, few prospective studies have tested whether peer victimization increases the risk that adolescents will later develop suicidal ideation or attempt suicide.^{13–17} In fact, most prospective studies have generally focused on self-harm^{17–19}; however, adolescents who self-harm do not necessarily want to take their own lives. Previous prospective studies pertaining to suicidal ideation are inconsistent: a few studies indicate that peer victimization predicts suicidal ideation,^{13,15–17} but at least 1 study did not find such an association.¹⁴ For example, in a large sample of Norwegian adolescents, peer victimization at 14 years was not predictive of suicidal ideation 1 year later after baseline suicidality was controlled for.¹⁴ Meanwhile, in the Avon Longitudinal Study of Parents and Children (ALSPAC) cohort, peer victimization assessed between 4 and 10 years across different informants was prospectively associated with suicidal ideation in preadolescents after adjusting for confounders.¹⁷ Importantly, few cross-sectional¹⁰ and only 1 prospective survey in early adulthood²⁰ have looked at the association between peer victimization and suicide attempt.

Understanding the predictive role of peer victimization in suicidal ideation and attempt in a general population of adolescents could provide important information about



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suicide risk factors and suicide prevention strategies. The purpose of the present study was to investigate among a representative cohort of individuals born in 1997 through 1998 in the Canadian province of Quebec whether adolescents who are victimized by peers are at heightened risk for later suicidal ideation and suicide attempt. We expected peer victimization to co-occur with and to predict suicidal ideation and suicide attempt. As victims may exhibit pre-existing risk for suicide and mental health problems, we tested whether victimization increased the risk for suicidal ideation and suicide attempt above and beyond baseline suicidality, mental health problems, and other potential sources of influence.

METHOD

Sample

The Quebec Longitudinal Study of Child Development (QLSCD) is a representative cohort of 2,120 youths born in the Canadian province of Quebec in 1997 through 1998. Data were collected annually or biannually from 1998 through 2013.

In the present study, we included 1,168 participants for whom measures of peer victimization and suicidality were collected at both 13 and 15 years of age, for 55% of the original cohort. To adjust for attrition, we conducted analyses with and without inverse probability weights, representing participants' probabilities of being included in the study sample ($N = 1,168$) conditional on variables related to attrition: males (46% versus 57%, $\chi^2 = 25.68$, $p < .001$) and participants of nonwhite ethnicity (4.8% versus 13.8%, $\chi^2 = 52.36$, $p < .001$), high maternal depressive symptoms (1.48 versus 1.34, $t_{1968.69} = 2.43$, $p = .015$), and low socioeconomic status (0.11 versus -0.15 , $t_{2093} = -5.98$, $p < .001$) were underrepresented in the study sample. The results with and without weights did not differ; the latter are presented here. In addition, we tested whether restriction of analyses to a sample of participants with assessments of both victimization and suicidality outcomes at ages 13 and 15 would affect our results. Therefore, we repeated our analyses in a larger sample of participants with assessment of suicidality outcomes at 15 years only (imputed $n = 1,446$, representing 69% of the surviving cohort); patterns of results remained unchanged.

Ethics Consideration

Ethical approval was given by the Quebec Institute of Statistics and the St-Justine Hospital Research Centre. Informed written consent was obtained from all participating parents at each assessment and from adolescents at the 15-year assessment. Adolescents were assured confidentiality, which is essential to ensure reliability of self-reports.²¹ All adolescents and their parents were provided with a list of resources in case of needing help. If they rated highly on the

suicidal behavior scale, a pop-up appeared on screen to encourage them to seek help.

Measures

Past-Year Suicidal Ideation and Suicide Attempt. Suicidal ideation was assessed with 1 question administered to participants at 13 and 15 years: "in the past 12 months, did you ever seriously think of attempting suicide"; answering "don't know" or refusal was coded as 0. If they answered affirmatively, they were asked: "in the past 12 months, how many times did you attempt suicide," dichotomized as 0 versus ≥ 1 .

Peer Victimization. Peer victimization was assessed at 13 and 15 years using 7 items (4 of which are based on the Self-report Victimization Scale²²). These items were selected on the basis of their reflecting various physical, verbal, direct, and indirect instances of victimization, including the new forms of cyber-victimization, through answering questions such as: how many times it happened (since the beginning of this school year) that another student in school had done the following: called you names/said mean things; didn't let you play in his/her group; pushed/hit/kicked you; said bad things behind your back; teased you in a mean way; made you pay/give something so they would leave you alone; insulted/threatened/intimidated you on the Internet and cell phone. Items were administered in the second half of the school year (February to June) and were rated on a 4-point scale (never = 0; rarely = 1; often = 2; very often = 3; don't know/refusal coded 0). This peer victimization scale is analogous to that used successfully in previous work²³ and has shown good internal consistency (Cronbach alphas were 0.81 at age 13 years and 0.82 at age 15 years). Because of the skewed distribution, victimization was treated categorically. Participants were identified as being victimized by peers if they answered "often" or "very often" to at least 1 of the 7 questions in accordance of the conventional definition.

Prior Mental Health Problems. Oppositional/defiance and inattention/hyperactivity symptoms were rated by school teachers when participants were 6, 7, 8, 10, and 12 years of age. Questions were derived from the Canadian National Longitudinal Study of Children and Youth,²⁴ which incorporates items from the Child Behavior Checklist,²⁵ the Ontario Child Health Study Scales,²⁶ and the Preschool Behavior Questionnaire.²⁷ Oppositional/defiance was assessed with 4 items (e.g., defiant/refused to comply; punishment didn't change behavior), and inattention/hyperactivity was assessed with 9 items (e.g., could not sit still; was unable to concentrate) rated on a 3-point scale (0 = never or not true; 1 = sometimes or somewhat true; 2 = often or very true). Cronbach alphas ranged from 0.81 to 0.84 for opposition/defiance and from 0.89 to 0.91 for hyperactivity/inattention. Scores were averaged across ages. Scales demonstrated adequate sensitivity and external validity in this cohort.²⁸ Depression was self-reported at 12 years using 10 items from

TABLE 1 Prevalence of Suicidal Ideation and Suicide Attempt in the Last 12 Months and Peer Victimization at 13 and 15 Years^a

| Variable | Total | | Females | | Males | |
|---------------------------|------------|------------|------------|------------|------------|------------|
| | 13 y | 15 y | 13 y | 15 y | 13 y | 15 y |
| Suicidal ideation, % (n) | 4.5 (56) | 5.9 (86) | 5.3 (35) | 8.6 (65) | 3.7 (21) | 3.0 (21) |
| Suicide attempt, % (n) | 2.4 (30) | 2.8 (40) | 2.7 (18) | 4.5 (34) | 2.1 (12) | 0.9 (6) |
| Peer victimization, % (n) | 21.0 (258) | 17.4 (251) | 16.7 (111) | 17.5 (132) | 25.8 (147) | 17.2 (119) |

Note: $n = 1,234$ at 13 y and $n = 1,446$ at 15 y.
^aBased on maximum available sample.

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