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Childhood sexual abuse and current suicidal ideation among adolescents: Problem-focused and emotion-focused coping skills



Yoewon Yoon^{*}, Julie A. Cederbaum, Alix Schwartz

University of Southern California, Suzanne Dworak-Peck School of Social Work, Department of Children, Youth, and Families, 669 W. 34th Street, Rm 214, Los Angeles, CA 90089, USA

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ABSTRACT

Introduction: The present study aims to investigate whether problem-focused and emotion-focused coping skills were associated with suicidal ideation. In addition, we examined whether childhood maltreatment (i.e. physical, psychological, sexual abuse, and neglect) is a risk factor for later-on suicidal ideation.

Methods: Youths aged 16 or 18 ($n = 307$, 56% females) from San Diego and Seattle at Wave 6 and Wave 7 of the LONGSCAN were included in the study. We used hierarchical logistic regression.

Results & Conclusions: 17.6% reported suicidal ideation. Those who reported better emotion-focused coping were .80 times less likely to report suicidal ideation. However, even after controlling for coping skills, adolescents with sexually abuse histories were 3.08 times more likely to report suicidal ideation. Our findings suggest implications for early intervention efforts. Building youth assets through promotion of positive youth development may serve as a driving force to reduce negative outcomes in youth who have experienced sexual abuse.

1. Introduction

Although children at all developmental stages experience mental distress, adolescents are at increased risk for mental health challenges (Kessler et al., 2007). In fact, suicide is the third leading cause of death among early adolescents and the second leading cause among older adolescents and transitional age youth (Center for Disease Control [CDC], 2017). A nationally representative survey of U.S. high school students indicated that in the past year, 17.7% had serious thoughts of suicide, 14.6% had made a suicide plan, 8.6% had made a suicide attempt, and 2.8% made a suicide attempt requiring medical treatment (Kann et al., 2016). One factor that increases the risk of suicidal behavior is childhood maltreatment (Pereda, Guilera, Forns, & Gómez-Benito, 2009; Stoltenborgh, Van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). This is true for various types of maltreatment (including abuse and neglect) though appears more consistently linked to experiences of sexual abuse (Bahk, Jang, Choi, & Lee, 2017). Coping is a known buffer for suicidal ideation (Johnson, Wood, Gooding, Taylor, & Tarrier, 2011). Yet, how the coping styles of adolescents with childhood sexual abuse histories influence their suicidal ideation is less clear. To understand the impact of mental health, positive coping, and sexual abuse history on suicidal ideation, this work uses data from two sites of the Longitudinal Studies on Child Abuse and Neglect (LONGSCAN) study, a panel study of high-risk children.

^{*} Corresponding author.

E-mail address: yoewonyo@usc.edu (Y. Yoon).

2. Adolescents' mental health

One in five children are currently or have previously experienced a severe mental disorder (Merikangas et al., 2010). Among adolescents 13–18 years, 46.3% reported a lifetime prevalence of mental distress and 21.4% had been diagnosed with a “severe” disorder (Merikangas et al., 2010). Commonly studied risk factors for suicidal ideation and attempts among adolescents include psychological problems and mild forms of maladjustment (Fuller-Thomson, Hamelin, & Granger, 2013; Wong, Ang, & Huan, 2007), including internalizing behavior problems (Farmer et al., 2015). While internalized behavior problems measuring emotional distress and negative self-concept are often formed over the life course and generally increase with age (Chan, Dennis, & Funk, 2008), such stressors (depression, anxiety, and suicide) influence the negative affectivity that central to adolescents that feel distressed about and form negative self-concepts of life (Al Nima, Rosenberg, Archer, & Garcia, 2013).

3. Childhood maltreatment and suicidal ideation

Another known correlate of suicidal ideation among teens is child maltreatment. In a number of studies, childhood sexual, physical, psychological abuse, and neglect, have been associated with later suicidal ideation, threats, or attempts (Brodsky & Stanley, 2008; Evans, Hawton, & Rodham, 2005; Mironova et al., 2011). The research suggests that adolescents who experience childhood maltreatment are several times more likely to experience suicidal ideation compared with their counterparts without such experience.

While some children may experience more than one type of maltreatment, commonly, they are distinguished as physical abuse, psychological abuse, sexual abuse, and neglect. There is little agreement regarding whether one specific type of maltreatment is most associated with suicidality. However, each of these forms of child maltreatment have been found to be significantly associated with suicidal ideation in both cross-sectional and longitudinal studies (King & Merchant, 2008; Miller, Esposito-Smythers, Weismore, & Renshaw, 2013). Child maltreatment researchers have advocated for the need to consider different subtypes of maltreatment, as each may calibrate developmental trajectories in different ways (Manly, Kim, Rogosch, & Cicchetti, 2001).

Childhood sexual abuse is a well-known risk factor for teen suicidal behaviors, with previous research finding up to 20% of women and 8% of men reporting sexual abuse (Pereda et al., 2009; Stoltenborgh et al., 2011). A systematic review of 84 studies completed by Miller et al. (2013) found that childhood sexual abuse increase the risk of suicidal ideation and/or suicide attempts among adolescents. However, findings are inconsistent. For example, some literature reported that childhood sexual abuse was the powerful independent risk factor for suicidality (Read, Agar, Barker-Collo, Davies, & Moskowitz, 2001), whereas others reported that the factor most strongly related to suicidality is childhood emotional abuse, followed by sexual and physical abuse (Dube et al., 2001). In addition, while some studies have reported that childhood sexual abuse may be the most powerful predictor of current suicidality (Read et al., 2001), others have found no relationships between childhood sexual abuse and suicidal ideation (Briere, Madni, & Godbout, 2016). Some of these inconsistencies may be due to differences in how maltreatment is conceptualization and the heterogeneity of study samples. While some studies included all forms of childhood maltreatment in a models (Glassman, Weierich, Hooley, Deliberto, & Nock, 2007; Hoertel et al., 2015), others used a single form of childhood maltreatment (e.g., childhood sexual abuse) in isolation (Ng, Yong, Ho, Lim, & Yeo, 2018; Rabinovitch, Kerr, Leve, & Chamberlain, 2015). In addition, most child maltreatment and suicidality studies have been conducted in general population samples (Khan, McCormack, Bolger, Mc-Greenery, Vitaliano, Polcari, & Teicher, 2015). Although several studies have examined how different types of childhood maltreatment experiences may be associated with suicidality, there is less agreement regarding which specific type of childhood victimization most influences suicidal ideation. To address these gaps in the literature, precise explorations of the associations between major forms of child maltreatment and suicidal ideation are needed.

4. Coping, child maltreatment, and suicidal ideation

Positive attributional style (Sapouna & Wolke, 2013) are personality factors such as optimism (Hirsch, Wolford, LaLonde, Brunk, & Parker-Morris, 2009), sense of humor (Cann & Collette, 2014), and empathy (Pérez-González, Guilera, Pereda, & Jarne, 2017) play a key role by increasing resiliency in adolescent and young adults. According to Lazarus and Folkman's (1987) Stress, Appraisal, and Coping theory, coping is defined as individuals' constantly changing cognitive and behavioral efforts to manage specific external and internal demands appraised as taxing or exceeding their resources. Coping has two main functions: problem-centered coping and emotion-centered coping. Problem-centered coping responses can be seen as attempts to modify a stressor, whereas emotion-focused coping responses can be seen as attempts to manage or regulate emotional states that may accompany or result from a stressor (Lazarus & Folkman, 1987). Both coping strategies are process-oriented and contextual, in that they can change over time and in different contexts (Schoenmakers, van Tilburg, & Fokkema, 2015). The use of coping strategies depends on individual's interpretation of the stressor.

Depending on their coping style, an adolescent's future adjustment and psychopathology may differ. Previous work reported that the use of emotion-focused coping predicted symptoms of anxiety and depression (Jackson, Huffhines, Stone, Fleming, & Gabrielli, 2017), with adolescents who endorsed emotion-focused coping more likely to exhibit emotional instability and maladjustment (Carlo et al., 2012). In contrast, the use of problem-focused coping lent to better adjustment in adolescents (Jackson et al., 2017). Some findings reported that problem-focused and emotion-focused copings have been shown to be inversely associated with suicidal ideation and behavior (Horwitz, Hill, & King, 2011; Svensson et al., 2015). On the other hand, other studies reported that emotional-focused coping or avoidant coping was linked to higher levels of depressive symptom, whereas problem-focused coping was found to

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