



Early life stressors and suicidal ideation: Mediation by interpersonal risk factors



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ABSTRACT

Childhood abuse is a major public health concern that has been consistently associated with many deleterious outcomes, including suicidal ideation (SI) and behavior. The processes through which early abuse experiences confer risk for suicidality are unclear. Drawing on Joiner's (2005) interpersonal theory of suicide, we hypothesized that the relationship between SI and childhood abuse would be specific to childhood emotional abuse, and that this relationship would be mediated by thwarted belongingness and perceived burdensomeness. Participants ($n = 189$) with moderate to severe childhood abuse completed measures of childhood abuse, perceived burdensomeness, and lack of belongingness at the baseline assessment, and a measure of SI at a 7-week follow-up assessment. We found partial support for the study hypotheses. Childhood emotional abuse, but not childhood physical or sexual abuse, was found to be prospectively associated with SI. Perceived burdensomeness but not thwarted belongingness mediated this relationship. These findings suggest that the relationship between SI and childhood abuse may be specific to emotional abuse, and that this abuse subtype confers risk for ideation through increasing the individual's sense of hindering or burdening to others within the social network. Implications of these findings are discussed.

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1. Introduction

Childhood abuse is a major public health concern. Indeed, in 2010, reports of abuse or neglect were made to child protective services (CPS) for approximately 5.9 million children (U.S. Department of Health and Human Services, 2011). Furthermore, one recent epidemiological study found that 18.6% of children reported having experienced some form of child maltreatment (Finkelhor, Turner, Ormrod, & Hamby, 2009), including childhood sexual abuse (CSA), physical abuse (CPA), emotional abuse (CEA), and/or neglect. Childhood abuse experiences have been linked with heightened risk for a variety of negative outcomes (e.g., anxiety disorders; Chaffin, Silovsky, & Vaughn, 2005; Fuller-Thomson, Sohn, Brennenstuhl, & Baker, 2012; aggression and victimization in interpersonal relationships; Cullerton-Sen et al., 2008; Roberts, McLaughlin, Conron, & Koenen, 2011; schizophrenia; Varese et al., 2012; depression; Widom, DuMont, & Czaja, 2007; and death; Putnam-Hornstein, 2011).

One preventable negative health outcome of particular relevance to childhood abuse is SI and behavior. Suicide is the third

leading cause of death from ages 10 to 24 (Centers for Disease Control and Prevention, 2011). Given the current absence of effective empirically based suicide prevention programs (Bridge, Goldstein, & Brent, 2006; Nock et al., 2013; Solberg, Nordin, Bryant, Kristensen, & Maloney, 2009), ascertaining the processes underlying suicide risk is especially important for advancing future treatment strategies. Prior studies have demonstrated that CPA (McHolm, MacMillan, & Jamieson, 2003), CSA (Bebbington et al., 2009), and CEA (Langhinrichsen-Rohling, Monson, Meyer, Caster, & Sanders, 1998) are all related to suicidality. Additionally, the presence of multiple types of abuse has been shown to have an additive effect on risk for suicidal behavior (Anderson, Tiro, Price, Bender, & Kaslow, 2002; Hahm, Lee, Ozonoff, & Wert, 2010).

Nevertheless, several gaps in the literature exist which limit our understanding of the nature of these relationships. In particular, the processes through which early abuse experiences confer greater risk for suicidality are unclear. This gap is consistent with the current need to advance beyond identifying *what* factors confer risk for suicide, and toward an appreciation of *how* they exert their deleterious effects (Brent, 2011; Nock, 2012). Such an appreciation would potentially lead to greater clarity in targets for clinical intervention.

Second, relatively few studies have concurrently assessed all three subtypes of childhood abuse. In particular, the relationship between CEA and suicidality has been understudied compared to

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CSA and CPA, likely because it is often assumed to be less damaging (Trickett, Mennen, Kim, & Sang, 2009). Rarely have studies investigated multiple subtypes of childhood abuse in relation to suicidality while concurrently covarying other subtypes (for exceptions see Gibb et al., 2001; Torchalla, Strehlau, Li, Schuetz, & Krausz, 2012). Studies that examine childhood abuse as a more general construct fail to differentiate between subtypes and/or to account for all subtypes; thus, they are unable to parse out the unique effects of each type of abuse. It is likely that different types of childhood abuse may all be related to risk for suicidality, but potentially through different pathways. Understanding how these subtypes relate to various facets of suicidal behavior would be a starting point for considering the mechanisms through which childhood abuse relates to suicidality. The fact that the majority of abuse victims, particularly in clinical samples, report exposure to multiple forms of maltreatment (Finkelhor, Ormrod, & Turner, 2007; Higgins & McCabe, 2000) underscores the importance of more fine-grained analyses of the relationship between childhood abuse and suicidality. In particular, given the high concurrence rate of the different forms of childhood abuse, failure to simultaneously consider the effects of all three forms of abuse is especially problematic because the analysis of a single form of abuse by itself may inflate its apparent relationship with suicidality, and neglect the impact of other co-occurring forms that may potentially better explain this relationship.

Joiner's interpersonal theory of suicide (Joiner, 2005; Van Orden et al., 2010) is a promising framework for addressing these gaps in the literature in that it allows for the generation of hypotheses regarding how different subtypes of childhood abuse may be related to different aspects of suicide risk. This theory posits that individuals who make a lethal or near-lethal suicide attempt must possess both the desire (i.e., SI) and the capacity to do so. Suicidal desire is thought to stem from interpersonal factors, specifically, lacking a sense of belonging or connectedness with others (i.e., thwarted belongingness), and feeling that one is a burden to close others (i.e., perceived burdensomeness), whereas the capability to initiate suicidal behavior is acquired via exposure to painful and fear-provoking events that habituate individuals to pain and fear associated with death. According to this theory, childhood abuse may serve as a distal risk factor for suicide by increasing the individual's sense of thwarted belongingness and perceived burdensomeness, which in turn lead to SI. Furthermore, childhood abuse is similarly hypothesized to increase capability for suicidal behavior by increasing the victim's ability to endure the pain and acclimatizing them to the fear associated with bodily injury. In addition to providing a coherent theoretical account of the processes through which childhood abuse may confer suicide risk, the interpersonal theory of suicide also specifies that two forms of early abuse experiences, CPA and CSA, are particularly relevant to the acquired capability for suicide because, unlike CEA, they are both physically painful and fear-provoking forms of abuse.

What is less clear, however, and the focus of the current study, is whether there is similar specificity in the forms of childhood abuse most relevant to the two proximal risk factors for SI articulated in this theory, thwarted belongingness and perceived burdensomeness. Specifically, it has been hypothesized that associations between childhood abuse, as a general construct, and SI may be explained by increases in social alienation in victims which contribute to feelings of thwarted belongingness (Twomey, Kaslow, & Croft 2000) and victims' feelings of being unwanted, unimportant, or dispensable, which result in increases in their perceptions of burdensomeness (Van Orden et al., 2010). However, this explanation does not parse apart the various forms of childhood abuse and consider how they may be differentially related to SI.

Drawing on Rose and Abramson's (1992) extension of the hopelessness theory as it applies to suicide (Abramson et al., 2000), we propose that CEA would be more likely than CPA or CSA to directly inform the development of thwarted belongingness and perceived burdensomeness, and thus it would be more likely to confer risk for SI. Specifically, Rose and Abramson (1992) posited that with CEA, negative self-attributions are directly supplied to the victim by the perpetrator (e.g., "You are worthless; I wish you were never born"). Given the inherently social and interpersonal nature of CEA, such attributions are likely to relate to feelings of thwarted belongingness and perceived burdensomeness. With CPA and CSA, the victim is left to form their own attributions, which consequently are less likely to be related to these two suicide risk factors. Supporting Rose and Abramson's (1992) extension of the hopelessness theory in relation to SI, CEA, but not CPA or CSA, has been found to be uniquely associated with greater SI in college students (Gibb et al., 2001). Also consistent with the view that CEA may be particularly linked to thwarted belongingness and perceived burdensomeness is the finding that CEA is associated with a host of relationship difficulties in adulthood (Reyome, 2010). To date, thwarted belongingness and perceived burdensomeness have yet to be examined as potential mechanisms mediating this relationship between CEA and SI.

In summary, the present study aims to further knowledge on the relationship between childhood abuse and SI by testing two hypotheses in a sample of individuals with a history of moderate to severe childhood abuse. First, we hypothesized that CEA, but not CPA or CSA, will be uniquely and positively associated with thwarted belongingness and perceived burdensomeness. Second, we hypothesized that these two interpersonal risk factors, in turn, will mediate the relationship between CEA and SI.

2. Materials and methods

2.1. Participants

Participants were selected from a larger sample of 508 undergraduates from a large public university.

Participants were included in the current study if they met criteria for moderate to severe abuse for at least one type of abuse on the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003), based on criteria defined by Bernstein and Fink (1998; i.e., a score ≥ 13 on the emotional abuse subscale, a score ≥ 10 on the physical abuse subscale, and a score ≥ 8 on the sexual abuse subscale). The final sample of participants meeting screening criteria on the CTQ consisted of 189 undergraduates (84.2% female). Of these participants, 65.1% endorsed moderate to severe emotional abuse, 45.5% endorsed moderate to severe physical abuse, and 59.8% endorse moderate to severe sexual abuse. The mean age at baseline was 22.02 years ($SE = 0.49$). Approximately 54.0% of the sample was Caucasian, 19.3% Asian, 11.9% African American, with the rest self-identifying with another race.

2.2. Procedure

Participants completed study measures on two occasions separated by 7 weeks ($M = 50.19$ days, $SE = 0.84$) on a secure website as a part of an IRB-approved study. Participants completed measures of childhood abuse (CTQ), perceived burdensomeness and lack of belongingness (INQ) at Time 1. They completed measures of SI (BSS) at Time 2. The study procedure was approved by the university's institutional review board. For all participants who presented with elevated SI, a suicide risk assessment was conducted under the supervision of a licensed clinical psychologist. Regardless of

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