



ORIGINAL ARTICLE

# Assessment of Depression Level, Suicidal Thoughts, and Suicide Attempts in Childhood Sexual Abuse

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## ABSTRACT

**Objective:** In this study, it was aimed to determine the depression levels, suicide thoughts and suicide attempts of sexually abused children and adolescents.

**Methods:** Medical records of 218 sexually abused children and adolescents aged 8–17 years who were referred to the Kahramanmaraş Sutcu Imam University School of Medicine, Department of Child and Adolescent Psychiatry for arranging judicial reports and/ or were admitted by their families for treatment were retrospectively investigated. In all cases, age, gender, education, intelligence level, type and frequency of abuse, affinity of the abuser with the victim, psychiatric diagnosis according to Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR) classification, depression levels, and suicidal thoughts and suicide attempts of the cases were evaluated. Depression levels of the cases were determined by Children's Depression Inventory (CDI).

**Results:** Of the cases, 79.4% (n=173) were female and 20.6% (n=45) were male. The mean age was  $13.63 \pm 2.43$  years. The psychiatric diagnosis rate was 81.2%. Post-traumatic stress disorder (PTSD) (40.4%) and depression (21.1%) were the two most common psychiatric diagnoses established after sexual abuse. In 99 of the cases (45.4%) CDI scale values were a score of 19 points and above, which is accepted to be significant for depression. Of the cases, 49.5% (n=108) chose the item of "I do not think about killing myself", 44.1% (n=96) chose the item of "I think about killing myself but I would not do", 6.4% (n=14) chose the item of "I think about killing myself" in the question, in which suicidal thought is assessed, during the evaluation of the cases. The suicide attempt after abuse was found to be in 15 (6.9%) cases. Female gender, a CDI score of 19 points and above, depression and PTSD, vaginal-anal penetration were found to be significantly increased in cases of suicide attempts compared with those without suicide attempts ( $p < 0.05$ ).

**Conclusion:** This study demonstrated that suicidal thoughts and suicide attempt were increased in child sexual abuse. In this children, it is thought that the risks of suicide must be handled, interventions must be planned on this basis, great significance must be given to the long-term treatment and rehabilitation of the cases. It is believed that descriptive data and lifelong psychiatric symptoms of sexually abused children will help to authorities working in this area in planning prevention.

**Keywords:** Child and adolescent, sexual abuse, depression, suicide thought, suicide attempt

## INTRODUCTION

Childhood sexual abuse is an important problem with its psychological and physiological effects, the incidence of which is increasing day by day and the negative

process of which may extend to adulthood (1). Admissions to child and adolescent mental health clinics are often due to physical or psychological symptoms arisen caused by abuse by their families for treatment and/or during legal process (2). It has been reported in the literature that children and adolescents who have been abused exhibit various psychiatric disorders from childhood to adulthood. Post-traumatic stress disorder (PTSD), anxiety disorders, depression, adjustment disorder, dissociative experiences, self-harm and

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suicidal behaviors, sleep disorders, low self-esteem, aggressive behavior, mood disorders, conduct and sexual behavior disorders, elimination disorders, alcohol and substance abuse and eating disorders may occur in children as a result of sexual abuse (1-4). In children, psychological symptoms developing due to abuse may also arise years after the event. In longitudinal and retrospective studies, it is reported that sexual abuse experienced in childhood is associated with post-traumatic stress-related anxiety symptoms immediately after the event, and in the longer period, with depression, PTSD and suicide attempt (5-7). It has been reported that sexual or physical abuse and parental neglect during childhood increase the risk of life-long suicide (8). In a study conducted among adolescents with high rates of suicidal behavior, it was indicated that these adolescents had a history of abuse with a high rate (9). In a questionnaire study with a large sample investigating the correlation between the abuse and self-harm behavior in high school students in our country, it was found that of the adolescents, 34.8% were exposed to trauma, 10.7% suffered from sexual abuse, and 25.2% of the cases who were sexually abused had a history of suicide attempt (10).

The aim of this study was to evaluate the demographic characteristics, psychiatric disorders, depression levels, suicidal thoughts and suicide attempts of sexual abuse victims referred to the child and adolescent mental health clinic in Kahramanmaraş with judicial report request, and children and adolescents who were victims of sexual abuse and admitted to the clinic by their families for treatment, and to investigate the factors associated with suicide attempt.

## METHODS

The file information of 218 cases, 173 girls and 45 boys, aged between 8 and 17 years, who were referred to the child and adolescent mental health clinic of the Kahramanmaraş Sutcu Imam University, Faculty of Medicine by the judicial authorities for sexual abuse and for arranging judicial reports and/ or were admitted by

their families for treatment, was retrospectively investigated. The age, gender, education level, intelligence level, type and frequency of abuse, affinity of the abuser with the victim, and mental disorders according to the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR), depression levels, suicidal thoughts and suicide attempts of the cases were evaluated. The Children's Depression Inventory (CDI) was applied to the cases. The suicide attempts and suicidal thoughts of the cases were evaluated according to the sub-item of the CDI, in which suicidal thought is assessed, and according to the information obtained from themselves and their families during the psychiatric examination. The WISC-R (Wechsler Intelligence Scale for Children-Revised) adapted to Turkish was used to assess the cognitive and intellectual skills. The cases with mental retardation and lack of study data were not included in the study. The approval for the study was obtained from the Ethics Committee of the Kahramanmaraş University, School of Medicine.

## Psychometric Scales

**The Children's Depression Inventory (CDI):** This inventory is a scale developed by Kovacs in 1981 to determine the level of depression in children and used in childhood depression (11). The validity and reliability study was conducted by Öy in Turkey in 1991 (12). The Children's Depression Inventory can be applied to children aged between 6-17 years. The inventory consisting of a total of 27 items are filled by reading to the child or by the child himself/herself. The highest score is 54 points. The cut-off score is recommended to be 19 points.

## Statistical Analysis

SPSS 22.0 package program was used to analyze the statistical data. The data were analyzed with descriptive statistical methods and the chi-square test was used in the evaluation of the categorical data. The Mann-Witney U test was used for non-normally distributed data. The level of significance was accepted as  $p < 0.05$ .

**RESULTS**

Of the 218 child and adolescent cases of sexual abuse who were evaluated in this study, 173 (79.4%) were

**Table 1. Demographic characteristics and abuse-related characteristics of sexual abused victims**

	n	%
<b>Gender</b>		
Female	173	79.4
Male	45	20.6
<b>Age group</b>		
8-11 years	39	17.9
12-15 years	129	59.2
16-17 years	50	22.9
<b>Education levels</b>		
Elementary school	45	20.6
Secondary Education	77	35.3
High School	55	25.2
Not attending school	41	18.8
<b>The sexual abuse types</b>		
Touching and/or fondling	133	61.0
Anal penetration	40	18.4
Vaginal penetration	37	17.0
Anal and vaginal penetration	2	0.9
Verbal abuse	4	1.8
Exhibitionism	2	0.9
<b>Frequency of abuse</b>		
One abuse	138	63.3
Repetitive abuse	80	36.7
<b>Abusers</b>		
Anyone familiar (neighbor-neighbor child, remote relative, cousin, etc.)	81	37.2
Boyfriend	51	23.4
Foreigner	43	19.7
Teacher	26	11.9
Incest (father, stepfather, brother)	17	7.8

female and 45 (20.6%) were male. The mean age was 13.63±2.43 years, ranging between 8-17. Of the cases, 17.9% (n=39) were in the child age group (8-11 years), 59.2% (n=129) were in the 12-15-year-old group and 22.9% (n=50) were in the 16-17-year-old adolescent group, and 18.8% were not attending school. It was found that of the cases, 63.3% (n=138) experienced only one abuse, and 36.7% (n = 80) had repetitive abuse. 19.7% (n=43) of the abusers were found to be foreigners, and the majority (80.3% n=175) were those previously known by the victim. It was determined that 7.8% (n=17) of the cases were victims of incest relationship (father, brother, and stepfather). Considering the sexual abuse types, the most common types of abuse were in the form of touching and/or fondling (61.0% n=133), anal penetration (18.4%, n=40) and vaginal penetration (17.0%, n=37), respectively (Table 1).

In 81.2% (n=177) of the sexual abuse victims, psychiatric disorder was determined according to the DSM-IV-TR diagnostic criteria. The most common psychiatric disorders in both genders were found to be PTSD (40.4%, n=88) and depression (21.1%, n=46), respectively. The mean CDI score was 18.00 (min=3; max=46). 45.4% (n=99) of the patients had a score of 19 points and above in the CDI, which was the cut-off point for the risk of depression (Table 2). While there was no significant difference between the scores in terms of

**Table 2. Psychiatric disorders, suicidal thoughts and suicide attempts of victims**

	Female n (%)	Male n (%)	Total n (%)
<b>Psychiatric disorders</b>			
Post-traumatic stress disorder	66 (75.0)	22 (25.0)	88 (40.4)
Depression	36 (78.3)	10 (21.7)	46 (21.1)
Anxiety disorders	21 (91.3)	2 (8.7)	23 (10.6)
Adjustment disorder	13 (76.5)	4 (23.5)	17 (7.8)
Acute Stress Disorder	3 (100)	0 (0)	3 (1.4)
No psychiatric diagnosis	41 (18.8)	34 (82.9)	7 (7.1)
<b>Suicidal thoughts and suicide attempts according to CDI</b>			
I do not think about killing myself	89 (82.4)	19 (17.6)	108 (49.5)
I think about killing myself but I would not do	73 (76.0)	23 (24.0)	96 (44.1)
I think about killing myself	11 (78.6)	3 (21.4)	14 (6.4)
Attempted suicide	15 (100)	0 (0)	15 (6.9)
<b>CDI Score</b>			
19 points under	92 (77.3)	27 (22.7)	119 (54.6)
19 points and above	81 (81.8)	18 (18.2)	99 (45.4)

CDI: Children's Depression Inventory

gender, the rates of vaginal-anal penetration, repetitive abuse, depression and PTSD, suicide attempt and suicidal thought were significantly higher in the cases with a CDI score of 19 points and above ( $p < 0.05$ ) (Table 3).

Of the cases, 49.5% ( $n=108$ ) chose the item of "I do not think about killing myself", 44.1% ( $n=96$ ) chose the item of "I think about killing myself but I would not do", 6.4% ( $n=14$ ) chose the item of "I think about killing myself" in the question, in which suicidal thought is assessed, during the evaluation of the cases. The suicide

attempt after abuse was found to be in 15 (6.9%) cases (Table 2). There was no significant difference between the genders in terms of suicidal thoughts ( $p > 0.05$ ). All of the patients who attempted suicide were of female gender and older than 13 years old. Female gender, a CDI score of 19 points and above depression and PTSD, vaginal-anal penetration were found to be statistically significantly increased in cases of suicide attempt compared with those without suicide attempts (all,  $p < 0.05$ ) (Table 4). There was vaginal-anal penetration in 73.3% ( $n=11$ ) of those attempted suicide.

**Table 3. Abuse-related characteristics according to the cut-off score of CDI**

	19 points under n (%)	19 points and above n (%)	p
<b>Gender</b>			0.599
Female	96 (55.5)	77 (45.5)	
Male	23 (51.1)	22 (48.9)	
<b>Type of abuse</b>			<0.001
The presence of vaginal-anal penetration	26 (32.9)	53 (67.1)	
The absence of vaginal-anal penetration	92 (66.1)	47 (33.9)	
<b>Frequency of abuse</b>			<0.001
One abuse	88 (63.8)	50 (36.2)	
Repetitive abuse	31 (38.8)	49 (61.2)	
<b>Suicidal thoughts and suicide attempts</b>			<0.001
I do not think about killing myself	85 (78.7)	23 (21.3)	
I think about killing myself but I would not do	32 (33.3)	64 (66.9)	
I think about killing myself	2 (14.3)	12 (85.7)	
Attempted suicide	0	15 (100)	

CDI: Children's Depression Inventory

**Table 4. Abuse-related characteristics according to suicide attempt**

	Attempted suicide n (%)	Without suicide attempt n (%)	p
<b>Gender</b>			0.041
Female	15 (8.7)	158 (91.3)	
Male	0 (0)		
<b>Type of abuse</b>			0.002
The presence of vaginal-anal penetration	11 (13.9)	68 (86.1)	
The absence of vaginal-anal penetration	4 (2.9)	135 (97.1)	
<b>Frequency of abuse</b>			0.052
One abuse	6 (4.3)	132 (95.7)	
Repetitive abuse	9 (11.2)	71 (88.8)	
<b>Psychiatric disorders</b>			0.024
Post-traumatic stress disorder	6 (6.8)	82 (93.2)	
Depression	8 (17.4)	38 (82.6)	
Adjustment disorder	1 (5.9)	16 (94.1)	
<b>CDI Score</b>			<0.001
19 points under	0 (0)	119 (100)	
19 points and above	15 (15.2)	84 (84.8)	

CDI: Children's Depression Inventory

## DISCUSSION

The fact that the majority of the sexual abuse victims consisted of girls and adolescent age groups, they were most commonly abused by one of their acquaintances, the most common type of abuse was in the form of touching and/ or fondling and the majority of the cases were found to have psychological disorder supports the previous reports in the literature (1,3,4,13).

Although no psychological disorder specific to the cases of abuse has been defined, it is reported that physical and sexual abuse increases the incidence of psychological disorders, and that numerous psychological disorders arise in children and adolescents abused in the later years of their lives (1,5,14,15). PTSD, depression, adjustment disorder and anxiety disorder are reported to be the most common psychological disorders in the studies conducted (3,4,13-15). The fact that the most common psychological disorder detected according to the DSM-IV-TR was PTSD (40.4%) and the second (21.1%) was depression was evaluated to be consistent results with the literature. The scores of 19 points and above in the CDI that was applied to evaluate the levels of depression are considered to be significant. In the study, the depression levels of 45.4% (n = 99) of the cases were 19 points or above. The depression levels found in the CDI were especially higher in patients diagnosed with depression. The majority of those with 19 points or above were composed of cases of adolescent age group with vaginal-anal penetration, exposed to repetitive abuse, diagnosed with depression and PTSD and with suicidal thought and suicide attempt. This was considered to be associated with the fact that the negative effects of sexual abuse are recognized more in the adolescence period compared to the child age group, and the severity of psychological disorders develops in relation to the severity, type and duration of abuse. It was determined that the cases (49.5%) who stated that "I do not think about killing myself" in the CDI, were composed of cases and girls who had a single abuse event and experienced types of abuse such as touching/fondling, verbal abuse and exhibitionism which did not involve penetration. It was determined that completed suicides or suicidal

thoughts were more common in those who were exposed to abuse involving penetration and who were exposed to repetitive abuse. In this study, suicide attempt after abuse was found in 6.9% of the cases. It was found that of these, 8 (53.3%) were diagnosed with depression, 6 (40.0%) were diagnosed with PTSD and 1 (6.7%) was diagnosed with adjustment disorder. It is reported that there is a strong correlation between negative life events and suicidal behavior in children and adolescents (16-18). From negative childhood experiences, early physical/sexual abuse and parental neglect are well-established risk factors for suicidal behavior during adolescence and adulthood (19-21). It is emphasized that suicide attempt associated with sexual abuse is more common in girls (4,22). In the study by İmren et al., it was reported that suicide attempt was found in a significant number of children (14%) who were sexually abused, and that all of these cases were girls and over 13 years of age (22). In the study by Cıkılı Uykun et al. evaluating 556 cases of sexual abuse, it was found that the answer to the question of whether there was any risky behaviors and/ or attempted suicides during admission could be reached in 119 (21.4%) cases; of these cases, 74 (13.3%) did not have any risky behavior, 24 (4.3%) attempted suicide, 15 (2.7%) had self-injurious behavior, 6 (1.1%) had suicidal thought. In the same study, female gender, older age and depression were determined to be the risk factors for suicide attempt (4). Similarly, all of the patients who attempted suicide were composed of girls older than 13 years in this study. In this study, the rate of suicide was found to be lower than in the studies reporting that the history of abuse caused a high rate of suicide (9,10,22). This may be associated with regional differences. It was thought that regarding suicidal behavior as a sin in this region and the supportive and concerned behaviors of the families to their children could have a protective effect in terms of suicide.

The presence of physical contact and penetration during sexual abuse may aggravate the psychological trauma in the child by increasing the emotional and physical trauma of the child. Moreover, sexual abuse in children may aggravate the severity of psychological

problems that exist before abuse. Among the psychological disorders; mood disorders, especially depressive disorder, are known to increase the risk of suicide (4,22,23). It is also suggested that the severity of sexual abuse is associated with suicidal behavior; the incidence of suicide attempt in sexual abuse without touching is 3.3%, whereas this rate is 8.3% in cases of sexual abuse with touching and is 15.2% in cases of sexual abuse accompanied by sexual penetration (24). In the study by Imren et al., it was reported that the risk of suicide attempt was 3.2 times increased in the presence of vaginal-anal penetration by force, 4 times increased in the presence of PTSD and was 6.7 times increased in the presence of depressive disorder from the risk factors for suicide attempts (22). Similar to the previous studies, it was found in this study that suicide attempt was common in cases of vaginal and anal sexual penetration, and that depressive disorder and PTSD increased the risk of suicidal thought and behavior. These results have suggested that sexual abuse itself and the development of psychological disorder due to sexual abuse may be a risk factor for suicide. It is thought that events such as sexual abuse that may pose a threat to the child's psychological or physical integrity may lead to social exclusion or rejection, helplessness and hopelessness, guilt, shame, anxiety, depressive symptoms and difficulties in coping with events, and inclination to suicidal behavior as a way out (22,25-27). Since this study is descriptive and retrospective, the inability to evaluate the risk factors that could lead to suicide attempts, such as the child's mental status, feelings, thoughts, family relationships, parental psychopathology, family history of suicide attempt, social support during suicide attempt, especially after the abuse, was considered as the limitation of the study. In addition, considering that the

cases reaching the judicial authorities in child abuse involve a small portion of the children who were abused, the fact that the majority of the sample group of our study were composed of cases directed by the judicial authorities and the data belonged to a single center, the files were scanned retrospectively, and the diagnoses were not made with a structured interview technique in our study might represent other limitation for our study. Therefore, community-based studies with a large sample size are needed to be conducted in this field to obtain more accurate data reflecting the community data. It is believed that the results of our study will contribute to the literature because of the limited number of studies examining the suicide attempts and risk factors associated with sexual abuse in Turkey.

In conclusion, it was found in this study that suicidal thoughts and suicide attempts were increased in children who were sexually abused. In addition, it was determined that all of the patients who attempted suicide were composed of female gender, adolescents older than 13 years and a CDI score of 19 points and above, the majority of the patients also had vaginal-anal penetration, diagnosed with depression and PTSD and repetitive abuse. Children and adolescents who are exposed to sexual abuse should be questioned in terms of suicide risk during their mental status examinations, the intervention approaches should be determined accordingly, and the patients should be followed up for a long time. Furthermore, the parents should be informed about the extremely important and serious problems such as psychological illnesses and suicide attempts that may develop after sexual abuse.

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