

Do Childhood Traumas Increase Suicidal Thoughts Among Depressed Youth?

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Introduction

- Youth suicide rates have significantly increased over the past decade.
 - ✓ Adolescents are experiencing suicidal thoughts and behaviors at higher rates.
 - ✓ Predicting and preventing suicidal behavior remains challenging.
- Childhood traumas, such as abuse and neglect, have been suggested as potential risk factors for suicidal behavior.
- Depression has been associated with an increased risk of suicide in various studies.
- More research is needed on how trauma-related depression leads to suicidal thoughts.

► Childhood Trauma and Adolescent Suicidality

- Research indicates a significant association between childhood trauma and adolescent suicidal ideation and attempts.
- Given the lethality of suicide attempts, CM has been a key focus in risk factor studies.
 - ✓ All forms of CM have been associated with an increased risk of suicidal thoughts and attempts in adulthood.
- Some studies suggest that sexual and emotional abuse may have a greater impact on suicidal behavior than physical abuse or neglect.

► Trauma Subdomains in Depression and Suicide

- Childhood maltreatment (CM) is classified into five types: physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect.
- Experiencing CM is strongly associated with an increased risk of depression.
- All types of CM contribute to this risk, but their impact varies.
A systematic review found:
 - ✓ Childhood sexual, physical, and emotional abuse can increase suicidal ideation risk up to 2.5 times.
 - ✓ Sexual abuse is linked to a 4.0-fold higher risk of developing suicide plans in young individuals.

Aim of the Study

The present study investigates the associations between childhood trauma, depression, and suicidality in adolescents, with a specific focus on distinct trauma subdomains. The research evaluates the extent to which trauma subdomains are linked to suicidal probability and behavior in adolescents with and without depression.

Methods

- The sample included 74 youth aged 11 to 18 years (M = 15.7, SD = 1.7).
- Participants were recruited through the Child and Adolescent Psychiatry outpatient clinic at Bezmialem Vakif University Faculty of Medicine.
- Recruitment sources included: pediatricians, community mental health clinics, school system personnel, and self-referral
- Validated Turkish scales and questionnaires were administered.
- Informed consent/assent was obtained from all parents and participants.

► Scales and Questionnaires

Depressive symptoms	Suicidal thoughts/attempts	Childhood traumas
<ul style="list-style-type: none">Childhood Anxiety and Depression Scale-Revised (CADS-R)	<ul style="list-style-type: none">Suicide Probability Scale (SPS)Suicide Behavior Scale (SBS)Suicide and Suicidal Behavior-Related Data Form	<ul style="list-style-type: none">Childhood Trauma Questionnaire (CTQ)
<ul style="list-style-type: none">Sociodemographic Data Form		

► Group Assignment

- Cross-sectional study**

Case group (n=37):

- ✓ **diagnosis of major depressive disorder**, using DSM-5 criteria
- ✓ no current use of psychiatric medication

Control group (n=37):

- ✓ absence of any psychiatric disorder, using DSM-5 criteria
- ✓ normal developmental history as reported by the parent

Exclusion criteria:

- × a history of significant neurological, sensory, or motor impairments
- × seizure disorders
- × psychosis
- × intellectual disability

References:



Results

- Analysis shows that depression status was indirectly associated with suicidal behavior through emotional abuse and suicidal probability.
- An indirect association through emotional neglect and suicidal probability was observed but did not reach conventional significance.
- The total association, combining both direct and indirect pathways, was significant.

Table 1. Comparisons between the patient and control groups across measures

	Case (N = 37)	Control (N = 37)	P-value
CTQ Total Score	55.1 [41, 103]	48.7 [41, 61]	0.009
Anxiety and Depression Score	80.9 [26, 121]	32.7 [5, 74]	<0.001
Suicide Probability Score	84.2 [63, 115]	68.4 [58, 92]	<0.001
Suicidal Behavior Score	8.65 [5, 16]	5.62 [4, 12]	<0.001

Figure 1. Scores of each scale

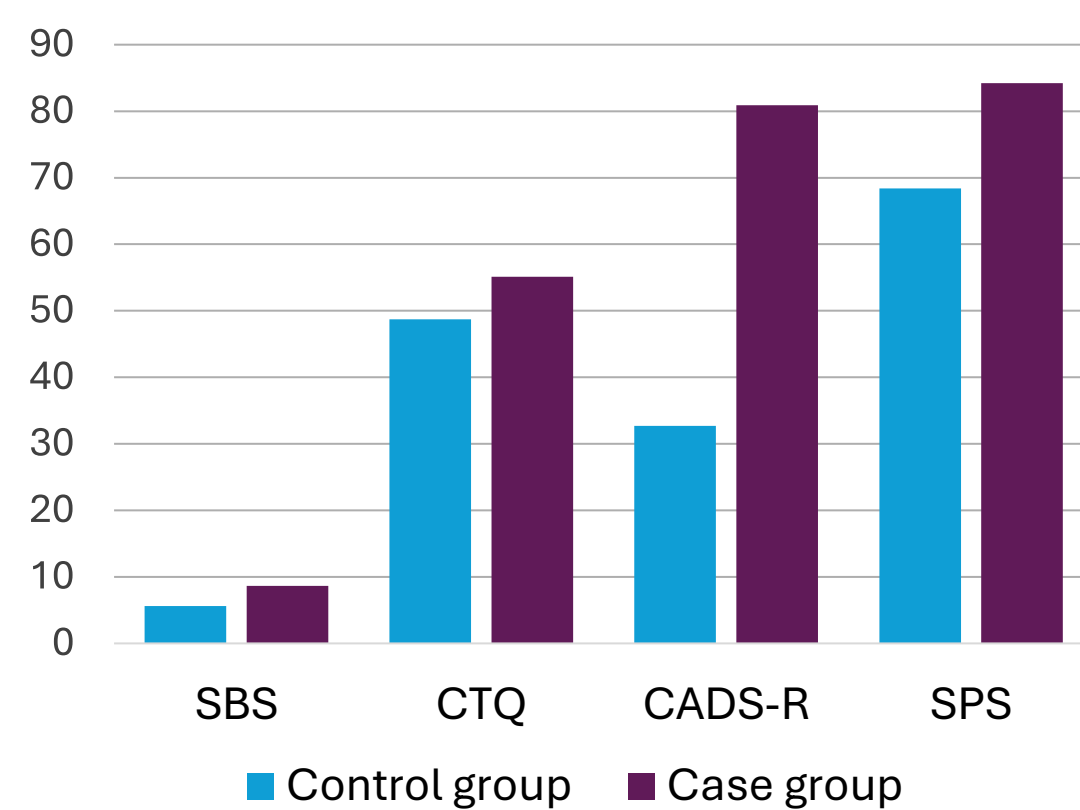


Figure 2. CTQ total and subscale scores

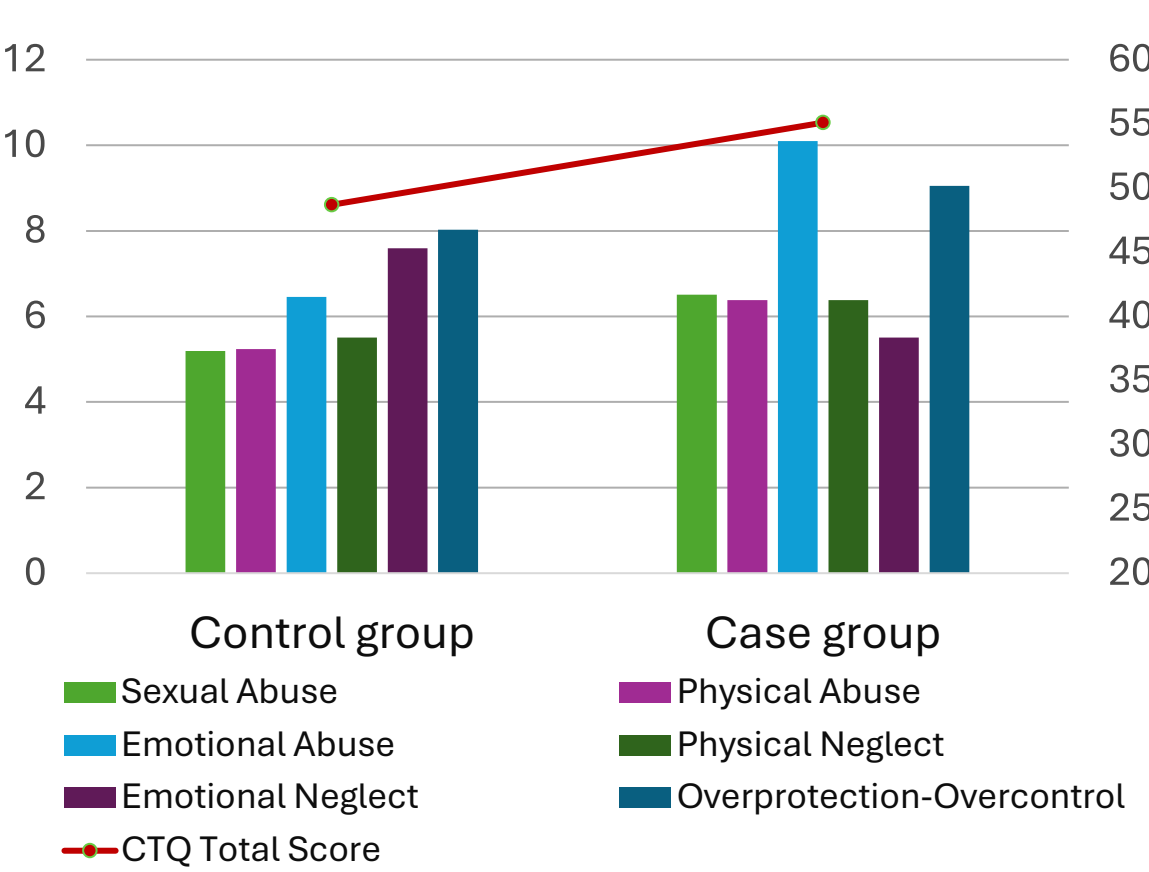
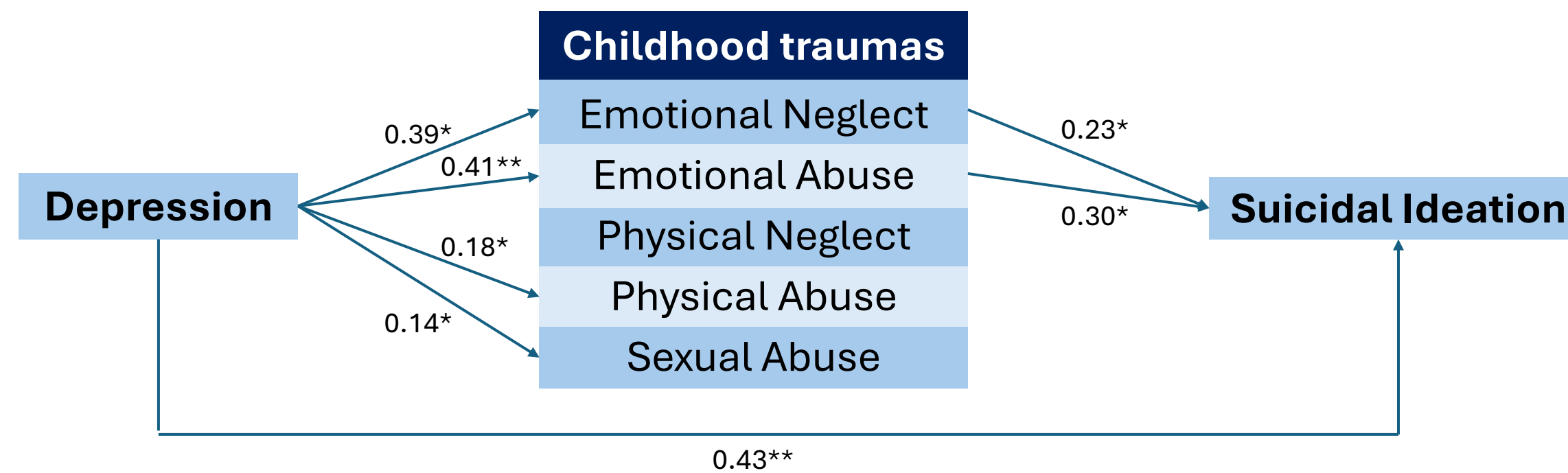


Table 2. Path coefficients

Parameter	Std. Est.	P-value
Direct Effects		
Sexual Abuse ~ Depression Status	0.142	0.045
Physical Abuse ~ Depression Status	0.185	0.035
Emotional Abuse ~ Depression Status	0.417	0.001
Emotional Neglect ~ Depression Status	0.395	0.009
Physical Neglect ~ Depression Status	0.2	0.143
Suicide Probability ~ Sexual Abuse	-0.119	0.46
Suicide Probability ~ Physical Abuse	0.002	0.99
Suicide Probability ~ Physical Neglect	-0.092	0.403
Suicide Probability ~ Emotional Abuse	0.307	0.023
Suicide Probability ~ Emotional Neglect	0.233	0.014
Suicide Probability ~ Depression Status	0.435	<.001
Suicidal Behavior ~ Depression Status	0.247	0.033
Suicidal Behavior ~ Suicide Probability	0.52	<.001
Indirect Effects		
Group -> Sexual Abuse -> Suicide Probability -> Suicidal Behavior	-0.009	0.526
Group -> Physical Abuse -> Suicide Probability -> Suicidal Behavior	0.000	0.99
Group -> Physical Neglect -> Suicide Probability -> Suicidal Behavior	-0.01	0.51
Group -> Emotional Abuse -> Suicide Probability -> Suicidal Behavior	0.067	0.032
Group -> Emotional Neglect -> Suicide Probability -> Suicidal Behavior	0.048	0.126
Group -> Suicide Probability -> Suicidal Behavior	0.226	0.001
Total Effect		
Group -> Suicidal Behavior	0.57	<.001

Figure 3. Standardized coefficients for tested paths of final model. (**p<0.001 *p<0.05)



Conclusion

- ✓ This study highlights the significant role of childhood trauma, particularly emotional abuse and neglect, in predicting suicidal ideation and behavior in depressed adolescents.
- ✓ These findings highlight the importance of addressing trauma histories in youth with depression to mitigate suicidality risk.
- ✓ Future research should further explore these relationships in larger samples to develop targeted interventions.