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Thoughts of Suicidality and Self-harm in Middle Childhood: Relationship with Child Maltreatment and Maternal Substance Abuse and Depression

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INTRODUCTION

Thoughts of Suicidality and Self-harm

- Children who have experienced sexual abuse are at increased risk for a multitude of symptoms, including: internalizing problems, behavior problems and post-traumatic stress symptoms (e.g., Paolucci, Genuis, & Violato, 2001).
- Recent studies have presented accumulating evidence that suicidality and self-harm warrant concern in children who have been sexually abused (Brezo et al., 2006; Brezo et al., 2007).
- However, not all children who have experienced sexual abuse become suicidal or have thoughts of self-harm. Therefore, it is important to identify additional factors which can help identify those children most at risk. Maternal factors, such as substance abuse and depression, may be potentially important constructs with regard to childhood suicidality and self-harm (e.g., Warner, Weissman, Fendrich, Wickramaratne, & Moreau, 1992).

Present Study

- The current study builds on previous LONGSCAN research investigating child suicidality (e.g., Thompson et al., 2005) by examining: (a) the association between child sexual abuse and child suicidality and thoughts of self-harm; (b) the association between maternal depression and substance abuse and child suicidality and self-harm; and (c) whether maternal depression and substance abuse provide unique variance above sexual abuse in the explanation of child suicidality and thoughts of self-harm.

RESULTS

- **Sexual abuse.** Chi-square analyses were run to identify associations between child sexual abuse and child suicidality and thoughts of self-harm. Results are presented in Table 1.
- **Maternal substance abuse.** Chi-square analyses were used to compare scores for thoughts of suicidality and self-harm between children whose mothers did or did not have a history of a drinking problem. Results are presented in Table 1.
- **Maternal depression.** Between-groups ANOVAs were run to analyze mean differences in maternal depression scores as they predict child suicidality and thoughts of self-harm. There were no significant associations between maternal depression and child-report of *wanting to harm yourself* or *wanting to kill yourself*.
- **Sexual abuse and maternal substance abuse.** The full model for the item pertaining to *wanting to hurt yourself* was significant ($X^2 = 22.657, p = .007$). Results are presented in Table 2. Specifically, the interaction between sexual abuse and maternal substance abuse significantly contributed to the full model after controlling for gender, ethnicity and SES. See Figure 1.
- The full model for the item pertaining to *wanting to kill yourself* was not significant ($X^2 = 9.590, p = .143$). There were no significant main effects for sexual abuse or maternal substance abuse after controlling for gender, ethnicity and SES.

METHOD

Participants

- Participants included 1,064 children (51.8% girls) drawn from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) Consortium.
- Children and their caregivers were interviewed every 2 years beginning at age 4. In the current study, data from the interview at age 8 were used to examine thoughts of self-harm and suicidality, and data from age 4 and age 6 interviews were used to analyze maltreatment and maternal variables.
- The sample was ethnically diverse: (26.9% White).

Measures

- **Modified Maltreatment Classification System (MMCS;** English & the LONGSCAN Investigators, 1997). In the current study, Child Protective Services allegations of child sexual abuse were used.
- **CAGE Alcohol Abuse Screening Measure (CAGE;** Ewing, 1984).
- **Center for Epidemiologic Studies Depression Scale (CES-D;** Radloff, 1977).
- **Trauma Symptom Checklist for Children-Alternate Version (TSCC-A;** Briere, 1996). Individual items used in this study include: *wanting to kill yourself* and *wanting to hurt yourself*. Both items were dichotomized to form 2 groups.

DISCUSSION

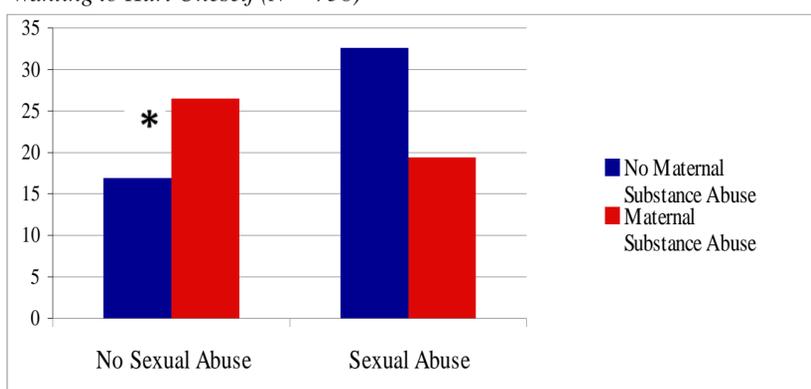
- Results of the current study indicate child sexual abuse was associated with child-report of wanting to self-harm. Further, we found a significant relationship between maternal substance abuse and child-report of wanting to hurt oneself. We did not find, however, a significant relationship between maternal depression and self-harm and suicidality. This is surprising, given the large body of literature that indicates maternal depression has a negative impact on children (e.g., Burge & Hammen, 1991).
- It is possible maternal substance abuse and depression create different types of challenges in interactions between mothers and their children. For example, research has shown substance-abusing mothers exhibit more violence and less consistency in taking care of their children than mothers who do not abuse substances (Gruber & Taylor, 2006).
- Future research should investigate self-harm and suicidality using comprehensive measures in order to obtain more information about these thoughts and behaviors.
- Children with histories of maltreatment or with substance-abusing mothers may benefit from screening for thoughts of suicidality and thoughts of self-harm so interventions, if necessary, can begin early in the development of these internalizing problems.

Table 1
Chi-square Analyses Predicting Thoughts of Suicidality and Self-harm
($N = 1,064$)

	X^2	p
Sexual abuse		
Wanting to hurt yourself	3.857	.050
Wanting to kill yourself	2.021	.155
Maternal substance abuse		
Wanting to hurt yourself	5.960	.015
Wanting to kill yourself	3.078	.079

Significant values are shown in boldface.

Figure 1
Interaction between Sexual Abuse and Maternal Substance Abuse Predicting Wanting to Hurt Oneself ($N = 758$)



* Note: $X^2 = 9.188, p < .05$

Table 2
Logistic Regression Analyses Examining Wanting to Hurt Oneself as a Function of Sexual Abuse and Maternal Substance Abuse ($N = 758$)

	B	SE	Wald	OR	95% CI
Step 1: $R^2 = .01, F = 9.66, p = .022$					
Gender	.09	.24	.24	1.09	.77-1.55
Ethnicity	.10	.06	3.26	1.10	.99-1.24
SES	.07	.03	5.52*	1.07	1.01-1.13
Step 2: $R^2 = .02, F = 11.43, p = .022$					
Gender	.09	.18	.27	1.10	.77-1.56
Ethnicity	.10	.06	3.12	1.11	.99-1.24
SES	.07	.03	5.24*	1.07	1.01-1.13
Sexual abuse	.39	.28	1.85	1.47	.84-2.56
Step 3: $R^2 = .02, F = 17.76, p = .003$					
Gender	.12	.18	.41	1.12	.79-1.60
Ethnicity	.10	.06	3.04	1.11	.99-1.24
SES	.07	.03	5.54*	1.07	1.01-1.13
Sexual abuse	.38	.29	1.76	1.46	.84-2.55
Maternal substance abuse	.46	.18	6.37*	1.58	1.11-2.26
Step 4: $R^2 = .03, F = 22.66, p = .001$					
Gender	.10	.18	.30	1.10	.77-1.58
Ethnicity	.10	.06	3.14	1.11	.99-1.24
SES	.07	.03	5.97*	1.07	1.01-1.14
Sexual abuse	.90	.36	6.41*	2.46	1.23-4.94
Maternal substance abuse	.60	.19	9.70**	1.82	1.25-2.66
Sexual abuse x maternal sub. abuse	-1.29	.60	4.64*	.27	.08-.89

* $p < .05$, ** $p < .01$

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