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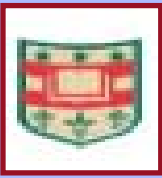
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CSA-associated Risk for Suicidal Behavior in Women Is Not Limited to Those with a History of Depression

Saaniya Bedi, Elliot C. Nelson, Michael T. Lynskey, Vivian V. McCutcheon, Pamela A.F. Madden, Kathleen K. Bucholz, Andrew C. Heath, and Nicholas G. Martin



Background

- A history of childhood sexual abuse (CSA) is associated with increased risk for adverse outcomes not limited to psychiatric disorders.
- Risk for suicidal behavior has been reported across studies.
- One difficulty complicating the interpretation of this association is the significant CSA-associated risk for psychiatric disorders also strongly associated with suicidality (e.g. depression, PTSD, alcohol and drug dependence).
- Gender differences in the effects of CSA on suicidal behavior have been studied; however, results of such studies are inconsistent as to the presence or absence of gender differences.

Methods

- Families were ascertained based on twins' responses to screening questions about CSA and physical abuse (PA) in a prior assessment of a population-based young adult Australian twin cohort (born 1964–1971).
- Initial design was to interview twins, siblings, and parents from 500 high-risk (one or both twins reporting a history of CSA and/or PA) and 500 control families (twins denied CSA and PA). Funding limitations necessitated a design change in which collection of twins from high-risk families were prioritized.
- Data here are from 2594 twins and full siblings from 524 high-risk and 373 control families.
- Participants were interviewed via telephone with a modified SSAGA from which lifetime diagnoses of MDD and PTSD were made and which included a section on suicidal behavior. Detailed childhood trauma history was obtained using the Christchurch Trauma Assessment.
- Data analyses were conducted in SAS with Huber-White robust variance indicators used to adjust 95% CIs for the presence of multiple members of individual families in the sample.

Purpose of Our Study

The current report examines gender differences in risk for suicidal behavior in individuals with a history of CSA.

Table 1: Prevalence of suicidal behavior by CSA status and gender

	Female			Male		
	Abused	Non-Abused	OR(95%CI)	Abused	Non-Abused	OR(95%CI)
MDD	49%	31%	2.11 (1.70-2.63)	41%	25%	2.15 (1.50-3.07)
Suicidal Ideation	41%	24%	2.24 (1.78-2.81)	49%	31%	2.21 (1.55-3.15)
Persistent Suicidal Thought	19%	8%	2.75 (2.02-3.76)	20%	12%	1.87 (1.18-2.98)
Suicidal Plan	15%	6%	2.95 (2.05-4.24)	22%	9%	2.93 (1.79-4.79)
Suicide Attempt	10%	3%	3.23 (2.09-4.99)	11%	4%	2.74 (1.42-5.28)
Multiple Suicide Attempts	5%	1%	4.65 (2.23-9.67)	3%	1%	2.23 (0.69-7.25)

Table 2: CSA associated risk controlling for MDD, Gender, & PTSD

	CSA (control for MDD & Gender)		CSA (control for PTSD, MDD & Gender)	
	OR	95% CI	OR	95% CI
	Suicidal Ideation	1.86	1.52-2.26	1.63
Persistent Suicidal Thought	1.87	1.44-2.42	1.55	1.16-2.07
Suicidal Plan	2.32	1.73-3.15	1.91	1.37-2.68
Multiple Suicide Attempts	2.78	1.50-5.15	2.01	0.93-4.34

Table 3: Results of multinomial logistic regression focusing on risks associated with Gender, CSA status and interaction

	MDD only		Suicide Attempt Only		MDD & Suicide Attempt	
	OR	95% CI	OR	95% CI	OR	95% CI
Female	1.37	1.09-1.72	0.2	0.07-.60	1.27	.68-2.37
CSA	1.9	1.29-2.79	1.51	.40-5.66	5	2.32-10.78
Female X CSA	1.11	.70-1.74	6.46	1.14-36.48	0.72	.29-1.84

Results

- Those who were abused had significantly higher prevalence of MDD and suicidal behavior than those who were non-abused. As suicidal outcome severity increased from suicidal ideation through multiple suicide attempts, the odd ratios tended to increase for females; odds ratios for males remained consistent regardless of outcome severity. (Table 1).
- To control for the significant association between CSA and MDD, additional analyses included control for MDD and gender. Even while controlling for MDD and gender, persistent CSA-associated risk was found for suicidal ideation, persistent suicidal thoughts, suicidal plan, and multiple suicide attempts. (Table 2).
- A significant interaction between sex and history of CSA that predicted suicide attempt outside of a lifetime history of MDD was seen. The odds ratio for risk of a suicide attempt in women with a history CSA attempting suicide, but no lifetime depressive episode, is 6.46 (95% CI 1.14 – 36.48). (Table 3).

Discussion

- In women, a history of CSA without a history of a lifetime depressive episode was associated with a 6-fold increased risk of lifetime suicide attempt. This finding differs from prior reports that instead observed that depression acts as a mediator between CSA and suicide (Silverman, Reinherz, & Giaconia, 1996).
- The strong relationship found in our study between sexual abuse and suicide attempts, even after controlling for depressive symptomatology is in agreement with other studies as well. (Martin et al., 2004; Sigfusdottir et al., 2007).
- These findings suggest that clinicians should be aware of the possibility of suicidal attempts in patients (primarily females) with a history of CSA that have never experienced a depressive episode.