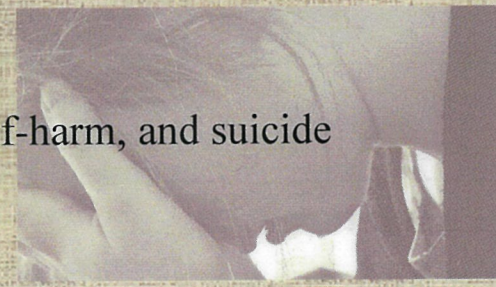


# Child Abuse & Youth Suicide Rates

Does significant childhood adversity lead to more depression, deliberate self-harm, and suicide attempts within NZ's younger generation?

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## Introduction

For New Zealand being such a beautiful first world country its suicide rate is alarmingly high when in parallel to other countries. We are ranked with the 14<sup>th</sup> highest overall suicide rate, putting us in the upper half of some of the highest rates in the world, and out of the 35 countries listed we are ranked third for highest rates of suicide in youth aged 15-24 (Ministry of Health, 2016). Although it's known that depression has a possible familial component I wanted to look deeper into the environmental influences that these young New Zealanders face, and to see if their childhood histories and experiences are something that inevitably shape their paths.



## Literature Review

There are several social factors that predispose children to abuse, such as: parental substance dependence, poor parental education status, poor socio-economic status, and domestic violence (Saha, Paul, Das, Dinda, Mukherjee, & Basu, 2013).

- One study compared non-abused vs. abused adolescents, which showed there was a conclusively larger proportion of suicidality and self-harm in those who were abused (Wherry, Baldwin, Junco, & Floyd, 2013).
- Young children who experience recurring abuse are particularly vulnerable to toxic stress, which is something that can affect the developing brain, and generally leads to mental health problems (Center on the Developing Child, 2007) – but what determines the varying outcomes is how the child handles the stress



## Findings

- 1) When young children aren't taught how to correctly handle stress, it can often lead to either externalised or internalized behaviours, and these behaviours dictate how they handle adversity and other situations in their later life.
- 2) When a child is abused, especially for a prolonged amount of time, they're a lot more likely to develop suicidal tendencies in their adolescent years, and this is one of the main reasons that intervention in these younger years is an integral thing



## Recommendations

Early intervention is needed for both parents and children in terms of mental health education → this means we can try stop the problems before they start & save money on resources. Parents need to:

- Be aware of the consequences their actions could potentially inflict on their child
- Be aware of, and be able to recognise the signs of depression and suicidality

Family therapy can also help in families better expressing their feelings in a constructive manner (Saha et al., 2013).

- Inability to control emotional outbursts is a risk factor in parents with a history of physically abusing their children, therefore family therapy can help teach them techniques of anger management, parenting skills, and non-physical discipline
- If a child has been abused they may need social skill training to teach them ways of handling negative social situations

***With early intervention, or even any intervention at all, we can change the pathway of these suicidal youth and stop the cycle before it carries on to further generations of children.***

## References

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- Ministry of Health. (2016). *Suicide Facts: Deaths and intentional self-harm hospitalisations: 2013*. Wellington: Ministry of Health
- Murray, C., MacDonald, S., & Fox, J. (2008). Body satisfaction, eating disorders and suicide ideation in an Internet sample of self-harmers reporting and not reporting childhood sexual abuse. *Psychology, Health & Medicine*, 13(1), 29-42.
- Saha, I., Paul, B., Das, D. K., Dinda, J., Mukherjee, A., & Basu, S. (2013). Repeated Abuse during Childhood and Adolescence Leading to Suicidal Behaviour in an Adolescent: A Case Report. *Journal Of Family Violence*, 28(2), 213-217. doi:10.1007/s10896-012-9481-x
- Wherry, J. N., Baldwin, S., Junco, K., & Floyd, B. (2013). Suicidal Thoughts/Behaviours in Sexually Abused Children. *Journal of Child Sexual Abuse*, 22(5), 534-551. doi:10.1080/10538712.2013.800938



	Information Relating to Question	Explanation
<b>Population</b>	Both men and women within the age group of 15-24 years old	This is the age group where suicide is generally most prevailing for both genders
<b>Exposure (Intervention)</b>	15-24 year olds who have experienced significant childhood adversity, and later on developed depression, have deliberately self-harmed, or attempted suicide	I will be looking at articles that have a retrospective or a prolonged look over the individuals life. This will enable to see what childhood adversities the people have encountered, and what mental health conditions/problems have developed post-adversity
<b>Comparison (Control)</b>	15-24 year olds who have not experienced significant childhood adversity, and have later developed depression, have deliberately self-harmed, or attempted suicide	I am interested to see if the suicide/mental health statistics remain the same regardless if they have had significant childhood adversity or not
<b>Outcome</b>	Higher or lower rates of suicide, depression, and deliberate self-harm between those who have experienced significant childhood adversities, and those who haven't	Since I'm wanting to know if childhood adversity leads to these mental health problems, I would hope to find that one has higher rates than the other (between the intervention and control variables)
<b>Time</b>	N/A	N/A

## Rationale

Creating a poster is a way of advertisement, and in this case I want to advertise and promote awareness of my clinical issue surrounding youth suicide rates and childhood adversity. I have chosen a poster presentation to represent this as posters are proven to be successful in increasing knowledge changing attitudes and behaviour (Ilic & Rowe, 2013). If a person is engaged by what they're looking at, and the information is easy to read, then the message is able to get across in a faster fashion – its also been stated that although superficial, the graphical design and physical appearance of the poster can determine its overall success in knowledge transfer (Ilic & Rowe, 2013). My core demographic group this poster is directed towards are health professionals who would be able to provide early intervention in mental health situations, but I am also producing it in hopes of creating greater awareness amongst the community about the impacts childhood adversity can have on their children's future mental wellbeing. With a poster I am able to target both these groups in a confronting yet simplistic way that will enable my message to get across effectively.

## References

Ilic, D., & Rowe, N. (2013). What is the evidence that poster presentations are effective in promoting knowledge transfer? A state of the art review. *Health Information & Libraries Journal*, 30(1), 4-12. doi:10.1111/hir.12015