SUICIDAL IDEATION AND ITS ASSOCIATION WITH CHILDHOOD MALTREATMENT AMONG UNDERGRADUATE STUDENTS OF FACULTY OF MEDICINE, SUEZ CANAL UNIVERSITY.

BY

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ABSTRACT

Introduction: Suicide is a major problem worldwide; its rate differs according to several factors. Childhood maltreatment was reported as an independent risk factor for suicide ideation. Medical professionals are considered at an increased risk for suicide ideation. **Aim of the work:** To study the suicidal ideation problem and its association with childhood maltreatment among undergraduate students in the Faculty of Medicine, Suez Canal University. **Subjects And Method:** A Descriptive, cross-sectional study, it was conducted on 216 medical students from the 6 academic years of the Faculty of Medicine, Suez Canal University. Psychiatric interview was scheduled for all participants. Beck Scale for suicide ideation (BSI) and Childhood Experience of Care and Abuse questionnaire (CECA.Q) were applied to all participants. **Results:** The mean age of the participants was 21.95±2.41 years, two thirds of them were females; the mass majority were single (90.3%). 37.5% of the participants had past suicidal ideations according to Beck Scale for suicide ideation. 46.8% of participants had experienced childhood maltreatment; they had experienced antipathy; neglect; physical abuse and sexual abuse with percent of 12.5%; 13.9%; 23.1% and 13% respectively. There were no significant associations between suicidal ideation and all socio-demographic characteristics. While there were significant association with participants' family history of debilitating physical illness, psychiatric disorder, suicide attempts and deaths due to suicide. **Conclusion:** Suicidal ideation was associated with physical abuse and multiplicity of childhood maltreatment among male participants. While, suicidal ideation was associated with history of children institutional care, separation from parents, antipathy and sexual abuse during childhood among female participants.

Keywords: *Suicide, Suicidal ideation, Childhood maltreatment, Child abuse.*

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INTRODUCTION

Suicidal ideation is a major mental health problem among adolescents all over the world ***(Kothgassner et al., 2021)***. Suicide is a major problem worldwide; it is considered the second cause of death in adolescents ***(WHO, 2019)***. Suicide may affect all social strata ***(Menezes et al., 2012).*** Suicide rate differs according to several factors as age, culture, religion, biological and social background ***(Ahmed et al., 2016; Sharma et al., 2007).***

Suicide is the final successful attempt, suicidal ideation is the first step for the fatal outcome of suicide ***(Vera et al., 2011).*** Previous studies reported that about half of planned suicidal attempts are preceded by suicidal ideation for one year ***(Osama et al, 2014; Joe et al., 2008)***.

Suicidal ideation means planning for suicide or even thinking about it ***(Menezes et al., 2012)***, early detection of suicidal ideation can help in taking the right actions to prevent suicide ***(Vera et al., 2011)***.

Child maltreatment increases the risk of mental health consequences ***(Berardelli et al., 2022)***, it has been reported as an independent risk factor for suicide ***(Bernegger et al., 2015).*** Childhood maltreatment is defined as "Abuse and neglect that affect children under the age of 18 years", it includes: neglect, emotional, physical and sexual abuse, which may result in harm to the child's health, development, survival and dignity. This harm may be actual harm or potential harm ***(WHO, 2020).*** Child maltreatment may result in higher levels of hopelessness and depression which in turn are

from the most prominent risk factors for suicide ***(Berardelli et al., 2022; Bruffaerts et al., 2010)***. Moreover, child maltreatment can play an important role in the transition from suicidal ideation to suicidal behavior ***(Van Bentum et al., 2022)***. Suicide may affect people in all professions, medical professions are considered at higher risk for suicidal ideation than their colleagues in other professions, as they are exposed to severe stress ***(Menezes et al., 2012; Vera et al., 2011; Alexandrino-Silva et al., 2009)***. Few studies have been conducted in the developing countries to study the magnitude of the problem of suicidal ideation and its risk factors among medical students ***(Menezes et al., 2012)***.

Aim of the work: To study the problem of suicidal ideation and its association with childhood maltreatment among undergraduate students in the Faculty of Medicine, Suez Canal University.

SUBJECTS AND METHODS

A Descriptive, Cross-sectional study was conducted on undergraduate students of the Faculty of Medicine, Suez Canal University, Egypt. Both genders and all academic years were included.

- Exclusion criteria: International students (due to cultural differences), students who have history of any psychiatric disorder; drug abuse; debilitating physical illness and recent major life stressor.

Stratified random sampling was the sampling methods used. Each academic year was considered as a distinct stratum. A random sample from each stratum (academic year) was selected in a number proportional to the ratio of each stratum (academic year) in proportion to the total study population.

The study included 216 Students from the 6 academic years in the Faculty of the Medicine, Suez Canal University.

Psychiatric interview was scheduled for all participants to exclude those having any psychiatric disorder other than affective disorders based on Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, DSM V criteria for psychiatric disorders ***(DSM V, 2013)***. Psychiatric interview was in extremely private settings.

- **Study Tools:**

Participants were given a self-administered questionnaire (in English) that includes Socio-demographic data checklist, Beck Scale for suicide ideation (BSI) and Childhood Experience of Care and Abuse questionnaire (CECA.Q). A pilot study was carried out on 10 students to explore the clarity and understanding of each question of the study questionnaire.

Socio-demographic data sheet includes Socio-demographic data, family history of (suicide attempt, death due to suicide, psychiatric disorders, drug addiction and debilitating physical illness).

Beck Scale for Suicide Ideation (BSI): It is a 21-item self-report instrument, it was used to assess suicidal ideation; to detect individuals' behavior and plan to commit suicide. The first 19 items graded from 0 to 2, sum of this rating is the total score that ranges from 0 to 38. The last two items assess previous suicide attempts and its seriousness. BSI has high internal reliability with Cronbach α = ranging from 0.87 to 0.97 ***(Beck et al., 1988).***

Childhood Experience of Care and Abuse Questionnaire (CECA.Q): it is a questionnaire version of the Childhood Experience of Care and Abuse interview. It covers parental loss, neglect, antipathy, physical and sexual abuse before the age of 17 years. The scale had 16 items: 8 relating to antipathy and 8 relating to neglect. Items are rated as a five-point scale from 1 to 5. The scale was validated with Cronbach's Alpha of antipathy and neglect being 0.80 and 0.81, respectively ***(Bifulco et al., 2005)***.

Approval of the Research Ethics Committee was obtained; confidentiality of data was preserved.

STATISTICAL ANALYSIS

Data analyses were performed using SPSS® Statistics version 25 (IBM Corporation, Armonk, NY, USA). Graph was created using Microsoft® Excel.

Continuous variables were summarized as the mean, standard deviation and range. Categorical variables were described as frequencies and percentages. Differences between frequencies in the groups were compared by Chi-square test or Fisher's exact test (if >20% of expected values were less than 5). P-value of less than 0.05 was considered statistically significant.

RESULTS

A total of 216 medical students were included in the study, their mean age was 21.95 (±2.41) years. Two thirds of participants were females, the mass majority were single (90.3%), only 17.1% of participants were living at rural areas, about 40% of the participants were in their final grade **(Table 1)**. More than half of the participants (58%) had two or less siblings, nuclear family was the predominate type of families among the study participants (93.5%).

About two thirds of participants' parents had completed at least their high school. Thirty-eight participants (17.6%) had a family history of psychiatric disorders, while 13 (6.0%) had a family history of suicidal attempts and four (1.9%) had a family history of death due to suicide (**Table 2**).

The study reported that 81 participants (37.5%) had past suicidal ideations (27 male, 54 female); 32 participants (14.8%) had past suicidal attempts (16 male, 16 female) according to Beck Scale for suicide ideation. It was also showed that 115 participants (46.8%) suffered from childhood maltreatment; the most prevalent type of maltreatment was physical abuse (23.1%) followed by neglect (13.9%), sexual abuse (13.0%) and antipathy (12.5%) **(Figure1).**

Table (1): Sociodemographic profile of the study participants (N=216)

Variable (N=216)	Frequency (%)
Age (years) *Mean (SD)* *Range*	21.95 (2.41) 18 – 26
Gender Male Female	 74 (34.3%) 142 (65.7%)
Marital Status Single Married Engaged	 195 (90.3%) 14 (6.5%) 7 (3.2%)
Residence Urban Rural	 179 (82.9%) 37 (17.1%)
Academic Year First Second Third Fourth Fifth Sixth	 23 (10.6%) 22 (10.2%) 35 (16.2%) 14 (6.5%) 37 (17.1%) 85 (39.4%)

Table (2): Family characteristics of the study participants (N=216)

Variable	Frequency (%)
Number of Siblings	
None	11 (5.1%)
1 – 2	114 (52.8%)
Three or more	91 (42.1%)
Birth order	
First	96 (44.4%)
Second	78 (36.1%)
Third	24 (11.1%)
Fourth	13 (6.0%)
Fifth/more	5 (2.5%)
Family Type	
Nuclear-Family	202 (93.5%)
Single-Parent	10 (4.6%)
Step-Family	1 (0.5%)
Others	3 (1.4%)
Maternal Education	
Read & write	2 (0.9%)
Elementary	2 (0.9%)
Intermediate	41 (19.0%)
High school	149 (69.0%)
Bachelor	22 (10.2%)
Paternal Education	
Read & write	4 (1.9%)
Elementary	1 (0.5%)
Intermediate	26 (12.0%)
High school	134 (62.0%)
Bachelor	51 (23.6%)
Family History:	
Drug addictions/ alcoholism	11 (5.1%)
Debilitating physical illness	29 (13.4%)
Psychiatric disorder	38 (17.6%)
Suicide attempts	13 (6.0%)
Death due to suicide	4 (1.9%)

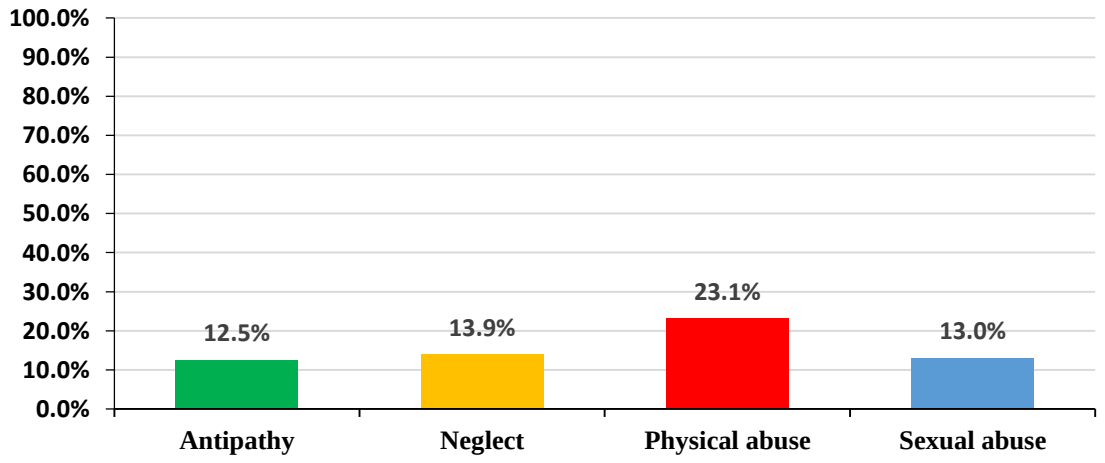

Figure (1): Distribution of childhood maltreatment among study participants (n=216)

Fifty participants (23.1%) experienced a single type of maltreatment while 51(23.6%) participants experienced multiple types. Our research showed that there were no statistically significant associations between suicidal ideation and all socio-demographic characteristics (age, gender, marital status, residence, or academic year) among study participants **(Table 3)**.

Regarding family characteristics, the study did not find association between suicidal ideation and number of siblings; birth order; family type or parental education. However, suicidal ideation was significantly associated with increased frequency of participants with family history of debilitating physical illness, psychiatric disorder, suicide attempts and deaths due to suicide **(Table 4)**.

Table (3): Association between suicidal ideation and socio-demographic characteristics (n=216)

Variable	Suicidal Ideation				*p*-value
	No		Yes		
	n	%	n	%	
	135	62.5 %	81	37.5 %	
Age (years), *Mean (SD)*	22.1 (2.5)		21.7 (2.3)		0.283
Gender					
Male	47	34.8%	27	33.3%	0.824
Female	88	65.2%	54	66.7%	
Marital Status					
Single	125	92.6%	70	86.4%	0.239
Married	6	4.4%	8	9.9%	
Engaged	4	3.0%	3	3.7%	
Residence					
Urban	109	80.7%	70	86.4%	0.284
Rural	26	19.3%	11	13.6%	
Academic Year					
First	15	11.1%	8	9.9%	0.400
Second	10	7.4%	12	14.8%	
Third	20	14.8%	15	18.5%	
Fourth	8	5.9%	6	7.4%	
Fifth	23	17.0%	14	17.3%	
Sixth	59	43.7%	26	32.1%	

** Statistically significant p-value (<0.05), Fisher's Exact Test.*

Table (4): Association between suicidal ideation and family characteristics (n=216)

Variable	Suicidal Ideation				*p*-value
	No (*n*=135)		**Yes** (*n*=81)		
	n	**%**	**n**	**%**	
	135	62.5 %	81	37.5%	
Number of Siblings					
None	8	5.9%	3	3.7%	0.578
1 – 2	68	50.4%	46	56.8%	
Three or more	59	43.7%	32	39.5%	
Birth order					
First	65	48.1%	31	38.3%	0.612
Second	46	34.1%	32	39.5%	
Third	15	11.1%	9	11.1%	
Fourth	6	4.4%	7	8.6%	
Fifth/more	3	2.2%	2	2.4%	
Family Type					
Nuclear-Family	128	94.8%	74	91.4%	0.126
Single-Parent	6	4.4%	4	4.9%	
Step-Family	1	0.7%	0	0.0%	
Others	0	0.0%	3	3.7%	
Family History:					
Addictions or	7	5.2%	4	4.9%	0.936
alcoholism	13	9.6%	16	19.8%	**0.035***
Debilitating physical	16	11.9%	22	27.2%	**0.004***
illness	4	3.0%	9	11.1%	**0.015***
Psychiatric disorder	0	0.0%	4	4.9%	**0.019***
Suicide attempt(s)					
Deaths due to suicide					
Maternal Education					
Read & write	2	1.5%	0	0.0%	0.478
Elementary	1	0.7%	1	1.2%	
Intermediate	25	18.5%	16	19.8%	
High school	90	66.7%	59	72.8%	
Bachelor	17	12.6%	5	6.2%	
Paternal Education					
Read & write	3	2.2%	1	1.2%	0.164
Elementary	0	0.0%	1	1.2%	
Intermediate	18	13.3%	8	9.9%	
High school	77	57.0%	57	70.4%	
Bachelor	37	27.4%	14	17.3%	

**Statistically significant p-value (<0.05), Fisher's Exact Test.*

Concerning the association between suicidal ideation and childhood adversities/ maltreatment stratified by gender. The study found that suicidal ideation was significantly associated with physical abuse during childhood and multiplicity of childhood maltreatment among male participants, while suicidal ideation was significantly associated with history admission to children institutional care, separation from parents, antipathy and sexual abuse during childhood among female participants **(Table 5).**

Table (5.): Association between suicidal ideation and childhood maltreatment by gender (n=216)

Variable	Male Suicidal Ideation					Female Suicidal Ideation				
	No (*n*=47)		**Yes** (*n*=27)		***p*-value**	**No** (*n*=88)		**Yes** (*n*=54)		***p*-value**
	No	%	No.	%		No	%	No	%	
Childhood adversity										
Institutional care										
No	47	100%	27	100%	NA	87	98.9%	49	90.7%	**0.030***
Yes	0		0			1	1.1%	5	9.3%	
Parental Loss										
None	46	97.9%	26	96.3%	0.6	86	97.7%	53	98.1%	1
One parent	1	2.1%	0	0.0%		2	2.3%	1	1.9%	
Both parents	0	0.0%	1	3.7%		0		0		
Parental separation										
None	42	89.4.%	22	81.5%	0.208	81	92.0%	46	85.2%	**0.043***
One parent	5	20.8%	3	11.1%		7	8.0%	4	7.4%	
Both parents	0	0.0%	2	7.4 %		0	0.0%	4	7.4%	
Childhood maltreatment										
Antipathy										
None	43	91.5%	24	88.9%	1	85	96.6%	44	81.5%	**0.004***
One parent	3	6.4%	2	7.4%		3	3.4 %	7	13.0%	
Both parents	1	2.1%	1	3.7%		0	0.0%	3	5.5 %	
Neglect										
None	41	87.2%	21	77.8%	0.253	83	94.3%	48	88.9%	0.304
One parent	3	6.4 %	5	18.5%		5	5.7%	5	9.3 %	
Both parents	3	6.4%	1	3.7%		0	0.0%	1	1.8%	
Physical abuse										
No	38	80.9%	14	51.9%	**0.016***	73	83.0%	41	75.9%	0.385
Yes	9	19.1%	13	48.1%		15	17.0%	13	24.1%	
Sexual abuse										
No	41	87.2%	22	81.5%	0.516	82	93.2%	43	97.6%	**0.030***
Yes	6	12.8%	5	18.5%		6	6.8 %	11	2.4 %	
Multiplicity of maltreatment										
None	24	51.1%	6	22.2%	**0.038***	62	70.5%	23	42.6%	**0.001***
Single	12	25.5%	9	33.3%		17	19.3%	12	22.2%	
Multiple	11	23.4%	12	44.4%		9	10.2%	19	35.2%	

** Statistically significant, p-value (<0.05), Fisher's Exact Test.*
NA = Statistical significance testing is not applicable.

DISCUSSION

Suicide is a serious public health problem; it is usually preceded by suicidal ideation; early detection of suicidal ideation can help in suicide prevention. Medical students are considered a high-risk group for suicide as they are subjected to stress all over the duration of their study ***(Menezes et al., 2012).***

Current research demonstrates that 37.5% of participants had suicidal ideations; 14.8% had a previous suicidal attempt. These results are in line with a previous study in Pakistan that reported a percentage of 31.4% suicidal *ideation* ***(Khokar and Khan, 2005).*** These findings are higher than that of a previous Egyptian study which reported a percentage of 12.8% of suicidal ideation and 3.6% of previous suicidal attempt ***(Ahmed et al., 2016),*** also it is higher than that was conducted in Nepal which reported 10.7% of suicidal ideation ***(Menezes et al., 2012).***

This may be related to exposure of medical students to many sources of distress all over their study duration, as being in contact with death, debilitating illnesses and being at risk of infection ***(Alexandrino-Silva et al., 2009).***

Despite that the percent of suicidal ideation is relatively high; the percent of previous suicidal attempt is less than half that of ideation. This may be explained by that Egypt is an Islamic country; suicide is forbidden by Islam; the concept of suicide is discouraged socially ***(Khokar and Khan, 2005).*** This high rate of suicidal ideation cannot be generalized to the general population, as the study group is under continuous stress all over their study duration.

This study revealed that suicidal ideation among female participants is twice than that among male participants. This result is in the same line with previous studies that reported higher rate of suicide in females ***(Khokar and Khan, 2005).*** This variation may be due to that female medical student are more susceptible to depression than their male colleagues. On the other hand, ***Omigbodun et al. (2008),*** did not report any gender differences in suicidal ideation**.**

Current research shows that there is not association between suicidal ideation and all socio-demographic parameters among study participants. These findings are in the same line with a recent metanalysis which reported that childhood maltreatment is associated with 2-to-3-fold increased risk of suicidal ideation and suicidal attempts among adults. This high risk is independent of socio-demographic and methodological differences across studies ***(Angelakis et al., 2019; Rodriguez et al., 2006)***. Other studies revealed that there is increase in the rate of suicide in cases of socio-economic instability and financial loss ***(Sharma et al., 2007).*** On the other hand, a previous study reported higher rate of suicide among youth who live in urban areas ***(Omigbodun et al., 2008).***

This study reported an association between suicidal ideation and family history of debilitating physical illness, psychiatric disorder, suicide attempts and deaths due to suicide. This result is in the same line with a previous study which reported an association between suicidal ideation and stressful life events, stress is considered a major risk factor of suicidal ideation as it may leads to depression ***(Osama et al., 2014).*** This may be related to the fact that parental illness may increase susceptibility of genetic transmission of the mental illness, also having a debilitating parent may have an environmental influence on the child ***(Stansfeld et al., 2017).***

Current study reported association between suicidal ideation and physical abuse during childhood among male participants. These results are in agreement with a previous study that reported childhood maltreatment as a risk factor for suicide ***(Zelazny et al., 2021).*** Some studies reported higher risk for suicide among those who were exposed to more than one type of abuse ***(Anderson et al., 2002).*** This may be related to that exposure to childhood maltreatment can affect genetic factors and may result in altered hormonal response to various stressful events ***(Stansfeld et al., 2017).***

Current study reported significant association between suicidal ideation and history of

admission to children's institutions, separation from parents and antipathy. This is in the same line with a previous study which reported high odds ratio for suicidal ideation in cases of uncaring parental attitude ***(Jeon et al., 2009),*** other studies revealed that family cohesion and connectedness were associated with lower rate of suicidal ideation. Females with perceptions of low social cohesion were at higher risk of suicidal ideation ***(Carter et al., 2007; Springer et al., 2006; Sun et al., 2006).***

Also, the study revealed association between suicidal ideation and sexual abuse during childhood among female participants. In a review of literature on childhood abuse and self-injury in adulthood, Santa Mina and Gallop declared that trauma of sexual nature and invasive severity is more likely to consequentially lead to suicidal behavior ***(Minna and Gallop, 1998).*** This may be related that sexual abuse is associated with feelings of shame, internal attributions of blame, this may increase vulnerability to self-harm and suicide (***Feiring and Taska, 2005; Seedat et al., 2005; Quas et al., 2003).*** **Kilborne, 1999** theorized that exposure to a traumatic event (e.g., violence, harsh punishments, sexual abuse, neglect) during childhood and remaining in direct contact with the perpetrator may result in the experience of helplessness. The child may be traumatized and shamed by the situation of that the caregiver being an abuser, as the child cannot seek help and feels safe with the individual who causes trauma ***(Kilborne, 1999).***

CONCLUSION

This study reported that about one thirds of the participants had past suicidal ideation; 14.8% had past suicidal attempt. The study did not reported association between suicidal ideation and number of siblings; birth order; family type or parental education. However, it reported that suicidal ideation was significantly associated with increased frequency of participants with family history of debilitating physical illness, psychiatric disorder, suicide attempts and deaths due to suicide.

It also reported association between suicidal ideation with physical abuse and multiplicity of childhood maltreatment among male participants. While, suicidal ideation was associated with history of children institutional care, separation from parents, antipathy and sexual abuse during childhood among female participants.

Limitations of the study:

- Study participants were medical students, this limits results generalizability to other adolescents from diverse backgrounds.
- Participants were well-educated and financially stable adolescents which might affect the number of those who experience physical or sexual abuse.
- Childhood maltreatment was measured only with self-report measures that is subjective and vulnerable to biases.

RECOMMENDATIONS

- Future studies upon larger group of young adults from different backgrounds.
- Early detection of suicidal ideation on time may help in taking the proper interventions and controlling deaths by suicide.
- Interventional programs should be conducted to counteract the problem of suicide among medical students throughout their academic study.

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التفكير الانتحاري وارتباطه بسوء المعاملة أثناء مرحلة الطفولة بين طلبة كلية الطب ـجامعة قناة السويس

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المقدمة: تعد مشكلة الانتحار من أكثر المشاكل انتشارا على المستوي العالمي؛ يعتمد معدل الانتحار على العديد من العوامل. هذا ويعد سوء المعاملة أثناء الطفولة أحد عوامل التفكير الانتحاري، كما يعتبر العاملون بالمهن الطبية أكثر عرضة للتفكير الانتحاري مقارنة بنظائرهم في المهن الأخرى.

هدف الدراسة: دراسة مشكلة التفكير الانتحاري وارتباطه بسوء المعاملة أثناء الطفولة لدى الطلبة بكلية الطب جامعة قناة السويس.

طريقة البحث: أجريت هذه الدراسة الوصفية على عدد ٢١٦ طالب من طلاب كلية الطب بجامعة قناة السويس. تم تحديد موعد للمقابلة مع الطلاب المشاركين في الدراسة حيث خضع الطلاب المشاركين للتقييم باستخدام مقياس بيك للأفكار الانتحارية (BSI)، كما خضعوا لاستبيان الإساءة إليهم أثناء مرحلة الطفولة (CECA.Q). **النتائج:** كان متوسط أعمار الطلاب المشاركين ٢٢ ± ٢.٤ سنة، ثلثيهم من الإناث. وقد ووجد أن ٣٧.٥ ٪ من الطلاب المشاركين لديهم أفكار انتحارية وفقًا لمقياس بيك للأفكار الانتحارية. وأن٤٦.٨ ٪ منهم قد سبق وتعرضوا لسوء المعاملة في مرحلة الطفولة. كما عانوا من الكراهية، الاهمال، الاعتداء الجسدي والجنسي بنسب ١٢.٥٪، ١٣.٩٪، ٢٣.١٪ ١٣٪ على التوالي. لم تثبت الدراسة وجود ارتباطات ذات دلالة إحصائية بين التفكير الانتحاري وجميع الخصائص الاجتماعية والديموغرافية للمشاركين. بينما كان هناك ارتباط مع التاريخ العائلي للمشاركين من حيث: الأمراض المنهكة جسديا، الاضطرابات النفسية، محاولات الانتحار، الوفاة بسبب الانتحار.

الخلاصة: تخلص الدراسة إلي أن هناك ارتباط بين التفكير الانتحاري وكلا من: الإيذاء الجسدي وتنوع طرق سوء المعاملة في مرحلة الطفولة بين المشاركين الذكور. بينما يوجد ارتباط بين التفكير الانتحاري وكل من: وجود المشارك في دار لرعاية الأطفال أثناء طفولته، والانفصال عن إحدى الوالدين أو كلاهما، والكراهية والاعتداء الجنسي أثناء الطفولة بين المشاركات الإناث.