

RESEARCH ARTICLE

The Relationship between Child Abuse and the Risk of Suicidal Ideation among Adolescents in Bandung City

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Abstract

The 2015 United Nations Children's Fund (UNICEF) report stated that violence against children occurs widely in Indonesia, and from the results of monitoring by the Indonesia Child Protection Commission (*Komisi Perlindungan Anak Indonesia*, KPAI), the increase in the number of violence against children has increased significantly from 2011 to 2015. The impact of violence on children is vast, including the increased risk of suicidal behavior. This research employed a cross-sectional method with adolescents aged 13–18 years in Bandung city. Subject selection was conducted using the consecutive sampling method. The history of violence was measured using the IPSCAN Child Abuse Screening Tool for Children (ICAST-C) Indonesian language version, and the risk of suicide ideation was calculated using the early detection of adolescent suicide ideation risk factors instrument. Data analysis uses the chi-square method and the t-independent test (unpaired). This research was conducted during the COVID-19 pandemic, and the researcher collected data online. The study was conducted in Bandung city. Data collection was carried out from May to June 2020. The results of 69 adolescents in Bandung city were 72% (50 adolescents) who experienced at least 1 type of violence, and 36% (25 adolescents) had suicidal thoughts. Teens who had experienced violence were 16.6 times more likely also to have suicidal ideation. The conclusion was found that there was a meaningful relationship between child abuse and the risk of suicidal ideation in adolescents in Bandung city.

Keywords: Adolescents, child abuse, suicidal ideation

Introduction

Law Number 23 of 2002 concerning Child Protection explains that children are the potential and younger generation to succeed in the ideals of the nation's struggle, play a strategic role, and have the potential to ensure the continuity of the country's and state's existence in the future.¹ A child is someone who is not yet 18 (eighteen) years old, including a child who is still in the womb, while a teenager is someone between 10–18 years old.²

Children and adolescents need the broadest possible opportunities to grow and develop optimally, both physically, mentally, and socially. Child protection is all activities that guarantee and protect children and their rights so that they can live, grow, develop, and participate optimally in dignity and receive protection from violence and discrimination.³

Violence against children and adolescents is a global problem and can have a devastating impact on children. According to Law Number 35 of 2014, child abuse is any act against a child that results in physical, psychological, or sexual misery or suffering and/or neglect.⁴ These adverse psychological, physical, and social consequences can have a lasting impact on childhood and the development of adult life, persisting into old age.⁵ The World Health Organization (WHO) stated that in an international study, it was found that a quarter of adults reported that they had experienced physical violence during their childhood.⁶ According to a previous study, approximately 50% or an estimated more than 1,000,000 children in the world aged 2–17 years experienced physical, sexual, emotional, and neglect violence in Africa, Asia, and the Americas in 2016.⁷ The United Nations Children's Fund (UNICEF) report in 2015 stated that violence

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against children is widespread in Indonesia. Forty percent of 13–15-year-olds report having been physically assaulted.⁸ According to the Violence Against Children Survey (*Survei Kekerasan terhadap Anak*, SktA) in Indonesia in 2013, a total of 38.6% of boys and 20.5% of girls aged 13–17 years experienced at least one type of sexual, physical, or emotional violence.⁹

From the results of the monitoring of the Indonesia Child Protection Commission, the increase in the number of violence against children increased significantly from 2011 to 2015. The number of violence against children in 2011 was 2,178 cases; in 2014, there were 5,066 cases; and in 2015 until April, there were 6,006 cases. The city of Bandung ranked second, with 4,605 cases.¹⁰

The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) defines suicidal ideas as thoughts about self-harm, with deliberate consideration or planning of possible techniques of causing one's death. This suicidal ideation also increases in adolescents with a history of violence in childhood.¹¹ Emotional violence and child neglect can also predict a high risk for suicidal behavior in adolescents. Suicidal ideation in adolescents is often triggered by situations that occur in the family.¹² Adolescents with a history of sexual violence had suicidal ideation and attempts more often than children who were not victims of violence.¹³ The risk of suicide is 15 times greater in victims of sexual violence. The variability of suicidal behavior tendencies differed between individuals, cultures, nationalities, and ethnicities.¹⁴ In Indonesia, no research directly links violence against children and suicide, so this research needs to be conducted.

This study aims to explore the relationship between different types of child abuse (physical, sexual, emotional, and abandonment) and the risk of suicidal ideation among adolescents in Bandung city.

Methods

This research employed a cross-sectional method with adolescents aged 13–18 years in Bandung city. Data collection was carried out from May to June 2020. Subject selection was conducted using the consecutive sampling method, which followed the order of questionnaire completion. The subjects who did not complete the

questionnaire were excluded. The total number of questionnaires deemed complete and meeting the inclusion criteria was 69 respondents.

Data collection was carried out using two types of instruments in this study. The instrument used to detect child abuse is the Child Abuse Screening Tool for Children (ICAST-C) Discipline Questionnaire, which Dhamayanti et al.¹⁵ has validated with an overall reliability value (Cronbach's alpha) of 0.919. For the risk assessment of suicidal ideation, the early detection instrument for adolescent suicide ideation risk factors by Yusuf,¹⁶ with an overall reliability value (Cronbach's alpha) of 0.9 and a value of validity of 0.812. The researcher performed scoring calculations to obtain a definitive interpretation of the questionnaire results. This research was conducted during the COVID-19 pandemic, so the researcher collected data online using a Google Form.

The data obtained from the questionnaire will be processed statistically, descriptively, and analytically using computer software programs. Descriptive analysis will use calculations using numbers and percentages. The reference for decision-making on the relationship between child abuse and suicide risk in adolescents was carried out by a simple correlation analysis of the t-test. Meanwhile, statistical analysis will be used to determine the role of each type of violence on suicide risk in students. The analysis used is logistic regression.

Informed consent was obtained from the respondents and their parents before they completed the form. The license number for the use of early detection instruments risk factors for adolescent suicide ideation: KET-287/UN2. F10. D/PPM.0/2020, research license number from the National and Political Unity of Bandung city: 070/562/v-2020/BKBP, and the number of ethical approvals from Universitas Padjadjaran is 34/UN6.KEP/EC/2020.

Results

Characteristic variables do not have a meaningful relationship with child abuse experienced ($p > 0.05$). Overall, both violent and non-violent are equal (Table 1).

As many as 45% (31) of adolescents experienced psychological violence and physical violence, as many as 6% experienced sexual violence, and

Table 1 Characteristics of Research Subjects

| Characteristics | Violence | | OR | 95% CI (Min–Max) | p |
|----------------------------------|-----------------------|---------------------------|-------|---------------------|-------|
| | Available n=50 (%) | Not Available n=19 (%) | | | |
| Gender | | | | | |
| Boys | 16 (32) | 8 (42) | 0.647 | 0.218–1.920 | 0.431 |
| Girls | 34 (68) | 11 (58) | | | |
| Age (years) | | | | | |
| 13–16 (early–middle adolescence) | 24 (48) | 9 (47) | 1.026 | 0.356–2.954 | 0.963 |
| 17–18 (late adolescence) | 26 (52) | 10 (53) | | | |
| Siblings | | | | | |
| 0–3 (small family) | 41 (82) | 16 (84) | 0.854 | 0.205–3.565 | 0.829 |
| >3 (big family) | 9 (18) | 3 (16) | | | |
| Parents' marital status | | | | | |
| Married | 41 (82) | 16 (84) | 1.171 | 0.281–4.886 | 0.829 |
| Divorce/single parent | 9 (18) | 3 (16) | | | |
| Religion | | | | | |
| Islam | 46 (92) | 17 (89) | 1.353 | 0.227–8.073 | 0.739 |
| Christian/Catholic | 4 (8) | 2 (11) | | | |
| Ethnic | | | | | |
| Sundanese | 42 (84) | 18 (95) | 0.292 | 0.034–2.506 | 0.237 |
| Javanese/Batak/others | 8 (16) | 1 (5) | | | |
| Father's education | | | | | |
| Not high school graduated | 12 (24) | 5 (26) | 0.884 | 0.264–2.965 | 0.842 |
| High school graduated | 38 (76) | 14 (74) | | | |
| Mother's education | | | | | |
| Not high school graduated | 18 (36) | 10 (53) | 0.506 | 0.174–1.476 | 0.209 |
| High school graduated | 32 (64) | 9 (47) | | | |
| Father's income | | | | | |
| Irregular income | 15 (30) | 7 (37) | 0.735 | 0.242–2.232 | 0.586 |
| Fixed income | 35 (70) | 12 (63) | | | |
| Mother's income | | | | | |
| Irregular income | 37 (74) | 17 (89) | 0.335 | 0.068–1.651 | 0.164 |
| Fixed income | 13 (26) | 2 (11) | | | |
| Violence exposure | | | | | |
| Yes | 12 (24) | 2 (11) | 2.684 | 0.541–3.328 | 0.214 |
| No | 38 (76) | 17 (89) | | | |

36% (25) experienced neglect. Overall, there were 72% who experienced at least 1 type of violence (Table 2).

The research subjects who had the risk of suicidal ideation and also had experience with violence were 96%, while those who did not know about violence were 4%. The relationship between violence and suicide risk has an OR of 16.615, which means that adolescents who have experienced violence have a 16.6 times greater risk of having suicidal ideation than adolescents without experience of violence. A p-value is 0.001,

indicating a significant relationship between the two variables (Table 3).

Table 4 shows that psychological violence and neglect have a significant relationship with suicidal ideation. These two types of violence have $p < 0.05$. Adolescents who experienced psychological violence had a 6.1 times higher risk of having suicidal ideation than adolescents who did not experience psychological violence, and adolescents who experienced 71 cases of neglect had a 5.1 times higher risk of having suicidal ideation than adolescents who did not experience

Table 2 Prevalence of Violence

| Variables | Available n=50 (%) | Not Available n=19 (%) |
|--------------------------------|-----------------------|------------------------------|
| Psychological violence | 31 (45) | 38 (55) |
| Physical violence | 31 (45) | 38 (55) |
| Sexual violence | 4 (6) | 65 (94) |
| Neglect | 25 (36) | 44 (64) |
| All (at least one violence) | 50 (72) | 19 (28) |

neglect. Physical violence and sexual violence had no relationship with the risk of suicidal ideation ($p>0.05$).

Discussion

In our study, it was found that the research subjects who had a risk of suicidal ideation and also had a violent experience were 96% (24 adolescents).

In comparison, those who did not have a violent experience were only 4% (1 teenager). An odd ratio of 16.615 was obtained, which means that adolescents who have experienced violence have a 16.6 times greater risk of also having suicidal ideation than adolescents who do not have experienced violence. This follows a previous study, which stated that 80% of respondents who had suicidal ideation, even attempted suicide, had a history of violence against children. In this study, it was also found that a history of violence increased the risk of suicide attempts by 1.77 times.¹⁷ This is also similar to the previous study, which states that physical, emotional, sexual, and neglect violence are risk factors related to suicidal ideation and behavior in adolescents.¹⁸

In general, prevention of violence against children can be done by providing intervention to parents. It is related to poor parenting and dysfunctional parental treatment (e.g., excessive physical discipline, failure to meet the basic needs of children, substance abuse, and partner

Table 3 Ideation of Suicide Prevalence

| Characteristics | Ideation of Suicide | | OR | 95% CI (Min–Max) | p |
|-----------------|---------------------|---------------------|--------|---------------------|-------|
| | At Risk n=25 (%) | No Risk n=44 (%) | | | |
| Yes | 24 (32) | 26 (59) | 16.615 | 2.058–134.160 | 0.001 |
| No | 1 (4) | 18 (41) | | | |

Table 4 Relationship between Types of Violence and Suicide Ideation in Adolescents

| Violence | Ideation of Suicide | | OR | 95% CI (Min–Max) | p |
|------------------------|-----------------------|------------------------------|-----|---------------------|-------|
| | Available n=25 (%) | Not Available n=44 (%) | | | |
| Psychological violence | | | | | |
| Yes | 18 (72) | 13 (30) | 6.1 | 1.8–21.3 | 0.001 |
| No | 7 (28) | 31 (70) | | | |
| Physical violence | | | | | |
| Yes | 15 (60) | 16 (36) | 2.6 | 0.8–8.2 | 0.06 |
| No | 10 (40) | 28 (64) | | | |
| Sexual violence | | | | | |
| Yes | 3 (12) | 1 (2) | 5.9 | 0.4–314.7 | 0.1 |
| No | 22 (88) | 43 (98) | | | |
| Neglect | | | | | |
| Yes | 15 (60) | 10 (23) | 5.1 | 1.5–16.9 | 0.00 |
| No | 10 (40) | 34 (77) | | | |

violence). This can be overcome by improving parenting skills, increasing parental knowledge about children's development and behavior, and offering supportive interventions to parents. It is hoped that better parental knowledge and upbringing will be able to prevent children from having suicidal ideation or changes in parenting behavior that they have been doing so far.¹⁹

In our study, it was found that adolescents who experienced psychological violence had a 6.1 times higher risk of having suicidal ideation than adolescents who did not experience psychological violence. This finding is in line with a previous study, which stated that their research found that psychological violence was related to suicidal thoughts and behaviors and increased the risk of having suicidal ideation and attempting suicide by 22.71 times.²⁰ A study on psychological violence and suicidal ideation in adolescents in China against 909 adolescents reported that suicidal ideation in adolescents was positively correlated with psychological violence.²¹

In our study, suicidal ideation was shown to be related to neglect. Adolescents who experienced neglect had a 5.1 times higher risk of having suicidal ideation than adolescents who did not experience neglect. Hadland et al.'s²² study involving 660 street adolescents in Vancouver, Canada, stated that neglect is related to suicidal ideation and attempts, and adolescents with a history of neglect have a risk of 3.08 to commit suicide attempts. In another study by Kwok and Gu²³ on 910 adolescents in China, it was found that adolescents with a history of neglect had more robust suicidal ideation than adolescents without a history of neglect.

In this study, there was no association between physical violence and the risk of suicidal ideation. This finding is in line with research in Northern Irish, which reported that there is no correlation between physical violence and suicidal ideation or behavior.²⁴ Research in Brazil suggests a similar thing: there is no correlation between physical violence and suicidal ideation and behavior. Physical violence in childhood is negatively associated with neuroticism. So physical violence is not related to symptoms of depression, which is a mediator as the onset of suicidal ideas or behaviors.²⁰

In this study, there was also no association between sexual violence and the risk of suicidal

ideation. This result is not in line with most literature that suggests that sexual violence dramatically increases the risk of suicidal ideation or behavior.^{13,25} One of them is a study in Hong Kong reported that there is a relationship between sexual violence and suicidal ideation. Children with a history of sexual violence have a 6.48 percent greater risk of having suicidal ideation and behavior than the general population.²⁵ This can result from the small number of samples. The study only got four respondents who experienced sexual violence. The results of the study may be different if a sample of respondents with exposure to sexual violence is obtained in a large amount.

Experiences of violence against children are a significant risk factor for jealous homicidal ideation and behavior. A hostile and messy internal and external environment of the family increases a person's risk of committing suicidal behavior. Research proves that low-income family functioning, including the occurrence of conflicts in the family, lack of closeness between family members, lack of attachment to parents, and parental psychopathology, are risk factors for the occurrence of suicidal ideation and behavior. By improving conditions in the family, the risk of suicidal ideas and behaviors will also decrease.¹²

The limitations of this study do not eliminate confounding factors that may cause research bias, such as neurological, environmental, cognitive, behavioral, and emotional factors. This can serve as input for further research to consider these factors, thereby enhancing the validity and accuracy of the study.

Conclusions

Child abuse has a significant relationship with the risk of suicidal ideation. Teens who had experienced violence had a 16.6 times greater risk of also having suicidal ideation than teens without violent experiences.

Conflict of Interest

The author stated that there was no conflict of interest.

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