

Innovative Research Program on Suicide Countermeasures in FY2020: Report on Commissioned Research Results

Field 3: Developing new policy areas

Topic number : 3-2

Research topic:

Study on Enhancement and Improvement of Psychological Care/Support for People with Traumatic Experience of Disaster and/or Child Abuse

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Summary:

Childhood adversity (maltreatment) has been shown to increase the risk of developing psychiatric disorders such as depression and post-traumatic stress disorder (PTSD), as well as to increase the risk of suicide. Although there is a link between the two events of childhood adversity and suicide, little has been done to study effective interventions including prevention and treatment, which may be due in part to the time gap between the two events. The purpose of this study was to clarify the impact of childhood abuse on suicide risk in adult PTSD patients and to identify protective factors that reduce the impact of abuse on suicide risk.

To date, 69 patients with PTSD and 139 healthy controls have participated in the study. All participants were female, and their average age was in their late 30s. Structured interviews by psychiatrists or clinical psychotherapists and validated self-administered questionnaires were used to confirm the diagnosis and to assess PTSD symptoms, childhood abuse experiences, depressive symptoms, coping strategies, resilience, and suicide risk. Childhood maltreatment was assessed by the Childhood Trauma Questionnaire (CTQ), and suicidal ideation was assessed by item 9 of the Beck Depression Inventory-II (BDI-II). Most of the patients developed PTSD as a result of interpersonal violence, and 43 of 69 (62%) had major depressive disorder (MDD).

Statistical analysis revealed that PTSD patients had significantly more childhood maltreatment and had significantly stronger suicidal ideation than healthy controls. The median total CTQ score for childhood abuse in the patient group was 60.0 (25-75th percentile: 39.5-75.0), while the score for the healthy control group was 34.0 (29.0-41.0). Regarding suicidal ideation assessed by item 9 of BDI-II (0-3, a four-point Likert scale), 24 of 69 patients (34.8%) responded that "2: I would like to kill myself" or "3: I would kill myself if I had the chance", which would indicate high-risk groups for suicide attempts. In healthy controls, the number of those who selected "2: I would like to kill myself" or "3: I would kill myself if I had the chance" was 0 out of 139.

Suicidal ideation was found to be significantly stronger in PTSD patients with MDD than in those without (Mann-Whitney $U = 793.0$, $p = 0.002$). Suicidal ideation in PTSD patients was associated with emotional abuse ($r = 0.313$, $p < 0.01$), sexual abuse ($r = 0.335$, $p < 0.01$), emotional neglect ($r = 0.270$, $p < 0.05$), and physical neglect ($r = 0.339$, $p < 0.01$).

Patients' suicidal ideation was significantly associated with lower resilience, social support (number of people to consult), and less "positive interpretation" and "catharsis" as coping strategies. In addition, childhood emotional abuse and emotional neglect were significantly associated with less social support in PTSD patients.

The results of this study indicate that the experience of childhood abuse as well as the comorbidity of depression is an important risk factor for suicide in PTSD patients. Patients had low social support, and

low social support was associated with suicidal ideation. It has been reported that some percentage of individuals with childhood adversity may have weakened internal social support, such as lower self-esteem and feelings/habits of not being able to rely on others for reassurance. In addition, such people often have weakened external social support, such as a lack of people around them to rely on due to difficulties in family and other interpersonal relationships. These results suggest the importance of increasing social support including the provision of social resources, which is diluted by the experience of abuse. The results also indicate that interventions that help patients recover from difficulties, develop resilience, and increase adaptive coping strategies may lead to a reduction in suicide risk. In this research project, we have also performed blood sampling from each participant to measure the levels of stress hormones and inflammatory markers; In the future, it is necessary to clarify the risk and protective factors of suicide from a more comprehensive perspective, for example by using these biomarkers.