

## CHILDHOOD SUICIDE ATTEMPTS AND ITS SOCIO-PSYCHOLOGICAL IMPACT AT ADULTHOOD

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### Abstract

*It is an undeniable fact that suicidality prevails among children. Along with its immediate impact on survivors there also prevail long terms impacts. In this connection, this study aims investigate the impact of childhood suicide attempt on the life as a young adult. This study is framed under mix-method research design. The term child is defined in this study as an individual aging below 18 years of age. A multifaceted sampling approach was adopted for the current study i.e. snowballs and purposive sampling whereby a total 46 among 49 identified samples was studied. Three questionnaires i.e., Behavior Assessment Questionnaire, Schat, Kelloway and Desmarais (2005) for physical health and for assessing relationship status Hendrick (1988) questionnaires were adopted. In addition to it, 6 respondents among 46 upon their consent were interviewed to gain an in-depth insight. Descriptive statistics and inferential statistics (correlation) were applied to test the hypotheses whereas data collected through interviews were transcribed and narrated. It is concluded that a wide range of behavioral, physical health and social life related issues prevail among young adults who attempted suicide when children.*

**Keywords:** Childhood, Suicide, Socio-psychological, Adulthood, Familial, Impact.

### Introduction

Childhood suicide attempts have been increasing at alarming ratio across the world. Relevant statistics indicate that approximately 14 % of population has suicidal ideation at some point in time in their lives (Samaritans, 2013). It is a matter of fact that suicidal ideation develops due to multiple problems in social interaction, including problems related to social adjustment and domestic life. There are numerous responsible factors for childhood suicide attempts however; the familial problems at the top of the list (Brent, 1995). In fact, the very common occurrences in daily life of an individual such as verbal and physical abuse, quarrelling, scapegoating and persistent tensions at home (Kosky *et al.*, 1990), parent-child relations (Wagner *et al.*, 1995), parental supervision, divorce or death in family (Gunay, 2005), family rejection (Ryan *et al.*, 2009), value system of the family such as marriage pattern (Portes *et al.*, 2002) and psychological aspects intensify suicidal attempts. The Integrated Motivational Volitional (IMV) model presents complete explanation of suicide. In this

regard, self-perfectionism, psychiatric disorder (O'Connor, 2011) depression, stress hormones i.e. Cortisol, rapid decision making, rumination, low ability to solve a problem, empathy, thwarted belongingness and burdensomeness, impulsivity high capability to tolerate pain, less sensitivity to pain (for further details see the study of Kirtley & O'Conner, 2012). Besides, constant hopelessness (Beck *et al.*, 1990) and continuous exposure to emotional and physical pain (Eisenberger, 2010) are the key factors that leads to suicidal behaviors. The suicide attempts at childhood impact on the personality of the individual, he/she feel faces several stigma, taunt and it has negative socio-psychological impacts on his/her at adulthood.

### **Problem Statement**

The developmental processes in adolescence and emerging adulthood play an important role in increased risk for suicidal behavior. Adolescence and emerging adulthood are characterized by increasing the risks of suicide attempts because of substance abuse and sensation seeking and risky behaviors (Ortin, Lake, Kleinman, & Gould, 2012). Additionally, these developmental periods are characterized by significant life transitions, such as change in peer relations, extension of social networks, exposure to media, entering into graduating high school, entering college and workforce. In this context, persistent suicidal ideation in adolescence is also associated with an increased risk of suicide attempts at childhood and psychiatric hospitalizations. In addition, suicidal ideation in adolescence is associated with an increased risk for suicidal thoughts and behaviors in young adulthood (Borges, Angst, Nock, Ruscio, & Kessler, 2008), which in turn, lead to significant distress and have a negative impact on overall development of a child. In Pakistan, children face significant issues, however; the support mechanisms are non-existent to handle these challenges. As a child progresses towards adolescence and adulthood and interact with outer world these difficulties intensifies and increase the risks of suicide.

### **Gap in Existing Literature and Objective of the Study**

So far there has been very limited research work available on the status of adults who committed suicide as a child. The issue of childhood suicidal attempts and its socio-psychological impact is of immense importance and call attention of the research scholars to investigate its broader social, economic and cultural aspects. Keeping in consideration these factors the study is focusing on the following specific objectives:

- To know the behavioral health of young adults who committed suicide as children
- To find out the physical health of young adults who committed suicide in childhood
- To investigate into social adjustment issues of young adults who committed suicide as children

### **Hypotheses**

- Suicide attempt at childhood have significant impact on behavior at adulthood
- Suicide attempt at childhood have significant impact on physical health at adulthood
- Suicide attempt at childhood have significant impact on social life at adulthood

### **Methodology**

This study is framed under mix-method research design and will be cross-sectional. Mix-method research design is commonly utilized research design preferably used to provide the researcher with flexibility to choose quantitative or qualitative tools and techniques whichever is appropriate in each situation (Babbie, 2012).

A multifaceted sampling approach was adopted for the current study. At first, psychiatrists and suicide related organizations were contacted to identify individuals who attempted suicide at

childhood years (i.e., aging below 18 years); second, social media platforms were utilized, and requests were uploaded to be sample for this study; and third, snow balling was used whereby peer, friends and family members were sensitized to identify such individuals. Through this multifaceted approach a total of 46 such individuals were identified, out of them 43 individuals agreed to provide information whereas 3 were not willing. For collection of primary data, two different tools (questionnaire and an interview guide) were used as per the nature and requirement of the study. Questionnaire was three level Likert scale and item statements were tested through Cronbach's alpha to ensure internal consistency and reliability, while for behavior, Behavior Assessment Questionnaire developed by Management Advisory Service was utilized. It is online available at: <http://mas.org.uk/quest/baq.htm>. Further, for assessing physical health a questionnaire devised by Schat, Kelloway and Desmarais (2005) was utilized. The questionnaire was already tested for internal consistency and reliability whereby all the items showed Cronbach's alpha values of higher than 0.70. Lastly, for assessing relationship/social adjustment status Hendrick (1988) questionnaire was utilized. The questionnaire test by Hendrick as well as few other studies showing reliability of above 0.70 in Cronbach's alpha. The information collected through questionnaire was analyzed through SPSS, whereby descriptive and inferential statistics were applied whereas thematic analysis has been applied on the collected information through an interview guide. Descriptive statistics and inferential statistics (correlation) were applied to test the hypotheses whereas data collected through interviews were transcribed and narrated.

## Results and Discussion

**Table No. 01: Behavioral Assessment Among the Sampled Respondents**

**Note: the higher the mean score the better is behavior of an individual on rating scale 1-5**

Item Statements	1	2	3	4	5	Mean
The ability to be polite in any interaction ( <b>Politeness</b> )	29	6	6	3	2	2.1
The ability to place the other person (people) at the forefront of an interaction ( <b>Courtesy</b> )	24	6	4	3	9	2.2
The ability to communicate personally wherever possible ( <b>Personal communication</b> )	27	4	6	3	6	1.8
The ability to respond positively to individual needs	36	3	6	1	0	1.2
The ability to use body movements and expressions to show attentiveness ( <b>Body language</b> )	21	12	7	4	2	2.2
The ability to respond positively to individual needs, even in circumstances when the needs cannot be met, given all the circumstances ( <b>Addressing needs</b> )	23	10	7	4	2	2.2
The ability to demonstrate an understanding of the other person's issues, ideas, thoughts, and experiences ( <b>Empathetic</b> )	29	7	4	6	0	2.0
The ability to negotiate a successful outcome in an interaction ( <b>Negotiation</b> )	33	4	4	6	0	1.4
The ability to share with others one's own thoughts and ideas ( <b>Sharing</b> )	39	2	3	2	0	1.2

The ability to do what one says ( <b>reliability</b> )	37	2	2	2	3	1.2
The ability to be clearly understood in an interaction ( <b>clarity</b> )	32	3	2	3	6	1.4
<b>Conflict resolution</b>	40	1	1	2	2	1.2
The ability to confront a conflict at the time of conflict and to try and resolve any dispute at the time of the dispute ( <b>conflict resolution</b> )						
The ability to motivate and encourage others to contribute in interactions ( <b>encourage contribution</b> )	38	2	2	2	2	1.2

Descriptively table no. 01 indicates that behavioral issues persist with those individuals who as children attempted suicide. For example, the mean score from the tables illustrates lower levels of behavioral indicators including politeness, courtesy, personal communication, body language, addressing needs, empathy, negotiation, sharing, reliability, clarity, conflict resolutions and encouraging contribution.

**Table no. 02: Physical Health of the sampled respondents**

Item Statements	1	2	3	4	5	Mean
	(not at all)				Often	
Difficulty getting to sleep at night	4	1	1	5	35	4.1
Woken up during the night	3	2	1	7	32	4.0
Nightmares or disturbing dreams	1	1	2	4	38	4.2
Sleep been peaceful	4	3	3	2	34	3.9
Experienced headaches	1	3	8	11	23	2.9
Headache when there was a lot of pressure	1	1	2	2	42	4.7
Headache when you were frustrated because things were not going the way they should have or when you were annoyed at someone?	1	1	2	2	42	4.7
Suffered from an upset stomach	1	2	2	19	22	3.9
Watch that you ate carefully to avoid stomach upsets?	3	4	4	18	18	3.9
How often did you feel nauseate?	6	7	5	18	12	3.2
How often were you constipated or did you suffer from diarrhea	7	12	11	10	6	3.0
How many times have you had minor colds	01	13	16	11	6	3.0
How many times have you had respiratory infections more severe than minor colds that "laid you low" (such as bronchitis, sinusitis, etc.)	01	13	14	13	6	3.0

Descriptively table no. 02 illustrates about the physical health with those individuals who as children attempted suicide. The indicators focus on minor health issues related with mental and behavioral stressors which literature indicates as common with individuals who have history of suicide attempts. In this regard, the descriptive statistics indicates that among the sampled individuals who attempted suicide when children rate low on indicators of physical health. In this connection, sleep disturbance including insomnia, nightmares and disturbing dreams, waking up during night, headaches upset stomach, digestion related issues such diarrhea and constipation were common.

Item Statements	Relationship Status					Mean
	1 (Low satisfaction)	2	3	4	5 (High satisfaction)	
How well does your partner meet your needs?	3	4	10	13	16	3.3
In general, how satisfied you with your relationship are?	6	13	11	11	5	3.2
How good is your relationship compared to most?	13	10	12	10	01	2.7
How often do you wish you hadn't gotten into this relationship?	5	19	6	10	6	2.8
To what extent has your relationship met your original expectations?	4	17	12	10	3	2.8
How much do you love your partner?	3	9	6	17	11	3.8
How many problems are there in your relationship?	4	14	13	10	5	2.6

Descriptively table no. 03 illustrates about the relationship status of those individuals who as children attempted suicide. Comparatively to behavioral issues and physical health issues the statistics provides a good picture; however, not for all. There is still an indication that in terms of needs, satisfaction and wishing and intimacy related problems exist in mentionable rates.

**Table no. 04: Pearson Correlations of the suicide attempt as a child and Score with behavioral, physical health and relationship problems at adulthood**

Scale	Behavioral problems		Relationship issues		Physical health	
	R	P	R	P	R	P
<b>Total mean score of problems with adulthood</b>	1.65	0.001	1.22	0.003	1.03	0.001
<b>Total mean score from Questionnaires</b>	3.81	0.001	3.19	0.002	2.83	0.002

Correlation analysis was conducted between judging association between childhood suicide attempt and its impact on the three categories adulthood life including behavioral issues, relationship

issues with spouse and family and physical. In this context, childhood suicide attempt among adults have been found significantly associated with behavioral issues at adulthood ( $r= 1.65, p=0.001$ ; and  $r=3.81, p=0.001$ ). Attempted suicide at childhood have been found significantly associated with problems of physical health at adulthood ( $r= 1.03, p=0.001$ ; and  $r=2.83, p=0.002$ ). Attempted suicide at childhood have been found significantly associated with problems of in social life adulthood ( $r= 1.22, p=0.003$ ; and  $r=3.19, p=0.002$ ).

### Thematic Analysis

Information obtained through interviews provides an in-depth insight to life-worlds of those adults who as a children attempted suicide and survived. First, it was consistent throughout the interviews that they are confronted with mental issues. Stress was the most prevailing mental health issue whereby all the participants mentioned it. An extract from an interview is:

*“... I am sure that I get stressed on minor issues which to other people around me are normal. For instance, if meal arrives few minutes late or if children play around me and they shout...”*

In this regard, 5 out of 6 participants were taking anti-depressants which is an indication of prevalence of mental illness specifically anxiety and depression. A participant explicated that:

*“...I visit psychiatrist regularly since I attempted suicide 7 years ago. I am on different medications specifically anti-depressants...”*

Another participant stated that:

*“... persistent sadness bouts of fear are my issue since I attempted suicide. Particularly it because that I remember when I suffered shortness of breath; it was painful...”*

It is also evident from the interviews that mental health issues lead to problems in social interaction, relationships, and family. An extract from an interview is:

*“...indeed, poor mental health creates problems for us. I don't have friends because I am short tempered...”*

Another respondent argued that:

*“...my parents, brother and wife take a lot of care of me. Still, I get angry on them. Sometimes they also get frustrated because of my behavior...”*

The sampled respondents for the interviews also revealed that sadness, hopelessness, thwarted belongingness, and perceived burdensomeness were noted. An extract from an interview is:

*“...I get worried about my relationships often. I am pressurized by minor issues; I expect unnecessary things; and sometimes feel as a burden over the closed ones...”*

Another participant stated that:

*“Persistent tension and loneliness have made me careless about myself and others. I just don’t care that whatever happens to me or people around me because I haven’t experienced enough good events in life....”*

The information reveals that mental issues are responsible for familial and communal negation as well. Friendships are difficult for such individuals; they sometimes show impulsivity as well. For example, an extract is:

*“...I lack rational thinking about events and situations. I was aggressive about taking decisions, and once my friend told me to think and take logical decisions. I fought with my brothers on financial matters whereby a friend told me that I was wrong. But still, I didn’t care about his suggestion. So, yes I am aggressive and impulsive....”*

Another unique aspect found in the interviews is employment and work-related issues with those who survived of suicide attempt when they were children. First, they often have lack interest at workplace which affects their motivation and performance. A participant stated that:

*“...the sadness and depression affect my work as well. I have been fired by two firms...”*

Another respondent explicated that:

*“...I have been not performing good at work. When the organization got information that I am taking anti-depressants and had some issues with colleagues they CEO talked to me about resigning from the job...”*

## **Discussion**

Behavioral issues prevail among young adults who attempted suicide as children. The key behavioral issues include lack of politeness, courtesy, lack of potentials in personal communication, inappropriate body language, lack of abilities to address needs, lack of empathy, lack of abilities to negotiation and sharing, being reliable and to deal with minor, conflict etc. these findings are in line with the studies of Samaritans (2013), Kirtley & O’Conner (2012) and Fairweather et al., (2007). Hopelessness and sadness also are common among young adults who attempted suicide as children Beck *et al.*, (1990) also enumerated the same findings.

Further, problems related to physical health particularly those exacerbated by mental health also prevails among young adults who attempted suicide as children. These in particular include insomnia, nightmares and disturbing dreams, waking up during night, headaches upset stomach, digestion related issues such diarrhea and constipation. Grasdalsmoen (2020) and Bernert & Joiner (2007) expounds that sleep disturbance are responsible for and persists among those who attempts suicide. Park et al., (2019) recently researched on somatic pain and revealed that specific somatic pain intensifies among suicide survivors. These include headaches, stomach and abdominal pain and issues.

Relationship and social interaction of suicide attempt survivors as children are different from others. This study indicates that at young adulthood still the attempt affects them. The behavioral issues and past haunts such individuals probably for lifetime. Martial relationship is vulnerable as well as familial. Stress and depressive symptoms are responsible for aggression, quarrelling, burdensomeness and thwarted belongingness are key problems. These findings are also mentioned by Samritans (2013), (Ribeiro & Joiner *et al.*, 2011), Khan, Naz and Khan (2017) and Eisenberger

(2010). In addition to it, employment of such individuals is also affected. In addition, statistically two hypotheses are accepted including significant impact of childhood suicide attempt on behavioral health, physical health and social.

### Conclusion

Suicidality prevails among children ranging from ideation to attempts and completed suicides. Survivors often suffer from immediate post traumatic symptoms; however, its longer impacts are far-reaching and affect the individuals (who attempted suicide) through the course of life. The current study aimed to know about the socio-psychological impact on adulthood whereby the attempt of suicide was at childhood. It is concluded that the ratio of children suicide attempts are increasing due to different social, economic and psychological factors. The attempt of suicide at childhood results in a wide range of behavioral issues among young adults who attempted suicide. It was also concluded that those children who attempted suicide face a range of problems including burdensomeness and thwarted belongingness, lack of empathy, isolation, issues in social adjustment and lack of potentials in personal communication and so on. Further, they also have physical health issues such as headaches, sleep disturbance, stomach disorders, mood disorder, and anxiety. Lastly, the social life of young adults who attempted suicide during childhood is impacted and they usually face problems in marital life, familial, community and work-related activities.

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