

# PANEL

## Biopsychosocial and gender considerations in risk and resilience pathways of maltreated youth

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Presenter 2: Martine Hébert, UQAM

Presenter 3: Erica Bowen, Coventry University

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# Child sexual abuse, use of mental health services and suicidal ideations in a representative sample of Quebec high school students

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- ▶ CIHR Team on Interpersonal Traumas (PI: Martine Hébert # 103944)  
Parcours amoureux des jeunes (PAJ)  
Youth Romantic Relationship Project (YRPP)
- ▶ Understanding health risks and promoting resilience in male youth with sexual violence experience (PI: Christine Wekerle, # 138302)

# Background

- Evans et al. (2005): 128 studies population-based studies  
Lifetime suicidal ideations: 29.9% of adolescents  
Attempted suicide: 9.7% of adolescents  
Higher prevalence in adolescent girls
- Miller et al. (2013): 52 studies exploring the association between CSA and suicidal ideation and attempt in adolescence

Cross-sectional studies of community samples: (27\*/28)

Studies of clinical or at-risk populations: (14\*/16)

Longitudinal studies (N from 133 to 1 631): (8\*/8)

CSA boys may be at higher risk for suicidal attempts

# Objectives

- To document the prevalence of CSA, suicidal ideations and attempts in a representative sample of high school students in Quebec and explore possible gender differences
- Explore the prevalence of consultation of health services and possible gender differences
- Document the contribution of CSA, over and above socio-demographic variables, and other adverse life events in predicting suicidal ideations and consultation of health services in teenagers



- 8 194 students (Grade 10, 11 and 12) from 36 schools across Quebec
  - 56.3% (n = 4 609) girls and 43.7% (n = 3 584) boys
  - Mean age = 15.4 years
  - 90% described French as the main language spoken at home
  - 78% described their parents as Québécois/Canadian
- T1 in-class assessment - T2 (6 months later) in-class assessment
- 6 780 participated at T2

# Measures

## CSA (T1)

- Items adapted from Finkelhor et al. (1990) and Tourigny et al. (2008)

## Suicidal ideations (T1-T2) and attempts (T1)

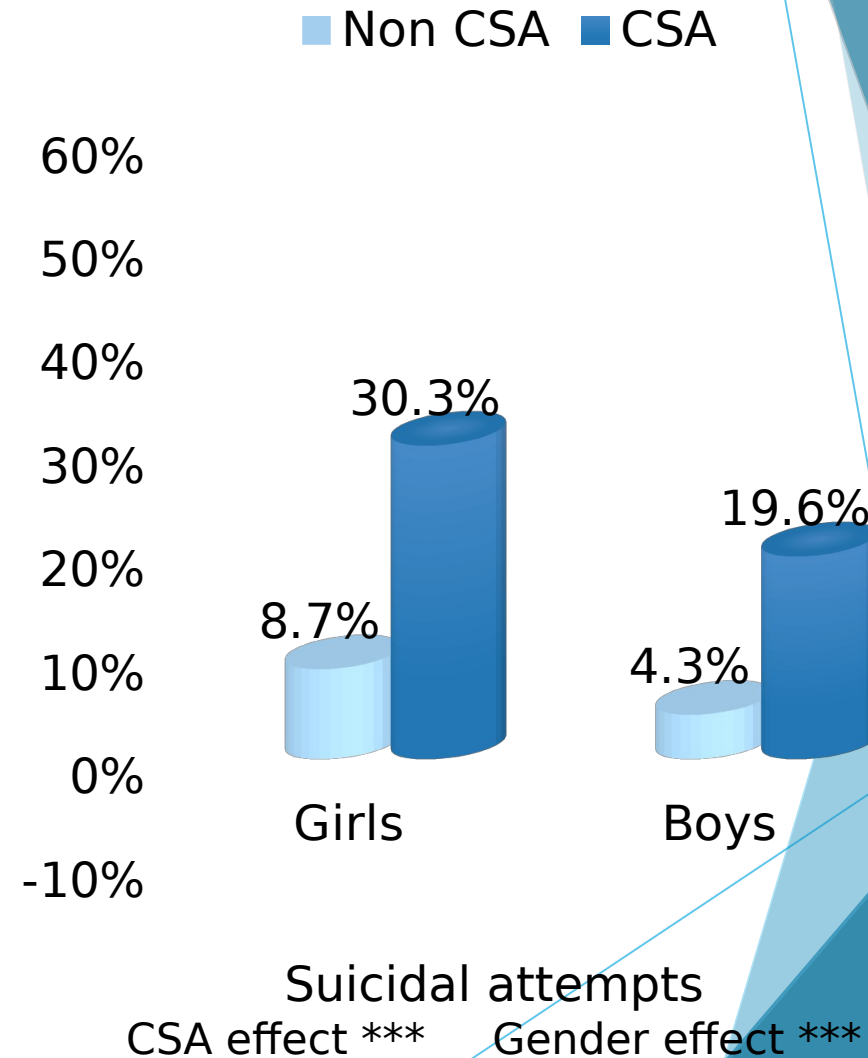
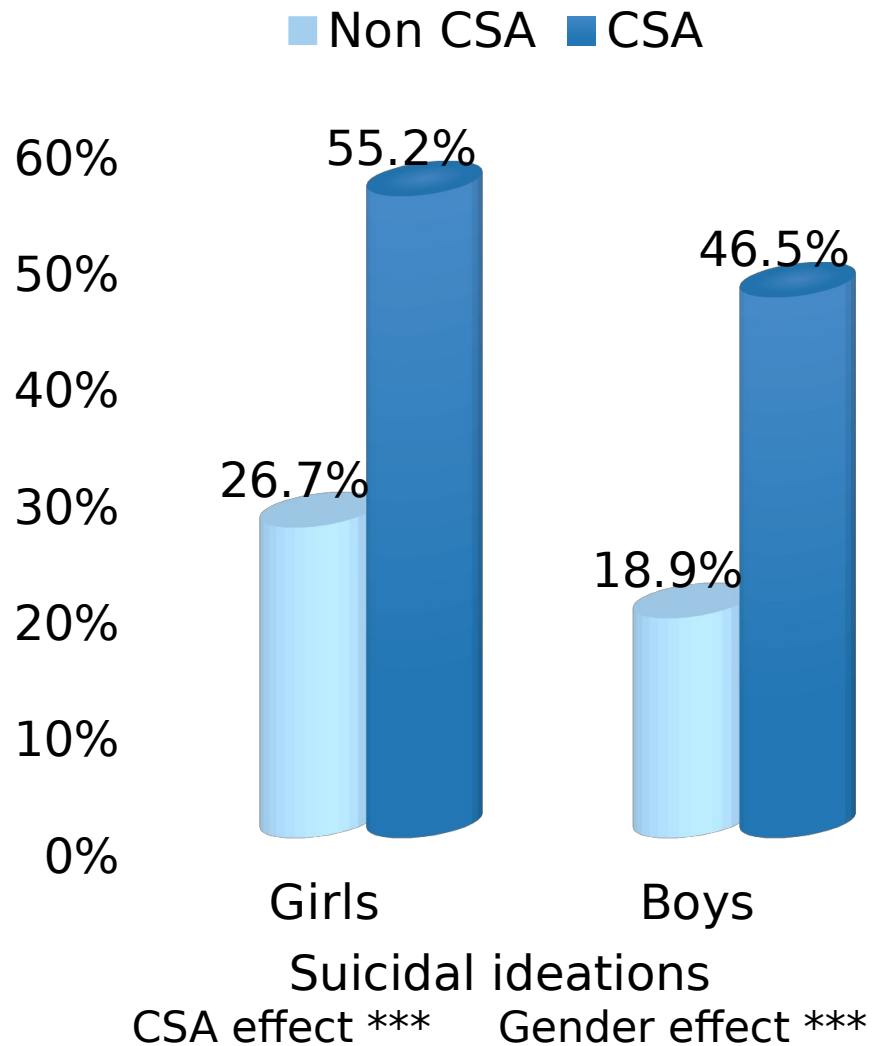
- Items from the Enquête longitudinale nationale sur les enfants et les jeunes (ELNEJ) (Statistique Canada, 2007)

## Consultation in health services (T1-T2)

- 4 items adapted from the *Add Health Survey* (Harris et al. 2009) and *Ontario Student Drug Use and Health Survey* (OSDUHS; Centre for Addiction and Mental Health, 2011)

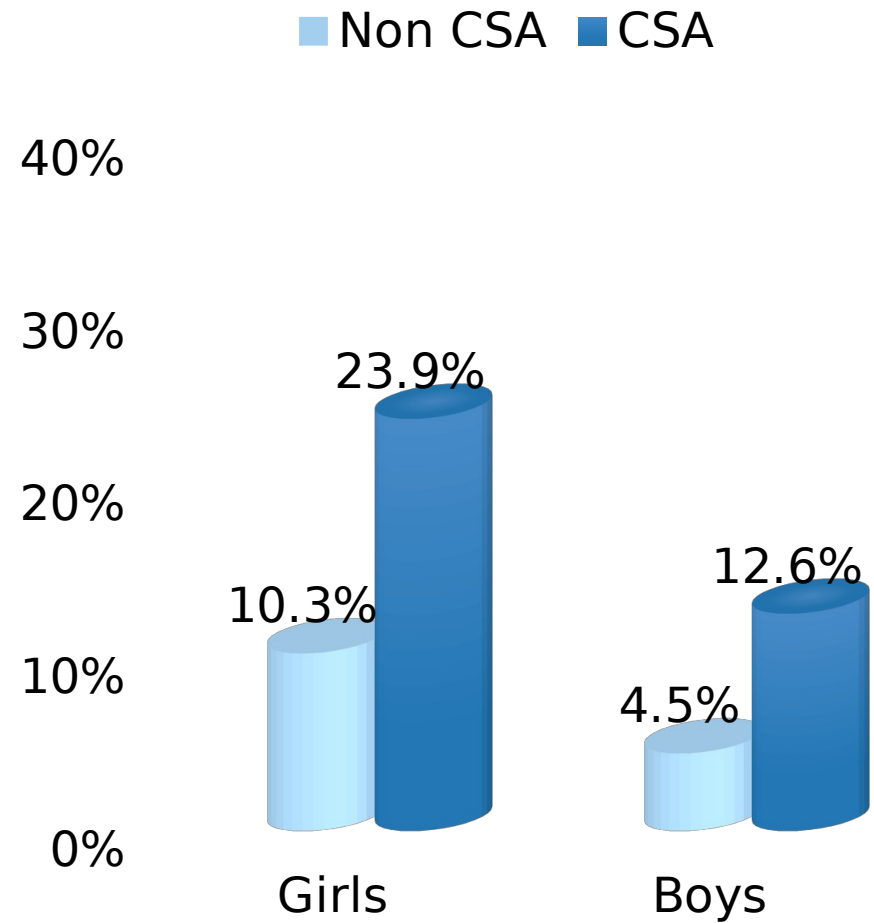
14.9% of girls and 3.9% of boys reported CSA

# Lifetime incidence of suicide ideations and attempts (T1)





# Suicidal ideations in the past 6 months (T2)

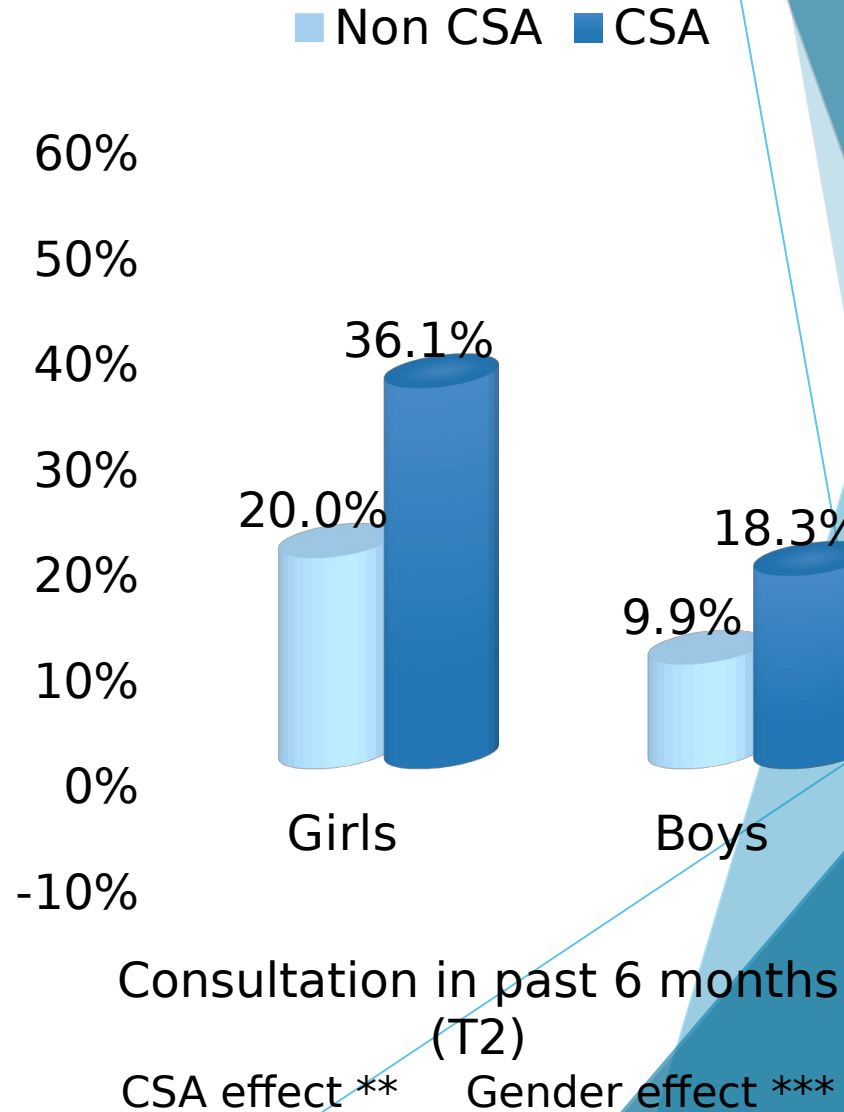
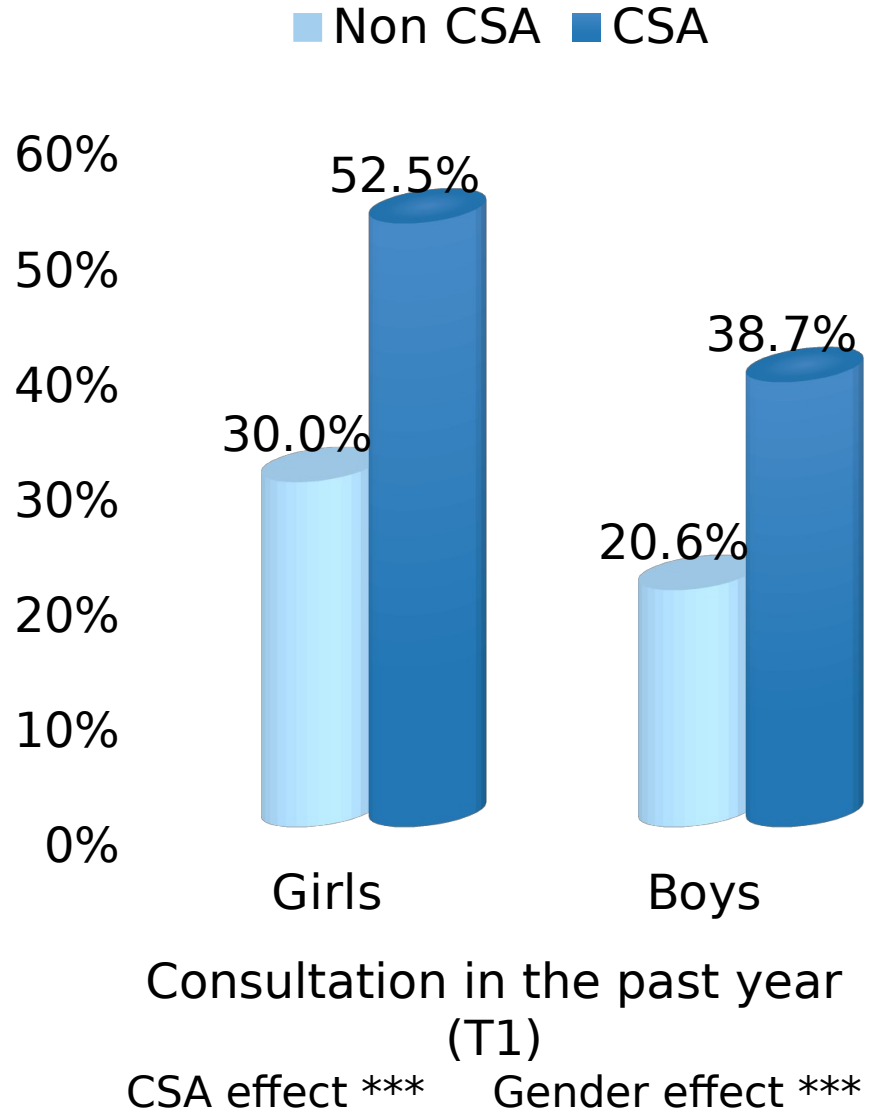


Suicidal ideations  
CSA effect \*\*    Gender effect \*\*\*

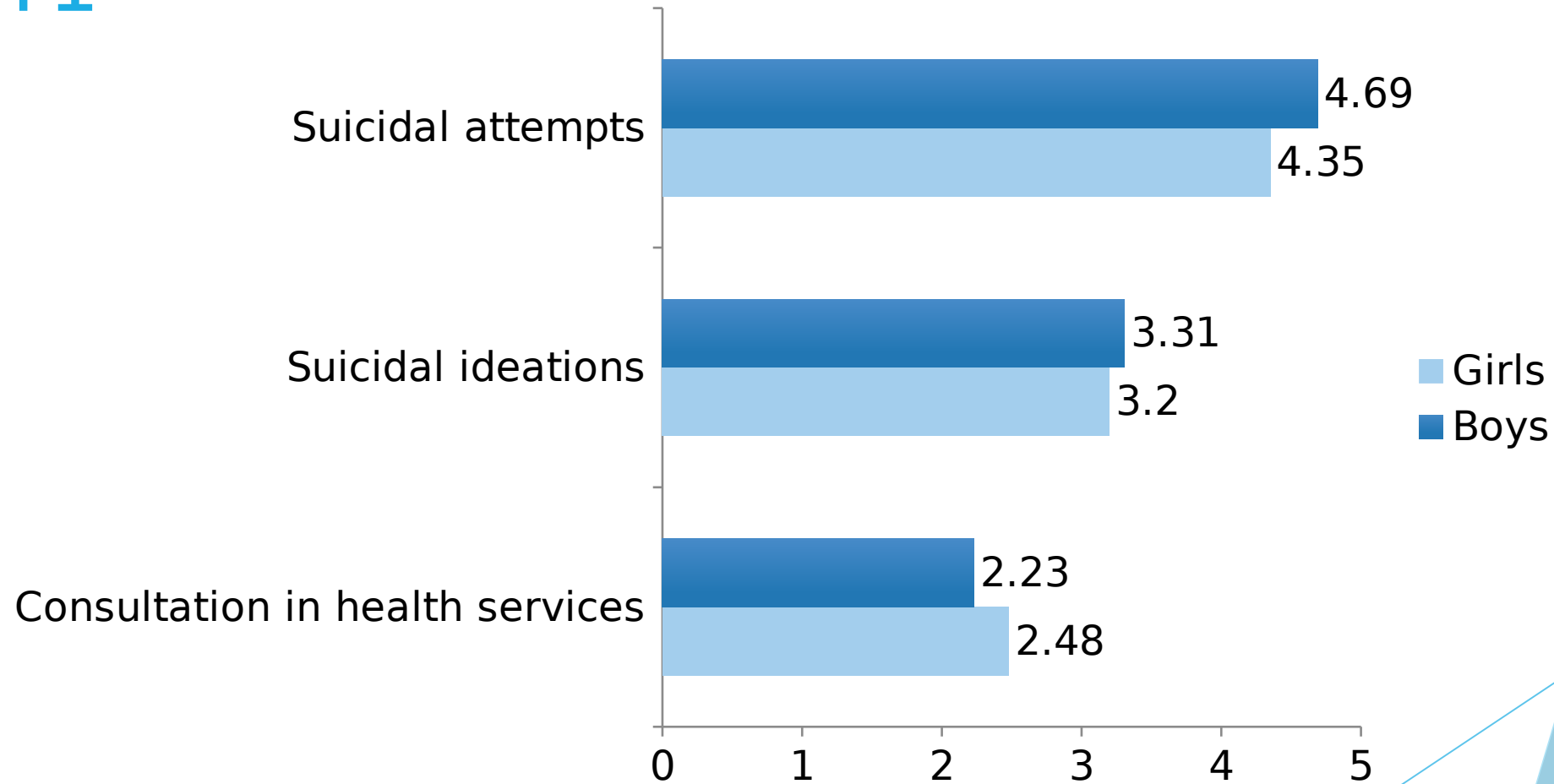
# Consultation of health services (T1-T2)

	T1			T2		
	Girls	Boys	<i>p</i>	Girls	Boys	<i>p</i>
Have you participated in one or more group meetings for a psychological/emotional problem?	5.6%	4.8%	ns	6.1%	3.5%	**
Have you seen a doctor or a nurse for a psychological/emotional problem?	20.3%	14.7%	***	9.2%	4.0%	***
Have you seen a counsellor or community worker for a psychological/emotional problem?	19.3%	8.3%	***	17.8%	6.9%	***
Have you been prescribed medication by a doctor to treat a psychological/emotional problem?	3.4%	2.6%	ns	3.9%	3.0%	ns

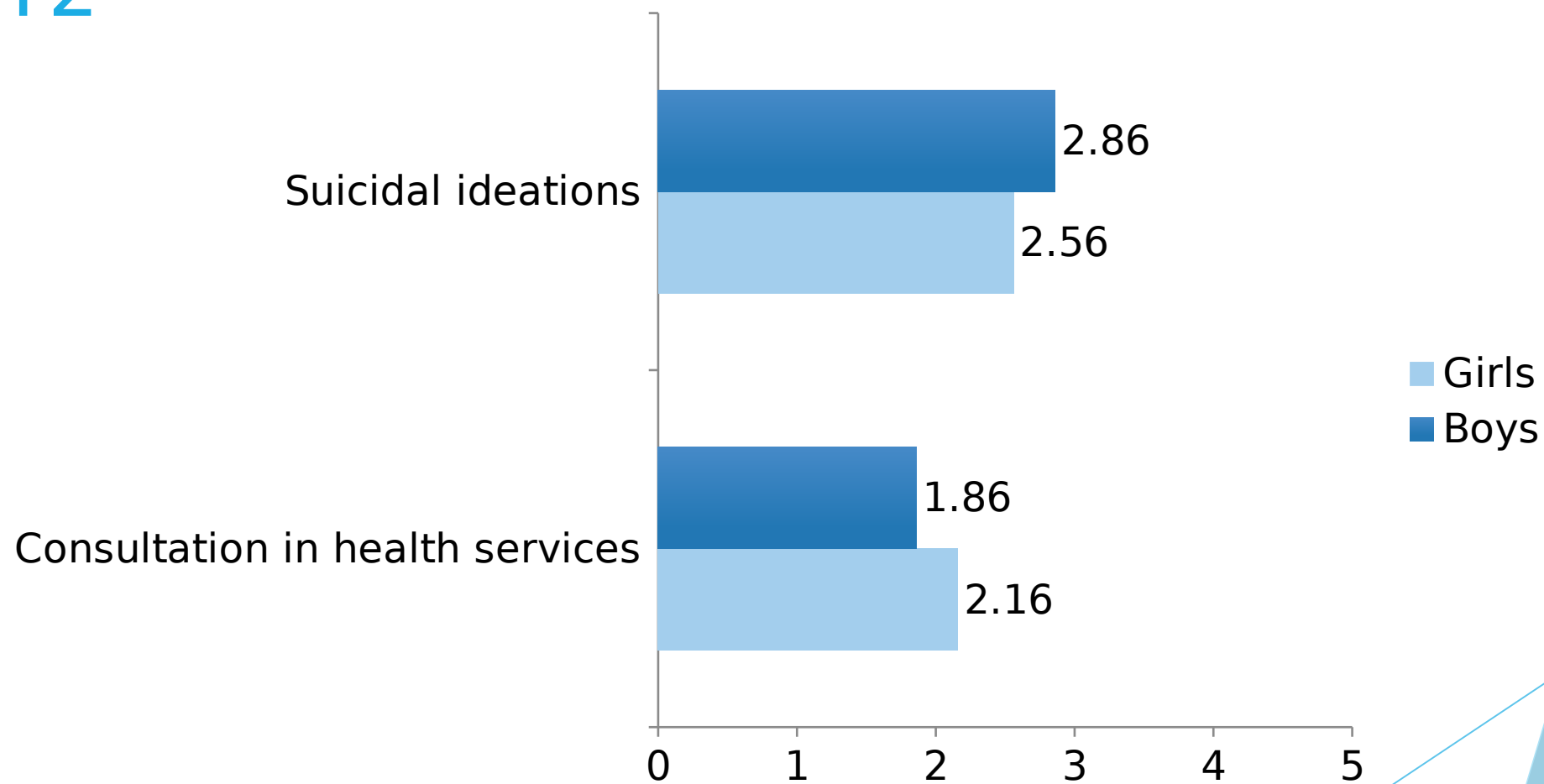
# Consultation of health services



# Odds ratio of outcomes variables at T1



# Odds ratio of outcomes variables at T2



## Strengths

Representative sample

Sample included boys victims of CSA

Longitudinal design

## Limits

Global measure of health care

Influence of CSA characteristics (intra-familial, duration, age at first episode) not considered

Potential mediators not analyzed

# Conclusion

- CSA is associated with a 4-fold risk for suicide attempt and a 2-3 fold risk for suicidal ideation.
- CSA is associated with a 2-fold higher risk for consultation in health care for psychological/emotional problems. CSA represent high cost to the health care system and prevention efforts are essential.
- Assessment of past trauma including CSA should be integrated in health care practices.
- Assessment of suicidal ideations and plans need to be integrated in evaluation of CSA youth.
- Future studies should explore potential mediators (for eg. coping, attributions, substance abuse, PTSD) in the link between CSA and suicidal ideations as well as the possible protective factors involved (social support from non-offending parents, from peers).



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