Journal of Child Sexual Abuse
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/wcsa20

Predicting Suicidal Ideations in Sexually Abused Female Adolescents: A 12-Month Prospective Study

Marie-Eve Brabant[a], Martine Hébert[b] & François Chagnon[b]
[a] Sainte-Justine University Hospital Centre, Montréal, Québec, Canada
[b] Université du Québec à Montréal, Montréal, Québec, Canada
Accepted author version posted online: 18 Mar 2014.Published online: 12 May 2014.

To cite this article: Marie-Eve Brabant, Martine Hébert & François Chagnon (2014) Predicting Suicidal Ideations in Sexually Abused Female Adolescents: A 12-Month Prospective Study, Journal of Child Sexual Abuse, 23:4, 387-397, DOI: 10.1080/10538712.2014.896842

To link to this article: http://dx.doi.org/10.1080/10538712.2014.896842

Journal of Child Sexual Abuse, 23:387–397, 2014

ISSN: 1053-8712 print/1547-0679 online
DOI: 10.1080/10538712.2014.896842

Routledge
Taylor & Francis Group

Predicting Suicidal Ideations in Sexually Abused Female Adolescents: A 12-Month Prospective Study

MARIE-EVE BRABANT
Sainte-Justine University Hospital Centre, Montréal, Québec, Canada

MARTINE HÉBERT and FRANÇOIS CHAGNON
Université du Québec à Montréal, Montréal, Québec, Canada

This study investigates the contribution of posttraumatic stress symptoms to the prediction of suicidality among female adolescent survivors of sexual abuse. A one-year prospective study of 52 female survivors aged 12 to 18 years was conducted. A negative binomial regression analysis revealed that depressive symptoms as well as posttraumatic stress symptoms associated with the sexual trauma were significant predictors of suicidal ideations a year later. Posttraumatic stress symptoms remained a significant predictor of suicidal ideations even when controlling for depressive symptomatology and the presence of a past suicide attempt, thus emphasizing the relevance of posttraumatic stress symptoms in regard to suicidality in sexually abused youths. Results are discussed within the context of therapeutic modalities for survivors of a sexual trauma.

KEYWORDS child sexual abuse, suicidal ideation, female adolescent, posttraumatic stress, depression

Child sexual abuse (CSA) can represent a substantial trauma. Adolescent victims of sexual violence appear to be at increased risk for suicidal ideations and suicidal behaviors (Waldrop et al., 2007). Among community samples of adolescents and young adults, the prevalence of suicidal ideations and

Received 6 June 2012; revised 15 February 2013; accepted 13 June 2013.
Address correspondence to Marie-Eve Brabant, Département de sexologie, Université du Québec à Montréal, C.P. 8888, Succursale Centre-Ville, Montréal, Québec, Canada H3C 3P8. E-mail: marie-eve.brabant@videotron.ca

attempts is estimated to be 30% and 10% respectively (Evans, Hawton, Rodham, & Deeks, 2005), while rates are 50% and 15% among CSA survivors (Brezo et al., 2008). In a large longitudinal study, female adolescents and young adults who were victims of CSA were almost four times more likely to have had self-harm behaviors or to have attempted suicide compared to nonvictims (Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003). Several variables are known to be associated with suicidal behaviors in CSA survivors, including depressed mood, hopelessness, and family dysfunction (Martin, Bergen, Richardson, Roeger, & Allison, 2004; Sigfusdottir, Asgeirsdottir, Gudjonsson, & Sigurdsson, 2008). Nevertheless, other variables contributing to the prediction of suicidal behaviors have yet to be investigated among CSA teenagers.

In the past few years, studies investigating suicidality in veterans revealed that posttraumatic stress (PTS) was a salient variable explaining suicidal ideations among this population (Pietrzak et al., 2010). Moreover, a recent meta-analysis of 50 studies involving adults and adolescents concluded that PTS is associated with an increased risk of prior and current suicidal ideations, while no evidence supporting that individuals with PTS disorder were at increased risk for suicide was found (Krysinska & Lester, 2010). PTS appears to be an important variable to consider in the link between trauma and suicidal ideations; since PTS is a frequent symptom reported by CSA survivors (Briere & Elliott, 2003; Paolucci, Genuis, & Violato, 2001), it might have an impact on suicidal ideations among this population.

In their review, Krysinska and Lester (2010) documented that only 3 studies have explored the association between PTS and suicidal ideations in adolescents and young adults. These studies, though, yielded inconsistent results. In the first study, PTS symptomatology was found to mediate the relationship between exposure to violence and suicidal ideations in a sample of 94 adolescents (Mazza & Reynolds, 1999). In the second study, PTS symptomatology was related to suicidal ideations even when controlling for gender and depression among 106 adolescents (Mazza, 2000). However, the third study, which was conducted with 139 adolescent psychiatric patients (bipolar disorder, major depressive disorder, and nonaffective disorder) concluded that PTS disorder was not associated with an increased risk for suicidal ideations (Dilsaver, Benazzi, Akiskal, & Akiskal, 2007). One additional study not documented in Krysinska and Lester's review was conducted by Waldrop and colleagues (2007) among 3,906 adolescents selected from a national probability sample. The results indicated that PTS symptoms doubled the risk of suicidal ideations and also that PTS was a significant predictor of suicidal ideations, even when controlling for depression and substance use disorders.

These studies were conducted using cross-sectional designs that cannot disentangle the temporality of the investigated variables. Moreover, very

few studies have investigated the role of PTS in predicting suicidal ideations among adolescents. Therefore, additional information is needed concerning adolescents especially at risk for developing PTS symptoms, namely CSA survivors.

The current study aims to document links between PTS and suicidal ideations among this population. Documenting the factors predicting suicidal ideations appears a relevant approach, as suicidal attempts are most consistently predicted by suicidal ideations (Mann et al., 2008). It is hypothesized that PTS would predict suicidal ideations 12 months after the initial assessment, even when controlling for depression and the presence of suicidal attempts in the past 12 months.

METHOD

Participants and Procedures

Participants were 77 female teenagers aged 12 to 17 years old (M = 14.67 years) recruited from the Youth Protection Agency in Montréal and Montérégie (Québec, Canada), an agency that offers psychosocial services to children and youth who are victims of neglect, abuse, or who experience behavioral issues (e.g., school absenteeism), and from the Centre d'Intervention en Abus Sexuels pour la Famille in Gatineau, Quebec, which is a community organization providing specialized services to CSA survivors and their families. The agencies collaborating on the project as well as the internal review board of the Université du Québec à Montréal approved this study.

Caseworkers working in these agencies were contacted by a research assistant to identify female CSA survivors between 12 and 17 years old and to invite them to participate in the study. The presence of intellectual disability, as reported by caseworkers, was the only exclusion criterion. During the first assessment, written informed consent was obtained from the adolescents. For adolescents under 14 years of age, parents' or legal guardians' consent was solicited, and these individuals were contacted by phone or by mail. Each participant completed a set of self-report questionnaires in the presence of a research assistant who provided them with help if needed. The same questionnaires were completed at Time 1 and again 12 months later (Time 2, n = 52). Chi-square and ANOVA analyses revealed no significant differences between adolescents assessed once or twice with regard to sociodemographic information and CSA characteristics. When symptomatology was considered (suicidal ideations, depression, suicidal attempts, hopelessness, and PTS), victims who participated only at Time 1 differed significantly from victims who completed both assessments, only for one variable as they scored higher on the hopelessness scale.

Measures

The following instruments were selected based on their well-established psychometric properties, and their French version was used as most of the participants were predominantly French speakers. To measure depression, the Beck Depression Inventory (BDI; Beck, Steer, & Brown, 1996), a 21-item questionnaire that yields a total depression score varying from 0 to 63, was used. The BDI is an appropriate measure to be used with adolescents as its internal consistency is good ($\alpha = 0.81$; Teri, 1982). The French version of the BDI (Gauthier, Morin, Thériault, & Lawson, 1982) was validated with 266 individuals in Quebec, and the total score had an alpha of 0.82. In the present study, the BDI had excellent reliability ($\alpha = 0.92$). Suicidal ideations were assessed with the Scale for Suicide Ideation (Beck, Kovacs, & Weissman, 1979; de Man, Leduc, & Labrèche-Gauthier, 1993), which includes 19 items and has a total score of 0 to 36. This measure was translated in French by de Man and colleagues (1993) and validated with a sample of Canadian adolescents ($\alpha = 0.93$; de Man & Leduc, 1994). Among the participants of this study, the internal consistency of this scale was good ($\alpha = 0.81$).

The brief version of the Children's Impact of Traumatic Events Scale–Revised (Hébert & Parent, 1999; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991) assessed PTS symptoms related to the sexual abuse with 40 items. A total score (0–42) indicates the presence and severity of symptoms. Among our sample, this measure had good internal consistency (0.88). The presence or absence of suicide attempts in the past 12 months was assessed using one item from Enquête sociale et de santé auprès des enfants et des adolescents québécois: "In the last 12 months, how many times did you try to commit suicide?" (Aubin, Berthiaume, & Lavallée, 2002). Finally, sociodemographic information was collected with 12 items (e.g., age, family composition, level of education, living situation, and parents' occupation and level of education). In order to avoid possible revivescence symptoms, caseworkers, rather than participants, were asked to answer seven multiple-choice questions to document CSA characteristics (age at onset, gender and age of the abuser, relationship to the abuser, frequency or duration, type of abuse and delay before disclosure).

RESULTS

Based on information gathered from the caseworkers' questionnaire, descriptive analyses of the sample at Time 1 indicated that 81% of the participants were victims of intrafamilial CSA. All of the victims endorsed contact sexual abuse, 37% endured severe abuse (penetration, force, or multiple abusers), 79% reported more than one episode, and 33% were abused chronically (more than six months). The first episode of abuse occurred after age 7 for 78% of the victims. For almost all of the participants

TABLE 1 Prevalence of Symptoms at Time 1 (n = 74) and Time 2 (n = 52)

	% at Time 1	% at Time 2
Suicidal ideations	63.5	25.0
Depression	76.0	40.4
Clinical posttraumatic stress symptoms	48.6	15.4
Suicidal attempt	24.7	25.0

the abuse was perpetrated by a male, and in 76% of cases the abuser was between 19 and 59 years old. Close to half of the victims waited more than a year to disclose their abuse.

Participants' symptomatology was documented in descriptive analyses (see Table 1). A negative binomial regression using variables at Time 1 was conducted to predict the presence of suicidal ideations at Time 2. According to Atkins and Gallop (2007), this analysis is preferred to a standard regression when the dependant variable is biased toward zero and has a variance that is larger than its mean. Based on the scientific literature on suicidal ideations, four predictors from Time 1 were selected for the analysis. Age, depressive symptoms, the presence of suicidal attempts, and PTS symptoms were entered into the model to measure their impact on suicidal ideations following a 12-month period.

A four-predictor regression model was fitted to the data, and three predictors were significant in the final model (see Table 2): the age of the adolescent, depressive symptoms, and PTS symptoms. The presence of a previous suicidal attempt was nonsignificant. Age was negatively related to suicidal ideations and indicated that the odds of having suicidal ideations declined with adolescents' increasing age (OR = 0.3). The likelihood of experiencing suicidal ideations was significantly higher among participants who endorsed depressive symptoms, with a 2.0 odds ratio. Moreover, participants who experienced PTS at Time 1 were 2.8 times more likely to report suicidal ideations a year later. Consequently, PTS symptoms predict suicidal ideations even when controlling for depression and the presence of a past suicide attempt.

TABLE 2 Negative Binomial Regression Analysis Predicting Suicidal Ideations

Predictors	*B*	*SE*	*Wald*	*df*	Exp(*B*)	95% CI
Age	−1.12	0.44	6.38	1	0.33**	[0.14−0.78]
Depression	0.69	0.33	4.53	1	2.00*	[1.06−3.79]
Suicidal attempt	−0.86	0.63	1.87	1	0.42	[0.12−1.45]
Posttraumatic stress	1.03	0.36	8.11	1	2.81**	[1.38−5.72]
	X^2	*df*	*p*			
Final model	24.77	4	.000			

*$p < .05$. **$p < .01$.

DISCUSSION

To our knowledge, this study is the first to investigate the contribution of PTS symptoms to the prediction of suicidal ideations in adolescent survivors of CSA with a longitudinal design. Three variables contributed to the prediction of suicidal ideations at Time 2: age, depressive symptoms, and PTS symptoms related to the sexual trauma at initial evaluation. Our results corroborate previous findings that PTS symptoms are significant predictors of suicidal ideations (Mazza, 2000; Waldrop et al., 2007). Moreover, in our study, PTS symptoms were found to be a stronger predictor of suicidal ideations than depression, thus underscoring the importance of evaluating PTS symptoms among adolescents reporting CSA.

In the general population, a prior suicidal attempt constitutes the best predictor of suicidal ideations (Joiner, 2005). However, our results indicate that among adolescents who were victims of CSA, the sequelae originating from the sexual trauma appear to contribute to the prediction of suicidal ideations rather than a history of suicide attempts. As such, CSA adolescents who experience suicidal ideations may compose a group of individuals with specific needs that differ from those of teenagers from community samples.

Overall, our results highlight that the age of the victim, depression, and PTS symptoms should be investigated to identify adolescent survivors at risk for suicidality later on. The presence of suicidal ideations is a known predictor of suicide attempts, which in turn predicts suicide (Mann et al., 2008). Therefore, targeting the prevention and reduction of suicidal ideations could contribute to a decrease in the prevalence of suicidal ideations and of suicidal behaviors among youths. In addition, our results suggest that treating PTS symptoms may constitute a promising intervention to reduce the possible vulnerabilities of CSA teenagers.

Thus, to prevent suicidal ideations in CSA victims, interventions targeting other symptoms besides depression, namely PTS, should be given consideration. In fact, there exist very few empirical data confirming that treating suicidal behaviors indirectly through depression is effective. Rather, it appears that suicidal ideations and behaviors should be addressed directly while taking into account co-occurring disorders (Miller, Rathus, & Linehan, 2007). Consequently, PTS symptoms and suicidal ideations may be the essential targets for efficient interventions with CSA adolescent survivors.

Trauma-focused cognitive behavior therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006) has clearly been identified as a best practice for children and adolescents who have suffered a trauma, and it is effective with sexually abused youths (Saunders, Berliner, & Hanson, 2004). It mainly targets PTS symptoms, but in the presence of suicidal ideations or behaviors it focuses first on enhancing affective regulation and reducing stress in order to assure teenagers' security (Cohen et al., 2006). As such, TF-CBT targets the element that should be the main focus

of intervention according to the results of the present study, PTS symptoms, while considering suicidal ideations. Yet, the impact of TF-CBT specifically on suicidal ideations of adolescents has, to our knowledge, not been thoroughly investigated. More important, the reduction of suicidal ideations and behaviors is argued to be essential before addressing the trauma, and, therefore, Cohen and colleagues (2006) suggest that other interventions targeting suicidality should be offered before TF-CBT.

One of these interventions addressing suicidality is dialectical behavior therapy (DBT; Linehan, 1993). DBT is an intervention that was first developed to treat chronically suicidal individuals, and its adapted form for adolescents (DBT-A; Miller et al., 2007) was proven effective in decreasing suicidal ideations and suicidal behaviors (Fleischhaker et al., 2011; Miller et al., 2007; Rathus & Miller, 2002). Consequently, an approach combining TF-CBT and DBT-A may reveal to be an optimal strategy to prevent or to remediate suicidal ideations and also eventually to resolve the sexual trauma experienced by adolescents.

Recently, dialectical behavior therapy for posttraumatic stress disorder (DBT-PTSD; Steil, Dyer, Priebe, Kleindienst, & Bohus, 2011) was elaborated from these two treatments, and recent data suggest that the approach was effective to reduce posttraumatic symptoms among a group of 29 adult victims of sexual abuse. Unfortunately, its impact on suicidal ideations was not assessed, and, thus, additional studies documenting the efficacy of such a combined treatment with adolescent survivors are needed.

Cohen, Mannarino, Kliethermes, and Murray (2012) recently published an article that described specific strategies to treat youth with complex trauma using TF-CBT. Among several suggestions, the authors mentioned devoting more time to the coping skills phase and implementing the TF-CBT safety component, which is used with children and adolescents endorsing self-harm and suicidal behaviors, early in the therapeutic process and as often as it is needed (Cohen et al., 2012). These strategies could optimize outcomes for adolescent survivors of CSA who report suicidal ideations, especially while knowing that empirical evidence suggests that some of the modifications recommended by these authors can impact positively several factors of youth with complex trauma (Cohen et al., 2012). Moreover, encouraging the development of appropriate coping skills is an important component of DBT (Miller et al., 2007), and as such, TF-CBT could favor a decrease in suicidal ideations. As with DBT-PTSD, studies evaluating more specifically the impact of TF-CBT on suicidal ideations among adolescent survivors of CSA are needed.

Findings of the present study have limitations. First, the current research relied exclusively on self-report measures, and the sample was limited to female adolescents. Future studies will need to consider strategies to recruit male participants, as the correlates of suicidal ideations may highlight gender specificities. Also, larger random samples of participants of both genders

would offer the possibilities of highlighting cues for the design of interventions tailored to the needs of both female and male victims of CSA. The use of a clinical and volunteer sample poses some restrictions to the generalization of the results. Moreover, participants' symptomatology could have varied in accordance with the time elapsed between the CSA and the Time 1 assessment, but unfortunately this variable was not documented among our sample. Despite our efforts to optimize the participation rate at Time 2 (including soliciting several phone numbers to reach participants, close partnership with the collaborating agencies, etc.), the attrition rate was important. Nevertheless, the longitudinal design of this study represents strength, as very few prospective studies investigating suicidal ideations among adolescent survivors of CSA have been conducted up to now.

This study provides support to prior studies that have identified that CSA is related to an increased risk of suicidal ideations in adolescents (Martin et al., 2004; Noll et al., 2003; Waldrop et al., 2007). It also suggests that adolescent victims of CSA might be significantly different from the general population given that PTS symptoms are better predictors of suicidal ideations a year later than a history of suicidal attempts. Moreover, our findings make important contributions with regard to variables that could help identify as well as treat adolescent survivors at risk or experiencing suicidal ideations. As a result, validated assessment tools measuring these variables, especially PTS symptoms, could help clinicians who are working with sexually abused adolescents. Additional studies investigating links between PTS symptoms, suicidal ideations, and CSA as well as studies evaluating the impact of therapeutic modalities on the reduction of suicidal ideations have to be conducted in order to limit the long-term consequences of CSA.

ACKNOWLEDGMENTS

The authors wish to thank the adolescents who participated in this study, along with Huguette Joly and the practitioners from the *Centre d'Intervention en Abus Sexuels pour la famille* (CIASF) and Anne Lauzon and practitioners from *Les Centres jeunesse de Montréal* and *Montérégie*.

FUNDING

This research was supported by a grant from the Centre de recherche interdisciplinaire sur les problèmes conjugaux et les agressions sexuelles (CRIPCAS) and by doctoral scholarships awarded to the first author by the Centre jeunesse de Montréal, the CRIPCAS, the Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes (CRIVIFF), the Équipe Violence Sexuelle et Santé (ÉVISSA), the Caisse Desjardins de Vaudreuil-Soulanges, and the Fondation Desjardins.

REFERENCES

Atkins, D. C., & Gallop, R. J. (2007). Rethinking how family researchers model infrequent outcomes: A tutorial on count regression and zero-inflated models. *Journal of Family Psychology*, *21*(4), 726–735. doi:10.1037/0893-3200.21.4.726

Aubin, J., Berthiaume, P., & Lavallée, C. (2002). Enquête sociale et de santé auprès des enfants et des adolescents québécois [The Québec Child and Adolescent Health and Social Survey] 1999. *Comprendre la famille VI*, 141.

Beck, A. T., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention: The Scale for Suicide Ideation. *Journal of Consulting and Clinical Psychology*, *47*(2), 343.

Beck, A. T., Steer, R., & Brown, G. (1996). *Beck Depression Inventory-II (BDI-II)*. San Antonio, TX: Psychological Corporation.

Brezo, J., Paris, J., Vitaro, F., Hébert, M., Tremblay, R. E., & Turecki, G. (2008). Predicting suicide attempts in young adults with histories of childhood abuse. *British Journal of Psychiatry*, *193*(2), 134–139. doi:10.1192/bjp.bp.107.037994

Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, *27*(10), 1205–1222.

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York, NY: Guilford Press.

Cohen, J. A., Mannarino, A. P., Kliethermes, M., & Murray, L. A. (2012). Trauma-focused CBT for youth with complex trauma. *Child Abuse & Neglect*, *36*(6), 528–541.

de Man, A., & Leduc, C. (1994). Validity and reliability of a self-report suicide ideation scale for use with adolescents. *Social Behavior and Personality*, *22*(3), 261–266. doi:10.2224/sbp.1994.22.3.261

de Man, A., Leduc, C., & Labrèche-Gauthier, L. (1993). A French-Canadian scale for suicide ideation for use with adolescents. *Canadian Journal of Behavioural Science*, *25*(1), 126–134. doi:10.1037/h0078786

Dilsaver, S. C., Benazzi, F., Akiskal, H. S., & Akiskal, K. K. (2007). Post-traumatic stress disorder among adolescents with bipolar disorder and its relationship to suicidality. *Bipolar Disorders*, *9*(6), 649–655. doi:10.1111/j.1399-5618.2007.00396.x

Evans, E., Hawton, K., Rodham, K., & Deeks, J. (2005). The prevalence of suicidal phenomena in adolescents: A systematic review of population-based studies. *Suicide and Life-Threatening Behavior*, *35*(3), 239–250. doi:10.1521/suli.2005.35.3.239

Fleischhaker, C., Böhme, R., Sixt, B., Brück, C., Schneider, C., & Schulz, E. (2011). Dialectical Behavioral Therapy for Adolescents (DBT-A): A clinical trial for patients with suicidal and self-injurious behavior and borderline symptoms with a one-year follow-up. *Child and Adolescent Psychiatry and Mental Health*, *5*. doi:10.1186/1753-2000-5-3

Gauthier, J., Morin, C., Thériault, F., & Lawson, J. (1982). Adaptation française d'une mesure d'auto-évaluation de l'intensité de la dépression. *Revue québécoise de psychologie*, *3*(2), 13–27.

Hébert, M., & Parent, N. (1999). *Version abrégée de la traduction française du Children's Impact of Traumatic Events Scale–Revised de V. V. Wolfe, C. Gentile,*

T. Michienzi, & L. Sas (CITES-R; 1991). Unpublished work. Ste-Foy, Québec, Canada: Université Laval.

Joiner, T. E. (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press.

Krysinska, K., & Lester, D. (2010). Post-traumatic stress disorder and suicide risk: A systematic review. *Archives of Suicide Research*, *14*(1), 1–23. doi:10.1080/13811110903478997

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*: New York, NY: Guilford Press.

Mann, J. J., Ellis, S. P., Waternaux, C. M., Liu, X., Oquendo, M. A., Malone, K. M. (2008). Classification trees distinguish suicide attempters in major psychiatric disorders: A model of clinical decision making. *Journal of Clinical Psychiatry*, *69*(1), 23–31. doi:10.4088/JCP.v69n0104

Martin, G., Bergen, H. A., Richardson, A. S., Roeger, L., & Allison, S. (2004). Sexual abuse and suicidality: Gender differences in a large community sample of adolescents. *Child Abuse & Neglect*, *28*(5), 491–503. doi:10.1016/j.chiabu.2003.08.006

Mazza, J. J. (2000). The relationship between posttraumatic stress symptomatology and suicidal behavior in school-based adolescents. *Suicide and Life-Threatening Behavior*, *30*(2), 91–103.

Mazza, J. J., & Reynolds, W. M. (1999). Exposure to violence in young inner-city adolescents: Relationships with suicidal ideation, depression, and PTSD symptomatology. *Journal of Abnormal Child Psychology*, *27*(3), 203–213. doi:10.1023/a:1021900423004

Miller, A. L., Rathus, J. H., & Linehan, M. M. (2007). *Dialectical behavior therapy with suicidal adolescents*: New York: Guilford Press.

Noll, J. G., Horowitz, L. A., Bonanno, G. A., Trickett, P. K., & Putnam, F. W. (2003). Revictimization and self-harm in females who experienced childhood sexual abuse results from a prospective study. *Journal of Interpersonal Violence*, *18*(12), 1452–1471.

Paolucci, E. O., Genuis, M. L., & Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *Journal of Psychology: Interdisciplinary and Applied*, *135*(1), 17–36.

Pietrzak, R. H., Goldstein, M. B., Malley, J. C., Rivers, A. J., Johnson, D. C., & Southwick, S. M. (2010). Risk and protective factors associated with suicidal ideation in veterans of operations Enduring Freedom and Iraqi Freedom. *Journal of Affective Disorders*, *123*(1–3), 102–107. doi:10.1016/j.jad.2009.08.001

Rathus, J. H., & Miller, A. L. (2002). Dialectical behavior therapy adapted for suicidal adolescents. *Suicide and Life-Threatening Behavior*, *32*(2), 146–157. doi:10.1521/suli.32.2.146.24399

Saunders, B. E., Berliner, L., & Hanson, R. (Eds.). (2004). *Child physical and sexual abuse: Guidelines for treatment* (Revised Report: April 26, 2004). Charleston, SC: National Crime Victims Research and Treatment Center.

Sigfusdottir, I. D., Asgeirsdottir, B. B., Gudjonsson, G. H., & Sigurdsson, J. F. (2008). A model of sexual abuse's effects on suicidal behavior and delinquency: The role of emotions as mediating factors. *Journal of Youth and Adolescence*, *37*(6), 699–712. doi:10.1007/s10964-007-9247-6

Steil, R., Dyer, A., Priebe, K., Kleindienst, N., & Bohus, M. (2011). Dialectical behavior therapy for posttraumatic stress disorder related to childhood sexual abuse: A pilot study of an intensive residential treatment program. *Journal of Traumatic Stress*, *24*(1), 102–106. doi:10.1002/jts.20617

Teri, L. (1982). The use of the Beck Depression Inventory with adolescents. *Journal of Abnormal Child Psychology*, *10*(2), 277–284. doi:10.1007/bf00915946

Waldrop, A. E., Hanson, R. F., Resnick, H. S., Kilpatrick, D. G., Naugle, A. E., & Saunders, B. E. (2007). Risk factors for suicidal behavior among a national sample of adolescents: Implications for prevention. *Journal of Traumatic Stress*, *20*(5), 869–879. doi:10.1002/jts.20291

Wolfe, V., Gentile, C., Michienzi, T., Sas, L., & Wolfe, D. (1991). The Children's Impact of Traumatic Events Scale: A measure of post-sexual abuse PTSD symptoms. *Behavioral Assessment*, *13*(4), 359–383.

AUTHOR NOTES

Marie-Eve Brabant, PhD, is a psychologist at Sainte-Justine University Hospital Centre (CHUSJ) in Montréal, Canada. Her research interests focus on depression, posttraumatic stress and suicidality in adolescents who have been sexually abused. She received her bachelor's degree from McGill University and her PhD from Université du Québec à Montréal.

Martine Hébert, PhD in psychology, is full professor in the Département de Sexologie at the Université du Québec à Montréal in Montréal, Canada. Her research interests center on the diversity of profiles in children and youth victims of interpersonal violence and the variables related to trajectories of resilience.

François Chagnon, PhD in psychology, is a retired teacher from the Département de Psychologie at the Université du Québec à Montréal in Montréal, Canada. His research interests include knowledge transfer, program evaluation, and adolescents' mental health.