Journal of The Gujarat Research Society

ISSN: 0374-8588
volume 21 Issue 7, July 2019

AN ADOLESCENT BEHAVIOUR RESULTING IN SUICIDE

Dr. Vinodh Kumar GC
Department of Humanities
Jain (Deemed-to-be University), Ramnagar District, Karnataka - 562112
Email Id- kumarvinodh666@gmail.com

Abstract

To determine whether pre-adolescent physical abuse raises the risk of adolescent suicidal behavior, to examine potential mediators and moderators of the relationship between preadolescent abuse and adolescent suicidality, and to examine whether distal (preadolescent) risk factors add to proximal (adolescent) factors in predicting suicidality. Preadolescent physical abuse was a robust, largely unmediated, independent predictor of adolescent suicidality. Only adolescent internalizing problems mediated the relationship. No risk factors moderated the relationship. Adolescent attachment to parents and internalizing problems contributed independently to the prediction of suicidality risk in abused and control subjects. The association between preadolescent physical abuse and adolescent suicidality is largely unmediated and unmoderated by well-documented risk factors for suicidality. Therefore, comprehensive interventions to reduce abusive parenting must begin when families enter the child protection system, along with therapeutic interventions with the children and adolescents.

Keywords: *Abuse Raises, Adolescent, Behaviour, Preadolescent Physical, Suicide*.

I. INTRODUCTION

The question of whether childhood physical abuse is an independent predictor of later suicidal behavior remains open. Extensive literature reviews of family factors, including abuse, suggest an association especially with suicide attempt. outcomes are mixed with reference to whether or not abuse is a predictor independent of other essential chance elements for suicidality. chance and protective factors for adolescent suicidality include some which can be well mounted, which includes melancholy, and a few with less regular empirical assistance, consisting of competitive behavior, peer help and social capabilities, parenting, and disturbing life events[1]. Abuse has once in a while, but not usually, been implicated as a hazard element. among research that blanketed formally showed abuse and top measures of suicidality, two

endorse that abuse is a specific predictor of suicide attempt, and one found that abuse become associated with suicidal danger factors inclusive of circle of relative's disintegration, depression, disruptive behavior problems, and substance abuse and dependence, but now not especially with tries[2].

Less nicely studied are the approaches pertaining to abuse and later suicidality, assuming confirmation of the association between abuse and adolescent suicidality. In a single network-primarily based potential look at, interpersonal problems mediated the effect of bodily abuse on later suicidality. Most other threat elements have no longer been cautiously examined for their capacity to play inside the approaches pertaining to abuse and suicidality. part of the purpose for endured ambiguity regarding the affiliation among infant abuse and later suicidality and the character of the approaches explaining the association is that maximum research of suicidal hazard have no longer had large enough samples of kids shown for abuse however now not referred for psychiatric or juvenile justice troubles[3]. The samples have typically consisted of patients admitted to treatment facilities for tried suicide or adolescent psychiatric inpatients. Abuse has commonly been assessed long after the fact and by means of retrospective document in interviews with youngsters or from chart reviews. studies based totally on big community samples have had terrible documentation of bodily abuse and of a generally low rate of abuse. Furthermore, the information is regularly no longer based totally on in depth assessments and isn't longitudinal. The existing study's underlying model of processes linking abuse and suicidality may be represented through an ecological framework that includes person factors including psychopathology and loneliness, interactive elements inclusive of supportive and abusive relationships with parents and friends, and outside contextual elements such as demanding lifestyles activities[4]. Those factors can be viewed as having proximal results close in time to the adolescent suicidal behavior or as incredibly distal effects in preadolescence. The prevailing study is designed to set up prospectively the affiliation between preadolescent physical abuse and adolescent suicidal conduct in shown cases of physically abused youngsters and no abused classmate controls followed approximately 7 years later once they have been inside the latter a part of high college. particularly, we examined the relationships among abuse and normally prevalent or theoretically hypothesized threat and protecting factors and suicidality to decide whether or not the proximal and distal hazard factors recommended with the aid of the literature delivered independently to abuse or mediated or moderated the hypothesized dating among early abuse and later suicidal conduct.

II. DISCUSSION

Adolescent Risk and Protective Factors

Verbal and physical abusive behavior in the relationships between adolescents and their parents during the adolescents_ high school years was assessed by our own adolescent interview. Early aggressive behavior, lack of parental supervision, academic problems, undiagnosed mental health problems, peer substance use, drug availability, poverty, peer rejection, and child abuse or neglect are risk factors associated with increased likelihood of youth substance use and

abuse. Risk factors that occur during early childhood further increase the risk of youth substance abuse. Risk factors of prolonged duration, for example, those that continue on from childhood through adolescence, are also associated with increased likelihood of youth substance abuse. Risk factors frequently associated with substance abuse are common across multiple disorders[5].

Not all youth will develop substance abuse problems, even if they have experienced these risk factors. Some individuals are exposed to protective factors that may keep them from using substances. The presence of multiple protective factors can lessen the impact of a few risk factors. For example, strong protection, such as parental support and involvement, could diminish the influence of strong risks, such as having peers who abuse substances. While risk and protective factors have been presented in different ways, the table below provides examples of risk and protective factors adapted from the National Research Council and Institute of Medicine[6].

Violent Behavior in Children and Adolescents

There is a great concern about the incidence of violent behavior among children and adolescents. This complex and troubling issue needs to be carefully understood by parents, teachers, and other adults[7].

Children as young as preschoolers can show violent behavior. Parents and other adults who witness the behavior may be concerned, however, they often hope that the young child will "grow out of it." Violent behavior in a child at any age always needs to be taken seriously. It should not be quickly dismissed as "just a phase they're going through!"

Range of Violent Behavior

Violent behavior in children and adolescents can include a wide range of behaviors: explosive temper tantrums, physical aggression, fighting, threats or attempts to hurt others (including thoughts of wanting to kill others), use of weapons, cruelty toward animals, fire setting, intentional destruction of property and vandalism[8].

Factors Which Increase Risk of Violent Behavior

Numerous research studies have concluded that a complex interaction or combination of factors leads to an increased risk of violent behavior in children and adolescents. These factors include:

- Previous aggressive or violent behavior
- Being the victim of physical abuse and/or sexual abuse
- Exposure to violence in the home and/or community

- Being the victim of bullying
- Genetic (family heredity) factors
- Exposure to violence in media (TV, movies, etc.)
- Use of drugs and/or alcohol
- Presence of firearms in home
- Combination of stressful family socioeconomic factors (poverty, severe deprivation, marital breakup, single parenting, unemployment, loss of support from extended family)
- Brain damage from head injury

What are the "warning signs" for violent behavior in children?

Children who have several risk factors and show the following behaviors should be carefully evaluated:

- Intense anger
- Frequent loss of temper or blow-ups
- Extreme irritability
- Extreme impulsiveness
- Becoming easily frustrated

Parents and teachers should be careful not to minimize these behaviors in children.

What can be done if a child shows violent Behavior

Whenever a parent or other adult is concerned, they should immediately arrange for a comprehensive evaluation by a qualified mental health professional. Early treatment by a professional can often help. The goals of treatment typically focus on helping the child to: learn how to control his/her anger; express anger and frustrations in appropriate ways; be responsible for his/her actions; and accept consequences. In addition, family conflicts, school problems, and community issues must be addressed[9].

Can anything prevent violent behavior in children

Research studies have shown that much violent behavior can be decreased or even prevented if the above risk factors are significantly reduced or eliminated. Most importantly, efforts should be directed at dramatically decreasing the exposure of children and adolescents to violence in the home, community, and through the media. Clearly, violence leads to violence.

In addition, the following strategies can lessen or prevent violent behavior:

- Prevention of child abuse (use of programs such as parent training, family support programs, etc.)
- Sex education and parenting programs for adolescents
- Early identification and intervention programs for violent youngsters
- Monitoring child's viewing of violence during their screen time including the Internet, tablets, smartphones, TV, videos, and movies[10].

III. CONCLUSION

A number of limitations need to be mentioned. First, the generalizability of the sample is restricted by the fact that we studied an urban sample consisting almost entirely of African American and Hispanic children. National statistics on abused children show that about half are nonminority. Next, our sample, including the matched control children, is representative of the demographics of the maltreatment register rather than the general population, which, because of a complicated set of factors, probably over represents lower and lower middle-class families. Conceivably, the relationship between abuse and suicidality may be different for nonminority groups and a broader range of social classes. We further note that interpretation of distal and proximal effects should be viewed with caution because the assessments of the hypothesized risk and protective factors at time 1 and time 2, although considered to be markers of comparable underlying constructs, did not always measure exactly the same thing. The choice of instruments was governed for the most part by subjects_ age, which determined the appropriateness of the informants and the complexity of the protocols. Finally, because the age at high suicide risk extends into young adulthood, the value of our findings would have been enhanced if we had been able to follow the adolescents into the next developmental stage.

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ISSN: 0374-8588
volume 21 Issue 7, July 2019

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