

Original Research

The Role of Childhood Sexual Abuse, Childhood Gender Nonconformity, Self-Esteem and Parental Attachment in Predicting Suicide Ideation and Attempts in Turkish Young Adults

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Abstract: Suicidal deaths and behavior in young people are major public health concerns. This study investigated the role of childhood sexual abuse (CSA), self-esteem, childhood gender nonconformity (CGN) and parental attachment in predicting suicidal ideation and attempts in 1203 (696 women) Turkish university students. Participants filled in a self-report questionnaire containing questions about suicidal behavior and measures of CSA, CGN, self-esteem and parental attachment. T-tests were used to compare sexes and point-biserial correlation coefficients were computed between predictor variables and suicidal behavior. Logistic regression analysis procedure was employed to identify the independent predictors of suicidal ideation and attempts. Of the total sample, 42.5% reported suicidal ideation and 11.5% suicide attempts. CSA made an independent contribution to the prediction of suicidal ideation. Low self-esteem was an independent predictor of suicidal ideation in both sexes and suicide attempts in women. CGN was an independent predictor of suicidal ideation in both sexes. Low attachment to mother for women and low attachment to father for men was significant predictors of suicidal ideation and attempts. Suicidal ideation and attempts are frequent events in university students. It is concluded that self-esteem, CSA, CGN and parental attachment should be taken into consideration in assessing of and designing interventions against suicide risk.

Keywords: suicidal behavior, CSA, self-esteem, CGN, attachment

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Thoughts of and attempts to kill oneself are usually shown to be the precursors for suicidal deaths (Shaw, Fernandes, & Rao, 2005; Reinherz, Tanner, Berger et al., 2006). Research shows that suicidal ideation and attempts are frequent events in university students (Garlow, Rosenberg, Moore et al., 2008). Despite non-approving sociocultural attitudes towards suicide (Eskin, 2004), and low (3.9 per 100,000 inhabitants) suicidal mortality (TSI, 2006), nonfatal suicidal behaviors in adolescents and young adults in Turkey are common. For instance, one study with Turkish university students found that 42% of the sample reported suicidal ideation during the past

12-months or lifetime, and 7% said that they attempted to kill themselves during their lifetime or in the past 12-months (Eskin, Kaynak-Demir, & Demir, 2005). A recent study with Turkish medical students found that 27.3% of sample had suicidal ideation and 6.4% attempted to kill themselves (Eskin, Voracek, Stieger et al., 2011). The largest proportion of suicidal deaths in Turkey fell in the age group of 15-24 (Oner, Yenilmez, Ayranci et al., 2007). Therefore, the subject of suicidal behavior in young segments of the population in Turkey deserves continued research attention.

Experience of childhood abuse is a risk factor for suicide. Research has consistently shown that instances of childhood physical and sexual abuse are related to indicators of poor mental health such as depression, posttraumatic stress disorder, suicidal behavior, borderline personality disorder and

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impulsivity (Spokas, Wenzel, Stirman et al., 2009; Clements-Nolle, Wolden, & Bargmann-Losche, 2009; Sarchiapone, Jaussest, Roy et al., 2009). One study with a birth cohort of more than 1000 New Zealand young adults showed that exposure to CSA and childhood physical abuse (CPA) associated with depression, anxiety disorder, conduct/anti-social personality disorder, substance dependence, suicidal ideation and attempts at ages 16-25 (Fergusson, Boden, & Horwood, 2008). Another study demonstrated that CSA and CPA had similar but stronger effects than molestation and verbal abuse on lifetime suicide attempts (Joiner, Sachs-Ericsson, Wingate et al., 2007).

Self-esteem is one of the most important protective factors against suicide. A wide range of research shows clearly that feelings of self-worth make people resilient during times of crises (Boscarino, & Adams, 2009; deRoon-Cassini, Mancini, Rusch et al., 2010; Wei, Liao, Ku et al., 2011). For instance Sharaf, Thompson, & Walsh, (2009) and Eskin, Ertekin, Dereboy et al. (2007) with high school students and Bhar, Ghahramanlou-Holloway, Brown et al. (2008) with adult psychiatric inpatients demonstrated that low self-esteem was a powerful predictor of suicide risk. An important indicator of self-worth is satisfaction with one's own body. Research done with young people (Kim, & Kim, 2009; Kim, 2009) suggests that body dissatisfaction is a serious risk factor for suicidal ideation. Low self-esteem is associated not only with suicide but also with depression in adolescents (Eskin, Ertekin, Harlak et al., 2008).

Warm, supportive, understanding and accepting relationships with parents are protective factors against an array of psychopathological conditions. Parental relations play an important role in the etiology of suicidal process. Satisfaction and communication with family/family members (An, Ahn, & Bhang, 2010; Sann, Tooding, Sisask et al., 2010) and care from mother (Grotmol, Ekeberg, Finset et al., 2010) were all found to be the predictors of low suicide risk in adolescents and adults. In a cross-cultural investigation of suicidal behaviors in Swedish and Turkish adolescents perceived supportfulness of parents was found to be an independent protective factor against suicide risk (Eskin, 1995). Parental relationships are most of the time conceptualized as attachment representations. Research show that unhealthy attachment styles (less secure and more avoidant) are associated with elevated risk for self-killing (Grunebaum, Galfalvy, Mortenson et al., 2009; Heider, Bernert, Matschinger et al., 2007; Peter, Roberts, & Buzdugan, 2008; Zeyrek, Gençöz, Bergman et al., 2009).

Childhood gender nonconformity (CGN) refers to the violations of social norms for gender appropriate behavior and identifications. It has important impact on the adult lives of gender nonconforming children. Gender nonformity is defined by Landolt, Bartholomew, Saffrey et al. (2004) as the relative absence of masculine/feminine traits and relative presence of feminine/masculine traits during childhood according to a child's gender, for instance boys playing with dolls instead of cars and girls playing war games instead of playing with dolls. CGN is often measured by play, activity and interest questionnaires (e.g., Yu, Winter and Xie, 2010; Zucker, Mitchell, Bradley et al. 2006). For young children CGN is assessed by parents' reports and for youth and adults it is assessed by self-report measuring instruments.

Gender nonconformity shows continuity from childhood to adolescence and adulthood (Golombok, Rust, Zervoulis et al., 2012), and is often studied in relation to sexual orientation. CGN in gay and bisexual men was found to be associated with parental and peer rejection (Dunne, Bailey, Kirk et al., 2000; Landolt, Bartholomew, Saffrey et al., 2004). Studies show that persons with a same-sex sexual orientation display more gender nonconforming behaviors during their childhood than those with an opposite-sex sexual orientation (Bailey, Miller, & Willerman, 1993; Rieger, Linsenmeier, Gygax et al., 2008). CGN was found to be related to psychological distress in homosexuals and more so for gay men than for lesbian women (Skidmore, Linsenmeier, & Bailey, 2006). Childhood gender nonconformity has also been documented to be associated with increased risk for suicide in lesbian, gay and bisexual persons (Friedman, Koeske, Silvestre et al., 2006; Plöderl, & Fartacek, 2009a; Plöderl, & Fartacek, 2009b). The results from a recent study by Rieger and Savin-Williams (2012) suggest that gender-atypical traits are more important for psychological health than same-sex sexual orientation per se. However, previous studies failed to investigate the impact of CGN on suicidal behavior in populations other than lesbian, gay and bisexual persons.

CSA, CGN, self-esteem and parental attachment are all interrelated phenomena. CSA is most probably related to CGN, low self-esteem and low parental attachment or vice versa. Interrelationships among these and other family related factors may pose methodological limitations in discerning the net associations of these factors with the risk for suicidality. Thus, the main purpose of this investigation was to identify independent contributions of aforementioned variables in predicting suicidal ideation and attempts in Turkish

university students with self-report data obtained from a cross-sectional research design. Based on the findings from the literature reviewed above, the following five hypotheses were developed and tested in this study:

1. The prevalence rates of suicidal behavior are high in Turkish university students.
2. Childhood sexual abuse is related to an increased risk for suicidality.
3. Low self-esteem is associated with a heightened risk for suicidality.
4. Childhood gender nonconformity is associated with an increased risk for suicidality.
5. Dissatisfaction with parental relationships is related to a heightened risk for suicidality.

Method

Participants

Participants in the study were 696 female and 507 male (N = 1203) students enrolled in three universities in Ankara (16.3%), Aydın (59.5%) and Mugla (24.2%). Of the total sample 34.7% were first year students; 26.0% second year; 16.1% third year; 19.1% fourth year and 4.1% were fifth year students. Participants' ages were between 17 and 32 years with a mean age of 20.9 (SD = 2.4). Men and women were similar in age. Men had a greater number of siblings (M = 2.44, SD = 2.12) than women (M = 2.03, SD = 1.51), $t(1201) = 3.91, p < 0.001$.

Measures

A self-report questionnaire was used to collect the data. It consisted of sections described below, developmental characteristics and sexual behaviors. Results related to developmental characteristics and sexual behaviors will be reported separately.

Sociodemographics

Participants were asked about their gender, age, year of study and number of siblings.

Suicidal behavior

There were five questions about past and current suicidal behavior which were responded as "Yes = 1" or "No = 0". They were:

1. Have you ever thought of killing yourself?
2. Have you, during the past 12-months, thought of killing yourself?
3. Do you have thoughts of killing yourself right now?
4. Have you ever made an attempt to kill yourself?

5. Have you, during the past 12-months, made an attempt to kill yourself?

Participants responding affirmatively to at least one of the first three questions were dichotomized as having suicidal ideation /or not, and participants responding affirmatively to either or both of questions 4 and 5 were dichotomized as having attempted suicide /or not.

Childhood Sexual Abuse (CSA)

Turkish versions of five items (Eskin, Kaynak-Demir, & Demir, 2005) from the sexual abuse factor of the Childhood Trauma Questionnaire (CTQ-CSA) (Bernstein, Fink, Handelsman et al., 1994) were used to assess participants' recollections of childhood sexual abuse. Cronbach's alpha was 0.96 for the total Turkish CTQ and alphas ranged from 0.94 to 0.96 for the factors of the Turkish CTQ (Aslan & Alparslan 1999). The CTQ uses a 5-point Likert scale response alternative. The response alternatives for CTQ-CSA items in this study were "Yes=1" or "No=0." To obtain a CSA score, the responses to these five questions were totaled. Thus, CSA scores ranged from 0 to 5, with higher scores representing more instances of childhood sexual abuse. The internal consistency reliability coefficient for the CTQ-CSA was 0.61 in this study. The lower reliability coefficient in this study may be due to the difference in response format mentioned above. The CTQ-CSA measures the occurrence or non-occurrence of sexual abuse during childhood. The five CTQ-CSA items are as follows:

1. When I was child, I had a sexual relationship with an adult person.
2. When I was child, someone tried to touch me in a sexual way or tried to make me touch them.
3. When I was child, someone threatened to hurt me or tell lies about me unless I did something sexual with them.
4. When I was child, someone tried to make me do sexual things or watch sexual things.
5. When I was child, I believe that I was sexually abused.

Childhood Gender Nonconformity (CGN)

In order to determine instances of childhood gender nonconformity 10 items representative of childhood gender atypicality and suitable within the Turkish cultural context were designed by the author. Participants rated 10 items on a 5-point Likert scale ranging from "not at all true of me (0)" to "completely true of me (4)". The 10 items were subjected to a factor analysis with the method of principle component analysis. The factor analysis identified three factors with eigenvalues greater than unity which accounted for 69.9% of the total variance. The alpha coefficients were 0.83 for the

Table 1: Factor analysis of childhood gender atypical behaviors.

Factors/Items	Loadings
Factor 1: Boy typical behaviors (Eigenvalue = 4.49; % variance = 44.93)	
When I was a child, I used to like to play with cars	0.83
When I was a child, I used to like to play war games	0.79
When I was a child, I used to like to play football	0.78
When I was a child, I used to like to play with male friends	0.69
Factor 2: Girl typical behaviors (Eigenvalue = 1.46; % variance = 14.64)	
When I was a child, I used to like playing house	0.82
When I was a child, I used to like to play with girlfriends	0.80
When I was a child, I used to like to play with dolls	0.66
When I was a child, I used to like to play with kitchen utensils	0.65
Factor 3: Cross gender identity (Eigenvalue = 1.03; % variance = 10.33)	
When I was a child, I used to like to wear opposite sex clothes	0.83
When I was a child, I used to like to be someone from the opposite sex	0.82

factor I, 0.86 for factor II and 0.57 for factor III. Factor scores were computed by summing the items in the factor divided by number of items. Thus, factor scores range from 0 to 4, with higher scores indicating higher factor content. For the English translations of the items and varimax rotated factor loadings see Table 1.

Rosenberg Self-Esteem Scale (RSES)

A Turkish adaptation (Çuhadaroglu, 1986) of the Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to measure self-esteem. It is a global measure of self-worth. The 10 items of the RSES are responded on a 5-point Likert scale ranging from "not at all true of me = 0" to "completely true of me = 4". A self-esteem score was computed by summing the 10 items divided by the number of items. Thus, the scores range from 0 to 4, with higher scores representing higher self-esteem. The alpha coefficient for RSES was 0.84 in this sample.

Parental Attachment (PA)

Parental attachment was assessed by the 12-item attachment to mother (PA-m) and the 12-item attachment to father (PA-f) scales (Raja, McGee, & Stanton, 1992). The PA-m and PA-f scales were translated into Turkish and their psychometric properties were assessed and were found to hold highly adequate reliability and validity (Gunaydin, Selcuk, Sumer et al., 2005). Participants rated the items on a 7-point Likert scale ranging from "Never = 0" to "Always = 6". A PA-m and a PA-f score were computed by summing the 12 items divided by the number of items. Thus, the scores ranged from 0 to 6, with higher scores representing higher levels of perceived parental attachment. The internal

consistency coefficients were 0.84 for Pa-m and 0.86 for the PA-f scales in this study.

Procedure

Data were collected during regular class hours, under conditions of full confidentiality and anonymity. To ensure full confidentiality and anonymity all voluntary participants were instructed not to write personal information on the questionnaire and they were provided with an empty C4 envelope to put the questionnaire in and return. No student declined participation. Twenty three questionnaires were discarded due to incomplete information. The researcher's institutional and e-mail addresses and telephone number were written on the cover page of the questionnaire. Participants were reminded that if they had personal concerns related to the research questions they could contact the researcher.

Statistical Analyses

The Statistical Packages for the Social Sciences for Windows (SPSS-9) was used to analyze the data. Percentages and crosstabulations of different forms of suicidal behavior by sex were computed. T-tests were used to compare the sexes. Stepwise logistic regression analysis procedure was employed to identify the factors associated with suicidal ideation and attempts according to gender. Prior to logistic regression analysis bivariate correlation coefficients between predictor variables and suicidal behaviors were computed and variables having statistically significant ($p < 0.05$) bivariate correlation coefficients with suicidal ideation and attempts were taken into the regression analyses. Six variables in men and women had statistically

Table 2: Means, standard deviations and bivariate correlations of variables with suicide ideation and attempts according to gender.

Variables	Means and Standard Deviations				Point-Biserial Correlations			
	Men		Women		Men		Women	
	Mean	SD	Mean	SD	Ideation	Attempt	Ideation	Attempt
Childhood sexual abuse	0.67	1.02	0.43	0.81	0.18**	0.11*	0.19**	0.10*
Childhood gender nonconformity								
Girl typical behaviors	1.13	0.77	3.16	0.88	0.19**	0.12**	0.01	-0.03
Boy typical behaviors	3.05	0.85	1.13	0.81	-0.03	-0.04	0.09*	0.08**
Cross-gender identity	0.19	0.52	0.50	0.84	0.10*	0.11*	0.16**	0.12***
Self-Esteem	2.93	0.72	2.98	0.75	-0.24**	-0.15**	-0.29***	-0.22***
Parental Relations								
Attachment to mother	4.34	1.00	4.39	1.15	-0.14**	-0.05	-0.24**	-0.20***
Attachment to father	4.00	1.18	3.81	1.30	-0.20**	-0.19**	-0.22**	-0.12***

* $p < 0.05$; ** $p < 0.01$

Table 3: Prevalence of suicidal ideation and attempts according to gender.

Suicidal behavior	Men		Women		Total	
	n	%	n	%	n	%
Suicidal ideation						
Life-time suicidal ideation	184	37.4	297	44.4	481	41.4
Past 12-months suicidal ideation	93	19.1	107	16.2	200	17.4
Current suicidal ideation	31	6.4	29	4.4	60	5.2
Life-time, past 12-months or current suicidal ideation	190	38.4	306	45.5	496	42.5
Suicide attempts						
Life-time suicide attempts	49	10.1	77	11.7	126	11.0
Past 12-months suicide attempts	15	3.1	17	2.6	32	2.8
Life-time or past 12-months suicide attempts	52	10.7	80	12.1	132	11.5

significant bivariate correlation coefficients with suicidal ideation. Five variables in men and 6 in women had statistically significant bivariate correlation coefficients with suicide attempts (see Table 2).

Results

Means and standard deviations of and bivariate correlation coefficients between predictor variables and suicidal behavior are presented in Table 2. Men reported greater number of CSA instances than women ($t(1201) = 4.36, p < 0.001$). Women remembered more instances of girl typical behaviors ($t(1201) = 41.51, p < 0.001$) and cross-gender identity ($t(1201) = 7.29, p < 0.001$) than men while men remembered more instances of boy typical behaviors than women during childhood ($t(1201) = 39.79, p < 0.001$). Men had stronger attachment to their fathers than women ($t(1201) = 2.58, p < 0.05$).

The prevalence rates of suicidal thoughts and attempts are presented in Table 3. While men and

women were similar on past 12-months and current suicidal ideation, and life-time and past 12-months suicide attempts, significantly more women reported to have had life-time suicidal ideas than men ($\chi^2 = 5.72, p < 0.05$).

Results of the two logistic regression analyses on men's and women's suicidal ideation are presented in Table 4. As the table shows, low self-esteem, childhood girl typical behaviors, greater number of CSA instances and low attachment to father were associated with men's suicidal ideation. Low self-esteem, low attachment to mother, greater number of CSA instances, childhood boy typical behaviors and low attachment to father were related to women's suicidal ideation.

Results of the two logistic regression analyses on men's and women's suicide attempts are presented in Table 5. As the table shows, low attachments to father and greater number of CSA instances were related to suicide attempts in men. Low self-esteem and low attachment to mother were associated with women's suicide attempts.

Table 4: Predictors of suicidal ideation according to gender.

Participants' gender, Step number and Predictors	Suicidal ideation = 1; No suicidal ideation = 0						
	β^a	SE ^b	Wald	df ^c	p-value	OR ^d	%95 CI ^e
Men							
Constant	-0.51	0.10	27.84	1	0.0000		
1. Self-Esteem	-0.68	0.14	23.31	1	0.0000	0.51	0.39-0.67
2. Childhood girl typical behaviors	0.53	0.13	16.15	1	0.0000	1.70	1.31-2.21
3. Childhood sexual abuse	0.29	0.10	8.37	1	0.0038	1.34	1.10-1.63
5. Attachment to father	-0.23	0.09	6.52	1	0.0107	0.79	0.67-0.95
Women							
Constant	-0.22	0.08	7.68	1	0.0056		
1. Self-Esteem	-0.83	0.12	48.02	1	0.0000	0.44	0.34-0.55
2. Attachment to mother	-0.35	0.08	20.07	1	0.0000	0.70	0.60-0.82
3. Childhood sexual abuse	0.38	0.12	10.50	1	0.0012	1.46	1.16-1.83
5. Childhood boy typical behaviors	0.26	0.11	6.02	1	0.0142	1.30	1.05-1.61
6. Attachment to father	-0.16	0.08	4.57	1	0.0047	0.85	0.73-0.99

^a Coefficient ; ^b Standard Error; ^c Degrees of Freedom; ^d Odds Ratio; ^e Confidence Interval

Table 5: Predictors of suicidal attempts according to gender.

Participants' gender, Step number and Predictors	Suicidal attempt = 1; No suicidal attempt = 0						
	β^a	SE ^b	Wald	df ^c	p-value	OR ^d	%95 CI ^e
Men							
Constant	-2.17	0.15	198.32	1	0.0000		
1. Attachment to father	-0.47	0.12	14.99	1	0.0001	0.63	0.50-0.79
2. Childhood sexual abuse	0.28	0.14	4.35	1	0.0371	1.33	1.02-1.73
Women							
Constant	-2.01	0.13	256.33	1	0.0000		
1. Self-Esteem	-0.79	0.16	25.68	1	0.0000	0.45	0.33-0.62
2. Attachment to mother	-0.41	0.10	15.81	1	0.0001	0.66	0.54-0.81

^a Coefficient ; ^b Standard Error; ^c Degrees of Freedom; ^d Odds Ratio; ^e Confidence Interval

Discussion

The study investigated the role of CSA, CGN, self-esteem and parental attachment in the prediction of suicidal ideation and attempts in Turkish university students. The study documented that 42.5% of the sample thought of killing themselves and 11% said that they attempted to kill themselves. The prevalence rates observed in this study support the first hypothesis and are consistent with findings from previous studies involving Turkish university (Eskin, Kaynak-Demir, & Demir, 2005), medical (Eskin, Voracek, Stieger et al., in press) and high school students (Eskin, 2004; Eskin, Ertekin, Dereboy et al., 2007). The high prevalence rates of nonfatal suicidal behaviors in Turkish young people seem to be paradoxical given the fact that suicidal mortality is relatively low in Turkey.

Exposure to any type of trauma during one's childhood may have long-lasting impact on psychological health. Among trauma types, CSA has the most devastating effect on mental health. CSA in

this study was hypothesized to be associated with an increased risk for nonfatal suicidal behavior. Consistent with the literature (Fergusson, Boden, & Horwood, 2008; Joiner, Sachs-Ericsson, Wingate et al., 2007; Spokas, Wenzel, Stirman et al., 2009) the findings from this study showed that childhood sexual abuse was associated with past and present thoughts of killing oneself in both men and women but CSA was not related to suicide attempts. Thus, the second hypothesis was partially supported. A total of 377 (33.5%) students experienced at least one instance of sexual abuse. Significantly more men 39.3% (n = 189) than women 29.1% (n = 188) reported being exposed to at least one instance of CSA, $\chi^2 = 12.9$, $df = 1$, $P < 0.001$. Sexual purity of women is seen as the honor of the family within the Turkish culture. In general it is more difficult for men to disclose instances of sexual abuse than it is for women. Within this sociocultural matrix adult male sexual aggression may be directed more often to boys than girls (Eskin, 1999).

Self-esteem is of central importance for psychological functioning and adjustment. Persons

who have adequate self-esteem are more resilient than those with low levels of self-esteem (Stewart & Yuen 2011). Nonfatal suicidal behavior has usually been considered as an individual's response to a crisis situation and hence a cry for help. When confronted with a crisis situation persons with low self-esteem may be overwhelmed and engage in suicidal ideation or attempts. Consistent with earlier work (Bhar, Ghahramanlou-Holloway, Brown et al., 2008; Eskin, Ertekin, Dereboy et al., 2007; Kim, & Kim, 2009; Kim, 2009; Sharaf, Thompson, & Walsh, 2009) the findings from this study showed self-esteem to be related to suicidal ideation in both men and women. Self-esteem was associated with suicide attempts only in women. Thus, the third hypothesis obtained empirical support. A previous study with Turkish high school students found self-esteem to be an independent predictor of suicidal risk scores in both boys and girls (Eskin, Ertekin, Dereboy et al., 2007).

There are specific social norms a boy or a girl should follow in every society. Some children are gender atypical regarding gender related social norms. As one can easily anticipate nonconformity to socially prescribed gender roles or norms may have serious consequences for the individual. Studies have shown that childhood gender atypicality is associated with social rejection, victimization and psychological distress (Dunne, Bailey, Kirk et al., 2000; Landolt, Bartholomew, Saffrey et al., 2004; Toomey, Ryan, Diaz et al., 2010). Victimization due to lesbian, gay, bisexual or transgender status mediates the relationship between gender nonconformity and psychological distress (Toomey, Ryan, Diaz et al., 2010). In line with the literature, the results from this study showed that recollections of memories of CGN were related to suicidal ideation in both men and women. Thus the data provided support for the fourth hypothesis.

The quality of parental relationships is an important aspect of psychological development and functioning. The literature has produced strong evidence that dissatisfaction with parental and/or family relationships was associated with increased risk for suicide in young people (An, Ahn, & Bhang, 2010; Eskin, 1995; Samm, Tooding, Sisask et al., 2010). It was predicted in this study that perceived dissatisfaction with parental relationships would be related to an increased risk for suicidality. The data supported this prediction. Low perceived attachment to parents was found to be an independent predictor of suicide ideation and attempts in both men and women. The results from this investigation showed that the impact of perceived attachment to father and mother on risk for suicide varied according to participants' gender. It seems that attachment to father has greater impact for men's while attachment

to mother has greater impact for women's suicidality. Most of the previous studies did not analyze this issue according to gender. In this respect the present findings make an important contribution to the literature. In a study with South African young females maternal closeness was found to have significant impact on suicidal ideation (Gilreath, King, Graham et al., 2009).

There are some limitations of the present cross-sectional study. First, the study tested the relationship between childhood events such as CSA and CGN to outcomes years later such as suicidal ideation and attempts. The relationship between CSA and CGN and suicidal behavior without any consideration of life experiences and social support poses methodological limitations for the validity of observed associations. Second, the experience of suicidal behavior in combination with psychopathology may change peoples' perceptions of themselves and their past. For instance, it is known that suicidal thoughts and attempts concur most of the time with depression (Garlow, Rosenberg, Moore et al. 2008). In a depressive mood people remember mostly negative events and may distort personal past to fit it into their current depressive mood state. Third, the data on suicide attempts were based on responses to two closed ended questions. Responding to such questions some participants may have reported some suicidal gestures as suicide attempt. This may pose limitations on the validity of this kind of data.

Despite low suicidal mortality in Turkey, the results from this and other studies show that the prevalence rates of self-reported nonfatal suicidal behavior in young and educated segments of the Turkish population are high. The author has conducted a number of cross-cultural studies comparing Turkish high school and university students with their Swedish (Eskin, 1999) and Austrian (Eskin et al., 2011) counterparts to clarify the etiology of this paradoxical situation. The results from these cross-cultural comparisons revealed that Turkish students displayed more accepting social attitudes towards suicidal peers than their Swedish and Austrian peers. Accepting social attitudes towards suicidal individuals in Turkey may render it easy for suicidal persons to disclose their suicidal crises and thereby ask for help. In line with this, another cross-cultural study (Eskin, 2003) involving Swedish and Turkish high school students found that more Turkish than Swedish adolescents reported having disclosed their suicidal thoughts to persons in their social surrounding.

The findings from this study may have several implications for clinical practice and theory building. First, interventions targeting to reduce rates of suicidal ideation and attempts in young populations are needed. Second, low self-esteem, CSA, CGN and dissatisfaction with parental relationships should be given serious consideration for the assessment of suicide risk. Third, interventions should be implemented to increase self-esteem and positive relationships with parents, and to diminish the negative effects of CSA and CGN. Finally, social policies and interventions should be implemented in order to prevent the occurrence of CSA.

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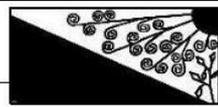
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