

# Prevalence and Risk Factors of Suicidal Ideation among Victims of Child Sexual Abuse Seen at the Philippine General Hospital Child Protection Unit

Pia Angelica G. Vega, MD<sup>1</sup> and Riza C. Lorenzana, MD<sup>2</sup>

<sup>1</sup>Department of Pediatrics, Philippine General Hospital, University of the Philippines Manila

<sup>2</sup>Child Protection Unit, Philippine General Hospital, University of the Philippines Manila

## ABSTRACT

**Objectives.** Suicidal ideation is a serious concern even among the pediatric population. This study aimed to determine its prevalence among victims of child sexual abuse and the factors that may contribute to its occurrence.

**Methods.** A cross-sectional analytic study was done using medical records of 393 victims of child sexual abuse seen at the PGH CPU from 2017–2019. A logistic regression analysis was performed to assess the associations of age, sex, closest relation to perpetrator, mode, and chronicity of sexual abuse to the presence of suicidal ideation.

**Results.** The prevalence of suicidal ideation among victims of child sexual abuse is 28%. The factors that were found to have a statistically significant association with suicidal ideation were age and closest relation to perpetrator. For each additional year from 6 to 17 years of age, the odds of having suicidal ideation increased by a factor of 1.33 (95% CI 1.19, 1.49;  $p < 0.001$ ). Victims who were abused by an immediate family member had increased odds of suicidal ideation by a factor of 2.12 (95% CI 1.12, 4.03;  $p = 0.021$ ).

**Conclusion.** Suicide is prevalent among victims of child sexual abuse. A high index of suspicion should be given to older adolescents and those whose perpetrators are immediate family members.

*Keywords: suicidal ideation, child abuse, sexual abuse, mental health*

## INTRODUCTION

Sexual abuse has long been a prevalent issue across various populations regardless of age, sex, and gender. Children who become victims of these crimes experience negative effects on their lives including their mental health. Suicidal behavior is prevalent in this group of children due to depression, trauma, and shame.<sup>1</sup>

In the Philippines, there are 106 Women and Children Protection Units located in 10 cities and 55 provinces that cater to victims of abuse. One of them is located in the Philippine General Hospital (PGH). In PGH, the Child Protection Unit (CPU) uses a multidisciplinary approach that includes medical, social, legal, and forensic services. Part of the evaluation of each patient is the mental health screening using standardized tools to screen for psychological trauma or suicide risk among the victims.<sup>2</sup> Once children are seen to be at high risk for psychological trauma, they are seen by child psychiatrists for in-depth evaluation and further management.

According to the National Baseline Study on Violence against Children in 2016, 17.1% of children from 13 to <18 years old have experienced sexual violence. Most of these

Corresponding author: Pia Angelica G. Vega, MD  
Department of Pediatrics  
Philippine General Hospital  
University of the Philippines Manila  
Taft Avenue, Ermita, Manila 1000, Philippines  
Email: pgvega@up.edu.ph

cases occurred during dating (14.1%), at home (13.7%), in the community (7.8%), in the workplace (7.1%), and school (5.3%).<sup>3</sup>

The most common perpetrators at home were fathers and brothers. Methods of sexual abuse at home include unwanted touching (3%), taking of sex videos/photos (1.3%), forced attempted sex (1.9%), and forced consummated sex (1.6%). In the community, the most common were neighbors, addicts, gangsters, and strangers. The most common methods of sexual coercion include verbal insistence (33.9%), “sweet-talking,” (30.4%), and verbal deception (23.2%). In school, the most common age group where sexual violence was seen was from 16–18 years (27.5%), followed by 13–15 years (22%), 10–12 years (9.9%), and lastly, 6–9 years (3.3%). Forced consummated sex, or sex with oral, anal, or vaginal penetration, was seen in 3.2% of the population.<sup>3</sup>

In a systematic review by Perez-Gonzalez and Pereda (2015), the results of 16 studies showed that victims of childhood sexual abuse had a 2- to 3-fold higher risk of developing suicidal ideations and 3- to 4-fold higher risk of attempted suicide than the normal population.<sup>4</sup> A similar prevalence was seen in a study by Yoon, Cederbaum, and Schwartz (2018), which showed that adolescents who previously experienced sexual abuse were 3.08 times more likely to have suicidal ideations.<sup>5</sup> In a study by Plunkett, O’Toole, Swanston, et al. (2001), they found that the suicide rate of people who experienced child sexual abuse was 10.7 to 13 times the national Australian rates.<sup>6</sup> Shame and depressive symptoms partially mediated the relationship between self-blame and suicidal ideations in these victims, according to a study by Alix et al (2017).<sup>1</sup> In the Philippines, local data from the study by Ramiro, Madrid, and Brown (2010) showed that victims of childhood sexual abuse were 5 times more likely to attempt to commit suicide.<sup>7</sup>

According to a time-trend analysis and literature review of suicide in the Philippines from 1974–2005 by Redaniel, Lebanan-Dalida, and Gunnell (2011), women had higher rates of suicide attempts than males, but males had a higher case fatality than females due to their use of more lethal methods.<sup>8</sup> Based on the mental health surveillance among children in the US from 2005–2011, the suicide rate was higher for older children aged 15–19 years than younger children aged 10–14 years.<sup>9</sup>

Perpetrator identity and the frequency and form of sexual abuse were also found to affect suicidal ideations. A study by Brezo, Paris, Vitaro, et al. (2008) found out that the relative risk of suicidal ideation increased as the degree of the relation of the victim and the perpetrator increased, i.e., victims of abuse by a perpetrator who was an immediate family member were more likely to report suicidal ideation compared to victims of abuse by an extended family member or a non-related person.<sup>10</sup> On the contrary, one study by Unlu and Cakaloz (2016) showed that suicidal ideations were more common in sexual dating victims than in those who experienced incest and other forms of child sexual abuse.<sup>11</sup>

Revictimization was also related to an increased probability of having suicidal ideations.<sup>11</sup> A study by Fergusson, Boden, and Horwood (2008) showed that children who were sexually abused involving attempted/completed sexual penetration had 1.4 times higher rates of suicidal ideation than those who had sexual contact but no attempted/completed penetration (e.g., sexual fondling, genital contact, attempts to undress the respondent), and 2.3 times higher than those who had non-contact sexual abuse (e.g., indecent exposure, public masturbation, unwanted sexual propositions).<sup>12</sup>

In a study by Edinburgh, Pape-Blabolil, Harpin et al. (2014), they found out that although with high prevalence, there was no statistically significant difference between the rates of non-suicidal self-harm, suicidal thoughts, and suicidal attempts in single versus multiple perpetrators.<sup>13</sup>

Suicide prevention is vital especially in high-risk and vulnerable populations such as these children. This study aims to determine the prevalence of suicidal ideations among children who experience sexual abuse, and to heighten the awareness of the healthcare workers, government officials, and the community regarding the factors that are associated with a higher risk for suicidal ideations so that appropriate interventions and preventive strategies can be made. It can be used as a tool to strengthen the laws and policies that aim to protect the victims of child sexual abuse.

## MATERIALS AND METHODS

### Definition of Terms

1. **Children** – persons below eighteen (18) years of age. In this study, only children from 6 to below 18 years old were included based on the limitations of the study.
2. **Child sexual abuse** – “the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in or assist another person to engage in sexual intercourse or lascivious conduct, or the molestation, prostitution, or the commission of incestuous acts, on, a child.”<sup>14</sup>
3. **Suicidal ideation** – “passive thoughts about wanting to be dead or active thoughts about killing oneself, not accompanied by preparatory behavior”<sup>15</sup>
4. **Immediate family member** – includes the victim’s father, mother, brother, sister, stepfather, stepmother, stepbrother, stepsister, mother’s partner, or father’s partner
5. **Extended family member** – includes the victim’s uncles, aunts, grandparents, cousins, nephews, nieces and in-laws
6. **Non-family member** – not belonging to the victim’s immediate or extended family
7. **Penetrating** – includes the following modes of sexual abuse: anal contact with the finger, anal contact with a foreign object, anal contact with the penis, genital contact with the finger, genital contact with a foreign object, genital contact with penis/vagina, oral copulation of genitals of the assailant by the victim, and oral copulation of genitals of victim by assailant

8. **Nonpenetrating** – other modes of sexual abuse not satisfying the definition of penetrating as listed above, including but not limited to the following: exhibitionism, fondling, licking/kissing, masturbation of assailant by self, masturbation of assailant by the victim, and taking photos/videos of the victim in a sexual context

## Research Design

This is a cross-sectional analytic study to determine the prevalence of suicidal ideation among victims of child sexual abuse seen at the PGH CPU and to determine the relation of specific factors (i.e., age of the victim, sex of victim, relation to the perpetrator, mode of sexual abuse, and chronicity of sexual abuse) to the prevalence of suicidal ideation.

## Study Population

**Inclusion Criteria.** This study included victims of child sexual abuse aged 6 to below 18 years old seen at the PGH CPU from years 2017 to 2019.

**Exclusion Criteria.** Victims of sexual abuse less than 6 years old were excluded from the study since the questionnaire used, i.e. Psychological Trauma Assessment Questionnaire (PTAQ), was made to cater for ages 6-18 years old only.

## Sample Size Calculation

To have an estimate of the prevalence of suicidal ideation among victims of child sexual abuse that is 46% based on a study by Alix, et al. (2017), with a margin of error of 10% and 95% confidence, a total of 393 patients were included in this study.<sup>1</sup> A 10% margin of error was chosen to achieve a sample size that is more feasible given the duration of the study.

## Description of Study Procedure

### Data Collection

The protocol was approved by the University of the Philippines Manila Research Ethics Board (UPM REB) before data collection. Personal identifiers such as names and contact information remained strictly confidential and were not included in data gathering. Participants were assigned numerical codes for data profiling and analysis. Anonymity and confidentiality were ensured throughout the whole process.

A waiver of informed consent was requested from the UPM REB panel since the research was only a review of medical records, and anonymity was maintained preventing the identification of the individuals to whom the data pertain. This was following the National Ethical Guidelines of Health and Health-related Research 2017 (provision 11.2).

The permission for data collection was requested from the Office of the Deputy Director for Health Operations (DDHO), who granted authority to the principal investigator and research assistant to access medical records. The principal investigator secured a permit to conduct research.

The research assistant was trained to ensure the privacy and confidentiality of data.

Using the PGH CPU database, the consults for child sexual abuse from 2017–2019 were extracted by the principal investigator. A random number generator was used to randomly select 393 consults from the said time duration, selecting 131 patients per year. The following variables were obtained: age, sex (male or female), number of perpetrators (single or multiple), closest relation to the perpetrator (immediate family member/extended family member/non-family member), mode of sexual abuse (penetrating or nonpenetrating), frequency of sexual abuse (single or multiple episodes), and the presence of suicidal ideations (with or without). The information about suicidal ideation was extracted from the Psychological Trauma Assessment Questionnaire (PTAQ) or via the CPU database. The PTAQ by Leynes (2015) is a questionnaire used in the PGH CPU as a means of determining the risk for psychological disturbance or self-harm of the patients. This questionnaire is used for children 6–18 years old. Symptoms must be present during the last week before the test, and should have newly occurred or have become worse after the abuse incident. In the second part of the questionnaire, the question “*May balak magpakamatay/ Nagtangkang magpakamatay*” [made plans to kill self/attempted to kill self] was used to determine the presence or absence of suicidal ideations. If the PTAQ were unavailable, data regarding suicidal ideations were retrieved from the interview transcripts or physician notes from the CPU database.

## Encoding and Processing

The data collected were encoded and tallied by the principal investigator using Microsoft Excel. Each patient was assigned a code to ensure the confidentiality of data. The data were stored in the principal investigator's laptop which was secured by a password accessible to the principal investigator only.

## Statistical Analysis

Categorical data were presented in terms of frequencies and percentages. Continuous data were presented using the median and the interquartile range. A logistic regression analysis was performed to assess the simultaneous associations of different factors with suicidal ideation. The resulting model was found to fit and explain the data reasonably well, compared to a model without any explanatory factors (Model goodness of fit using Chi-square likelihood ratio test,  $p$ -value =  $2.19 \times 10^{-7}$ ). A  $p$ -value of less than 0.05 was considered significant for all tests. R statistical software was used in all analyses.<sup>16</sup>

## RESULTS

A total of 393 participants were involved in this study, consisting of 131 participants per year from 2017

**Table 1.** Summary of Suicidal Ideation and Potentially Associated Factors

Variable	Overall N = 393	Year		
		2017 N = 131*	2018 N = 131*	2019 N = 131*
<b>Suicidal Ideation</b>				
With	105 (28%)	29 (22%)	33 (26%)	43 (36%)
Without	275 (72%)	101 (78%)	96 (74%)	78 (64%)
Unknown	13	1	2	10
<b>Age in years<sup>†</sup></b>	14.0 (11.0, 15.0)	14.0 (11.0, 15.0)	14.0 (12.0, 15.0)	14.0 (11.0, 15.0)
<b>Sex</b>				
Female	372 (95%)	126 (96%)	126 (96%)	120 (92%)
Male	21 (5.3%)	5 (3.8%)	5 (3.8%)	11 (8.4%)
<b>Number of Perpetrators</b>				
multiple	54 (14%)	22 (17%)	13 (10%)	19 (15%)
single	336 (86%)	109 (83%)	116 (90%)	111 (85%)
Unknown	3	0	2	1
<b>Mode of Sexual Abuse</b>				
Nonpenetrating	61 (16%)	17 (13%)	20 (16%)	24 (19%)
Penetrating	317 (84%)	110 (87%)	103 (84%)	104 (81%)
Unknown	15	4	8	3
<b>Frequency of Sexual Abuse</b>				
Multiple	232 (61%)	81 (64%)	72 (58%)	79 (62%)
Single	146 (39%)	46 (36%)	52 (42%)	48 (38%)
Unknown	15	4	7	4
<b>Closest Relation to Perpetrators</b>				
Extended family member	81 (21%)	32 (24%)	25 (19%)	24 (18%)
Immediate family member	75 (19%)	23 (18%)	24 (18%)	28 (21%)
Non-family member	237 (60%)	76 (58%)	82 (63%)	79 (60%)

\* Statistics presented: n (%); † Statistics presented: median (IQR)

**Table 2.** Logistic Regression Analysis of Factors Affecting Suicidal Ideation

Characteristic	OR*	95% CI*	p-value
<b>Age in years</b>	1.33	1.19, 1.49	<0.001
<b>Number of Perpetrators</b>			
Single	—	—	
Multiple	1.39	0.70, 2.70	0.3
<b>Mode of Sexual Abuse</b>			
Nonpenetrating	—	—	
Penetrating	1.51	0.73, 3.33	0.3
<b>Frequency of Sexual Abuse</b>			
Single	—	—	
Multiple	1.2	0.69, 2.09	0.5
<b>Closest Relation to Perpetrator</b>			
Non-family member	—	—	
Extended family member	1.31	0.66, 2.55	0.4
Immediate family member	2.12	1.12, 4.03	0.021

\* OR = Odds Ratio; CI = Confidence Interval; Bold = Statistically significant at alpha = 0.05; Model Goodness of Fit using Chi Square Likelihood Ratio Test: P-Value =  $2.30 \times 10^{-7}$

to 2019. Out of 393 participants, 380 reported either the presence or absence of suicidal ideation, while the statuses of the remaining 13 were unknown. In the computation for prevalence, the total number of participants (N) excluded the 13 participants with unknown data. Based on this research, the prevalence of suicidal ideation among the victims of child sexual abuse was estimated to be 28% (95% CI 23 to 32).

Data from 2017–2019 showed that more victims were female (95%), had a single perpetrator (86%), had multiple episodes of sexual abuse (61%), experienced sexual abuse with penetration (84%), and had perpetrators who were non-family members (60%) (Table 1). The perpetrators classified under non-family members included boyfriends, friends, acquaintances, text mates/chatmates, neighbors, friends of family members, coworkers of family members, teachers, school personnel, and strangers.

As shown in Table 2, the following factors were found to have a statistically significant association with suicidal ideation:

1. **Age in years.** For each additional year, the odds of having suicidal ideation increased by a factor of 1.33 (95% CI

of 1.19 - 1.49). This was statistically significant with a p-value < 0.001.

2. **The closest relation to perpetrator.** Victims who were abused by an immediate family member, compared to non-family members (only), had increased odds of suicidal ideation by a factor of 2.12 (95% CI of 1.12 to 4.03). This was statistically significant with a p-value = 0.021.

The following factors were found to increase the odds of suicidal ideation, but the effects were not statistically significant.

1. **Number of perpetrators.** Victims with multiple perpetrators, compared to single perpetrators, increased the odds of suicidal ideation by a factor of 1.39.
2. **Mode of sexual abuse.** Victims with penetrating sexual abuse, compared to a nonpenetrating type of sexual abuse, increased the odds of suicidal ideation by a factor of 1.51.
3. **Frequency of sexual abuse.** Victims with multiple episodes of sexual abuse, compared to single abuses, had increased odds of suicidal ideation by a factor of 1.2.
4. **Closest relation to perpetrator.** Victims who were abused by extended family members (no other abuser with a closer relationship), compared to those abused by non-family members (only), had increased odds of suicidal ideation by 1.31.

Because the distribution of sex was very asymmetric in this study, it was not included in the regression analysis.

## DISCUSSION

Suicidal ideation is affected by biological, psychological, and social factors. In this study, we focused on its prevalence among the pediatric population who experienced a stressful life event which was sexual abuse. Two of the factors that showed statistically significant effects on suicidal ideation were age and relation to the perpetrator.

### Age in years

Among victims of child sexual abuse, for each additional year from age 6 to 17 years, the odds of having suicidal ideation increased by a factor of 1.33 (95% CI 1.19, 1.49;  $p < 0.001$ ). Suicidal ideation was more prevalent in the late teenage years. Adolescence is a period of vast changes in cognitive development and emotional response to various stimuli. As children go through this stage, their cognitive abilities develop and they become more capable of discerning the implications and effects of life experiences. Adolescents who experience sexual abuse are more aware of the negative effects that this may have on their lives, such as having unplanned pregnancies, sexually-transmitted diseases, and experiencing social stigma. Adolescents also have more access to the portrayal of suicide in media compared to

young children. A study by Gould, Kleinman, Lake, et al. (2014) showed that media coverage of teenage suicide had been linked to suicide clustering among adolescents.<sup>17</sup> The greater cognitive ability of adolescents to discern the consequences of sexual abuse, their exposure to media reports of suicide, as well as their deeper understanding of morality and self-worth, may contribute to their heightened emotional response to such adverse life events compared to younger children. Compared to adults, however, the cognitive abilities and emotional processing of adolescents are still underdeveloped. Certain parts of the brain such as the limbic system that controls emotions, and the prefrontal cortex that controls planning and decision-making, are still developing in adolescents making them more susceptible to have impulses (e.g., suicidal ideations) during instances that provoke intense emotional arousal, such as in sexual abuse. Neurobiological research also found evidence that suicidal ideations among children and adolescents are correlated with disturbances in the serotonergic system, disturbances of the hypothalamic-pituitary-adrenal (HPA) axis, and irregularities in growth hormone secretion.<sup>18</sup>

Young children, on the other hand, may or may not yet fully comprehend the situation or grasp its severity, especially when there was only minimal sexual education from the caregivers or the school. They may sense that something is wrong, but some are confused and may not understand it completely. This does not mean, however, that young children are not capable of suicidal ideations. In this study, the youngest child who had suicidal ideation was 8 years old. Although older adolescents are more at risk for suicidal ideations, adequate psychological support must be given to all victims of sexual abuse since sexual abuse itself is a risk factor for suicidal ideation across all ages.

### Closest relation to the perpetrator

Victims who were abused by an immediate family member (e.g., father, stepfather, mother's partner, brother, stepbrother) had increased odds of suicidal ideation by a factor of 2.12 (95% CI 1.12, 4.03;  $p = 0.021$ ) compared to those abused by non-family members only. Thus, the relation of the victim to the perpetrator is a risk factor for suicidal ideation.

The immediate family is the basic social unit of society that plays an important role in the rearing of a child. It is therefore taboo to hear of intrafamilial sexual abuse as it is against the moral standards of most cultures around the world. The aversion against incest may be looked upon from an evolutionary perspective, wherein the chances of genetic disorders were more common in cases of inbreeding. The stigma against children who are sexually abused by their parents or siblings is a huge concern for these victims. Internal conflict in these children may also be a factor, since their perpetrators are their family members whom they love, respect, and have a strong attachment to. Most of the perpetrators are also the main providers for the family and

live in the same household as the victims, making it more difficult for the children to disclose information about their abuse due to the threats imposed on them. This proximity of the victim and the perpetrator also increases the risk of repeated bouts of abuse. The study by Brezo, Paris, Vitaro, et al. (2008) showed findings consistent with this study for which they proposed two possible explanations. First, there would be an increased likelihood of traumatic abuse from a father or a stepfather since these types of abuse would usually come from families with multiple underlying problems and would not provide a safe environment for healing after the abuse. Second, abuse by close family members who were expected to be lifelong sources of support may be detrimental to the development of healthy patterns of attachment necessary to promote mental health.<sup>10</sup> These factors may increase the risk of suicidal ideation in victims of immediate family members as shown in this study.

### Other factors

Although not statistically significant in this study, other factors were also found to increase the odds of suicidal ideation such as having multiple perpetrators, penetrating sexual abuse, multiple episodes of sexual abuse, and having extended family members as perpetrators.

According to some studies, victims of sexual abuse involving multiple perpetrators (e.g., victims of “gang rape”) were more likely found to have genital pain and trauma, had high rates of sexually transmitted infections, and scored high in the screening for posttraumatic stress disorder. Although with high prevalence, there was no statistically significant difference between the rates of non-suicidal self-harm, suicidal thoughts, and suicidal attempts of those with multiple versus single perpetrators.<sup>13</sup>

Those with penetrating sexual abuse were also at risk for sexually transmitted infections, genital trauma, and pregnancy. Loss of virginity, a social construct valued by certain religious beliefs and cultures, made penetrating sexual abuse more disturbing to victims who belonged to these groups. According to a study by Heidmets, Samm, Sisask, et al. (2010), the experience of sexual intercourse in children increased the odds of depression, suicidality, and lower mental well-being.<sup>19</sup>

Multiple episodes of sexual abuse caused repeated psychological and physical trauma to the victims. Most of these victims lived near the perpetrators who were commonly known assailants, and experienced helplessness in preventing repeated episodes of sexual abuse due to various reasons such as fear, shame, and threat. In some cases of chronic abuse, suicide was the easiest escape for the hopeless victims.

In this study, perpetrators who belonged to the extended family were commonly uncles, grandfathers, and cousins who were considered to be part of the in-group of the victims. As members of the family, they previously had the trust of the victims and their parents and usually had access to the houses of the victims. Feelings of betrayal arose when these

extended family members whom they trusted caused harm and violated their rights. Family conflict among relatives also developed especially during legal battles since the perpetrator was also a family member.

The sex of the victim was not included in the regression analysis since the distribution of sex was very asymmetric in this study, showing that 95% of the victims were females and only 5% were males. This data showed the higher prevalence of female victims of sexual abuse compared to males. Further research may be done to focus on the male victims of child sexual abuse since the data gathered in this research was statistically insufficient to make conclusions about suicidal ideation in this particular population.

## CONCLUSION

Suicidal ideation is a serious problem among children who experience stressful life situations, such as sexual abuse. The prevalence of suicidal ideation among victims of child sexual abuse is 28%. Those at higher risk for suicidal ideations are older adolescents and those whose perpetrators are immediate family members. Other factors that increase the odds of suicidal ideation, although not statistically significant, are having multiple perpetrators, penetrating sexual abuse, multiple episodes of sexual abuse, and having extended family members as perpetrators. Having an efficient system that includes child protection services, psychiatric evaluation and support, and laws that protect and give justice to these victims are essential since these contribute to their empowerment and mental health.

## Recommendations

Since the establishment of the PGH CPU in 1997, there have been at least two reported cases of completed suicide among victims of child sexual abuse reported by family members to social workers. This, however, excludes other possible unreported cases. Although a formal study regarding the prevalence of completed suicide is yet to be done, these two reported cases of completed suicide prove that child sexual abuse is indeed an alarming problem that should be addressed. Suicidal ideation among victims, if not prevented, detected early, and managed properly, may lead to acts of suicide and even death. Physicians, social services, and persons of authority should always have a high index of suspicion regarding the presence of suicidal ideations among victims of child sexual abuse, especially among adolescents and those who were abused by their immediate family members. At the same time, children who present with suicidal ideations without a clear cause should always be investigated for a background of abuse. Programs and support groups that cater to the mental health of these children are essential and should be readily available. Sexual education and the promotion of justice are forms of empowerment that should be greatly emphasized. Victim-blaming is destructive and should be always avoided; the perpetrators should always

be held responsible for their actions. There should be a long-term follow-up of patients with suicidal ideations to monitor their mental health status, to determine the presence of associated psychiatric disorders, to see the effectiveness of the interventions done, and to ensure safe and healthy living conditions. Further research can be done regarding suicidal ideations among certain subgroups of children, e.g., victims of sexual abuse less than 6 years old, members of the Lesbian, Gay, Bisexual, Transgender (LGBT) community, and those with concomitant developmental and psychiatric disorders.

### Statement of Authorship

PGV and RCL, contributed in the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND; Drafting the work or revising it critically for important intellectual content; AND; Final approval of the version to be published; AND; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Both authors approved the final version submitted.

### Author Disclosure

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