SEXUAL ABUSE AND SUICIDAL IDEATION IN ADOLESCENCE

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Abstract

This investigation discusses the correlation between childhood sexual abuse and suicidal ideation in adolescence, analyzing the psychological, pathophysiological, and sociocultural implications of this interface. The general objective of this study is to analyze the impact of childhood sexual abuse on the development of suicidal ideation in adolescents. Grounded in an exhaustive literature review, the study brings together contributions from psychology and neuroscience to elucidate how the traumatic rupture imposed by abuse destabilizes the processes of subjectivation and psychic symbolization, favoring the development of psychiatric disorders, including anxiety, depression, post-traumatic stress disorder, and borderline personality disorder. The evidence also indicates the existence of underlying neurobiological mechanisms, such as alterations in the function of the hypothalamic-pituitary-adrenal axis, which predispose individuals to suicidal behavior. In light of this, the research highlights the need for early therapeutic interventions, combined with effective public policies, that promote the resignification of trauma and prevent the transgenerational perpetuation of suffering.

Keywords: Sexual Abuse, Suicidal Ideation, Subjectivation, Psychiatric Disorders, Neurobiological Mechanisms.

INTRODUCTION

Sexual abuse in adolescence, often concealed beneath a mantle of silence, and suicidal ideation, as a distorted reflection of psychic pain, are deeply intertwined phenomena that generate emotional,

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cognitive, and existential repercussions in the subject. When sexual abuse imposes itself as a traumatic experience, it ruptures the integrity of the body and the possibility of constructing a healthy self, resulting in a displacement of desire and a distortion of one's own image. Suicidal ideation, in turn, emerges as an attempt to erase unbearable pain or, paradoxically, as a desire to return to that primitive place of nonexistence, where the pain of abuse might finally cease.

A history of childhood sexual abuse is related to a greater risk of suicidal ideation and suicide attempts. Moreover, Bedi et al. (2011) indicate that this type of traumatic experience increases vulnerability to psychological disorders, especially major depression and post-traumatic stress disorder, which are the focus of this analysis. Since these disorders are also associated with an elevated risk of suicide, it is still not entirely clear whether a history of abuse contributes to this risk independently or whether it is mediated by subsequent psychiatric conditions. Some investigations suggest that the probability of developing major depression and attempting suicide among individuals exposed to traumatic events is largely concentrated among those who develop post-traumatic stress disorder.

Bedi et al. (2011) found that the risk of suicidal behavior associated with childhood sexual abuse is well documented in both men and women. The authors point to a strong relationship between this experience and susceptibility to suicide in diverse groups, including university students and patients in psychosomatic clinics of both sexes.

Based on this premise, this article proposes an examination of these experiences, seeking to understand how sexual abuse operates within the psychic structures of adolescents and how suicidal ideation, as a manifestation of extreme suffering, is configured as a complex field of resistance and, at the same time, as an attempt to recover the capacity for symbolization lost within the traumatic dynamic.

To address this topic, this research is organized around the following research question: How does childhood sexual abuse affect psychic formation and contribute to the development of suicidal ideation in adolescence?

The general objective of this study is to analyze the impact of childhood sexual abuse on the development of suicidal ideation in adolescents. To this end, it seeks to investigate the risk and protective factors related to suicidal ideation in victims of childhood sexual abuse, as well as to understand the coping strategies and psychosocial support available to adolescents who experienced this form of abuse during childhood.

The justification for conducting this research lies in the need to deepen the understanding of the effects of childhood sexual abuse on the psychic formation of the subject and, more specifically, the impact that such a traumatic experience may have during adolescence, a period of identity reconfiguration and intensification of psychic processes. Suicidal ideation, often treated superficially, may be interpreted from a psychoanalytic perspective as a sign of profound psychic suffering arising from traumas that have not been adequately symbolized or processed. The relevance of this study therefore lies in its capacity to shed light on the complex interactions between sexual abuse and suicidal ideation, enabling a more in-depth reflection on how the marks of this abuse reverberate in the psychic life of the adolescent. This research also seeks to contribute to the field of psychology by offering a new interpretation of the relationship between these issues, promoting not only a better theoretical understanding but also indicating possibilities for intervention and care for those who live with the consequences of this silenced pain.

LITERATURE REVIEW

DATA ON SEXUAL ABUSE AND SUICIDAL IDEATION

A study conducted by Kumar et al. (2021) sought to understand the relationship between sexual abuse, depression, impulsive behavior, and suicidal ideation among adolescents, revealing that those who suffered sexual abuse are significantly more likely to report suicidal thoughts. The results indicate that boys who experienced sexual abuse are 7.12 times more likely to present suicidal ideation, while for girls the risk is 2.09 times higher, compared with those who did not experience this form of violence. The

research also revealed that 25% of boys and 9.3% of girls who suffered sexual abuse reported suicidal ideation, figures significantly higher than those found among adolescents who did not suffer this type of violence. The study also identified violence in the family environment as a relevant risk factor, showing that adolescents whose mothers were victims of physical abuse present an elevated risk of suicidal ideation. For boys, this risk is 3.79 times higher, while for girls it is 1.96 times higher.

The research demonstrates that victimization through sexual abuse can lead to intense psychological suffering, contributing to self-destructive behaviors, including suicide attempts. Also according to Kumar et al. (2021), sexual abuse in childhood and adolescence is strongly associated with psychiatric disorders, such as depression and post-traumatic stress disorder, both of which significantly increase the risk of suicide. The study also indicated that adolescents with moderate to severe depressive symptoms are between 6 and 7 times more likely to report suicidal ideation, while those with impulsive or aggressive behavior present a similarly elevated risk. For the authors, these data reinforce the interconnection between sexual abuse, mental health, and suicidal tendencies, indicating that these factors frequently coexist and mutually intensify one another.

Another relevant aspect identified by Kumar et al. (2021) is the difficulty of communication with parents, which was shown to be a protective factor against suicidal ideation. The research showed that adolescents who are able to communicate with their parents and report their difficulties presented lower rates of suicidal ideation, reinforcing the importance of family support in mitigating these risks. The study also suggested that victims of sexual abuse frequently experience feelings of hopelessness, social isolation, and low self-esteem, factors that may lead them to consider suicide.

Mainali et al. (2023) sought to establish a correlation between childhood sexual abuse and its impacts on the mental health of children and adolescents, with emphasis on the development of Post-Traumatic Stress Disorder as one of the main mediators of the risk of suicidal ideation. Post-Traumatic Stress Disorder is one of the most common diagnoses among victims of sexual abuse, being found in 57% of adolescents who suffered sexual trauma.

Mainali et al. (2023) explain that previous sexual abuse increases symptoms of Post-Traumatic Stress Disorder in children who have suffered sexual abuse, which suggests that mental health professionals should take this factor into account when treating young victims of this type of trauma. Childhood sexual abuse is widely recognized as a traumatic event that can produce severe and lasting psychological effects, including sexual dysfunction, sadness, anxiety, fear, aggressiveness, and suicidal ideation. The authors also emphasize that childhood sexual abuse increases the prevalence of suicide among adolescents by up to 150%, and the association persists even after controlling for factors such as major depressive disorder. In addition, the suicide rate among victims of child abuse is between 10.7 and 13 times higher than in the population with no history of abuse.

Mainali et al. (2023) also emphasize that patients who present both Post-Traumatic Stress Disorder and a history of sexual abuse are more likely to report suicidal ideation and suicide attempts. The risk of suicide was 29% higher in this group than among those diagnosed only with Post-Traumatic Stress Disorder without the presence of childhood sexual abuse. However, when adjusted for other factors, such as major depressive disorder and substance use disorder, the isolated effect of a history of sexual abuse on suicidal ideation was not significant. This factor suggests that the high prevalence of depression and substance abuse among those who suffered abuse may be the main factor responsible for the increased risk of suicide. Indeed, major depressive disorder emerged as one of the strongest predictors of suicidal ideation and suicide attempts, followed by the fact that the victim was female.

The study conducted by Mainali et al. (2023) also observed that female adolescents are more likely to present self-destructive behaviors than male adolescents. Sexually abused girls tend to develop disorders such as eating disorders and suicide attempts, while boys frequently manifest behavioral problems and academic difficulties. Furthermore, rates of sexual abuse are approximately twice as high among girls as among boys (20.2% versus 9.1%). The authors also state that cultural and socioeconomic factors play a significant role; for example, Hispanic adolescents showed higher rates of sexual abuse, substance use, and suicide attempts, possibly due to poverty and limited access to health services.

Martin et al. (2004) investigated the relationship between childhood sexual abuse and suicidal behavior in adolescents, highlighting differences between boys and girls. The researchers analyzed a sample of 2,485 students, with a mean age of 14 years, and found a significant association between sexual abuse and suicide. The results showed that adolescent victims of sexual abuse were much more likely to report suicidal thoughts, plans, threats, self-harm, and suicide attempts.

Among boys, sexual abuse proved to be an independent risk factor for suicide; that is, even without presenting depression or hopelessness, these adolescents were between 10 and 15 times more likely to plan or attempt suicide. Among girls, however, the relationship between sexual abuse and suicide was mediated by factors such as depression, hopelessness, and family dysfunction. Nevertheless, girls who reported a high level of emotional distress related to the abuse presented a threefold greater risk of developing suicidal ideation and planning.

The prevalence of sexual abuse, also according to Martin et al. (2004), was 5.4% among girls and 2.0% among boys, with abused girls frequently presenting severe depressive symptoms, while abused boys demonstrated a higher risk of suicidal behavior, regardless of the presence of depression or hopelessness. The data indicated that 73% of abused adolescents had thought about suicide, compared with 25% of non-abused adolescents; 55% of abused adolescents had made suicide plans, compared with 12% of non-abused adolescents; and 24% of abused adolescents had attempted suicide, compared with only 5% of non-abused adolescents. In addition, 32% of abused adolescents reported having made five or more suicide attempts, which reinforces the severity of the impact of sexual abuse.

The study by Martin et al. (2004) also indicated that abused adolescents attempted suicide more frequently and did so in a more serious manner, with 36% requiring hospitalization after a suicide attempt, compared with only 8% of non-abused adolescents. Many reported multiple attempts, demonstrating that sexual abuse not only increases the likelihood of suicidal ideation but also intensifies the recurrence of self-destructive behaviors.

Martin et al. (2004) suggest that the way in which an adolescent processes sexual abuse may influence their vulnerability to suicide. Family support and access to psychological treatment are factors that may reduce the impact of abuse. However, adolescents who demonstrated a high level of psychological distress related to the abuse presented a much greater risk of suicide, independently of other factors.

PATHOPHYSIOLOGY OF SUICIDE

To begin this topic, we present the definition of suicide according to Chachamovich et al. (2009, p. 518):

> Suicide is considered the outcome of a complex and multidimensional phenomenon, resulting from the interaction of various factors. There is consensus among researchers in suicidology that no single factor can account for an attempted suicide or suicide itself. On the contrary, the factors that contribute to this phenomenon occur together. Among the risk factors extensively studied in the international literature are previous suicide attempts, genetic factors, social and family support, and psychopathology.

O'Brien and Sher (2013) discuss that childhood sexual violence is a highly prevalent phenomenon and is associated with a wide range of psychopathologies, encompassing Axis I and II disorders, impulsive and maladaptive behavioral patterns, as well as a significantly increased risk of suicidal ideation and suicidal behavior in adolescence and adulthood. The understanding of the psychobiological mechanisms underlying this correlation remains inconclusive; however, the literature indicates that the psychopathological trajectory of victimized individuals reveals a confluence of risk factors that require in-depth investigation.

The authors developed a systematic review of publications indexed in the main databases of the behavioral sciences, considering epidemiological, social, and clinical studies from the last two decades, and demonstrate that childhood sexual abuse (CSA) is strongly correlated with psychiatric diagnoses such as depression, post-traumatic stress disorder, conduct disorders, eating disorders, chemical dependency,

panic disorder, and borderline personality disorder. In addition to its structural impact on psychic constitution, CSA favors the manifestation of impulsivity and high-risk behaviors, configuring itself as a predisposing factor for suicide attempts.

According to O'Brien and Sher (2013), the complexity of this association stems from a multifactorial intersection in which mediating psychopathologies, maladaptive personality traits, and the direct effects of the traumatic experience are dynamically interrelated. Sexual abuse, therefore, acts as a vector of prolonged psychic suffering, promoting deficient emotional regulation patterns and difficulties in elaborating trauma, which heightens vulnerability to suicidal behavior. Thus, the interface between mood disorders, impulsivity, and suicidal predisposition emerges as a fundamental construct for understanding the phenomenon.

For the authors, the formulation of effective preventive strategies must consider not only the mitigation of the incidence of abuse, but also the expansion of access to mental health services, especially those aimed at early intervention and the strengthening of protective factors. Education, combined with the improvement of psychosocial support networks, constitutes an essential measure for reducing the prevalence of childhood sexual violence and, consequently, the psychiatric and suicidal morbidity associated with this extreme form of violation of the rights of children and adolescents.

PSYCHOSOCIAL EFFECTS OF SEXUAL ABUSE

Lacono, Trentini, and Carola (2021) present an analysis of the psychological, neurobiological, and behavioral impacts of childhood sexual abuse, emphasizing how this type of trauma can affect the mental health of adolescents and persist throughout life. Thus, according to the authors, childhood sexual abuse is associated with the development of psychiatric disorders, emotional and cognitive dysfunctions, as well as impacts on stress regulation and neural plasticity.

Among the most common psychological consequences of childhood sexual abuse, the authors highlight post-traumatic stress disorder, major depression, generalized anxiety disorder, dissociative

disorders, and personality disorders, including borderline personality disorder. Lacono, Trentini, and Carola (2021) emphasize that adolescents who suffered abuse are more likely to develop symptoms such as hypervigilance, flashbacks, emotional dysregulation, impulsivity, irritability, difficulties in identity formation, and problems establishing healthy affective bonds.

Lacono, Trentini, and Carola (2021) also explain that victims of childhood sexual abuse have a significantly higher risk of presenting suicidal behavior and self-harm. According to the authors, the relationship between sexual abuse and suicide is mediated by factors such as feelings of hopelessness, low self-esteem, cognitive distortions regarding one's own worth, and the internalization of guilt for what occurred. Furthermore, adolescents who do not receive adequate support may develop patterns of self-destructive behavior, including recurrent suicide attempts and a greater propensity for the abusive use of psychoactive substances.

Sexual abuse, as explained by Lacono, Trentini, and Carola (2021), can alter victims' neurobiological functioning, causing impacts on the hypothalamic-pituitary-adrenal axis, which is responsible for stress regulation. This imbalance may result in hyperactivation of the stress response, making the individual more vulnerable to psychiatric disorders. The research indicates that these neurobiological alterations may also affect neural plasticity, impairing brain areas responsible for emotional processing, decision-making, and impulse control, which may explain the higher incidence of impulsive and aggressive behaviors among victims of abuse.

Another important finding pointed out by the authors is the relationship between childhood sexual abuse and the development of dissociative disorders. Dissociation functions as a defense mechanism against trauma and may manifest through symptoms such as depersonalization (the sensation of being disconnected from one's own body), derealization (the perception that the surrounding environment is not real), and dissociative amnesia. This condition may compromise the formation of the adolescent's identity, leading to difficulties in emotional regulation and socialization.

In addition to psychological and neurobiological impacts, Lacono, Trentini, and Carola (2021) also highlight significant behavioral consequences, such as hypersexualization or hyposexualization. Some victims may develop inappropriate sexualized behaviors, difficulty establishing boundaries in affective relationships, and greater vulnerability to new episodes of violence. Others, conversely, may present aversion to physical contact and avoid any type of affective involvement.

Lacono, Trentini, and Carola (2021) further emphasize that the effects of childhood sexual abuse may be transmitted intergenerationally. Children of mothers who suffered abuse present a greater predisposition to emotional disorders and difficulties in affective and behavioral development. Factors such as the absence of family support and economic difficulties may further aggravate this situation, perpetuating cycles of trauma within families.

Corroborating other literature cited above in this work, Lopez-Castroman et al. (2013) point out that childhood sexual abuse causes lasting emotional impacts, frequently leading to the development of psychiatric disorders such as depression, post-traumatic stress disorder (PTSD), generalized anxiety disorder, and personality disorders. Other common feelings include guilt, shame, humiliation, and fear, which may compromise self-esteem and the ability to establish healthy relationships throughout life. There is evidence that child abuse affects emotional regulation and cognitive functioning, making these victims more vulnerable to the development of negative thought patterns and hopelessness.

According to Lopez-Castroman et al. (2013), the relationship between sexual abuse and suicide is one of the most concerning findings in the scientific literature. The early onset of abuse and its duration are critical factors: the earlier a child suffers abuse, the greater the severity of their suicidal intent. In addition, the severity of the abuse and its recurrence significantly increase the likelihood of multiple suicide attempts. The study by Lopez-Castroman et al. (2013) showed that victims of sexual abuse who attempted suicide presented a higher incidence of personality disorders, with borderline personality disorder being one of the most common.

Also according to the authors, another relevant aspect is the coexistence of sexual abuse with other forms of maltreatment, such as physical abuse and neglect, which amplify emotional impacts and further increase the risk of suicide. Child abuse may also alter brain development, especially in areas responsible for emotional processing and stress regulation. These neurological alterations may contribute to impulsivity, difficulty in decision-making, and reduced capacity to cope with negative emotions, factors that are strongly associated with suicidal behavior.

According to Lopez-Castroman et al. (2013), the absence of social support and isolation increase victims' vulnerability to suicide, since many survivors are reluctant to report abuse due to fear of retaliation, shame, or distrust of protection systems. Prolonged silence contributes to the intensification of depressive symptoms and to feelings of hopelessness, making suicide a perceived escape from suffering. Furthermore, revictimization—that is, the experience of new episodes of abuse throughout life—is a recurrent factor among victims of childhood sexual abuse, further aggravating their mental health and suicide risk.

Hink et al. (2022) highlight various strategies for preventing suicide in adolescents, emphasizing the need for systematic screening and early intervention. In this context, one of the main recommendations is the implementation of universal screening for depression, post-traumatic stress disorder, and suicide risk among adolescents treated in trauma centers. For example, in the United States, fewer than 50% of patients are screened for suicide, 25% for depression, and only 7% for PTSD in trauma centers, leaving up to 90% of cases without adequate diagnosis and treatment.

Hink et al. (2022) also emphasize that patients presenting in medical emergencies with a history of self-harm or suicidal ideation have a significantly increased risk of suicide in the subsequent 12 months. Thus, the early identification of these individuals is fundamental to reducing mortality rates.

THE ROLE OF THERAPEUTIC INTERVENTION

Pelisoli and Piccoloto (2010) address the need for an articulated network of services and programs to offer adequate support to children who have already been victims of sexual abuse. The authors highlight that, in Brazil, the care network for this population still presents weaknesses, such as the scarcity of specialized professionals, the lack of priority given to mental health issues, and delays in protection services. They identify factors such as precarious referral processes and the lack of articulation among the health, justice, and social assistance sectors as barriers to victims' access to the necessary treatment.

One of the main intervention strategies identified, according to Pelisoli and Piccoloto (2010), is multidisciplinary psychological follow-up involving the Guardianship Council, the Juvenile Court, health services, and justice services. The authors also mention the effectiveness of a cognitive-behavioral group therapy model that includes psychoeducation, stress inoculation training, and relapse prevention. This model has demonstrated positive results in reducing symptoms of depression, anxiety, and post-traumatic stress disorder in children who are victims of abuse.

However, Pelisoli and Piccoloto (2010) mention that, despite the importance of psychological interventions, many children who need specialized support do not begin treatment, even after referral, reinforcing the need for public policies that facilitate victims' access to psychotherapy and other mental health services. They also emphasize the urgency of training different professionals to work in the reception and treatment of these children, ensuring adequate support.

For Santos and Macedo (2020), psychosocial care for child victims of sexual abuse in Brazil still presents numerous structural deficiencies, resulting in insufficient and fragmented reception. One of the main problems identified by the authors is the lack of an integrated and specialized network that offers continuous and humanized support to victims, causing many children not to receive adequate support after disclosure of the abuse. Santos and Macedo (2020, p. 33) also point to the problem of the

psychosocial care flow, stating that:

> In general terms, much of the data shows that one of the greatest challenges encountered by professionals who work directly with victims of sexual abuse is related to the flow of care. Many statements point to professionals' lack of knowledge regarding the protocols developed by the Ministry of Health and, in other cases, the failure to follow the regulations. Consequently, underreporting of abuse cases has increased, since the absence of communication among protection networks results in the failure of agencies/policies to assume responsibility for the cases and, therefore, complaints do not materialize.

The authors mention the Psychosocial Care Centers (CAPS), which could offer psychotherapeutic support, but normally serve only cases of severe psychiatric disorders, thereby failing to include children whose symptoms have not yet reached a severe level of psychopathology. In addition, many health and social assistance units, such as the Social Assistance Reference Centers (CRAS), have a broader focus on social vulnerability and are not structured to deal specifically with traumas arising from sexual abuse.

Santos and Macedo (2020) emphasize the importance of psychotherapy for children and adolescents who are victims of sexual abuse, as it is essential to minimize the emotional impacts of trauma, preventing the worsening of symptoms such as depression, post-traumatic stress disorder, and anxiety. However, there is a significant shortage of specialized public services to offer this type of support. Psychology professionals working in the Specialized Social Assistance Reference Centers (CREAS) frequently report difficulties in referring victims to adequate psychological treatment due to the lack of available specialized services.

Santos and Macedo (2020) also address psychoeducation as a way to help professionals understand the dynamics of sexual abuse, its impacts, and ways of acting when faced with a report of violence. In the school context, social skills training helps teachers establish relationships of trust with students, creating a safe environment in which they can express their fears. Santos and Macedo (2020, p. 124) cite other forms of abuse prevention in the school context, including:

> The use of educational videos, workshops, lectures with professionals from different fields (law, psychology, etc.) are some of the alternatives that may be used. Often, sex education in schools is limited to simple lessons on the anatomy and physiology of sexual organs and the presentation of sexually transmitted diseases. This space could be used to address the issue of non-consensual relations and abusive and illegal relationships established in the most varied contexts. Certainly, many students would benefit from an explanation that goes beyond biology, including power relations, feelings, health, and law.

Santos and Macedo (2020) emphasize the urgency of implementing public policies that ensure the strengthening of the protection network for children who are victims of sexual abuse, including the creation of specialized services for psychosocial care and the development of family support programs.

The prevention of childhood sexual abuse and its impacts is an urgent issue that requires intersectoral interventions involving the field of Psychology and the sectors of health, education, and justice. The consequences of this violence go beyond the individual suffering of victims, generating demands on mental health, social assistance, and public security systems. It is in this sense that Pelisoli and Piccoloto (2010, p. 128) state that:

> The impact of childhood sexual abuse is social, psychological, health-related, and economic, and its prevention avoids generating a very large demand involving children and families in the health and justice sectors and makes an immeasurable difference in the lives of these people. It is therefore necessary for the field of Psychology to orient itself more toward prevention, thus minimizing the countless harms caused by this violence that victimizes so many children and adolescents and is repeated across generations.

The reflection proposed by Pelisoli and Piccoloto (2010) highlights the intersectionality of the impacts of childhood sexual abuse, transcending the individual sphere to reach structural dimensions of society. From a psychosocial perspective, the perpetuation of this violence establishes a transgenerational cycle of vulnerability, in which unprocessed traumas resonate in patterns of psychic suffering, emotional dysregulation, and impairments in socio-affective development. Moreover, the overload placed on health and justice systems reveals a reactive paradigm, which intervenes in harms that have already been established rather than acting at the root of the problem. Psychology, as a field of knowledge production and practice, must shift its axis from remediation to prevention, incorporating strategies of education,

community support, and public policies that strengthen protection networks and promote resilience. Such a change in perspective not only minimizes human and institutional costs, but also transforms the relational structure of communities, reducing the reproduction of abusive dynamics and expanding.

METHODOLOGY

The methodology used consists of a bibliographic investigation, based on the analysis of theoretical works that address childhood sexual abuse and suicidal ideation in adolescence, with a focus on the contributions of psychoanalysis and psychic theories that understand the processes of subjectivation and trauma. The research is guided by analytical categories that seek to understand the effects of abuse on the constitution of the self, the dynamics of sexuality and desire in the adolescent, and the manifestations of suicidal ideation as a reflection of unsymbolized psychic pain. The data sources include psychoanalytic studies on trauma and subjectivity, articles that discuss the relationship between sexual abuse and its psychological repercussions, as well as investigations into manifestations of extreme suffering in adolescence, with suicidal ideation understood as a symptom of psychic destructuring. The search for and analysis of the data will focus on the dimensions of the unconscious, psychic defenses, and the possibility of symbolic recovery through the therapeutic process.

RESULTS AND DISCUSSION

This investigation analyzed the intersection between childhood sexual abuse and suicidal ideation in adolescence, highlighting the psychic, pathophysiological, and sociocultural consequences of this relationship. The reviewed data show a strong correlation between the traumatic experience of abuse and susceptibility to suicidal behavior, mediated by psychiatric disorders and neurobiological alterations.

The reviewed literature corroborates the hypothesis that childhood sexual abuse has a significant impact on the psychic formation of the subject, predisposing individuals to the development of disorders such as depression, post-traumatic stress disorder (PTSD), and borderline personality disorder. Studies

such as those by Kumar et al. (2021) indicate that adolescent victims of sexual abuse are seven times more likely to develop suicidal ideation. The fragmentation of the self and the impossibility of symbolizing trauma are key factors that explain this phenomenon.

Psychic dissociation also stands out as a defense mechanism, as demonstrated by Lacono, Trentini, and Carola (2021), hindering the elaboration of trauma and intensifying suicidal impulsivity. The psychic suffering resulting from victimization manifests through patterns of self-destructive behavior, including self-harm and recurrent suicide attempts.

Childhood sexual abuse also causes alterations in the hypothalamic-pituitary-adrenal axis, as described by O'Brien and Sher (2013), leading to an exacerbated stress response and greater vulnerability to psychiatric disorders. Studies indicate that victims of abuse present neurochemical dysregulation, especially in the serotonergic and dopaminergic systems, which contributes to depressive symptoms and impulsivity.

Mainali et al. (2023) showed that adolescents with a history of sexual abuse and PTSD present a 29% higher risk of suicide attempt. However, when adjusted for other factors, such as major depressive disorder and substance abuse, the direct impact of abuse on suicide appears to be mediated by these psychiatric conditions.

Martin et al. (2004) highlight significant differences in the impact of sexual abuse between genders. While abused boys tend to present suicidal behavior independently of psychiatric disorders, girls frequently develop depression as a mediator of suicide risk. Female adolescents are also more likely to present eating disorders and self-harm, while boys frequently demonstrate academic difficulties and aggressive behaviors.

Sociocultural factors also play a crucial role in vulnerability to suicide. Studies indicate that economic and cultural barriers hinder access to adequate psychosocial support, perpetuating the cycle of trauma. Victims who face difficulties in communicating with family members demonstrate a significantly greater risk of suicidal ideation, as evidenced by Kumar et al. (2021).

The evidence indicates that psychological and social support is essential to mitigate the effects of childhood sexual abuse and reduce the incidence of suicidal ideation. However, as analyzed by Santos and Macedo (2020), the care network for victims still presents significant gaps, including the underreporting of cases and deficiencies in coordination among the health, justice, and social assistance sectors.

Cognitive-behavioral therapy has proven effective in restructuring dysfunctional cognitive patterns, preventing future suicide attempts. Pelisoli and Piccoloto (2010) emphasize that preventive programs in schools, involving education about abuse and socio-emotional skills, may be fundamental strategies for reducing the incidence of this violence.

The findings of this research demonstrate the urgent need for interdisciplinary strategies to address the impacts of childhood sexual abuse and the prevention of suicide in adolescence. In addition to clinical-therapeutic interventions, it is essential to strengthen public policies that guarantee protection and adequate reception for victims.

Only through an integrated and multidisciplinary approach will it be possible to minimize the repercussions of abuse and promote the resignification of the traumatic experience, preventing the perpetuation of transgenerational psychic suffering.

CONCLUSION

The interrelationship between childhood sexual abuse and suicidal ideation in adolescence, as outlined throughout this analysis, transcends a reductionist and causal perspective, revealing itself as a multidimensional construct in which psychic, neurobiological, and sociocultural factors interact in a complex manner. The empirical evidence presented corroborates that the traumatic experience of childhood sexual abuse disrupts fundamental processes of psychic symbolization, weakening the foundations of subjectivity and predisposing the individual to conditions of chronic psychic suffering. Furthermore, the pathophysiological implications of this experience, by modulating neuroendocrine

structures and affecting emotional regulation, intensify the propensity for the development of severe psychiatric disorders, notably those linked to impulsivity and hopelessness.

In view of this scenario, it becomes imperative to improve prevention and intervention strategies through an intersectoral approach that encompasses not only clinical-therapeutic support, but also the reformulation of public policies aimed at assisting vulnerable populations. It is crucial to invest in reception mechanisms that transcend mere symptomatic containment and make effective work toward the resignification of trauma possible. Only through a comprehensive and multidisciplinary perspective will it be viable to minimize the harmful repercussions of this experience and, above all, restore the symbolic capacity of the victimized subject, preventing the transgenerational cycle of suffering from perpetuating itself.

REFERENCES

Bedi, S. et al. Risk for suicidal thoughts and behavior after childhood sexual abuse in women and men. *Suicide & Life-Threatening Behavior*, v. 41, n. 4, p. 406–415, 2011.

Chachamovich, E. et al. Quais são os recentes achados clínicos sobre a associação entre depressão e suicídio? [What are the recent clinical findings on the association between depression and suicide?] *Brazilian Journal of Psychiatry*, v. 31, p. S18–S25, May 2009.

Hink, A. B. et al. Adolescent Suicide—Understanding Unique Risks and Opportunities for Trauma Centers to Recognize, Intervene, and Prevent a Leading Cause of Death. *Current Trauma Reports*, v. 8, p. 41–53, 2022. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC8976221/pdf/40719_2022_Article_223.pdf. Accessed on: 20 Feb. 2025.

Kumar, P. et al. Suicidal Ideation Among Adolescents—The Role of Sexual Abuse, Depression, and Impulsive Behavior. *Frontiers in Psychiatry*, India, v. 12, 2021. Available at:

https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2021.726039/full. Accessed on: 20 Feb. 2025.

Lacono, L.; Trentini, C.; Carola, V. Psychobiological Consequences of Childhood Sexual Abuse: Current Knowledge and Clinical Implications. *Frontiers in Neuroscience*, v. 15, art. 771511, Dec. 2021. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC8678607/pdf/fnins-15-771511.pdf. Accessed on: 20 Feb. 2025.

Mainali, P. et al. Sexual abuse and its impact on suicidal ideation and attempts and psychiatric illness in children and adolescents with posttraumatic stress disorder. *Prim Care Companion CNS Disord.*, v. 25, n. 1, 2023. Available at: https://doi.org/10.4088/PCC.22m03239. Accessed on: 20 Feb. 2025.

O'Brien, Betsy S.; Sher, Leo. Child sexual abuse and the pathophysiology of suicide in adolescents and adults. *International Journal of Adolescent Medicine and Health*, v. 25, n. 3, p. 201–205, 2013. Available at: https://doi.org/10.1515/ijamh-2013-0053. Accessed on: 22 Feb. 2025.

Martin, G. et al. Sexual abuse and suicidality: gender differences in a large community sample of adolescents. *Child Abuse & Neglect*, v. 28, p. 491–503, 2004. Available at: https://doi.org/10.1016/j.chiabu.2003.08.006. Accessed on: 20 Feb. 2025.

Pelisoli, Cátula; Piccoloto, Luciane Benvegnu. Prevenção do abuso sexual infantil: estratégias cognitivo-comportamentais na escola, na família e na comunidade [Prevention of child sexual abuse: cognitive-behavioral strategies in school, family, and community]. *Rev. bras. ter. cogn.*, Rio de Janeiro, v. 6, n. 1, p. 108–137, Jun. 2010. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1808-56872010000100007&lng=pt&nrm=iso. Accessed on: 21 Feb. 2025.

Santos, M. E. P.; Macedo, E. B. Atendimento psicossocial a crianças e adolescentes vítimas de abuso sexual: uma revisão de literatura [Psychosocial care for children and adolescents who are victims

of sexual abuse: a literature review]. *Polêm!ca*, v. 20, n. 2, p. 022–041, May/Aug. 2020. Available at: https://doi.org/10.12957/polemica.2020.60207. Accessed on: 20 Feb. 2025.