



Childhood Maltreatment, Self-Compassion, and Suicidal Ideation among Young Adults in Bangladesh

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Abstract

Childhood maltreatment is associated with an increased risk of suicidal thoughts and behaviors in young adults. In contrast, self-compassion is linked to better mental health and healthier lifestyle choices, which may reduce loneliness and lower suicide risk. This study aimed to explore the relationship among childhood maltreatment, self-compassion, and suicidal ideation of young adults in Bangladesh. The study included 250 young adults from four public universities in three different regions of Bangladesh, consisting of 124 males and 126 females. A cross-sectional study was conducted with convenience sampling for participant selection. Data were collected using the adapted Bangla versions of the Comprehensive Child Maltreatment Scale for Adults, the Beck Scale for Suicidal Ideation, and the Self-Compassion Scale. The data were analyzed by using descriptive statistics, the independent samples *t*-test, and the Pearson's product-moment correlation coefficient. The findings revealed that all forms of childhood maltreatment were significantly negatively correlated with self-compassion. Each subscale of maltreatment also showed significant positive correlations with suicidal ideation, along with notable intercorrelations among the maltreatment subscales. Furthermore, females had significantly lower self-compassion and higher childhood maltreatment scores compared to males, particularly in neglect and witnessing family violence and sexual abuse. Psychological maltreatment scores did not differ by gender. The findings may help shed light on the harmful effects of maltreatment and aid in developing prevention and intervention strategies.

Keywords: Childhood Maltreatment, Neglect, Self-Compassion, Suicidal Ideation, Gender Differences

Introduction

Adversities experienced as children might have long-lasting effects that follow them throughout their lives. Childhood maltreatment includes emotional, physical, sexual, and neglectful behaviors. Child maltreatment produces subjective well-being deterioration as a significant long-term consequence for emerging adults (Corcoran & McNulty, 2018). Existing literature demonstrates child abuse as a factor in creating psychological distress among young adults, persisting over long periods that in turn result in internalizing concerns along with externalizing problems, emotional dysregulation, and psychological maladjustment (Kircaburun et al., 2020). Consequently, young adults develop unfavorable self-images due to their use of abusive displays transmitted and learned from their caregivers (Sauvé et al., 2022; Stark et al., 1996).

Children develop self-judgment and feel ashamed when caregivers emotionally mistreat them or pass judgment (Ross et al., 2019). Subjective well-being receives a major negative influence from these adverse self-related experiences throughout childhood and adulthood (Stoeber et al., 2020). Worldwide, suicide is the most common way of dying for young adults between the ages of 15 and 29 (National Center for Health Statistics, 2024). The term "suicidal ideation" denotes when an individual contemplates taking their own life (Nock & Favazza, 2009). Childhood maltreatment is a substantial risk factor for suicidal ideation, preparation, and acts in the early stages of adulthood (Angelakis et al., 2020). Compelling evidence indicates that childhood maltreatment significantly elevates the risk of depression, substance abuse, and suicide attempts in adulthood (Klumparendt et al., 2019).

Self-compassion is the positive and caring way individuals treat themselves when faced with failures, personal shortcomings, or negative events, regardless of responsibility. Its fundamental elements consist of self-kindness alongside common humanity and mindfulness, which generate self-compassionate awareness (Braehler & Neff, 2020). The development of self-compassion leads to better well-being resulting from improved decision-making and self-awareness, which is achieved through behavioral practices including enough rest, nutritious eating, physical movement, and personal care. (Rabon et al., 2018). Self-compassion functions as a protective factor against suicide risk since it aids persons in recognizing themselves better while minimizing feelings of social isolation during difficult times (Zeller et al., 2015). The practice of self-compassion leads people to decrease their participation in dangerous activities, including alcohol consumption and drug usage (Dunne et al., 2018). Hou and colleagues (2021) demonstrate that childhood maltreatment forms a negative relationship with self-compassion.

Psychological conditions like depression, along with negative thinking, substance abuse, emotion regulation difficulties, and post-traumatic stress disorder, develop from childhood maltreatment (Hou et al., 2021). Research shows that self-compassion functions

as a protective mechanism that enables people subjected to childhood maltreatment to develop resilience against suicide (Farra, 2021). Research on young adults aged 17 to 26 has shown that self-compassion controls the depression connection with every type of childhood maltreatment (Tao et al., 2021). People with self-compassion present options that help to decrease suicidal thoughts and behaviors. Self-compassionate people experience reduced suicidal thoughts and behaviors, while their depressive episodes become less damaging because of decreased self-criticism (Luoma & Villatte, 2012).

Bangladesh faces a critical child abuse problem that remains largely ignored. Results from a population-based study in rural Bangladesh show that 99% of children have experienced some form of physical child abuse in their lives (Haque et al., 2019). Based on the World Health Organization (WHO) estimates, 25–50% of children experience physical abuse. Around 5 to 10% of males and 20% of girls face sexual abuse (Finkelhor et al., 2012). Another study reported that 82.4% of children aged 1-14 years suffered physical or psychological abuse (Bangladesh Bureau of Statistics & United Nations Children's Fund, 2018).

The research attempts to establish how childhood maltreatment and self-compassion levels influence the suicidal thoughts of individuals. This study examines these relationships and provides information about scenario variations and gender-based patterns of the variables among young adults in Bangladesh. The study delivers vital knowledge that mental health professionals, alongside researchers and policymakers, need to understand child abuse to develop suitable intervention and prevention strategies. The study would create new findings that expand current knowledge about childhood maltreatment, self-compassion, suicidal ideation in academic literature, and evidence-based psychological practices.

Objectives of the Study

The specific objectives of the study are as follows:

1. to explore the relationship between childhood maltreatment and self-compassion;
2. to examine the association between self-compassion and suicidal ideation;
3. to delve into the relationship between childhood maltreatment and suicidal ideation; and
4. to examine gender differences in childhood maltreatment, self-compassion, and suicidal ideation.

Methods

Participants

The study gathered data from 250 participants who attended four public universities located in Dhaka, Chittagong, and Gopalganj through convenient selection.

The research participants fell within the age bracket of 18 to 25 years ($M = 22.69$, $SD = 1.71$). The research included 124 male respondents, who made up 49.6% of the total, while 126 females accounted for 50.4% of the participants.

Table 1: Frequency and percentage of demographic variables

Variable		F	%
Gender	Male	124	49.6
	Female	126	50.4
Religion	Hindu	215	13.2
	Muslim	33	86
	Christian	2	.8
Educational qualifications	Honors 1 st year	50	20.0
	Honors 2 nd Year	61	24.4
	Honors 3 rd Year	61	24.4
	Honors 4 th Year	45	18.0
	Masters	33	13.2
Socio-economic Status	lower-class	7	2.8
	lower-middle class	90	36.0
	middle class	126	50.4
	upper-middle	24	9.6
	upper class	3	1.2

Note: N = 250

Table 1 shows that the majority were 2nd year (24.4%) and 3rd year (24.4%) honors students. Additionally, 50.4% identified as middle class, 36% as lower-middle class, and 86% as Muslim.

Design

In the present study, a cross-sectional survey approach was employed.

Measuring Instruments

Three measuring instruments were used in this study along with a Personal Information Form (PIF) that included their age, gender, socio-economic status, religion, and so on.

Comprehensive Child Maltreatment Scale (CCMS) for Adults

The study utilized an adapted Bangla version of the 22-item self-report instrument

"CCMS for Adults" (Ferdous, Roy, & Islam, 2020), originally developed by Higgins and McCabe in 2001. This instrument was intended to examine adult perceptions of potentially abusive and neglectful childhood events. Respondents rate their beliefs that they were subject to behaviors as psychological maltreatment, physical abuse, witnessing family violence, neglect, and sexual abuse as a child. For each of the selected instruments, psychological maltreatment, physical abuse, and neglect, there are 3 items per sub-dimension, which are rated on a 5-point scale (0 = never or almost never to 4 = very frequently). For the next subscale sexual abuse, 11 items are rated on a 6-point scale (0 = never, 1 = once, 2 = twice, 3 = 3 to 6 times, 4 = 7 to 20 times, 5 = more than 20 times). Participants responded to each item three times in relation to their (a) mother, (b) father, and (c) other adult or adolescent older than 5 years compared to the respondent for the four subscales (psychological maltreatment, physical abuse, neglect, and sexual abuse). For example, although family violence witnessed here contained two items that were also rated on a 5-point scale (0 = never or almost never to 4 = very frequently), here, witnessed family violence was different. The two items that require a global response regarding family violence (i.e., psychological maltreatment, physical abuse) were witnessed by these two items. The total score can be created by summing scores on all five subscales. The Cronbach's alpha (α) from the analysis of the original CCMS for Adults was .92, whereas the adapted Bangla version resulted in a Cronbach's alpha (α) of .84, demonstrating a high degree of reliability. The reasons were established for the credibility of the adapted Bangla version through convergence validity and content analysis.

Beck Scale for Suicidal Ideation (BSS)

Beck, Kovacs, and Weissman developed the Beck Scale for Suicidal Ideation (BSS) in 1979. It is a 19-statement scale that measures different aspects of suicidal ideation using a three-point scale. A higher score means a higher risk of suicide. Uddin, Faruk, and Khanam updated the BSS in 2013 to suit the cultural context of Bangladesh. Cronbach's alpha (.83) was used to assess internal consistency reliability, and the BSS was evaluated for five types of validity.

Adapted Bangla Version of the Self-Compassion Scale

The scale, developed by Kristin Neff in 2003, consists of 26 items organized into six subscales. The original Self-Compassion Scale (SCS) demonstrated strong test-retest reliability (0.93) and internal consistency (0.99). A study on item-total correlation revealed that only 24 items had significant associations with the overall score, with correlations deemed negative or low (less than 0.30). As a result, two items were excluded from the Bengali version, leading to a refined SCS comprising 24 items. In the context of

Bangladeshi culture, the internal consistency of the scale was measured at 0.83, while the split-half reliability coefficient was 0.84 (Habib & Naher, 2020), confirming its suitability as an adapted cultural tool.

Procedure

Ethical permission was obtained from the Research Ethics Review Committee of the university before starting the research. The participants understood the purpose of the study, how their information would be kept private, and that they had the choice to participate. They were asked to read the measuring scales carefully, answer the questions at their speed, and not worry about taking extra time. They were informed that the questions might make them feel uncomfortable, especially when talking about difficult experiences like childhood maltreatment and thoughts of self-harm. They were informed that they could discontinue at any moment, and we would assist them in obtaining assistance should they require it. They were also informed about places where they could get help. Participants were thanked after filling up the data. It took about 20–25 minutes to collect the information.

Results

The purpose of the study was to explore the relationship among childhood maltreatment, self-compassion, and suicidal ideation of young adults in Bangladesh. For analyzing data, frequency, percentage (%), mean(*M*), and standard deviation (*SD*) were applied as descriptive statistics. The independent samples *t*-test and the Pearson's correlation coefficient were also performed. The findings are presented in accordance with the four specific study objectives. The findings corresponding to the first three objectives are presented in Table 2.

Table 2: Correlation among self-compassion, childhood maltreatment, and suicidal ideation

Variables	SCS	SI	PM	WFV	PA	Neglect	SA	TM
SCS	-							
SI	-.397**	-						
PM	-.206**	.525**	-					
WFV	-.295**	.312**	.259**	-				
PA	-.213**	.199**	.279**	.078	-			
Neglect	-.217**	.264**	.352**	.207**	.398**	-		
SA	-.170**	.265**	.312**	.322**	.150*	.276**	-	
TA	-.329**	.500**	.765**	.481**	.628**	.761**	.469**	-

** $p < .01$

Note: SCS = Self-compassion scale, SI = Suicidal Ideation, PM = Psychological Maltreatment, PA = Physical Abuse, SA = Sexual Abuse, WFV = Witnessing Family Violence, and TM = Total Maltreatment.

In accordance with the first objective, results show that self-compassion has negative relationships with all forms of childhood maltreatment, including psychological maltreatment ($r = -.206, p < .01$), physical abuse ($r = -.213, p < .01$), witnessing family violence ($r = -.295, p < .01$), neglect ($r = -.217, p < .01$), and sexual abuse ($r = -.170, p < .01$). The scores from the total maltreatment assessment has significant relationships with SCS scores ($r = -.329, p < .01$).

The second objective was to examine the association between self-compassion and suicidal ideation, in which the findings exhibit significant negative relationships between self-compassion and suicidal ideation ($r = -.397, p < .01$).

In line with the third objective, the findings indicate that suicidal ideation has significant positive relationships with all forms of maltreatment, including psychological maltreatment ($r = .525, p < .01$), physical abuse ($r = .199, p < .01$), witnessing family violence ($r = .312, p < .01$), neglect ($r = .264, p < .01$), and sexual abuse ($r = .265, p < .01$). Overall, the findings indicate significant positive relationships among the five subscales of CCMS.

Table 3: Gender differences of self-compassion, childhood maltreatment, and suicidal ideation

Variable		Male	Female	<i>t</i>	<i>p</i>
		Mean (SD)	Mean (SD)		
Self-compassion		66.21(16.18)	61.90 (15.99)	-2.12	.035
Suicidal Ideation		.65 (1.40)	1.13 (2.42)	1.96	.051
Psychological maltreatment	Mother	1.11 (1.03)	1.33 (1.11)	1.57	.118
	Father	.90 (1.01)	1.03 (1.14)	1.00	.317
	Other	1.06 (.98)	1.17 (.95)	.90	.367
Physical abuse	Mother	1.01 (.93)	1.21 (.77)	1.91	.057
	Father	.99 (.81)	.91 (.72)	-.82	.414
	Other	.39 (.63)	.51 (.76)	1.37	.173
Neglect	Mother	.88 (.95)	1.21 (1.03)	2.67	.008
	Father	1 (.93)	1.20 (.94)	1.68	.094
	Other	.77 (.96)	.75 (.94)	-.17	.866
Sexual abuse	Mother	.00 (.000)	.00 (.000)	-	-
	Father	.00 (.000)	.00 (.000)	-	-
	Other	.07 (.26)	.28 (.63)	3.38	.001
Witnessing family violence		1.25 (.985)	1.6 (1.23)	2.46	.015
Childhood Maltreatment (Total)		9.44 (4.59)	11.21 (5.25)	2.84	.005

The fourth objective was analyzed by using the independent samples *t*-test. Findings of Table 3 show that the females reported significantly lower self-compassion ($M = 61.90$, $SD = 15.99$) and higher levels of suicidal ideation ($M = 1.13$, $SD = 2.42$) compared to the males. They also experienced higher extend of childhood maltreatment ($M = 11.21$, $SD = 5.25$), including more neglect from their mothers ($M = 1.21$, $SD = 1.03$), sexual abuse from other adults or those 5 years older ($M = .28$, $SD = .63$), and witnessing family violence ($M = 1.60$, $SD = 1.23$). No significant gender differences are found for psychological maltreatment from either parents or other individuals. Notably, neither mothers nor fathers were reported as perpetrators of sexual abuse, which was frequently experienced by females from non-parental figures.

Discussion

Examining the relationship among suicidal thoughts, self-compassion, and adverse childhood maltreatment of young adults in Bangladesh was the primary objective of this study. The research also aimed to explore gender differences and the associations among adverse childhood experiences, self-compassion, and suicidal ideation in this cohort.

Considering the first objective, results showed that all types of childhood maltreatment, including psychological abuse, physical abuse, witnessing violence in the family, neglect, and sexual abuse, and total maltreatment had significant negative correlations with self-compassion. Therefore, it is suggested that those who have experienced maltreatment tend to have lower levels of self-compassion. These findings correspond with other studies showing that adverse early experiences are negatively associated with self-compassion (Xavier et al., 2016). The establishment of self-compassion in early childhood depends on how caregivers attach to their children. Children develop self-kindness through receiving empathetic and caring care from their caregivers. On the other hand, the abused or neglected children are unprotected and unable to feel comfortable, which makes them more exposed to threats and unable to develop self-compassion. However, it is hard for these youngsters to exhibit self-compassion and resilience against adverse circumstances because so often they take in deep family treatment. These youngsters are subjected to severe psychological maltreatment, and in doing so, this has a major impact on their psychological development as it lowers their self-esteem and promotes poor self-perceptions with long-term negative outcomes (Zhang et al., 2023). The more supportive and nurturing the caregiver is for the child, the more likely this child will learn to treat themselves kindly.

In response to the second objective, findings showed that there were significant negative relationships between self-compassion and suicidal ideation. This implies that lower levels of self-compassion are linked with higher levels of suicidal ideation. These findings align with previous research that the decline in self-compassion has been associated with mental health issues such as substance misuse, depression, and suicide attempts in later life (Klumparendt et al., 2019).

Results also showed significant positive correlations in relation to third objective. That means suicidal ideation tends to be higher in people with higher experience of childhood maltreatment. These findings are also consistent with the earlier studies in which childhood maltreatment is a substantial risk factor for suicidal ideation in the early stages of adulthood (Angelakis et al., 2020; Klumparendt et al., 2019). Another study also reveals that maltreated children show higher risks of developing problematic schemas and negative bias patterns that lead to adult depression and other psychiatric issues (Wright et al., 2009).

In line with the fourth objective, the findings showed significant gender differences in childhood maltreatment and self-compassion ideation among young adults. The findings also revealed that the females exhibited significantly lower self-compassion, higher experience of childhood maltreatment, and witnessing much more neglect as well as family violence in comparison to the males. In terms of sexual abuse, females experienced significantly more sexual abuse from other adults or those 5 years older. These findings are supported by a study conducted by the Bangladesh Shishu Adhikar Forum, which found that 55% of children, particularly girls, are subjected to a variety of abuse, exploitation,

and brutality involving the worst kinds of child labor (Siddiqua et al., 2021). A large number of reported incidents related to female children involved sexual and physical abuse, while emotional or psychological abuse and neglect were less covered, and the majority of victims were female (Haque et al., 2020). This supports our findings where females experience more abuse than males, and in particular, more abuse such as neglect, witnessing family violence, and sexual abuse. Like the prior research, no significant gender differences were found in terms of psychological abuse in this research.

Possible explanations for the observed gender disparities in childhood maltreatment and self-compassion may be due to gender inequalities in society that continue to discriminate against girls within their families. Females may experience more neglect, parental violence and abuse, and a social and traditional gender environment that is hostile to women. In addition, differences in self-compassion could be due to female socialization, which may place higher emotional and behavioral expectations on them, which may interfere with their ability to build self-kindness. Research also reveals that no participants reported any sexual abuse from their parents. It may be possible that reported parental sexual abuse is absent because of stigma and fear concerning disclosure of such experiences or concerns about confidentiality, such that participants may not have been willing to disclose such sensitive information.

The study had various drawbacks, including the fact that the samples were not properly representative or random and that some respondents refused to participate in the study. Furthermore, the investigation was undertaken within time and budget restrictions. Unassessed third factors may have an impact on the relationship between variables. The study suggests conducting future research on a bigger and more representative sample, including additional linked demographic characteristics. Findings of the study may help providing insights into the harmful effects of maltreatment, taking steps as preventive measures, allowing for the development of an effective intervention program for the betterment of future caregivers and their children.

Conclusion

Various types of childhood maltreatment in combination with a lack of self-compassion increase the suicidal thoughts of young adults. The current study highlights how self-compassion can minimize suicidal thoughts and their detrimental effects. Females displayed less self-compassion alongside higher scores of total childhood maltreatment compared to males, enduring greater neglect, witnessing more family violence, and sexual abuse. The study also revealed no notable differences in psychological maltreatment. Such information gathered from this research has significance for improving support and intervention plans for young adults and their caregivers who faced adversity as children.

Abbreviations

CM	Childhood Maltreatment
DF	Degrees of Freedom
M	Mean
N	Number of Participants
PA	Physical Abuse
PIF	Personal Information Form
PM	Psychological Maltreatment
SA	Sexual Abuse
SCS	Self-compassion Scale
SD	Standard Deviation
SI	Suicidal Ideation
SPSS	Statistical Package for the Social Sciences
WFV	Witnessing Family Violence
WHO	World Health Organization

Declaration of Competing Interests

The authors confirm that they do not maintain any personal or financial relationships that could potentially affect this study.

Availability of Data and Materials

The necessary materials are available to anyone who provides a reasonable and acceptable request to the corresponding author.

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