TYPE AND SEVERITY OF CHILD ABUSE AND COLLEGE STUDENTS’ LIFETIME SUICIDALITY

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ABSTRACT

Objective: The present study compared reported histories and severity of child sexual abuse, child physical abuse, and both, in college men and women.

Method: Four hundred and eighty-six consenting undergraduates completed measures of suicidality, sexual abuse (SA), and physical abuse (PA). Based on their responses, they were categorized into 12 mutually exclusive groups: no PA/no SA (n = 234), moderate PA/no SA (n = 78), severe PA/no SA (n = 34), no PA/mild SA (n = 21), moderate PA/mild SA (n = 12), severe PA/mild SA (n = 5), no PA/moderate SA (n = 20), moderate PA/moderate SA (n = 15), and severe PA/moderate SA (n = 10).

Results: Participants who reported both severe sexual and severe physical abuse reported more lifetime suicidality than participants who reported either mild sexual and/or physical abuse. Those who reported sexual abuse involving invasive sexual acts such as rape, and physical abuse involving behaviors that resulted in physical injury to the child, were more suicidal than those who reported less severe abuse. In addition, although combined sexual and physical abuse correlated with increased suicidality, unexpectedly, there was no interaction. Finally, women students endorsed more reasons for living than men and about the same level of suicidal ideas and global suicidality, despite a greater likelihood of having been abused.

Conclusions: The absence of an interaction between sexual and physical abuse suggests that this increased suicidality is additive rather than multiplicative. An implication is that college counseling personnel need to be aware of the suicidal risk of women and men students reporting either sexual or physical abuse. © 1997 Elsevier Science Ltd

Key Words—Child abuse. Suicide.

INTRODUCTION

INDIVIDUALS WHO EXPERIENCE both physical and sexual abuse as children are at greater risk than singly and nonabused individuals for short and long-term pathology (i.e., Wind & Silvern, 1992). However, research on sexual and physical abuse typically errs by focusing on one or the other, even though they often occur together (Brown & Anderson, 1991; Bryer, Nelson, Miller, & Krol, 1987; Wind & Silvern, 1992). Reviewing long-term effects of sexual abuse, Beitchman and colleagues (1992) stressed studying the concomitant effects of sexual and physical abuse and suicidality, and criticized several studies for drawing conclusions about sexual abuse and suicidality independent of physical abuse.

Only a few studies on suicidality compare mutually exclusive multiple and single abuse groups. In one well designed study, pregnant teenagers were divided into four groups: sexually abused only (n = 52), physically abused only (n = 39), sexually and physically abused (n = 11), and nonabused (n = 777). Those who experienced physical or sexual abuse were four times more likely to have suicidal thoughts compared to nonabused teens. Those who experienced sexual and physical abuse...
were seven times more likely to have suicidal thoughts and attempts than nonabused teens (Bayatpour, Wells, & Holford, 1992). This study was strengthened by classifying participants into discrete groups. A weakness, however, was failing to clarify the questions used to establish abuse and suicide, suggesting that these instruments were nonstandardized. Further, results from this high risk population may not generalize to other populations.

In another study using mutually exclusive abuse groups, Mills, Reiker, and Carmen (1985) used hospital records to categorize adolescent and adult inpatients as sexually and physically abused, only sexually abused, only physically abused, and nonabused. Multiply abused patients were more likely to be actively suicidal than singly abused patients, who were more likely to be actively suicidal than those not abused. A limitation of these results is the blend of adolescent and adult abuse, so the abuse might have been physical child abuse, incest, marital violence, or rape.

Thus, the present purpose was to: (a) use mutually exclusive sexual and physical abuse groups; (b) examine severity as a potential moderator; (c) utilize clear definitions of sexual and physical abuse before age 18; and (d) employ multiple standardized suicidality measures. We expected those multiply abused as children to be more suicidal than those singly or not abused, those singly abused to be more suicidal than those not abused, and those severely abused to be more suicidal and lower in reasons for living than all others. Also, consistent with past research, we expected women to report more sexual abuse than men, but greater reasons for living.

METHOD

Participants

Participants were 486 undergraduates at a mid-sized southeastern university who received extra credit. Most were women (74%) and Caucasian (72%), and the average age was 23.6 (range = 18–51). A 3 (Physical Abuse) × 4 (Sexual Abuse) ANOVA on age was not significant. Chi-squares were nonsignificant on class and race, but significant on gender and marital status: More women (33%) reported sexual abuse than men (15%), \( \chi^2(3) = 16.53, p < .01 \), more single people than expected reported no physical abuse (75%), and more married people than expected reported severe physical abuse (22%) \( \chi^2(6) = 18.7, p < .01 \).

Instruments

The self-report version of the Scale for Suicide Ideation (SSI; Beck, Steer, & Ranieri, 1988) consists of 19 suicide-related items scored on a 3-point Likert scale where higher scores indicate more suicidal ideation. The SSI has three factors: Active Suicidal Desire, Passive Suicidal Desire, and Specific Plans for Suicide. It is internally consistent (alpha = .93) and highly correlated with the original SSI \( (r = .90) \) (Beck et al., 1988).

The shortened Suicidal Behaviors Questionnaire (SBQ; Linehan & Nielsen, 1981) consists of four items about suicidal thoughts, expressions, and probability (Cole, 1988) where scores range from 0 (no suicidality) to 16 (very suicidal). The 4-item SBQ has test-retest reliability over 2 weeks \( (r = .95) \), internal consistency (alpha = .81), and validity as evidenced by a moderate correlation with the SSI \( (r = .69) \) (Cotton, Peters, & Range, 1995).

The Brief Reasons For Living Inventory (BRFL; Ivanoff, Jang, Smyth, & Linehan, 1994), adapted from the Reasons for Living Inventory (RFL; Linehan, Goodstein, Nielsen, & Chiles, 1983), consists of 12 possible reasons for not committing suicide. The BRFL is internally consistent (alpha = .86). Evidence of validity are high correlations with RFL subscales \( (rs = .73 \text{ to } .86, \text{ total } = .94) \), and it accounting for significant variance in inmates SSI scores over hopelessness, depression, and social desirability (Ivanoff et al., 1994).

The Child Sexual Abuse Questionnaire (CSAQ; Bendixen, Muus, & Schei, 1994) is a question
about sexual abuse followed by 13 items referring to type of sexual abuse (Finkelhor, 1979). Respondents indicate the age at first incidence and the relationship to the offender for each item. The CSAQ has been used to ascertain sexual abuse (Bendixen et al., 1994), and in the present sample was internally consistent (alpha = .91).

The Child Abuse Questionnaire (CAQ; Gross & Keller, 1992) consists of seven questions about physical abuse by parents or primary guardians. Questions are rated on a Likert scale from 1 (never), 2 (rarely, once or twice in a lifetime), 3 (sometimes, one to five times a year), 4 (often, once a month), or 5 (frequently, more than once a month). The CAQ has satisfactory internal consistency (alpha = .77; Gross & Keller, 1992; present sample = .80).

Procedure

Participants were recruited during or after class for a study about childhood experiences and suicide, and those consenting anonymously completed, in order, demographic questions, the BRFL, SSI, CAQ, CSAQ, and SBQ. Students were recruited from a variety of psychology classes including a large introductory course taken by a broad cross-section of students and more advanced courses typically taken by majors. In most classes there were more women than men students. In addition, women typically enroll for extra credit opportunities outside class more so than men (Range, Turzo, & Ellis, 1992). Thus, it was not surprising that more women than men students participated. Students had many opportunities to earn extra credit; those who chose to participate in the present project typically did so because the time was convenient for them (most common), or because of personal interest.

Because the questions were sensitive, free counseling was offered to anyone who needed assistance dealing with these issues. No one took advantage of this offer. At the end of the battery, each participant checked yes to a final question, "I have answered these questions to the best of my ability. You may use my responses in the study."

As in Bendixen and colleagues (1994), participants who answered "yes" to any CSAQ items were considered sexually abused (n = 137). Of these, participants were categorized as severely abused (n = 54) if they endorsed one or more of 9–13; moderately abused (n = 45) if they endorsed one or more of 6–8 and none higher; mildly abused (n = 38) if they endorsed one or more of 1–5 and none higher; and nonsexually abused (n = 347) if they endorsed no CSAQ items.

As in Gross and Keller (1992), participants who endorsed frequently, often, or sometimes to any of CAQ items 2, 4, 6, and 7 OR often or frequently on question 3, OR frequently, often, sometimes, or rarely on question 5 were considered physically abused (n = 186). Of these, participants who endorsed any CAQ items involving sequelae were categorized as severely abused (n = 65), participants who endorsed no sequelae items but any nonsequelae were categorized as moderately abused (n = 121); and participants who endorsed only item 1 (about spanking) and/or no physical abuse items were categorized as nonphysically abused (n = 300).

At this point, the sexual abuse groups included those who reported physical abuse, and the physical abuse groups included those who reported sexual abuse. For the MANOVA, and to avoid overlap, they were further categorized into 12 mutually exclusive groups based on the above criteria, yielding a total sample of 483 (three missing observations) (see Table 1).

RESULTS

See Table 1 for means and standard deviations. A 4 (Sexual Abuse) X 3 (Physical Abuse) MANOVA yielded significant main effects for sexual abuse, F(9, 1413) = 4.50, p = < .001, and physical abuse, F(6, 940) = 3.23, p < .01, but no significant interaction. In follow-up ANOVAs and Tukeys, on the SSI those severely sexually abused (M = 6.78) had significantly more suicidal
ideas than those not sexually abused \( (M = 2.61), F(3, 471) = 7.70, p < .001 \). On the SBQ those severely \( (M = 3.93) \), moderately \( (M = 2.42) \), and mildly \( (M = 3.03) \) sexually abused were significantly more suicidal than those not sexually abused \( (M = 1.64), F(3, 471) = 12.36, p < .001 \); and those severely sexually abused were significantly more suicidal than those moderately sexually abused. An additional MANOVA on the BRFL subscales yielded significant main effects for sexual abuse, \( F(24, 1293) = 2.58, p < .0001 \), and physical abuse, \( F(16, 860) = 2.07, p < .01 \), but no significant interaction. On follow-ups, those severely sexually abused \( (M = 5.08) \) had significantly lower BRFL survival and coping beliefs than those moderately sexually abused \( (M = 5.59), F(3, 436) = 3.22, p < .05 \).

On the SSI those severely physically abused \( (M = 6.09) \) had significantly more suicide ideas than those moderately \( (M = 3.64) \) and not physically abused \( (M = 2.61), F(2, 471) = 8.52, p < .001 \). On the SBQ, those severely physically abused \( (M = 3.17) \) were significantly more suicidal than those not physically abused \( (M = 1.70), F(2, 471) = 6.37, p < .01 \). Follow-up ANOVAs on BRFL subscales were significant on the Survive, \( F(2, 436) = 3.48, p < .05 \), and Family subscales, \( F(2, 436) = 3.64, p < .05 \), but Tukey tests were not.

Those severely sexually and severely physically abused \( (n = 16) \) were significantly worse than all other abuse groups \( (n = 235) \) on SSI, \( r(249) = 4.32, p < .05 \); SBQ, \( r(249) = 3.98, p < .05 \); and BRFL Total, \( r(249) = 1.74, p < .05 \), as well as BRFL Social subscale scores, \( r(249) = 2.41, p < .05 \). Those not abused \( (n = 235) \) were significantly better than all other groups \( (n = 251) \) on SSI, \( r(484) = 2.68, p < .05 \); SBQ, \( r(484) = 4.70, p < .05 \); and the BRFL Survive, \( r(484) = 1.75, p < .05 \), Family, \( r(484) = 2.35, p < .05 \), Fear, \( r(484) = 1.66, p < .05 \), and Moral, \( r(484) = 2.59, p < .05 \).

A multiple regression indicated that sexual and physical abuse entered together accounted for the most variance in SBQ scores \( (14\%), F(2, 480) = 40.55, p < .0001 \), followed by SSI scores \( (10\% \text{ additional variance}) \), \( F(2, 480) = 26.76, p < .0001 \), and BRFL total scores \( (2\% \text{ additional variance}) \), \( F(2, 480) = 5.13, p < .01 \). No other variables accounted for significant and unique variance in SBQ scores.

Women had significantly higher CSAQ scores than men, \( r(459) = 2.48, p < .05 \). Women also had significantly higher BRFL Total scores than men, \( r(459) = 5.61, p < .001 \), as well as

<table>
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<th>Sexual Abuse</th>
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<th>Moderate</th>
<th>Severe</th>
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<td>None</td>
<td>234</td>
<td>78</td>
<td>34</td>
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<tr>
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<td>4.06 (6.41)</td>
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<td>12</td>
<td>5</td>
</tr>
<tr>
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<td>5.33 (7.54)</td>
<td>7.40 (7.92)</td>
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significantly higher scores on all but one BRFL subscale: Survive, $t(459) = 4.73$, $p < .001$; Family, $t(457) = 3.57$, $p < .001$; Child, $t(428) = 3.06$, $p < .01$; Fear, $t(457) = 5.51$, $p < .001$; and Moral, $t(458) = 2.61$, $p < .01$. Men and women did not differ significantly on CAQ, SSI, or SBQ scores.

**DISCUSSION**

Present results indicate that, contrary to expectations, there was no interaction between childhood sexual and physical abuse in terms of lifetime suicidality or suicidal ideas. Past research suggests that individuals who report both types of abuse as children are more likely to be suicidal as adults than those who report single or no abuse (Bayatpour et al., 1992; Brown & Anderson, 1991; Bryer et al., 1987), but these studies do not address whether it is the sexual or physical abuse, or the combination, that increase suicidality. In this study, absence of an interaction between sexual and physical abuse suggests that one type of abuse does not interact with the other to heighten suicidality. Sexual abuse and physical abuse apparently have additive rather than multiplicative effects on lifetime suicidality.

Present results also indicate that severity of both sexual and physical abuse made a difference in later suicidality. Consistent with other research, students who reported both severe sexual and severe physical abuse were more suicidal than students who reported moderate sexual and/or physical abuse (Bayatpour et al., 1992; Bryant & Range, 1995b).

The severity factor held true in terms of sexual abuse alone. The severe sexual abuse group was more suicidal than the no sexual abuse group on both measures of suicidality. This finding is consistent with previous findings that participants who report intrusive sexual acts are more likely to be suicidal than nonabused participants (Bendixen et al., 1994; Mullen, Martin, Anderson, Romans, & Herbison, 1993). Also, on SBQ scores, all sexual abuse groups were more suicidal than the no sexual abuse group. In addition, the severe sexual abuse group was more suicidal than the moderate sexual abuse group. This result is somewhat different from a previous study in which sexually abused college students (touched or forced to touch others) but not sexually exploited students (unwanted kissing, hugging, sexual invitations) were more suicidal than the nonabused group (Peters & Range, 1995). Perhaps sexual abuse involving genital touching and/or penetration is more likely to be associated with suicidality than sexual abuse involving less invasive sexual acts.

The severity factor also held true in terms of physical abuse alone. The severe physical abuse group was more suicidal than moderate and no physical abuse groups on SSI scores, and the severe physical abuse group was more suicidal than the no physical abuse group on SBQ scores. These results are consistent with other research (Bryant & Range, 1995b; Milner, Robertson, & Rogers, 1990). It is also not surprising that there were no differences between the moderate and no physical abuse groups because participants who endorsed that their parents hit them with objects such as belts or brushes were included in the moderate physical abuse group. Using a belt to discipline children is a culturally condoned form of punishment, and may account for the low suicidality scores among participants who reported moderate and no physical abuse. An implication is that actions viewed as discipline, even if they involve hitting or leaving bruises, may have no with connection with later suicidality, unlike actions viewed as unjustified abuse.

Apparently the negative ramifications of abuse extended to reasons for living. Those severely physically and severely sexually abused had fewer overall reasons for living and fewer social concerns as a reason for not committing suicide than all other abuse groups. Those severely sexually abused had fewer survival and coping beliefs than those moderately sexually abused, which is consistent with Peters and Range (1995). Apparently, participants who reported severe sexual and physical abuse endorsed less cognitive deterrents to suicide than participants who reported moderate sexual and/or physical abuse or no abuse. Sexual and/or physical abuse may
hinder the development of cognitive suicide inhibitions. Or, cognitive deterrents to suicide may hinder remembering sexual and/or physical abuse. Alternatively, people who remember abuse may be poor at producing cognitive deterrents to suicide. Finally, another factor may influence reporting of sexual and/or physical abuse as well as cognitive deterrents to suicide.

Severity of physical and sexual abuse accounted for 14% of variance in SBQ scores, 10% of variance in SSI scores, and only 2% of variance in BRFL scores, findings which are consistent with other research in which low variance in SSI scores was accounted for by sexual abuse (12%) and physical abuse (3%) (Bryant & Range, 1995a). Thus, the variance from sexual and physical abuse scores was statistically significant, but these findings are of little clinical significance.

Gender differences in present results sometimes favored women and at other times favored men. Consistent with Finkelhor and Browne (1985), women reported significantly more sexual abuse than men. Consistent with Peters and Range (1995), women reported more Survival and Coping Beliefs, Fear of Suicide, Responsibility to Family, Child-related Concerns, and Moral Objections as reasons for not committing suicide than men. Further, women and men were about the same in suicidality. Women college students apparently endorse more reasons for living than men and about the same level of suicidality despite a greater likelihood of having been abused.

In terms of demographic variables, a disproportionate number of single participants (75% overall) reported no physical abuse, and a disproportionate number of married participants reported severe physical abuse. However, age was unrelated to abuse in the present sample. Marriage may influence or help people to remember past abuse; or, abused people may be more likely to marry; or, some third factor may have influenced how participants responded to these two items. Whatever the explanation, this demographic difference is a limitation of present results.

Another limitation was voluntary rather than random participation. Also, the proportion of women \( (n = 342) \) to men \( (n = 120) \) is consistent with other research indicating that women are more likely to participate in extra credit activities than men (Range et al., 1992), but means that the present sample is more generalizable to college women than college men. In addition, the average age of 24 may have accounted for the large number of participants who expressed some suicidal ideas or global suicidality because suicide is the third leading cause of death 15–24–year-olds and the fourth leading cause of death for 25–44–year-olds (Centers for Disease Control, 1986). Other limitations include self-report and retrospective measures that may limit the reliability of participant responses due to the desire to look good or an inability to remember accurately. In contrast, the subject matter was sensitive, so participants may have hesitated to answer certain questions because of painful memories or feelings.

Finally, present results are limited by the failure to control for psychological abuse. Psychological abuse almost always accompanies all other forms of maltreatment, is probably the most prevalent form of abuse, and is often considered the most destructive form of abuse (Hart & Brassard, 1987). By omitting psychological abuse, we may have neglected the most damaging type of abuse. Future research is recommended to develop a standardized measure of psychological abuse, so that possible links to suicidality can be examined.

Despite these limitations, the present study indicated that college students who reported any sexual or physical abuse were more suicidal and had fewer cognitive deterrents to suicide than college students who reported no abuse. Further, severity made a difference. Apparently, sexual abuse involving invasive sexual acts such as rape and physical abuse involving behaviors that result in physical injury to the child are the most damaging, at least in terms of suicidality. However, the absence of an interaction between sexual and physical abuse on all dependent measures suggests that the ramifications of abuse are additive rather than multiplicative. An implication is, first, that college counseling personnel need to be aware of the suicidal risk of those students reporting sexual and/or physical abuse, particularly in individuals who report histories of severe sexual and physical abuse.
Cette étude compare des récits que des collégiens et collégiennes ont fournis concernant des agressions sexuelles ou physiques vécues ou encore des expériences où ils ont connu les deux types de sévices.

**Méthode:** Un groupe de 486 étudiants de premier cycle ont complété des tests mesurant les comportements suicidaires, les agressions sexuelles et les agressions physiques. Les réponses ont été classées selon 12 catégories exclusives: a) aucune agression, b) agressions physiques graves sans agression sexuelle, c) agressions sexuelles graves sans agression physique, d) agressions physiques graves et agressions sexuelles graves, e) agressions sexuelles graves sans aucune agression physique, f) agressions physiques graves et agressions sexuelles modérées (N = 15), g) agressions physiques graves et agressions sexuelles faibles (N = 5), h) agressions sexuelles modérées sans aucune agression physique (N = 20), i) agressions physiques et sexuelles modérées (N = 15), j) agressions physiques et sexuelles modérées sans aucune agression physique (N = 34), k) agressions physiques et sexuelles modérées sans aucune agression physique (N = 34), l) agressions physiques et sexuelles modérées sans aucune agression physique (N = 21) et m) agressions physiques et sexuelles modérées sans aucune agression physique (N = 12). Les agressions étaient classées selon les degrés de gravité.

**Résultats:** Chez les participants qui ont rapporté des abus physiques et sexuels graves, les comportements suicidaires étaient plus fréquents que chez les participants qui avaient connu des agressions physiques ou sexuelles. Lorsque les participants avaient connu des agressions physiques et sexuelles graves, les comportements suicidaires étaient plus fréquents que chez les participants qui avaient connu des agressions physiques ou sexuelles. Lorsque les participants avaient connu des agressions physiques et sexuelles graves, les comportements suicidaires étaient plus fréquents que chez les participants qui avaient connu des agressions physiques ou sexuelles. Lorsque les participants avaient connu des agressions physiques et sexuelles graves, les comportements suicidaires étaient plus fréquents que chez les participants qui avaient connu des agressions physiques ou sexuelles. 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agressions sexuelles comprenaient des actes graves tel que le viol et que les agressions physiques ont produit des blessures, on observe les mêmes tendances suicidaires que chez ceux qui ont connu des épisodes moins sérieuses. De plus, bien que la combinaison des deux types d’agressions démontre une corrélation avec le suicide, il n’y a pourtant pas d’interaction entre les deux types d’agressions. Enfin, les collégiennes se trouvaient plus de raisons pour continuer de vivre que les hommes et avaient à peu près les mêmes idées et tendances suicidaires que les hommes, même si elles étaient plus aptes à avoir connu des agressions.

Conclusions: L’absence d’une interaction entre les abus physiques et sexuels porte à croire que les plus grandes tendances suicidaires ont l’effet d’une addition plutôt que d’une multiplication. Les personnes qui conseillent la gent collégiale doivent être sensibles qu’il existe des risques de suicide lorsque ces étudiants dévoilent des expériences d’agressions sexuelles ou physiques.

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RESUMEN

Objetivo: El presente estudio amparó las historias reportadas y la severidad del abuso sexual en la niñez, el abuso físico en la niñez y ambos, en mujeres y hombres universitarios.

Método: 486 estudiantes universitarios consintieron en completar medidas de potencial suicida, abuso sexual (AS) y abuso físico (AF). En base a sus respuestas fueron categorizados en 12 grupos mutuamente excluyentes: no AS/no AF (n = 234), AF moderado/no AS (n = 78), AF severo/no AS (n = 34), no AF/AS leve (n = 21), AF moderado/AF leve (n = 20); AF moderado/AF moderado (n = 15) y AF severo/AS moderado (n = 10).

Resultados: Los participantes que reportaron tanto abuso sexual y físico severo reportaron más potencial de suicidio que los participantes que reportaron tanto abuso sexual y/o físico leve. Los que reportaron abuso sexual incluyendo actos sexuales invasivos como estupro, y abuso físico incluyendo conductas que resultaron en daños físicos para el niño, tenían más potencial suicida que los que reportaron abusos menos severos. Además, a pesar de que la combinación de abuso físico y abuso sexual correlacionaron con un aumento en el potencial suicida, inesperadamente, no hubo interacción. Finalmente, las mujeres estudiantes respaldaban más razones para vivir que los hombres y casi el mismo nivel de ideas suicidas y capacidad global de suicidio, a pesar de una mayor posibilidad de haber sido abusadas.

Conclusiones: La ausencia de interacción entre el abuso sexual y el abuso físico sugiere que este aumento en el potencial suicida es agregado en vez de multiplicado. La implicación es que el personal de consejería universitario necesita estar consciente del riesgo suicida de los estudiantes mujeres u hombres que reportan tanto abuso físico como abuso sexual.