

Selvmordsproblematikk blant utsatte for og utøvere av vold og overgrep: En systematisk gjennomgang av oversiktsartikler

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SAMMENDRAG

Denne rapporten baserer seg på en gjennomgang av 118 systematiske oversiktsartikler om selvmordsproblematikk knyttet til utsatthet for og utøvelse av vold og overgrep. Vi oppsummerer spesifikke forskningsfunn, vurderer kunnskapsstatus på feltet og peker på områder med behov for ny forskning og ytterligere kunnskapsoppsummeringer.

Utsatthet for og utøvelse av vold og overgrep er sammensatte fenomener som forekommer i alle aldersgrupper i likhet med suicidal atferd. Dette gjør forskningslitteraturen heterogen og krevende å oppsummere.

Vold og overgrep i barndom: På grunnlag av vår gjennomgang av litteraturen kan vi fastslå at det er solid forskningsevidens for at barn utsatt for fysisk vold, seksuelle overgrep, psykisk vold eller omsorgssvikt har økt risiko for ulike former for selvmordsproblematikk. Denne risikoen oppstår tidlig og vedvarer utover i voksenlivet.

Antallet av volds- og overgrepshendelser synes å være korrelert med alvorlighetsgrad av psykiske lidelser og selvmordsproblematikk. Forskingen viser også en økt risiko for ulike former for selvmordsproblematikk hos barn som utsettes for vold og overgrep av jevnaldrende, samt mobbing og trakassering både som barn og voksne. Hva slags vold og overgrep som bidrar mest til selvmordsproblematikk er imidlertid uavklart.

Vold og overgrep i voksen alder: Forskningslitteraturen gir også grunnlag for å konkludere med at vold i nære relasjoner og seksuelle overgrep i voksen alder øker risikoen for selvmordsproblematikk, både i form av selvmordsforsøk, selvskading og selvmordstanker, særlig blant kvinner. Det er mindre sikker kunnskap om betydningen av repeterte volds/overgrepshendelser, og den unike betydningen av hendelser i voksen alder hos personer som også har vært voldsutsatt i sin barndom.

Litteraturen viser at enkelte risikopopulasjoner (for eksempel personer med psykiske lidelser, LHBT+ personer, hjemløse, militært personell eller innsatte i fengsel) også har en økt risiko for selvmordsproblematikk etter eksponering for eksempel fysisk eller psykisk vold, seksuell vold/overgrep eller omsorgssvikt.

Personer som har utøvet vold/overgrep: Det er påfallende få studier om selvmordsproblematikk blant utøvere av vold og overgrep, særlig blant unge voldsutøvere, og kvinnelige voldsutøvere.

Tilbakevendende suicidalitet og selvskading: Forskningslitteraturen gir grunnlag for å konkludere med at jo yngre personer er når de eksponeres for vold og overgrep og jo hyppigere gjentatt eksponering inntreffer, desto mer vil risikoen øke for at suicidalitet

og selvskading blir vedvarende og/eller tilbakevendende. Det er likevel mangel på kunnskap om via hvilke mekanismer slik eksponering virker og hvordan tilbakevendende suicidal og selvskadende atferd utvikler seg i løpet av barndom og ungdom inn i voksen alder.

Utfordringer i forskningen: Det er et stort behov både for å standardisere begrepsbruk og validere forskningsinstrumenter innenfor mange deler av denne forskningen. Det er behov for utvikling av integrerende teoretiske modeller for sammenhengen mellom vold/overgrep og suicidalitet, som også tar i betraktning hvilke andre risiko- og beskyttelsesfaktorer som spiller inn.

Behov for videre forskning: Det er behov for mer kunnskap om suicidalitet blant personer/grupper som utøver vold og overgrep, selv om noen av disse gruppene kan være utfordrende å rekruttere til forskning. Forskningen er dominert av studier med bare ett måletidspunkt, og det er manglende kunnskap om virkningsmekanismer og tidsforløp mellom eksponering for ulike typer vold og overgrep og selvmordsproblematikk. Det er behov for longitudinelle studier med fokus på psykiske, sosiale, genetiske og nevrobiologiske faktorer og deres samspill over tid. Slike studier kan også med fordel koble selvrapporтерingsdata til registerdata, for å få mer kunnskap om dødsfall ved selvmord. Det ligger godt til rette for å gjennomføre slike longitudinelle studier i Norge. Det er behov for mer forskning på faktorer som kan være beskyttende mot suicidal atferd hos eksponerte for vold og overgrep og det er behov for mer forskning på forebyggende intervensjoner og behandling som er tilpasset volds- og overgrepseksponeertes behov.

1. INNLEDNING

Oppdraget

NSSF og NKVTS fikk i 2021 i oppdrag av Helsedirektoratet å se nærmere på omfanget av selvmordsproblematikk blant utsatte for og utøvere av vold og overgrep. Sentrene skulle sammen vurdere og beskrive behovet for kunnskapsoppsummeringer og eventuelt ytterligere forskning. Sentrene skulle også vurdere å invitere FHI inn i samarbeidet.

Arbeidsgruppen

Fra Nasjonalt senter for selvmordsforskning og -forebygging (NSSF)

Sudan Prasad Neupane, forsker / PhD, leder for arbeidet

Ina Marie Bekkevold-Jernberg, rådgiver / MSc, koordinator for arbeidet

Nora Fjelli, konsulent / BA

Kim Sverre Larsen, universitetslektor / psykologspesialist

Lars Mehlum, senterleder NSSF / professor dr. med.

Fra Nasjonalt kunnskapssenter om vold og traumatisk stress (NKVTS)

Solveig Bergman, forsker II / dr.pol.

Anja Emilie Kruse, forsker II / kriminolog

Hege Eriksen Oswald, spesialbibliotekar

Siri Thoresen, Forsker I / dr. psychol.

Fra Folkehelseinstituttet (FHI), Avdeling Psykisk helse og selvmord

Kim Stene-Larsen, forsker / PhD

Anne Reneflot, avdelingsdirektør / PhD

I tillegg, takk til Linn-Eirin Aronsen Haugen.

Arbeidsgruppens tolkning av oppdraget

Arbeidsgruppen besluttet å løse oppdraget ved å foreta en vurdering av kunnskapsstatusen på området, med utgangspunkt i systematiske litteraturgjennomganger og kunnskapsoppsummeringer. Første stadium i arbeidet besto i å utarbeide en liste over relevante litteratursøketermer, sammen med en liste over temaer vi ønsket å utforske (eksponeringsvariabler kombinert med utfallsvariabler). Vi besluttet å ikke vurdere enkeltstudier/primærstudier. Tidsrammen for litteratursøket ble valgt som 2005 til i dag. Kravene til artiklene som skulle inkluderes var at de måtte ha en viss relevans for norske forhold.

Søkeord

Søkeordene vi brukte for eksponeringsvariablene var de følgende:

1. Utsatthet for vold og overgrep

Violence*; abuse*; maltreatment; neglect; sexual exploitation; childhood-/child sexual abuse; incest; sexual assault; rape; battering; bullying (victimization); cyberbullying; cybervictimization; ostracization/ostracizing; school violence; workplace violence; community violence; political violence; mass murder; war atrocities; genocide; ethnic cleansing; refugees; displacement; forced displacement; forced migration; racist violence; systemic racism; torture; terror victim; terrorism; trauma; traumatic stress; traumatic experiences/-events; potentially traumatic experiences/-events; sexual trauma; victimization; multiple trauma; combat (veteran); military (veteran); retraumatization/polytraumatization/multitraumatization; revictimization/polyvictimization; hate crime victimization; victim; survivor; PTSD; complex PTSD

2. Utøvelse av vold og overgrep

Violence*; abuse*; childhood-/child sexual abuse; incest; sexual assault; rape; murder; murder-suicide; homicide; homicide-suicide; filicide; filicide-suicide; femicide; femicide-suicide; school violence; school-shooting; hate crime; bullying; cyberbullying; perpetrator; perpetration; offender; offending; violent offending; sex offending; batterer; rapist; pedophile; pedophilic; combat; attack; workplace violence; community violence; political violence; mass murder; war atrocities; torture; genocide; terrorism; acts of terror

*Søkeordene *violence* og *abuse* ble søkt opp med disse prefiksene: domestic-/dating-/physical-/psychological-/emotional-/sexual-/sexualized-/intimate partner-/interpersonal-/parental-/caregiver-/elder-.

For utfallsvariablene valgte vi disse søkeordene:

Selv mord, -forsøk, -tanker, selvskadning og andre assosierte søketermer

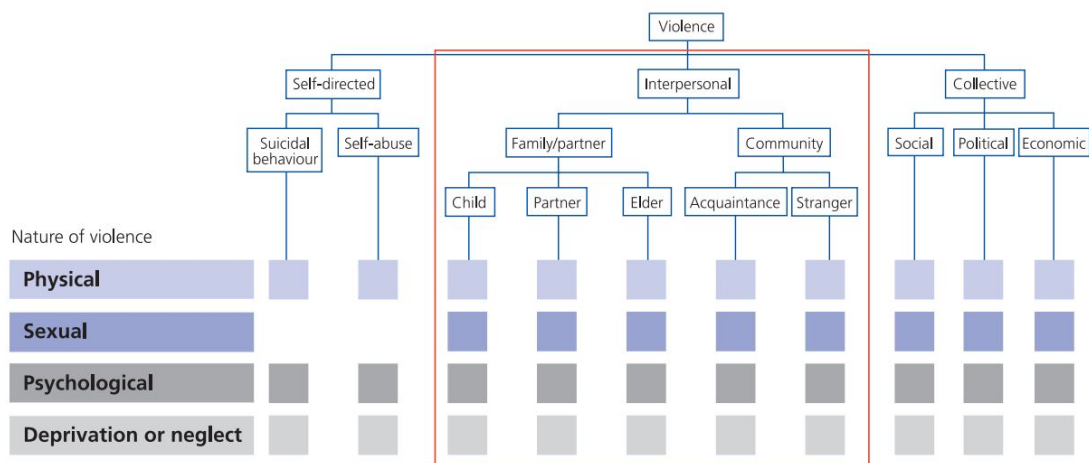
Suicide; attempted suicide; completed suicide; suicide attempt; self-harm; deliberate self-harm; non-suicidal self-injury; NSSI; NSSI disorder; NSSH; non-suicidal self-harm; suicidal ideation; suicidal thoughts; self-injurious behavior; suicidality; parasuicide; self-mutilation

Definisjoner

Definisjon av vold og overgrep

Det finnes en lang rekke definisjoner og typologier av vold. En av de mest anerkjente og hyppigst brukte definisjonene er utformet av Verdens helseorganisasjon (WHO):

«[Vold er] tilsiktet bruk av fysisk kraft eller makt, faktisk eller ved hjelp av trusler, rettet mot en selv, andre enkeltpersoner, eller mot en gruppe eller et samfunn, som enten resulterer i eller har stor sannsynlighet for å resultere i fysisk skade, død, psykologisk skade, feilutvikling eller deprivasjon» (Krug et al., 2002, s. 7; se Figur 1.1). Denne brede og overordnede definisjonen innbefatter *interpersonlig* eller *mellommenneskelig vold* (for eksempel i det offentlige rom eller i nære relasjoner), *selvpåført vold* (for eksempel selvmord) og *kollektiv vold* (for eksempel krigføring).



Figur 1.1 WHO's typologiserings av vold. Den er hentet fra Krug med flere, 2002, s. 7 (Krug et al., 2002)

I denne gjennomgangen av forskningen på feltet har vi lagt vekt på *interpersonlig vold* som eksponeringsvariabel, mens utfallsvariablene våre omhandler *selvpåført vold*.

Vold trenger ikke nødvendigvis å komme til uttrykk på en fysisk måte; vold kan også være psykisk vold eller trussel om vold. Denne rapporten tar utgangspunkt i en bred tilnærming til vold, og inkluderer fysisk vold, psykisk vold, samt seksuell vold, mobbing og omsorgssvikt. En streng inndeling i ulike voldsformer stemmer imidlertid ikke alltid overens med en kompleks virkelighet. De ulike voldsformene kan opptre sammen eller være til stede over tid, for eksempel i et parforhold eller en familie.

Seksuelle overgrep innbefatter alle former for seksuelle krenkelser, altså seksuelle handlinger som er utført uten samtykke; ved bruk av vold, tvang eller trusler, eller ved å utnytte noens nedsatte bevissthetstilstand (som for eksempel rus eller søvn, se Thoresen & Hjemdal, 2014; Myhre, Thoresen & Hjemdal, 2015). Alle seksuelle handlinger rettet mot barn under 16 år er i utgangspunktet å regne som seksuelle overgrep, uavhengig av om barnet har samtykket eller ikke (Straffeloven §§ 299-304), i og med at barn ikke anses å være utviklings- og aldersmessig modne nok til å forstå eller gi samtykke til seksuelle handlinger (Øverlien, 2012).

Voldshandlinger og seksuelle overgrep mot voksne, barn og unge skjer både i nære relasjoner (som for eksempel innenfor familien, i parforholdet, blant nære venner, mellom slektninger eller mellom tillitspersoner i lokalsamfunnet), på skolen eller

arbeidsplassen, og i det offentlige rommet (hvor offer og utøver gjerne ikke kjenner hverandre). Vold og overgrep kan også utøves via digitale kommunikasjonsplattformer, på mobiltelefoner, nettbrett eller pc.

Denne gjennomgangen av forskningen omhandler selvmordsproblematikk både blant mennesker som har vært utsatt for vold og overgrep, og blant mennesker som har utøvd vold og overgrep.

Definisjon av selvmordsproblematikk og relaterte utfallsmål

Selvmordsproblematikk: Selvmordsproblematikk er en samlebetegnelse på alle utfallsmålene i tabellen under (Tabell 1.1) om begrepsbruk i notatet. Definisjon på begreper baserer seg på [faktaark](#) utarbeidet av NSSF (Nasjonalt senter for selvmordsforskning og -forebygging (NSSF)).

Selv mord: Verdens helseorganisasjon (WHO) definerer selvmord som en aktiv, villet handling som fører til døden.

Selvmordsforsøk: Med selvmordsforsøk menes forgiftning eller skade som en person påfører seg selv med intensjon om å dø. Begrepet brukes om ikke-fatale handlinger av villet egenskade der det fremkommer et ønske om å dø.

Selvskading: Med selvskading menes det å påføre seg selv skade med vilje, men uten intensjon om å dø. Eksempler på selvskading er kutting, brenning, overdosering, og forgiftning. Personer som selvskader, kan bruke én eller mange metoder, og den medisinske farlighetsgraden av skadene varierer fra overflatiske småskader til livstruende skader.

Villet egenskade: Med villet egenskade menes enhver type selvskadende atferd, med eller uten intensjon å dø (Turecki & Brent, 2016).

Vi ser at ulike oversiktsartikler bruker ulike definisjoner av villet egenskade (deliberate self-harm). Noen ekskluderer suicidal intensjon, andre beskriver at fenomenet inkluderer både suicidal intensjon og ikke suicidal intensjon, i tillegg til uklar intensjon.

Blandet utfallsmål: Dette begrepet brukes i notatet når oversiktsartiklene har inkludert primærstudier med ulike typer utfall, for eksempel både selvskading og selvmordsforsøk, eller både selvmordstanker og selvrapportert suicidalitet.

Diffust utfallsmål: Dette begrepet brukes i notatet når oversiktsartiklene oppgir brede og lite definerte begreper, som for eksempel suicidalitet og selvmordsatferd.

I denne gjennomgangen har vi ikke hatt mulighet til å kontrollere hvorvidt begrepsbruk i enhver oversiktsartikkel samsvarer med definisjonene våre. Lista over begreper brukt i notatet er presentert i tabell 1.1. Dette er en norsk oversettelse av begreper brukt i de inkluderte oversiktsartiklene.

Tabell 1.1 Begrepsbruk i notatet/ordliste

Begreper brukt i dette notatet	Forklaring/engelske ord brukt i oversiktsartiklene
Oversiktsartikkel	Systematisk review-artikkel med eller uten metaanalyse
<i>Studiepopulasjon</i>	
Vold mot barn	Barn, ungdom og voksne som har vært utsatt for ulike former for vold i barndommen.
Militærpersonell/veteraner	Army/military/veterans
LHBT+, kjønnsminoriteter, seksuelle minoriteter	Sexual minority, gender minority, LGBTQ+ (lesbiske, homofile, bifile, transpersoner, ikke-binære og personer med andre kjønnsidentiteter eller seksuelle legninger)
Førstelinjetjenesten	Primary care
Innsatspersonell	First responders
Humanitære organisasjoner	Humanitarian organizations
<i>Psykiatriske diagnoser</i>	
Rus-og avhengighetslidelser	Substance use disorders, substance abuse
Emosjonelt ustabil personlighetsforstyrrelse	Borderline personlighetsforstyrrelse
<i>Eksponeringsvariabler</i>	
Psykisk vold	Emotional abuse
Moralsk skade	Moral injury
Fysisk vold	Physical abuse/violence Violence
Seksuell vold/ overgrep	Rape Sexual abuse Sexual assault Molestation Childhood sexual abuse
Kjønnsbasert vold	Gender-based violence (GBV)
Vold mot barn	Child abuse Child(hood) maltreatment Childhood adversity ¹ (Felitti og Anda, 2010)
Barndomstraumer	Childhood trauma
Omsorgssvikt (mot barn)	(Child) neglect Emotional neglect Physical neglect
Søskenmobbing	Sibling bullying

¹ "Childhood adversity" kan inkludere vold og overgrep mot barn (se Felitti og Anda, 2010), og i notatet har vi inkludert oversiktsartikler om temaet når det er oppgitt at dette er tilfelle.

Belastende livshendelser	Adverse life events, Adverse Childhood Experiences
Polyviktimisering	Polyvictimization: utsatt for flere typer vold
Vold i nære relasjoner	Vold mellom partnere eller andre nære relasjoner
Partnervold	Intimate partner violence (IPV) Dating violence
Vold i hjemmet	Domestic violence
Nettmobbing	Cyberbullying/cyber victimization Trakkassering, forfølgelse eller overgrep på nett
Tradisjonell mobbing	Mobbing som foregår på andre arenaer enn den digitale
Vold/overgrep fra jevnaldrende	Peer victimization
Krigshandlinger	Combat exposure
Mobbing på arbeidsplassen	Workplace bullying
Homofobisk mobbing	Homophobic bullying
<i>Utfallsmål</i>	
Selvskading	Non-suicidal self-injury (NSSI) Self-harm Self-injurious behavior (SIB) Self-inflicted injuries Self-mutilation
Villet egenskade	Deliberate self-harm (DSH)
Selvmord	Suicide / death by suicide/completed suicide
Selvmordstanker	Suicidal ideation
Selvmordsforsøk	Suicide attempts / Parasuicide
Suicidalitet	Suicidality
Selvmordsatferd	Suicidal behavior Suicide-related behavior
Mord-selvmord	Murder-Suicide
<i>Diverse</i>	
Skilte foreldre	Broken home

Tilnærming

Den videre fremgangsmåten vi har valgt for å løse oppdraget presenteres i *kapittel 2 Metode*.

Problemstilling

Vår problemstilling har vært: Hva finnes av oppsummert forskning på hvor omfattende selvmordsproblematikk er blant utsatte for og utøvere av vold og overgrep? I dette notatet presenterer vi funnene av vårt litteratursøk om temaet, og gir vår vurdering av kunnskapsstatus på dette feltet. Basert på dette, presenterer vi også vår vurdering av behovet for nye kunnskapsoppsummeringer og eventuelt ytterligere forskning.

2. METODE

Datakilder

Det systematiske søket ble gjort i følgende elektroniske databaser:

- MEDLINE
- Embase
- PsycINFO
- CINAHL
- Cochrane
- Sociological Abstracts og Social Services Abstracts
- DARE & HTA
- Epistemonikos
- PTSDpubs

Språk: Kun artikler publisert på engelsk eller et skandinavisk språk ble vurdert.

Publikasjonstype: Alle typer studiedesign publisert som systematisk oversiktsartikkel og/eller metaanalyse ble vurdert.

Publikasjonsdato: Vi begrenset søket til artikler publisert mellom 1. januar 2005 og 11. juni 2021. Søket ble gjennomført av spesialbibliotekar Hege Eriksen Oswald i perioden 11.-21. juni 2021.

Vi lagde en detaljert liste over eksponeringsvariabler (vold og overgrep) og utfallsmål (selvmordsproblematikk) det skulle søkes på, og søkestrategien ligger vedlagt (Vedlegg_2_Søkestrategi).

Inklusjonskriterier

Populasjon: Vi inkluderte artikler om alle menneskelige populasjoner, både den generelle befolkningen, kliniske populasjoner og andre risikopopulasjoner. Vi gjorde ingen avgrensninger etter alder, etnisitet, bakgrunn eller studiesetting. Både utsatte for og utøvere av vold eller overgrep ble inkludert.

Eksponeringsvariabler: Vi inkluderte artikler om eksponering for og/eller utøvelse av vold eller overgrep.

Utfall: Vi inkluderte artikler om selvmord og selvmordsatferd, inkludert selvmordsforsøk, selvmordstanker og selvskading med og uten intensjon om å dø.

Studiesetting: Alle oversiktsartikler som oppfylte øvrige inklusjonskriterier ble inkludert uavhengig av hvor de originale studiene ble gjennomført.

Studietype: Systematiske oversikter både med og uten metaanalyse ble tatt med.

Eksklusjonskriterier

Eksponeringsvariabler: Vold som ikke direkte berører individer som enten utøver av, utsatt for, eller vitne til hendelsen.

Utfall: Selvmordsatferd uten nærmere beskrivelse.

Språk: Artikler publisert på andre språk enn engelsk eller et skandinavisk språk.

Publikasjonstype: Originale studier, narrative eller kvalitative oversikter. Sammendrag med kun teoretiske studier og tekst uten empirisk data.

Formål: Studier uten et klart beskrevet studieformål innenfor tematikken.

Publikasjonsdato: Artikler publisert før 2005.

Gjennomgang av referansene

Søkeresultatene fra ulike databasene ble eksportert til en EndNote-fil. Duplikater i søkeresultater ble fjernet manuelt i tillegg til gjennom automatiske verktøy (EndNote og Rayyan). Minst to reviewere vurderte på grunnlag av tittel og sammendrag om artiklene oppfylte forhåndsbestemte inklusjonskriterier. Artiklene ble så screenet med den nettbaserte løsningen (Rayyan (Ouzzani et al., 2016)) med hensyn til de samme inklusjonskriteriene. Hvis vurderingen gjort av to reviewere var forskjellig, tok en tredje reviewer en avgjørelse. Noen flere studier ble ekskludert i plenum, basert på manglende klarhet i eksponerings- eller utfallsmål, og de inkluderte studiene ble fordelt mellom forskerne i arbeidsgruppen for å ekstrahere data.

Følgende dataelementer er rapportert: Førsteforfatternes etternavn, år for publisering, tittel, antall studier inkludert i sammendraget, studiepopulasjon, eksponeringsvariabel, om studien omhandler utsatthet for eller utøvelse av vold eller overgrep, utfallsmål, og om data fra metaanalyse er inkludert. I tillegg ekstraherte vi forfatterens konklusjon, sammendrag og anbefalinger for videre forskning ved å gå inn i fullteksten til hver enkelt oversiktsartikkel. Til slutt ble konsistens og nøyaktighet i alle ekstrahert data kontrollert. Data etter denne kontrollen er rapportert som egen tabell, og ligger vedlagt dette notatet (Vedlegg_1_Tabell_1.2 _Ekstrahert_data)

Vi inkluderte til sammen 118 artikler i dette sammendraget. Fulltekst av oversiktsartiklene ble gjennomgått når sammendraget tydet på at inklusjonskriteriene var oppfylt, men sentral informasjon manglet. Det ble gjort grundige diskusjoner før utkast til resultatene ble skrevet, og det ble laget en liste over tematiske områder som de inkluderte oversiktsartiklene dekket. Resultatene er presentert etter de tematiske hovedkategoriene. Alle prosjektmedlemmene fra NSSF og NKVTS var involvert i utformingen av notatet, og godkjente siste utkast.

3. RESULTATER

I alt ble 3883 referanser identifisert gjennom det systematiske søket i ni ulike databaser. Etter at alle duplikater var fjernet, gjensto det 1413 referanser. Av disse ble 1234 ekskludert basert på tittel eller abstrakt. Av de resterende 179 referansene ble 61 ekskludert basert på type publikasjon, populasjon, eksponeringsvariabel eller utfall, mens 118 oversiktsartikler ble inkludert i det endelige notatet (se Vedlegg_1_Tabell_1.2_Ekstrahert_data). Vi ekskluderte også oversiktsartikler der populasjon, tiltak eller utfall var for lite spesifikt eller for avgrenset til å være relevant for vår gjennomgang.

Struktur på resultater

Vi vil først presentere en oversikt over resultatene basert på eksponeringsvariabler og utfallsmål. Deretter beskriver vi resultater innenfor de enkelte temaområdene. Innenfor hvert temaområde oppsummerer vi først forfatterens forslag til videre forskning, og deretter våre egne kommentarer.

Oversikt over resultater

Til sammen 118 oversiktsartikler og metaanalyser inngår i dette sammendraget. Disse fordeler seg over 41 metaanalyser og 77 oversiktsartikler. Under arbeidet fant vi ut at det var mulig å dele dem inn i kategorier basert på eksponering, studiepopulasjon, og utfallsmål, og at det ville være hensiktsmessig å presentere resultatene for hver av disse kategoriene. Antall oversiktsartikler med fokus på ulike eksponeringer, utfall og populasjoner, kan også si noe om hva som er forsket mye på og hva som er forsket mindre på.

Her har vi sortert kategoriene etter hvor mange artikler som inngår i de forskjellige eksponeringskategoriene (i synkende rekkefølge):

- Vold og overgrep mot voksne: 38
 - Seksuell vold: 19
 - Vold i nære relasjoner: 11
 - Vold: 4
 - Mord-selv mord: 3
 - Politivold: 1
- Vold, omsorgssvikt og seksuelle overgrep mot barn: 29
 - Barn utsatt for vold og omsorgssvikt: 16
 - Seksuelle overgrep mot barn: 12
 - Barn som mister sine foreldre brått: 1
- Mobbing: 28
 - Mobbing: 14
 - Nettmobbing: 7
 - Overgrep fra jevnaldrende: 6
 - Eksessiv internettbruk: 1

- Krigseksponeeringer: 7
 - Krigshandlinger: 5
 - Moralsk skade: 2
- Andre eksponeringer: 15
 - Ulike uspesifiserte traumeskapende hendelser: 12
 - Belastende livshendelser: 1
 - Være på flukt/ asylsøkende: 1
 - Trussel om utkastelse: 1

Oversiktsartiklene har satt søkelys på ulike studiepopulasjoner. Noen er mer generelle, og andre er svært spesifikke. Nedenfor listes de i synkende rekkefølge:

- Populasjoner basert på aldersspenn: 34
 - Ungdommer og unge voksne: 28
 - Barn: 5
 - Voksne: 1
- Populasjoner basert på å ha vært utsatt for noe: 28
 - Utsatte for «mulig traumatiserende hendelser»: 14
 - Utsatt for seksuell vold/ overgrep i barndommen: 4
 - Partnervold/vold i nære relasjoner: 4
 - Utsatt for seksuell vold/overgrep i voksen alder: 3
 - Etterlatt etter foreldres brå død: 1
 - Utsatt for trussel om utkastelse: 1
- Populasjoner som er basert på sårbarhetsfaktorer: 26
 - Personer med psykiske lidelser: 12
 - Bipolar lidelse: 5
 - PTSD: 2
 - ADHD: 1
 - Emosjonelt ustabil personlighetsforstyrrelse: 1
 - Autismespekterforstyrrelser: 1
 - Rus- og avhengighetslidelser: 1
 - Personer med psykiske lidelser generelt: 1
 - LHBT+: 6
 - Innsatte i fengsel: 4
 - Flyktninger og asylsøkere: 3
 - Hjemløse: 1
- Populasjoner basert på yrkesutsatthet: 14
 - Militære yrker: 8
 - Innsatspersonell: 1
 - Andre yrker: 5
- Populasjoner basert på å ha utført spesifikke handlinger: 10
 - Utøvet vold/overgrep: 5
 - Adferd med aggresjon og/eller selvskading: 5
- Andre populasjoner: 6

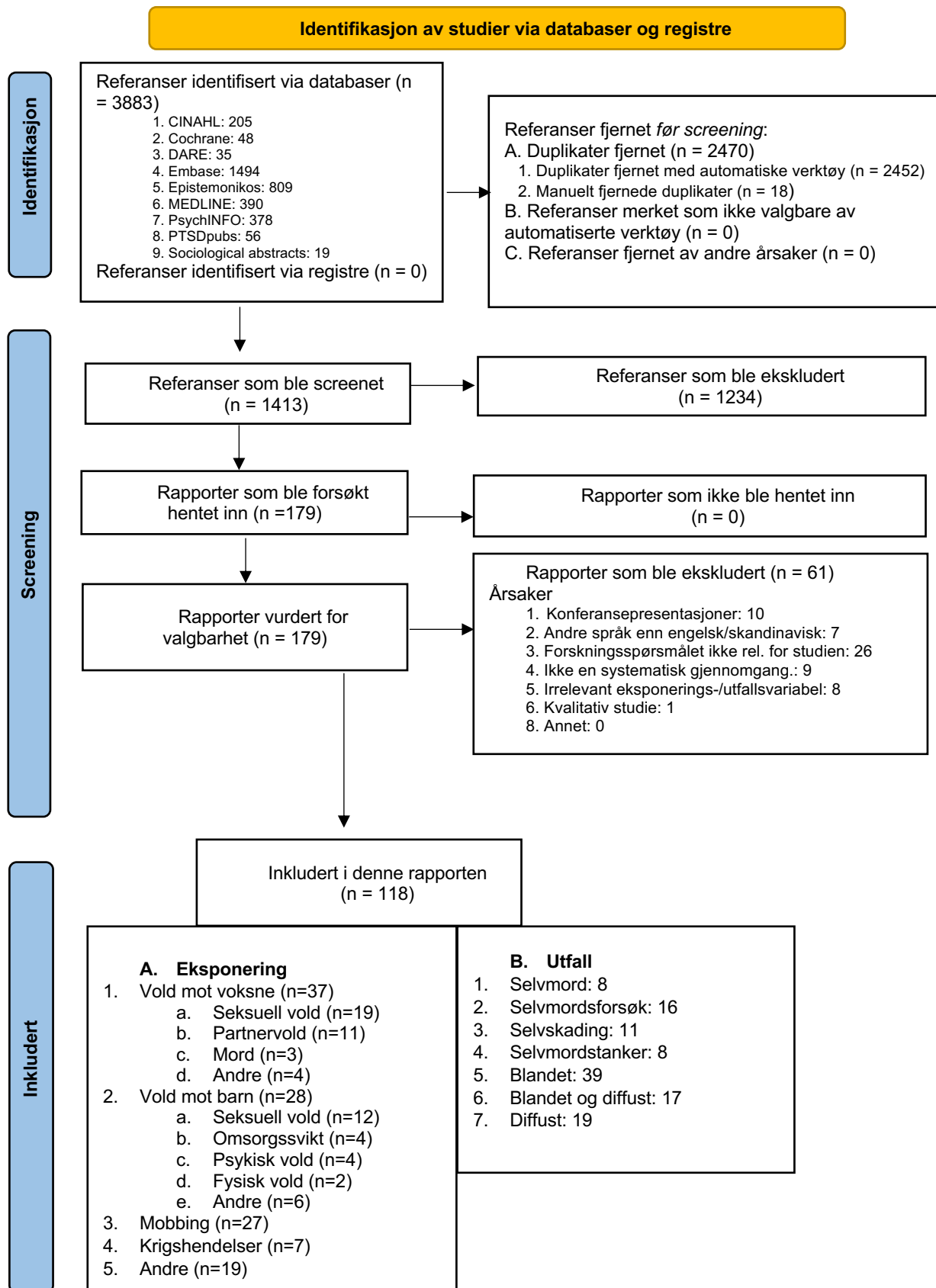
- Kvinner: 3
- Søsken: 1
- Innbyggere i lav og middelinntektsland: 1
- Afrikansk-amerikanere: 1

Oversiktsartiklene som er inkludert i dette notatet, fordeler seg over ulike selvmordsrelaterte utfallsmål. Det er størst mengde artikler som omhandler kombinasjoner av ulike selvmordsrelaterte utfallsmål, og disse sorteres derfor som blandet. Mange av oversiktsartiklene omhandler også diffuse mål slik som «suicidalitet» eller «selvmordsatferd».

- Blandet: 39
- Diffust: 19
- Blandet og diffust: 17
- Selvmordsforsøk: 16
- Selvskading: 11
- Selvmord: 8
- Selvmordstanker: 8

Av de 118 oversiktsartiklene handlet:

- 93 utelukkende om utsatte for vold og/eller overgrep
- 19 om både utsatte og utøvere av vold og/eller overgrep
- 6 utelukkende om utøvere av vold og/eller overgrep



Figur 1.2: Flytdiagram over det systematiske søket. Flytdiagrammet er adaptert fra PRISMA retningslinjer for rapportering av systematisk review (Page et al., 2021).

3.1 Vold, omsorgssvikt og seksuelle overgrep mot barn

Til sammen var det 29 oversiktsartikler som omhandlet ulike former for vold og overgrep mot barn, inkludert omsorgssvikt og seksuelle overgrep. Videre i teksten er det gjort et skille på hovedsakelig ikke-seksuelle former for vold og omsorgssvikt, og seksuelle overgrep. Dette er gjort ettersom fokuset i oversiktsartiklene stort sett varierer mellom å ha hovedfokus på seksuelle overgrep, og å ha hovedfokus på ulike former av ikke-seksuelle overgrep. Av de 29 oversiktsartiklene er det 12 som i hovedsak omhandler seksuelle overgrep, og 16 som har sitt fokus på ulike ikke-seksuelle overgrep og voldseksposering. Studiene omhandlet ett eller flere utfallsmål relatert til selvmordsproblematikk. Vårt søk avdekket ingen metaanalyser på sammenheng mellom ikke-seksuell vold og overgrep mot barn og selvmordsproblematikk allerede i barndommen. Det ble imidlertid funnet 13 ulike metaanalyser som rapporterte om samlet effekt av seksuelle overgrep i barndommen på risiko for ulike typer selvmordsproblematikk gjennom livet.

Under er oversiktsartiklene sortert etter alder på deltagere i studien, det vil si barn, ungdom, unge voksne og voksne. Oversikten sier derfor noe om tidsperspektivet mellom eksponeringen for vold og overgrep i barndommen, og senere selvmordsproblematikk. Teksten er også sortert slik at vold og omsorgssvikt oppsummeres først, deretter seksuelle overgrep.

Noen av oversiktsartiklene har fokus på selvmordsproblematikk blant utøvere av seksuelle overgrep mot barn. Disse går igjennom mot slutten av dette kapittelet (side 26). Helt til slutt i dette kapittelet oppsummeres det hva oversiktsartiklenes forfattere foreslår av videre forskning på sitt felt, og det nåværende notatets kommentarer til funnene oppsummeres.

Barn utsatt for vold og omsorgssvikt

Av de inkluderte oversiktsartiklene er det fire som omhandler studier på vold og overgrep mot barn, der personene er under 18 år (Craig et al., 2020, Hua et al., 2019, Maguire et al., 2015, Mironova et al., 2011).

Mironova med flere (2011) undersøkte gjennom fem studier den relative betydningen av fysisk vold mot barn utøvd av en voksen i hjemmet og sammenhengen det har med barnets selvmordsrelaterte atferd. Inkludert i selvmordsrelatert atferd i denne oversiktsartikkelen er selvmordsforsøk og selvskading. Kvantitative tall på funnene er dessverre ikke rapportert. Det blir i alle studiene inkludert i denne oversiktsartikkelen, funnet en signifikant assosiasjon mellom å ha vært utsatt for fysisk vold og økt selvmordsrelatert atferd hos barn. Flere inkluderte studier i oversiktsartikkelen rapporterte at en slik sammenheng forblir signifikant selv etter seksuelle overgrep ble kontrollert for. Mironova med flere (2011) konkluderer med at fysisk vold kan føre til selvmordsrelatert atferd på en unik og ulik måte enn seksuelle overgrep kan.

Maguire med flere (2015) forsøker å belyse om selvmordsatferden (uttrykk for selvmordstanker eller -ønske) er ulik hos voldsutsatte barn (omsorgssvikt og psykisk vold) og ikke-utsatte barn. De avdekket kun en primær studie som undersøkte mulig forskjell i selvmordsatferd mellom barn utsatt for og barn ikke utsatt for omsorgssvikt/psykisk vold. Studien tyder på at det ikke var noen vesentlig forskjell på selvmordsatferd mellom barna i de to gruppene. (Maguire et al., 2015). Symptomer på å ha vært utsatt for omsorgssvikt og psykisk vold ble hos barn i skolealder funnet å være utagerende atferd, lav selvtillit, dårlige sosiale ferdigheter og symptomer på ADHD (Maguire et al., 2015). I likhet med at Maguire med flere (2015) fant ADHD-symptomer som et uttrykk for omsorgssvikt eller psykisk vold, har Craig med flere (2020) satt sitt søkelys på populasjonen barn og unge som er diagnostisert med ADHD. Craig (2020) finner at barn som er eksponert for vold i tidlig alder har en økt risiko for ADHD-symptomer, og kombinasjonen av vold og ADHD-diagnose kan ha en additiv effekt på aggresjon og selvmordsforsøk.

Hua med flere (2019) ser på hvilken effekt det å brått miste sine foreldre som barn har på en risiko for selvmord. Det viser seg at det er en sterk sammenheng mellom det å miste sine foreldre brått, spesielt å miste dem i selvmord, og barnas egen selvmordsrisiko. Denne sammenhengen er sterkest de første årene etter foreldrenes bortgang. Det anses som lite sannsynlig at sammenhengen er direkte, men forfatterne tenker heller at tapet av foreldrene fungerer som en av flere risikofaktorer, sammen med forstyrrelser i familielivet som følge av dødsfallet; disse faktorene øker ikke bare risikoen for selvmord, de påvirker også barnas liv som voksne (Hua et al., 2019). Oversiktsartikkelen viser ikke til en nærmere beskrivelse av voldshendelser rundt ulykken/mordet/selvmodet som barna ble utsatt for, enten som offer for eller som vitne til en voldshendelse. Derfor bør eventuelle sammenhenger tolkes med forsiktighet.

Barn utsatt for seksuelle overgrep

Det er en økende interesse for forskning på selvmordsatferd blant yngre barn. En nyere oversiktsartikkel om temaet (Carballo et al., 2020) omtaler elleve studier der man ser på hvilke belastninger som inntreffer før selvmordsforsøk blant barn. Av oversiktsartikkelen går det frem at å ha vært utsatt for seksuelle overgrep i barndommen øker odds ratio for selvmordsforsøk med elleve ganger for barn mellom fire og tolv år, og seks ganger for ungdom og unge voksne mellom 13 og 19 år gammel, når man sammenligner med barn som ikke har vært utsatt for seksuelle overgrep.

Unge med bipolar lidelse har høy risiko for selvmordsatferd. Fysisk vold eller seksuelle overgrep i barndommen er kjente faktorer som bidrar til risikoen (Halfon et al., 2013). En rekke skolebaserte studier viser at utsatte gutter har en særlig forhøyet risiko, også etter justering for konfunderende variabler. Seksuelt utnyttede hjemløse barn har en høyere forekomst av selvmordsplanlegging og selvmordsforsøk enn hos ikke-utnyttede hjemløse barn (Le et al., 2018). Generelt har jentene mer selvmordstanker og selvskadning, men selvmordsforsøk forekom klart hyppigere blant guttene.

Relativt få studier inkludert i oversiktsartikkelen av Perez-Gonzalez og Pereda (2015) handler om barn under 13 år. De rapporterer at seksuelle overgrep i barndommen kan øke risiko for selvmordstanker og selvmordsforsøk blant yngre mennesker, antagelig også allerede i barndommen (Perez-Gonzalez og Pereda, 2015).

Ungdommer og unge voksne utsatt for vold og omsorgssvikt i barndommen

Av de inkluderte oversiktsartiklene om vold og overgrep mot barn, som hovedsakelig ikke er seksuelle av natur, er det ni som studerer dette i populasjonen ungdommer og unge voksne. Her har ungdommer og unge voksne blitt studert med henblikk på selvmordsproblematikk, med eksponeringsfaktorene vold og overgrep i løpet av barndommen. Aldersspennet overlapper noe med studiene som er gjort på barn. To oversiktsartikler omhandler de bestemte aldersgruppene 10–25 og 12–26 år (Castellvi et al., 2017, Serafini et al., 2015), de resterende artiklene omhandler det de kaller for ungdommer (Evans et al., 2005), ungdommer og unge voksne (Angelakis et al., 2020b), ungdommer med aggressiv atferd (Detullio et al., 2021), ungdommer med PTSD (Panagioti et al., 2015), unge som er seksuelle minoriteter (McGeough og Sterzing, 2018), og 13–18 år gamle gutter som har sex med gutter (Luong et al., 2018). De to siste oversiktsartiklene (Luong et al., 2018, McGeough og Sterzing, 2018) handler om populasjoner fra Øst-Asia og Stillehavsregionen (Fry et al., 2012) og Afrika sør for Sahara (Quarshie et al., 2020).

Oversiktsartiklene som ser på dette, bekrefter alle at det var en sammenheng mellom forskjellige former for belastende livshendelser inkludert fysisk vold på den ene siden og økt selvmordsproblematikk hos unge på den andre (Angelakis et al., 2020b, Castellvi et al., 2017, Evans et al., 2005, Serafini et al., 2015). Castellvis med flere (2017) rapporterer om en odds ratio (OR) på 2,0 (95 % konfidensintervall (KI): 1,7–2,3) mellom eksponering for interpersonlig vold av en eller annen type og selvmordsforsøk blant barn og unge. Risiko for død ved selvmord blant barn og unge som har vært eksponert for interpersonlig vold i tidlig alder er særlig høy (OR =10,6 (95 % KI: 4,5–25,1) (Castellvi et al., 2017). Serafini med flere (2015) finner en kumulativ sammenheng – jo flere belastende livshendelser man utsettes for, desto større blir risikoen for en type av selvmordsproblematikk (Serafini et al., 2015). To av oversiktsartiklene finner at typen av belastende livshendelse muligens har noe å si; selv om disse oversiktsartiklene ikke eksplisitt setter søkelyset på seksuell vold mot barn, finner de at det er en spesielt sterk sammenheng mellom å ha vært utsatt for seksuell vold/overgrep som barn eller ungdom, og selvmordsproblematikk som ungdom eller ung voksen (Angelakis et al., 2020b, Serafini et al., 2015).

Aggresjon blir av Detullio med flere (2021) funnet å være en medierende faktor mellom å ha vært utsatt for fysisk vold i barndommen og selvmordsforsøk i ungdomstiden. Detullio med flere (2021) finner også en svak positiv korrelasjon mellom aggresjon og

suicidalitet definert som selvmordstanker, selvmordsplaner eller selvmordsforsøk ($r = 0,20$; 95 % KI 0,17, 0,23).

McGeough og Sterzing (2018) oppsummerer studier om unge som tilhører seksuelle minoritetsgrupper, og finner at de opplever mer fysisk og psykisk vold og søskenaggresjon enn deres heteroseksuelle jevnaldrende. Unge som er seksuelle minoriteter og som eksponeres for vold og overgrep i barndommen har også høyere forekomst av selvmordstanker, selvmordsforsøk og selvskading, enn sine heteroseksuelle jevnaldrende, eller enn seksuelle minoriteter som ikke har opplevd samme former for vold og overgrep i barndommen. Oversiktsartikkelen om unge menn som har sex med menn (Luong et al., 2018), finner også at vold utøvd av foreldrene øker risikoen for selvmordstanker og selvmordsforsøk. Andre risikofaktorer for selvmordstanker og selvmordsforsøk i denne populasjonen er fravær fra skole, hjemløshet, mobbing, tidlig sexdebut, rusbruk og frykt for vold i samfunnet.

Panagioti med flere (2015) finner i sin oversiktsartikkel om ungdommer med PTSD, en sterk sammenheng mellom PTSD og selvmordsproblematikk (selvmordstanker, -planer og -forsøk) (Cohens $d = 0,7$, 95 % KI 0,6–0,8) og retter kritikk mot en mangel på studier som setter søkelys på de underliggende mekanismene som fører til denne sammenhengen. Forfatterne understreker et behov for metodisk veldeignede studier som tar hensyn til andre medvirkende faktorer i sammenhengen mellom traumer og selvmordsproblematikk.

Oversiktsartikkelen om populasjoner i Øst-Asia og Stillehavsregionen finner at ungdommer og voksne som har vært utsatt for seksuell eller fysisk vold i barndommen, har større risiko for selvmordstanker og selvmordsatferd enn de som ikke har vært utsatt for slik vold (Fry et al., 2012). Oversiktsartikkelen fra området Afrika sør for Sahara ser på risikofaktorer for selvskading (Quarshie et al., 2020). Forfatterne slår fast at selvskading er en utfordring hos unge i området, og at risikofaktorer for atferden er psykisk og fysisk vold, seksuelle overgrep, depresjon, familiekonflikter og problemer i romantiske forhold.

Ungdom og unge voksne utsatt for seksuelle overgrep i barndommen

Det er 13 oversiktsartikler som ser på selvmordsproblematikk hos ungdom og unge voksne som er blitt utsatt for seksuelle overgrep i barndommen.

Carballo med flere (2020) peker på en studie som rapporterte en odds ratio på 6,1 for selvmordsforsøk blant personer mellom 13 og 19 år eksponert for seksuelt overgrep i barndommen (Carballo et al., 2020). De konkluderer med at selvmordsproblematikken vedvarer langt inn i voksne alder når en har vært utsatt for seksuelle overgrep i barndommen. Videre konkluderer Halfon med flere (2013) med at barn og ungdom med bipolar lidelse har høy risiko for selvmordsatferd og at fysisk vold eller seksuelle overgrep i barndommen bidrar til risikoen (Halfon et al., 2013).

Studier som rapporterer om selvskading, omhandler oftest ungdom og unge voksne. En rekke skolebaserte studier viser at gutter og jenter utsatt for seksuelle overgrep i barndommen kan ha en særlig forhøyet risiko for selvskading, også etter justering for konfunderende variabler. For eksempel, en omfattende oversiktsartikkel (Moynihan et al., 2018) ser på gutter fra 23 land (både fra høy- og lavinntektsland). Her finner man at gutter under 18 år som har blitt eksponert for seksuelle overgrep i barndommen, rapporterer mer psykiske problemer, inkludert angst, depresjon, rusmiddelmisbruk, atferdsproblemer og selvskading, enn gutter som ikke har vært utsatt for seksuelle overgrep i barndommen. To oversiktsartikler rapporterer også funn om en økt risiko for selvskading og selvmordsforsøk blant både gutter og jenter som har vært utsatt for seksuelt overgrep (Klonsky og Moyer, 2008, Serafini et al., 2017). Serafini med flere (2017) kommenterer at jenter og unge kvinner kan være mer risikoutsatte for både selvskade og selvmordsforsøk enn gutter og unge menn. Videre er det å ha vært utsatt for seksuelle overgrep i barndommen en kjent risikofaktor for gjentakelse av selvskading (OR 1,5, 95 % KI 1,0–2,3) (Witt et al., 2019) og selvmordsforsøk (Beghi et al., 2013).

Det er sannsynlig at relasjonen mellom utøver og utsatt kan ha noe å si for størrelsen på effekten som seksuelle overgrep i barndommen har på selvmordsproblematikk. Få studier kan derimot konkretisere hvem som er overgriper. Weich (2009) analyserte 16 ulike kohorter som viste at emosjonelt fraværende mødre i tidlig barndom predikerte selvmordsforsøk i ungdomsalder. Studiene inkludert i denne oversiktsartikkelen inneholder en blanding av ulike typer fysisk, seksuell og emosjonell vold, uten at det er rapportert spesifikt hvilken effekt seksuell vold har på selvmordsproblematikk (Weich et al., 2009).

Perez-Gonzalez og Pereda (2015) rapporterer at blant personer under 25 år har utsatte for seksuelle overgrep i barndommen to til tre ganger så høy risiko for selvmordstanker og tre til fire ganger så høy risiko for selvmordsforsøk som personer som ikke har slike erfaringer. Oversiktsartiklene viser at seksuell og psykisk vold kan ha særlig høy effekt på selvmordstanker og selvmordsforsøk (Angelakis et al., 2020b, Miller et al., 2013, Serafini et al., 2015), og på selvskading (Liu et al., 2018). Generelt tyder litteraturen på at ulike former for belastende livshendelser kan ha additiv effekt på selvmordsatferd blant unge og voksne.

Oversiktsartikkelen om unge menn som har sex med menn (Luong et al., 2018), finner også at seksuelt overgrep i barndommen henger sammen med selvmordstanker og selvmordsforsøk senere i livet. Andre risikofaktorer i denne populasjonen er blant annet fravær fra skole, hjemløshet, mobbing og vold utøvd av foreldrene.

Voksne utsatt for vold og omsorgssvikt i barndommen

Av oversiktsartiklene om barn som er utsatt for vold og overgrep, er det ni artikler som baserer seg på studier av voksne personer. Av disse omhandler fem spesifikt voksne med traumer fra barndommen (Angelakis et al., 2019, Cavallo et al., 2021, Fry et al., 2012, Liu et al., 2017, Norman et al., 2012). Resten ser på ulike voksne populasjoner og finner at eksponering for vold og overgrep som barn er risikofaktorer i disse populasjonene. Populasjonene som studeres, er voksne pasienter med bipolar lidelse (Duarte et al., 2020) (Daruy-Filho et al., 2011), voksne som tilhører seksuelle minoriteter (McGeough og Sterzing, 2018), og voksne som selvskader (Buckmaster et al., 2018). Å være utsatt for fysisk eller psykisk vold eller omsorgssvikt i barndommen, øker ifølge oversiktsartiklene risikoen for selvmordsproblematikk helt inn i voksen alder (Angelakis et al., 2019, Duarte et al., 2020, Daruy-Filho et al., 2011, Liu et al., 2017, McGeough og Sterzing, 2018, Norman et al., 2012, Zatti et al., 2017).

I oversiktsartiklene er det fire metaanalyser som beregner hvor stor risikoen er for selvmordsproblematikk hos voksne som ble eksponert for ulike typer vold og overgrep i barndommen, sammenlignet med voksne uten slike erfaringer. Alle de fire metaanalysene konkluderer med at vold i barndommen gir en vesentlig økt risiko for selvmordsproblematikk, også i voksen alder. Det er derimot en del forskjeller mellom oversiktsartiklene når det gjelder hvilke typer vold i barndommen som har størst effekt.

Zatti med flere (2017) finner at de formene for barndomstraumer som fører til selvmordsforsøk i voksen alder, er (fra størst til minst effekt) fysisk vold (OR = 4,1, 95 % KI 2,3-7,3), psykisk vold (OR = 4,0, 95 % KI 2, 9-5,6), seksuell vold (OR = 3,7, 95 % KI 2,9-4,8) og omsorgssvikt (OR = 3,4, 95 % KI 2,1-5,6). De finner derimot ikke noen signifikant assosiasjon mellom psykisk vold (i oversiktsartikkelen kalt emosjonell neglekt) eller å ha skilte foreldre og selvmordsforsøk (Zatti et al., 2017). Ifølge oversiktsartikkelen av Liu med flere (2018), er omsorgssvikt relativt mindre betydningsfull enn andre typer vold/overgrep når det gjelder risikoen for selvskading selv om denne type omsorgssvikt også kan øke risikoen for selvskadende atferd (Liu et al., 2018). Norman med flere (2012) finner i likhet med Zatti med flere (2017) signifikante sammenhenger mellom fysisk vold (OR = 3,40, 95 % KI 2,2-5,3), psykisk vold 3,4 (95 % KI 2,4-4,7), og omsorgssvikt (OR = 2,0 95 % KI 1,1-3,4) og selvmordsforsøk. De konkluderer i sin metaanalyse med at det er stadig mer forskning som tilsier at omsorgssvikt i barndommen er like skadelig som fysisk og psykisk vold (Norman et al., 2012).

Til forskjell fra Zatti med flere finner Liu med flere (2017) at det er psykisk vold som har sterkest effekt på senere selvmordsatferd (OR = 2,3). Selvmordsatferd er i oversiktsartikkelen til Liu med flere (2017) definert som selvmordstanker, -planer, -forsøk og utført selvmord. Selv om psykisk vold ble funnet å ha sterkest effekt, hadde også fysisk vold mot barn (child abuse) (OR = 1,6) og omsorgssvikt (OR = 1,3) en signifikant effekt på selvmordsatferd (Liu et al., 2017). I en nyere oversiktsartikkel slår

Angelakis med flere (2019) fast at alle former for vold i barndommen er assosiert med 2–3 ganger så høy risiko for selvmordsforsøk. I deres oversiktsartikkel var følgende voldsformer i barndom viktigst: Seksuell vold (OR = 3,2 95 % KI 2,8–3,6), fysisk vold (OR = 2,52 (95 % KI 2,1–3,0) og psykisk vold OR = 2,5 (95 % KI 1,6–3,8). I tillegg ser de på polyviktisering i barndommen, og dette viser seg å være sterkt assosiert med selvmordsforsøk hos voksne, med OR = 5,2 (95 % KI 2,5–10,6). Dette er i overensstemmelse med tidligere refererte funn om kumulative effekter av ulike voldsformer.

I metaanalysen til Liu med flere (2017) blir det funnet at vold i barndommen har en sterk sammenheng med selvmordsatferd, også når andre viktige faktorer var kontrollert for (OR = 3,8). Angelakis med flere (2019) gjør lignende funn om selvmordstanker som Liu med flere (2017) gjør om selvmordsforsøk: risikoen for selvmordstanker er 2–3 ganger så høy hos voksne som ble utsatt for vold i barndommen, sammenlignet med andre voksne.

To oversiktsartikler om voksne med bipolar lidelse konkluderer begge med at vold og overgrep i barndommen øker risikoen for selvmordsproblematikk generelt (Daruy-Filho et al., 2011) og selvmordsforsøk (Duarte et al., 2020) i denne populasjonen. Daruy-Filho med flere (2011) skriver at vold i barndommen er sterkt assosiert med tidlig forekomst av bipolar lidelse, selvmordsproblematikk og rusmisbruk hos pasienter med bipolar lidelse. Duarte og kollegaer (Duarte et al., 2020) finner at blant personer med bipolar lidelse, har de som har gjort selvmordsforsøk, oftere opplevd vold i barndommen. Spesielt sterk effekt var det for seksuell vold (mellomstor effektstørrelse) og psykisk vold (mellomstor effektstørrelse). For omsorgssvikt (her emosjonell omsorgssvikt) fysisk vold (her både fysisk mishandling og fysisk forsømmelse) fant de en liten effektstørrelse.

Når det gjelder potensielt medierende faktorer, er det nylig publisert en oversiktsartikkel av Mansueto med flere (2021), der det foreslås at repetitiv negativ tenkning («rumination») er en fellesfaktor hos voksne som har opplevd omsorgssvikt eller vold i barndommen. Repetitive negative tanker ses videre som å være assosiert med selvmordstanker, aggresjon og depresjon (Cavallo et al., 2021).

Voksne utsatt for seksuelle overgrep i barndommen

Fem av oversiktsartiklene omhandler voksne (over 18 år) som ble utsatt for seksuelle overgrep i barndommen.

Devries med flere (2014) hadde som mål om å finne ut om det er en longitudinell sammenheng mellom seksuelle overgrep i barndommen og senere risiko for selvmordsforsøk, og analyserte til det formålet syv longitudinelle kohorter og to tvillingkohorter. De finner at seksuelle overgrep i barndommen øker forekomsten av selvmordsforsøk med en samlet odds ratio på 2,4 (95 % KI 1,9–3,0). Økt risiko for selvmordsforsøk etter utsatthet for seksuelle overgrep varierte mellom studiene fra

odds ratioer på 0.3 til 12.2. En rekke konfunderende variabler (inkludert genetiske og miljømessige faktorer) ble kontrollert for. Studiene har neppe systematisk kontrollert for baseline selvmordsatferd, noe som gjør det utfordrende å konkludere med om det er seksuelle overgrep i barndommen i seg selv som leder til selvmordsatferd, men studien med lavest odds ratio blir antatt å ha overjustert for baseline selvmordsatferd (Devries et al., 2014).

Ng med flere (2018) oppdaterer med sin oversiktsartikkel evidensbasen for temaet selvmordsproblematikk blant utsatte for seksuelle overgrep i barndommen, og viser til en tydelig sammenheng mellom seksuelle overgrep i barndommen og en risiko for selvmordsforsøk som voksen. De inkluderte både tverrsnittstudier og longitudinelle studier, både kliniske studier og befolkningsundersøkelser med et samlet utvalg på over 151 000 personer. Forfatterne konkluderer med at seksuelle overgrep i barndommen øker risikoen for selvmordsforsøk både med og uten tilstedeværelse av psykiske lidelser (Ng et al., 2018).

Noen av oversiktsartiklene undersøker sammenhengen mellom eksponering for seksuelle overgrep i barndommen og selvskading og selvmord. Basert på fire studier konkluderer Maniglio (2011) med at seksuelle overgrep i barndommen bør anses som en generell og ikke-spesifikk risikofaktor for selvskading og selvmord. Det er foreslått at seksuelle overgrep kan bidra til selvmord og selvskading gjennom biologiske (serotoninhypoaktivitet og genetikk) og psykososiale faktorer (familiær dysfunksjon, andre typer mishandling, spesifikke personlighetstrekk og psykiske lidelser) (Maniglio, 2011).

Klonsky og Moyer (2008) satte sammen data fra 45 primærstudier og finner at effekten av seksuelle overgrep mot barn på risiko for selvskading jevnt over er liten (Phi-koeffisienten f^2 er i gjennomsnitt på 0,23). Det bør nevnes at studiene Klonsky og Moyer ser på, studerer mange ulike populasjoner (psykiatriske pasienter, studenter, utsatte for overgrep som oppsøker hjelp, og utvalg fra den generelle befolkningen). Klonsky og Moyer (2008) konkluderer med at seksuell vold og selvskading i barndommen ofte forekommer i sammenheng med psykiske lidelser. Det er også slik at sammenheng mellom seksuelle overgrep i barndommen og selvskadende atferd senere i livet kan ha psykiske lidelser som en forklaring (Klonsky og Moyer, 2008).

Armoon med flere (2021) rapporterer i en nylig metaanalyse (basert på 48 studier) effekten av seksuelle overgrep i barndommen blant pasienter med rus- og avhengighetslidelser. Her fant man en prevalens av selvmordstanker på 35 % (95 % KI 22–48 %) og en prevalens av selvmordsforsøk på 20 % (95 % KI 17–23 %) det siste året. Pasienter med rus- og avhengighetslidelser hadde en fordoblet risiko for

² phi koeffisienten 'f' er et mål på sammenheng mellom to dikotomiserte variabler og tolkes i lik linje med andre korrelasjoner. En tommelfingerregel er å anse en effektstørrelse på rundt 0,2 som små, rundt 0,5 som mellomstor og rundt 0,8 som stor effekt (Cohen, 1988).

selvmordstanker og 1.7-2.6 ganger så høy risiko for selvmordsforsøk det siste året (Armoon et al., 2021). Kvinner hadde dobbelt så høy risiko for selvmordsforsøk det foregående året som menn i denne pasientgruppen (Armoon et al., 2021).

Selvmordsproblematikk blant utøvere av seksuelle overgrep mot barn

Det er en inkludert oversiktsartikkel studier som omhandler selvmordsproblematikk blant utøvere av seksuelle overgrep mot barn. En annen nevner bakgrunnen til utøver med egen utsatthet for vold i barndommen, men ikke selvmordsproblematikk.

Den eneste oversiktsartikkelen om utøvere (Key et al., 2021) avdekket i vårt søk inkluderer 13 originale studier med empiriske data for prevalensen av selvmord, selvmordsforsøk eller selvmordstanker blant personer som er dømt for eller anklaget for seksuelle overgrep mot barn eller besittelse av overgrepsmateriale. I alle de inkluderte studiene er gjerningspersonene menn. På grunn av studieheterogenitet er en formell metaanalyse ikke mulig, men felles for studiene er at utøvere av seksuelle overgrep mot barn har en mange ganger så stor risiko for selvmord enn befolkningen ellers. I disse studiene var sannsynligheten stor for at gjerningspersonene var etnisk hvite menn med familie og relativt høy utdanning. Enkelte studier inkludert i oversiktsartikkelen antyder at personer som har utøvd seksuelle overgrep mot barn kan ha en svært høy selvmordsrisiko (Key et al., 2021).

Forfatternes anbefalinger til videre forskning om selvmordsproblematikk blant personer utsatt for vold, omsorgssvikt og seksuelle overgrep som barn

Mironova med flere har undersøkt selvmordsrelaterte utfall når barn er utsatt for vold og overgrep av ikke-seksuell natur, og anbefaler at ny forskning bør identifisere og teste teorier gjennom bedre studiedesign og metode. Dette vil være avgjørende for etablering av kausale sammenhenger og utarbeidelse av forebyggende intervensjoner (Mironova et al., 2011). Maguire med flere (2015) uttrykker et behov for flere studier med fokus på å kartlegge omsorgssvikt eller psykisk vold hos barn med lærevansker ettersom dette anses som en gruppe som er ekstra sårbare for selvmord når de utsettes for vold (Maguire et al., 2015). Craig med flere (2020) peker på behovet for intervensjonsstudier rettet spesifikk mot ADHD blant barn utsatt for vold. Forfatterne argumenterer med at effektive og målrettede intervensjoner mot ADHD kan forebygge både aggresjon og selvmordsforsøk (Craig et al., 2020). Forfatterne i disse oversiktsartiklene peker på et behov for longitudinelle studier med mer robuste metoder for å identifisere spesifikke typer traumer, de mest sårbare periodene, spesifikke sosiale forhold samt biologiske risikofaktorer som kan bidra til utviklingen av selvmordsatferd.

Når det gjelder videre forskning på ungdom og unge voksne selvmordsproblematikk etter eksponering for vold og overgrep i barndommen, oppgis det i oversiktsartiklene

noen konkrete forslag. Evans (2005) anbefaler videre forskning på andre risikofaktorer, for eksempel lav selvtillit og rusmisbruk i familien, noe som kan bidra til en bedre forståelse av mekanismer bak økt selvmordsproblematikk blant voldsutsatt ungdom (Evans et al., 2005). Det anbefales at videre forskning på faktorer som er funnet å ha en sammenheng med selvmord (for eksempel, vold mot barn) bør ha adekvat kontroll på relaterte variabler (for eksempel aggresjon) slik at de observerte sammenhengene ikke er kunstig høye (Detullio et al., 2021). Det anbefales også at det bør forskes mer på hvordan kombinert risiko ved ulike belastende livshendelser fører til selvmordsproblematikk hos unge (Serafini et al., 2015), samt hvilke mekanismer som skaper samsykelighet mellom PTSD og selvmordstanker/selvmordsforsøk (Panagioti et al., 2015). Prospektive studier bør undersøke nærliggende proksimale faktorer som ev. utløser selvskadende atferd hos ungdom og voksne (Fliege et al., 2009). I tillegg kommenterer Fliege med flere (2009) på at studier om beskyttelsesfaktorer nærmest er fraværende. Angelakis med flere (2020) anbefaler at metaanalyser bør inkludere et bredere utvalg av negative livshendelser (for eksempel skilte foreldre og foreldrenes død) og at longitudinelle studier med fokus på individuelle oppfatninger etter ulike typer av vold og sammenhenger med selvmordsproblematikk er nødvendig. Det er også behov for å videreutvikle forebyggingsmetoder mot vold mot barn (Fry et al., 2012). Castellvi med flere (2017) etterlyser befolkningsundersøkelser med longitudinell design for å kunne kartlegge et mer nyansert bilde av selvmordsrisiko ved interpersonlig vold. I slike studier foreslår Castellvi med flere (2017) å undersøke både genetiske og miljømessige faktorer som evt. modererer sammenhengen mellom vold og selvmordsproblematikk (Castellvi et al., 2017). I oversiktsartikkelen om unge som tilhører seksuelle minoritetsgrupper, uttrykkes det et behov for longitudinelle studier som anvender et polyviktimsiseringsrammeverk, der både viktimsisering i og utenfor familien er tatt i betraktning (McGeough og Sterzing, 2018). Når det gjelder unge menn som har sex med menn, er det behov for intervensjonsstudier (hvor det studeres effekt av psykologisk motstandskraft) for å begrense selvmordsproblematikk blant unge menn utsatt for vold (Luong et al., 2018). Forfatterne i denne oversiktsartikkelen etterlyser også evaluering av potensielt forebyggende effekt av at LHBT+-organisasjoner kan ha informasjonskampanjer i skolen.

Når det gjelder sammenhengen mellom barndomstraumer og selvmordsrelatert atferd i voksen alder anbefales det at forskning gjentas med større utvalg (Fryers og Brugha, 2013, Liu et al., 2017), at det forskes mer på hvilke konkrete mekanismer det er som skaper sammenhengen (Angelakis et al., 2019), at det forskes på mer homogene populasjoner med risiko for gjentakende selvmordsforsøk (Zatti et al., 2017), og at det forskes mer på sammenhengen mellom antall belastende livshendelser og selvmordsatferd hos unge voksne (Zatti et al., 2017). I artiklene om voksne som selvskader, fremkommer det at det er en mangel på forskning på selvskading hos den voksne populasjonen generelt (Buckmaster et al., 2018). Når det gjelder voksne med bipolar lidelse, pekes det på at det trengs oppfølgingsstudier og godt designede tverrsnittstudier (Daruy-Filho et al., 2011). I oversiktsartikkelen som ser på

ruminering som en mekanisme i sammenhengen mellom barndomstraumer og selvmordstanker i voksen alder, uttrykkes det et behov for longitudinelle studier av dette, da dette mangler (Cavallo et al., 2021). Cavallo med flere anbefaler i tillegg at det undersøkes nærmere om en reduksjon i ruminering kan redusere selvmordsproblematikken.

Selv om det er tydelig beskrevet i litteraturen at de som har vært utsatt for seksuelle overgrep i barndommen har høyere risiko for selvmordsforsøk, er det ikke klart om det er en direkte sammenheng (Angelakis et al., 2019). Et spørsmål er om det har noe å si hvor gammel man er når man blir utsatt for det seksuelle overgrepet. I en metaanalyse finner Chen med flere (2010) at sammenhengen med selvmordsforsøk vedvarer også etter justering for kjønn og alder på overgrepstidspunktet (Chen et al., 2010). Dworkin med flere (2020) finner at sammenhengen er til stede uansett hva som er undersøkt av selvmordsrelaterte utfall. De konkluderer med at forklaringer, både moderatorer og mediatorer, på sammenhengen mellom seksuelt overgrep og selvmordsatferd bør undersøkes nærmere (Dworkin et al., 2020).

Ulike teoretiske modeller er brukt for å forklare sammenhengen mellom seksuelle overgrep i barndommen og økt risiko for selvmordsproblematikk. Det mangler fortsatt empiri som kan vise hvorvidt seksuelt overgrep er en primær årsak til selvmordsproblematikk. I den forbindelse anbefaler flere forskere at man undersøker effekten av overgrepets alvorlighetsgrad (om det ble brukt tvang, hvor hyppig overgrepene fant sted, hvilken relasjon det var mellom utsatte og gjerningsperson, om det ble brukt våpen, og om utsatte kom fysisk til skade, og om overgrepet involverte penetrasjon), og å se mer spesifikt på ulike typer selvskadende atferd (Dworkin et al., 2017, Klonsky og Moyer, 2008).

Det de fleste studiene etterlyser er mer metodisk robuste studier, særlig longitudinelle studier (Angelakis et al., 2019, Beghi et al., 2013, Fliege et al., 2009, Moynihan et al., 2018). Stadig flere studier, særlig av nyere dato, velger å legge vekt på nevrobiologiske og genetiske korrelater for stress (Agnew-Blais og Danese, 2016, Bochicchio et al., 2021), noe som muligens kan forklare sårbarhet for selvmordsproblematikk blant personer eksponert for overgrep og/eller vold. Det er også behov for mer forskning på utløsende og beskyttende faktorer, virkningsmekanismer og av komorbide lidelser (Bochicchio et al., 2021, Fliege et al., 2009, Serafini et al., 2017).

Kommentarer til funnene om omfanget av selvmordsproblematikk blant personer utsatt for vold, omsorgssvikt og seksuelle overgrep som barn

Generelt er det påfallende få studier som undersøker en sammenheng mellom vold og overgrep i barndommen og selvmordsproblematikk før ungdomsalderen. I studiene gjort på barn om deres eksponering for vold og omsorgssvikt er utfallsmål oftest suicidal og selvskadende atferd. Artikkelen om barn som mister sine foreldre brått, og

artikkelen om barn med ADHD har begge selvmord som utfallsmål. Uavhengig av utfallsmål blir det funnet en sammenheng mellom å være utsatt for vold og overgrep, og selvmordsproblematikk allerede i barndommen. Det er gjort studier som skiller på ulike eksponeringer, slik som psykisk vold, fysisk vold og ulike former for omsorgssvikt, men når det gjelder utfallene, er det mindre klare skiller mellom ulike former for selvmordsproblematikk. Det savnes oversiktsstudier på de konkrete utfallsmålene som faller inn under selvmordsrelatert atferd. Det vil for eksempel være viktig å avklare om vold i barndommen medfører økt risiko for alle typer selvmordshandlinger, eller om det er spesifikke sammenhenger mellom visse typer vold og visse typer selvmordsproblematikk. I litteratursøket som ble foretatt i forbindelse med denne gjennomgangen er det ikke identifisert noen metaanalyser på dette feltet, noe som kunne gitt oss verdifull informasjon om størrelsen på sammenhengene mellom vold i barndommen og selvmordsproblematikk. Dette er en påfallende mangel. Det er ingen av oversiktsartiklene om barnepopulasjonen som ser på barn som utøvere. Vårt søk oppdaget heller ikke noen oversiktsartikler om selvmordsproblematikk blant utøvere av vold og overgrep mot barn.

Når man ser på konsekvenser av å være utsatt for vold og omsorgssvikt som barn, rapportert av ungdom og unge voksne, er det gjort flere metaanalyser, og utfallene er konkrete. Det er utregnet risiko for død ved selvmord og risiko for selvmordsforsøk og selvskading. Interpersonlig vold i tidlig alder gir en særlig stor økning i risikoen for død ved selvmord i ungdom eller ung voksen alder. Det er også blitt funnet kumulative effekter av antall belastende livshendelser og risiko for selvmordsproblematikk. Vi har ikke identifisert noen oversiktsartikler om de som utøver volden mot barna, det være seg voksne eller ungdom og unge voksne. En mulig forklaring på dette kan være en rekke praktiske og etiske utfordringer rundt rekruttering av studiedeltakere som utøver vold mot barn.

Når det gjelder voksne som har vært utsatt for vold og omsorgssvikt i barndommen, finnes det metaanalyser og oversiktsartikler om hvilke traumer som fører til selvmordsforsøk, selvmordsatferd og selvmordstanker. To metaanalyser slår fast at fysisk vold er sterkest assosiert med selvmordsforsøk, én finner at psykisk vold har den sterkeste effekten. Alle artiklene finner at de fleste former for vold og omsorgssvikt gir økt risiko for selvmordsforsøk i voksen alder. Heller ikke blant artiklene som tar for seg vold og overgrep i barndommen, studert retrospektivt hos voksne, er det noen artikler som ser på voksne utøvere av vold eller av omsorgssvikt mot barn. Dette er en påfallende mangel, selv om det er en mulighet for at det kan finnes oversiktsartikler vi ikke har oppdaget på grunn av begrensninger i søkeordene vi har brukt. Kun én oversiktsartikkel rapporterer risiko for selvmordsatferd etter polyviktimisering i barndommen; det er en svært høye odds ratio for selvmordsforsøk hos voksne som tidligere har vært offer for polyviktimisering. Med tanke på kunnskapen vi har om farene ved polyviktimisering, er det ønskelig med flere studier om hvordan flere typer vold og overgrep påvirker i risiko for selvmordsproblematikk i ulike grupper.

Når man ser på oversiktsartiklene omhandlende seksuelle overgrep i barndom, er det mange studier som tyder på at det er en positiv sammenheng mellom seksuelle overgrep i barndommen og selvmordsproblematikk i ulike aldre, allerede fra barndommen og inn i voksen alder. Felles for oversiktsartiklene er at man ikke ser spesifikt på hvor lang tid det tar fra man blir eksponert for seksuelle overgrep, til det utvikles selvmordsproblematikk. Det er lite fokus på underliggende virkningsmekanismer.

Om seksuelle overgrep er en uavhengig årsak til selvmordsproblematikk, er noe uklart, og i tillegg komplisert å avklare fordi seksuelle overgrep ofte forekommer sammen med flere andre former for vold eller andre belastninger. Basert på oversiktsartiklene ser det ut til at seksuelt overgrep fungerer som en medvirkende faktor ved siden av andre risikofaktorer hos utsatte individer, hovedsakelig med affektive lidelser, angst, personlighetsforstyrrelser og rus- og avhengighetslidelser. Studiene tyder på at interaksjon mellom seksuelle overgrep og andre typer vold kan ha betydning for selvmordsproblematikk. Derimot er det metodiske utfordringer ved å kunne evaluere om det er en direkte årsakssammenheng. En omfattende nyere oversiktsartikkel tyder på at seksuelle overgrep i barndommen øker risikoen for selvmordsforsøk blant voksne uavhengig av psykiske lidelser. Studiene bør kontrollere for psykiske lidelser og andre type negative livshendelser både før og etter overgrepet for å etablere en direkte årsakssammenheng. Det er behov for mer forskning på risiko for selvmordsproblematikk blant utøvere av vold og overgrep, men også på kjønnsespesifikke sammenhenger. Videre forskning bør rettes spesielt mot psykososiale og biologiske virkningsmekanismer og mot beskyttelsesfaktorer.

Det er vanlig at en og samme studie tar for seg flere typer vold/overgrep. Det gjør det vanskelig å konkludere med en spesifikk sammenheng mellom type vold/overgrep og selvmordsproblematikk. Det varierer mye hvilke konfunderende variabler studiene har tatt i betraktning, og hvordan de har kontrollert for dem statistisk. Studiene har dermed stor heterogenitet i studieutvalg, tidsperspektiv for når vold eller overgrep skjedde, og når selvmordsrelaterte utfall fant sted, samt i utvalgets kjønn og alder.

3.2 Vold og overgrep mot voksne

Det er til sammen 23 inkluderte oversiktsartikler som omfatter vold og overgrep mot voksne. 18 omhandler de utsatte og fem omhandler utøvere.

Når vi ser på eksponering for vold og overgrep i voksen alder er det ulike terminologier som er benyttet. De ulike forfatterne definerer volden noe ulikt og bruker også derfor ulike begreper på sine eksponeringsvariabler. Ni av oversiktsartiklene omhandler det de kaller partnervold og/eller vold i nære relasjoner, én omhandler det de kaller vold i hjemmet (domestic violence), to omhandler utsatthet for diverse former for vold, én omhandler kjønnsbasert vold mot kvinner, 19 omhandler seksuell vold mot voksne og tre omhandler mord-selv mord. Under vil det oversiktsartiklene deles inn etter hovedkategorier etter hvordan oversiktsartiklene har rapportert om sammenheng mellom vold/overgrep i voksen alder og selvmordsproblematikk.

Utsatte for vold i nære relasjoner

Vold i nære relasjoner er et upresist begrep, og «nære relasjoner» er definert ulikt i de ulike studiene som inkluderes i oversiktsartiklene; en del omhandler vold mellom partnere, andre omhandler vold i nær familie eller personer som den utsatte bor sammen med. De syv oversiktsartiklene om utsatte for partnervold/vold i nære relasjoner konkluderer med at opplevelser med vold er assosiert med flere typer negative helseutfall. Blant de negative psykiske utfallene av vold er selvmordsproblematikk, i tillegg til PTSD, depresjon, dissosiasjon og angst (Bichard et al., 2021, Devries et al., 2013, Dillon et al., 2013, Ribeiro et al., 2009). Det er også holdepunkter for at depressive symptomer kan øke risikoen for å være utsatt for vold i nære relasjoner, men kvaliteten på studiene gjør at det er vanskelig å trekke sikre konklusjoner om kausalitet. Studiene kontrollerer for eksempel ikke for andre vanlige risikofaktorer (Devries et al., 2013).

McLaughlin med flere (2012) finner at det blant de 37 studiene inkludert i deres litteraturgjennomgang er det 36 som konkluderer med en sterk og konsistent sammenheng mellom å være utsatt for partnervold og suicidalitet (definert som selvmordstanker og/eller selvmordsatferd). Devries med flere (2013) inkluderer i sin oversiktsartikkel 16 studier, hvorav alle omfatter kvinner, mens kun fire også inkluderer menn. Hos kvinner finner man at vold i nære relasjoner er assosiert med både depressive symptomer og selvmordsforsøk; hos menn blir det funnet holdepunkter for en sammenheng med nylig oppstått depressive symptomer, men ingen klare holdepunkt for en sammenheng med selvmordsforsøk (Devries et al., 2013). MacIsaac med flere (2017) finner, i likhet med Devries med flere (2013), at flest studier av sammenhengen mellom selvmord og vold i nære relasjoner kommer fra høyinntektsland. De konkluderer med at partnervold (både som utøver av og utsatt), samt vold i barndom og ungdomsalder, kan være assosiert med selvmord blant kvinner (MacIsaac et al., 2017).

Det er vanskelig å få oversikt over hvor mange kvinner som dør av selvmord som resultat av partnervold, siden det varierer hvordan vold er definert, og siden kartleggingen er mangelfull (MacIsaac et al., 2017). Miranda-Mendizabal med flere (2019) konkluderer i en metaanalyse med at hos både unge menn og unge kvinner øker risikoen for selvmordsforsøk og selvmord ved eksponering for interpersonlig vold. (også vold i nære relasjoner). De finner at kvinner har en større risiko enn menn for selvmordsforsøk, men at menn har en forholdsvis høyere risiko for å ta sitt eget liv. Vold i nære relasjoner i denne oversiktsartikkelen rapporteres som en risiko for selvmordsforsøk spesifikt blant kvinner. Den samme forskergruppe (Castellvi et al., 2017) i en egen metaanalyse av longitudinelle studier viser at kvinner utsatt for vold i forbindelse med dating hadde økt risiko (OR, 1.7 95% KI 1,4- 1,9) for selvmordsforsøk.

Forskningen har også satt søkelys på utsatthet for partnervold under graviditet. To av oversiktsartiklene fokuserer på det å være utsatt for partnervold under graviditet og/eller etter fødsel og dens sammenheng med mental helse herunder selvmordsproblematikk. Begge oversiktsartiklene rapporterer om forholdsvis høy forekomst av psykiske problemer, inkludert selvmordstanker blant kvinner som er utsatt for partnervold under graviditet og/eller etter fødsel (Halim et al., 2018, Koirala og Chuemchit, 2020).

Om både utsatte for og utøvere av partnervold

Av oversiktsartiklene er det kun én som omhandler både utsatte for og utøvere av vold i nære relasjoner (Iovine-Wong et al., 2019). Iovine-Wong med flere (2019) studerer populasjonen kvinnelige veteraner og finner noen felles risikofaktorer for partnervold og selvmordstanker/selvmordsatferd. Hos utsatte for vold var felles risikofaktorer å tilhøre en seksuell minoritet, å ha seksuelle traumer fra militæret, og pågående fysisk eller seksuell vold. Når det gjelder utøvere av vold, finner ikke Iovine-Wong med flere (2019) andre faktorer enn selve voldelig atferd som felles risikofaktorer for utøvelse av vold mot partner og for å være suicidal.

Utsatte for seksuelle overgrep i voksen alder

Syv oversiktsartikler og metaanalyser har fokusert på sammenhengen mellom å være utsatt for seksuelle overgrep i voksen alder og risiko for selvmordsproblematikk, herunder selvmordstanker og selvmordsforsøk. Disse oversiktsartiklene og metaanalysene finner alle holdepunkter for at det er en sammenheng mellom å være utsatt for seksuelle overgrep og forekomst av selvmordstanker og selvmordsforsøk (Armoon et al., 2021, Chen et al., 2010, Dworkin et al., 2020, Dworkin et al., 2017, Forkus et al., 2020).

En metaanalyse av Dworkin med flere (2020) fokuserer på i hvilken grad forskjellige former for suicidalitet (definert som selvmordstanker og selvmordsforsøk) er assosiert

med å være utsatt for seksuelle overgrep. Når ikke-utsatte personer (for seksuelle overgrep) har en forekomst av suicidalitet på 9,3%, har personer som er utsatt for seksuelle overgrep en prevalens av suicidalitet på 27,3%. Funnene kommer med sterke holdepunkter for en sammenheng mellom utsatthet for seksuelle overgrep av ulike former og selvmordsforsøk samt selvmordstanker. Forfatterne finner ikke karakteristika ved personene som kan forklare en slik sammenheng, og derfor anbefaler de at andre variabler bør testes i fremtidig forskning. I en annen metaanalyse undersøker den samme forskergruppen (Dworkin et al., 2017) sammenhengen mellom å være utsatt for seksuelle overgrep og senere psykisk dysfunksjon som et generelt utfall i psykisk helse (i stedet for PTSD eller andre spesifikke utfall). Her finner man at utsatte for seksuelle overgrep rapporterer betydelig mer psykopatologi enn ikke-utsatte, med en i gjennomsnitt middels til høy effektstørrelse (Hedges's $g = 0.61$). Den sterkeste assosiasjonen observerer man i forhold til PTSD og suicidalitet, men man finner signifikante sammenhenger med alle former for psykopatologi uansett hvilke populasjonsgrupper som var studert. Man finner svakere effekter ved eksponering for forsøk på seksuelle overgrep, og sterkere effekter ved eksponering for flere overgrep, der det dreide seg om fremmede overgripere, og der bruk av våpen og fysisk skade var involvert (Dworkin et al., 2017).

Chen med flere (2010) rapporterer i en metaanalyse at risikoen for selvmordsforsøk øker kraftig ved eksponering for seksuelle overgrep (OR= 4,1; 95% KI, 2,0-5.8). Sammenhengen vedvarte uansett kjønn på den utsatte og uansett i hvilken alder overgrepet forekom.

De Aquino Ferreira med flere (2018) finner at seksuelle overgrep i barndommen er en viktig risikofaktor for å senere utvikle emosjonelt ustabil personlighetsforstyrrelse (EUP). De finner også en signifikant høyere forekomst av seksuelle overgrep i voksen alder blant personer med EUP enn ved andre personlighetsforstyrrelser. Å være utsatt for seksuelle overgrep var assosiert med dårligere kliniske utfall, inkludert mer suicidalitet, mer selvskading, mer PTSD-symptomer og mer dissosiasjon (de Aquino Ferreira et al., 2018). Basert på 48 ulike primærstudier, rapporterer Armoon med flere (2021) også seksuelle overgrep som et viktig korrelat til selvmordstanker og selvmordsforsøk blant voksne med rus- og avhengighetslidelser.

I en oversiktsartikkel av studier på selvskading blant innsatte i fengsel finner Favril med flere (2020) at å ha vært utsatt for seksuell eller fysisk vold i fengselet tredoblet oddsen for selvskading (OR= 3.2, 2.1-4.8; $I^2 = 44\%$), en betydelig høyere risiko sammenlignet med sosio-demografiske eller forbrytelsesrelaterte variabler. En annen oversiktsartikkel gir holdepunkter for at det å være utsatt for seksuelle overgrep under militærtjeneste har sammenheng med en rekke risikoatferd inkludert selvmordsatferd (Forkus et al., 2020).

Flere kvinner enn menn i seksuelle minoritetsgrupper som er utsatt for seksuelle overgrep i barndommen har risiko for å bli utsatt for seksuelle overgrep også som

voksen (McGeough og Sterzing, 2018). McGeough og Sterzing (2018) indikerer at suicidalitet kan ha sammenheng med seksuelle overgrep både som barn og som voksen i seksuelle minoritetsgrupper.

Kjønnsbasert vold

Én oversiktsartikkel av oversiktsartikler (n=5) avdekket i vårt søk (Grose et al., 2019) har søkelys på kjønnsbasert vold mot kvinner definert som vold mot jentebarn, kvinnelig genital mutilasjon, barneekteskap, partnervold og seksuell vold. I de inkluderte oversiktsartiklene har man forsket på jenter og kvinner i alderen 10–24 år fra lav- og middelinntektsland. Oversiktsartikkelen tar for seg studier med kombinerte populasjoner, slik at man ser på kvinner mellom 9 og 60 år, og finner konsekvent at det er en sammenheng mellom kjønnsbasert vold og psykiske lidelser som spiseforstyrrelser, PTSD, depresjon, selvmordstanker og selvmordsatferd. Grose med flere (2019) konkluderer med at kjønnsbasert vold skader den psykiske helsen og velværen til jenter og unge kvinner i lav- og middelinntektsland, men at funnene også kan være relevant i en vestlig kontekst. En oversiktsartikkel om kvinnelige sexarbeidere i lav og middelinntektsland rapporterer om en samlet forekomst prevalens av selvmordstanker på 22,8% (95KI 12,2%-36,5%) og av selvmordsforsøk på 3,3% (95%KI 3,4%-11,4%) den siste tiden (Beattie et al., 2020).

Utøvere av vold mot voksne

To oversiktsartikler fokuserer på utøvere av vold (Sesar et al., 2018, Zhong et al., 2021). I oversiktsartikkelen til Sesar med flere (2018) finner man at det å være utøver av vold er knyttet til mange og varierte psykiske vansker. At vanskene er varierte trekkes også frem som en mulig årsak til at behandling ofte ikke gir de resultatene man håper på. Når utøverne er menn, er alkoholbrukslidelse det sterkeste korrelatet, etterfulgt av sinne, angst, depresjon, selvmordsatferd, personlighetsforstyrrelser og spilleproblemer. Når det gjelder kvinnelige utøvere av vold er det fortsatt et begrenset antall studier utført og derfor vanskelig å trekke noen konklusjoner. Blant innsatte i fengsel generelt finner Zhong med flere (2021) at det å være dømt for en voldelig handling, spesielt mord, er knyttet til en økt risiko for selvmord (OR= 3.1, 95% KI 2,2-4,2).

Mord-selvmord

Tre av oversiktsartiklene i vårt materiale fokuserer på fenomenet mord-selvmord (drap-selvdrap) (Aho et al., 2017, Panczak et al., 2013, Rouchy et al., 2020). Mord-selvmord vil si å drepe ett eller flere andre mennesker for så å ta sitt eget liv. Aho med flere (2017) påpeker at tidligere studier ikke har avdekket at vold forekommer i forkant av familiedrap-selvmord, noe som er tilfelle i familiedrap (uten selvmord). I oversiktsartikkelen til Aho med flere (2017) finner man at gjerningspersonen som dør ved selvmord etter å ha begått et familiedrap har også skadet seg selv og andre tidligere i livet (Aho et al., 2017). Rusmisbruk er til stede som en risikofaktor i alle

kategorier mord-selv mord (Aho et al., 2017). Motivasjonen for drap er ofte annerledes ved mord-selv mord enn ved «vanlige» drap og selv mord (Rouchy et al., 2020). Mord-selv mord karakteriseres oftere (enn drap eller selv mord) av en belastende nærrelasjon og økt stress. Fenomenet er hyppigere blant eldre (Rouchy et al., 2020) og alkohol er involvert i mindre grad (Panczak et al., 2013). Det nevnes også at negative livshendelser er ofte til stede i et mord-selv mord. Mord-selv mord er med andre ord sjelden noe man gjør på impuls (Panczak et al., 2013). Det nevnes noen metodiske utfordringer knyttet til variasjon mellom artiklene med hensyn til hvor lang tid det kan gå mellom drapet og selvmordet før det ikke lenger defineres som et mord-selv mord. I den aktuelle oversiktsartikkelen inkluderte studier var tidsintervallet mellom mordet og selvmordet opp til 2 uker (Panczak et al., 2013). Det er vanligst med mannlig utøver og kvinnelige utsatte. Når utøveren er en kvinne, er den eller de utsatte som oftest barn. Drapene blir som oftest utøvd i en familiesetting, og oftest i en konfliktfull situasjon eller på bakgrunn av kronisk stress. Psykiske lidelser, spesielt depresjon, er en risikofaktor, men om psykose er til stede rundt handlingen er uvisst (Rouchy et al., 2020).

Forfatterens anbefalinger til videre forskning om selvmordsproblematikk i relasjon til vold og overgrep mot voksne

Når det gjelder videre forskning på vold i nære relasjoner, uttrykker oversiktsartiklene et behov for longitudinelle studier med standardiserte definisjoner og validerte kartleggingsinstrumenter (Dillon et al., 2013, McLaughlin et al., 2012). Det uttrykkes også et sterkt behov for mer forskning på menn som har ett forhold der fysisk og psykisk vold forekommer (Devries et al., 2013). McLaughlin med flere (2012) anbefaler videre å kartlegge forekomsten av vold og suicidalitet gjennom livsløpet, slik at man kan studere tidsforløpene mellom de to faktorene. MacIsaac med flere (2017) nevner at de fleste studiene de har inkludert, kun måler fysisk vold, eller skiller mellom fysisk vold og seksuell vold, og at det var lite forskning på menn som utsatte i disse forholdene. Det foreslås også at man undersøker utfallet av ulike typer vold, ser nærmere på forholdene mellom utsatt og utøver, samt undersøke hva tid og sted for volden har å si for selvmordsproblematikken (MacIsaac et al., 2017). Det foreslås også longitudinelle studier hvor også sosiodemografiske variabler blir inkludert (Miranda-Mendizabal et al., 2019). Bichard med flere (2021), som setter søkelys på ikke-fatal kvelning i partnervold, mener at det er et behov for å bygge opp et register over data, det vil si en oversikt over tilfeller, der standardiserte utredninger er anvendt. De nevner også at få andre variabler er kontrollert for, slik som andre fysiske voldsepisoder eller eksisterende psykososiale vanskeligheter. Oversiktsartikkelen om voldseksponering i lav- og middelinntektsland (Ribeiro et al., 2009) foreslår at det forskes mer på hvor lang tid det tar fra man blir utsatt for vold, til det utvikles psykiske lidelser, og på om det kan være et toveis årsaksforhold mellom utsatthet for vold og psykiske lidelser.

Devries med flere (2014) anbefaler at man undersøker sammenhengen mellom spesifikke typer overgrep, for eksempel partnervold, og risiko for selvmord hos menn og kvinner. Det samme gjør Moynihan med flere (2018), som konstaterer at ikke bare kjønnsforskjeller, men også en rekke sosiale og økonomiske forhold bør tas i betraktning, i tillegg til fokus på bruk av valide instrumenter for pasientpopulasjoner (Halfon et al., 2013). Flere forfattere etterlyser nye konseptuelle modeller for å se på sammenhengen mellom underliggende psykiske lidelser og utøvelse av og utsatthet for vold og overgrep (Klonsky og Moyer, 2008) og for å belyse patomekanismer (Chen et al., 2010). Videre anbefaler forskerne å se nærmere på medierende og modererende faktorer (Dworkin et al., 2020, Fliege et al., 2009, Liu et al., 2018), også ved å studere den generelle befolkningen (Perez-Gonzalez og Pereda, 2015).

For det å være utsatt for seksuelle overgrep i voksen alder anbefaler Dworkin med flere (2017) videre forskning på hvordan faktorer ved seksuelle overgrep spesifikt påvirker psykopatologien til den utsatte. Chen med flere (2010) peker på at det er nødvendig med videre forskning for å bedre forstå hvordan psykiske lidelser utvikler seg blant i utsatte for seksuelle overgrep. Dworkin med flere (2020) fremhever et behov for å identifisere moderatorer og mediatorer som påvirker forholdet mellom seksuelle overgrep og suicidal atferd for å komme videre i forskningen på hvordan en kan forebygge selvmord blant de utsatte. Ferreira med flere (2018) foreslår at det forskes mer på seksuelle overgrep i voksen alder blant personer med EUP, samt å styrke forskningen på seksuelle overgrep hos den mannlige delen av pasientgruppen. McGeough og Sterzing (2018) foreslår mer forskning på rammeverket rundt polyviktisering («poly-victimization framework»), for å finne fram til eventuelle kausale sammenhenger mellom seksuell vold/overgrep og suicidalitet. En annen mangel som påpekes er at ingen av studiene inkludert i oversiktsartikkelen undersøkte en samtidig forekomst av andre former for viktisering og utsatthet for vold eller overgrep, hverken innad i familier eller ellers (McGeough og Sterzing, 2018).

Når det gjelder videre forskning på kjønnsbasert vold, anbefaler Grose med flere (2019) å ha et søkelys på jenter og unge kvinner for å kunne utvikle aldersspesifikke intervensjoner på sikt. De ønsker også longitudinell forskning, da oversiktsartikkelen deres ikke omfattet noen longitudinelle studier. I artikkelen om sexarbeidere (Beattie et al., 2020) anbefales det at man gjennomfører mer longitudinell forskning for å etablere kausale sammenhenger mellom utsatthet for vold og selvmordsrelatert atferd.

Om utøvere av vold mot voksne foreslås forskning på hvordan de ulike psykiske lidelsene kan henge sammen med utøvelse av vold, samt å utvikle intervensjoner for å forebygge utøvelse av vold. Om mord-selvmord peker forfatterne på et stort behov for mer forskning for å belyse bakgrunnsvariabler for utøvere av mord-selvmord i familier, ettersom forskningen på dette området er svært mangelfull. Det er for eksempel vanligere å se på utøvers tidligere psykiatriske historie enn å evaluere deres mentale tilstand i gjerningsøyeblikket (Rouchy et al., 2020). Med tanke på variasjoner i definisjonen av mord-selvmord, foreslås det av Panczak med flere (2013) at det fastslås

et tidsperspektiv på hvor lang tid det kan gå mellom mordet og selvmordet for at det likevel defineres som mord-selv mord. Videre forskning trengs på utøvere av vold generelt, og spesielt på kvinnelige utøvere av vold i nære relasjoner (Sesar et al., 2018).

Kommentarer til funnene om vold og overgrep mot voksne

Mange oversiktsartikler (10) omhandler spesifikt vold i nære relasjoner, de fleste studerer den utsatte, men noen (3) også om eller bare om utøver. De fleste studiene inkludert i oversiktsartiklene ser på kvinner og barn som utsatte, men noen få inkluderer også menn. Det virker tydelig at det er en sammenheng mellom det å være utsatt for vold i nære relasjoner og selvmordsproblematikk, både i form av selvmordsforsøk, og alvorlig depresjon med uttalte selvmordstanker. Det finnes tilstrekkelig empiri til å anta at vold i nære relasjoner kan føre til selvmordsforsøk hos kvinner. Hos menn er det ikke gjort nok studier til å konkludere noe om selvmordsforsøk, men det er gjort funn om depresjon som konsekvens av seksuelle overgrep. Det er gjort færre studier og kartlegginger av selvmord som konsekvens av partnervold eller vold i nære relasjoner, da det er vanskelig å komme til kunnskap om data på dette området.

Det er et godt empirisk grunnlag for sammenhengen mellom å være utsatt for seksuelle overgrep og økt risiko for selvmordsforsøk, selvskading og selvmordstanker, i tillegg til andre negative psykiske og somatiske konsekvenser. Forfatterne av oversiktsartiklene anbefaler videre forskning på det å være utsatt for flere former for og gjentakende overgrep og vold, da dette ikke er kontrollert for i et tilstrekkelig antall primærstudier til at det kan trekkes sikre konklusjoner om effektene av dette. Det er også et behov for videre forskning på utfallet av å være utsatt for seksuelle overgrep i voksen alder, der man kontrollerer for effekten av tidligere overgrep og andre variabler. Videre forskning er også ønsket på faktorer som kan påvirke sammenhengen mellom overgrep og selvmord og forskning på menn som er utsatt for seksuelle overgrep.

Oversiktsartikkelen om kjønnsbasert vold mot kvinner konkluderer med at slik vold også er relevant i en vestlig kontekst (Halim et al., 2018). Det er dog et svært bredt tema og inneholder både vold mot barn, genital mutilasjon og partnervold. Utfallet som studeres er også svært bredt; artikkelen nevner at det er økt risiko for både selvmordstanker og selvmordsatferd. Videre forskning bør definere nærmere hva som er risiko og hva som er utfall i undersøkelsene. Imidlertid er begreper som 'vold mot kvinner' mer presist enn 'kjønnsbasert vold', og for å avdekke forskjeller mellom kvinner og menn, er det viktig å forske på begge kjønn. Oversiktsartikkelen om kvinnelige sexarbeidere som sliter psykisk, er muligens også relevant for en norsk kontekst, og videre metaanalyser for å tallfeste risikoen for selvmord kan anbefales, da med kontroll for konfunderende variabler for å kunne konkludere om hvordan volden spesifikt bidrar til selvmordsproblematikk.

Sinne og vanskeligheter med å kontrollere egen voldelig atferd er knyttet til både å være voldelig mot sin partner og til selvmordsatferd. Utøvere av vold er dermed også i risiko for selvmordsproblematikk. Det er gjort mest studier av menn som voldsutøvere og det er behov for flere studier i den kvinnelige populasjonen av voldsutøvere. Når det kommer til mord-selv mord, er det vanligst med mannlig utøver og kvinnelig offer. Dersom kvinner er utøver er det vanligst med barn som offer. Drapene foregår oftest innenfor familien, og det er gjerne en lengre konfliktfull situasjon i forkant. Drapene foregår sjeldent på impuls, og psykisk lidelse og rusmisbruk er vanlig å se. Det er viktig å kartlegge i hvilken grad gjerningspersonens mentale tilstand i gjerningsøyeblikket har noe å si i denne sammenheng. Videre forskning bør være mer nyansert når det gjelder operasjonalisering av eksponering-, konfunderende- og utfallsvariabler. Datagrunnlaget i enkelte kontekster er spredt og det behøves for eksempel mer forskning på spesifikke grupper, slik som sexarbeidere, innvandrere og innsatte i fengsel.

3.3 Overgrep fra jevnaldrende, mobbing, trakassering og forfølgelse

Overgrep fra jevnaldrende («peer victimization») er å være utsatt for aggressiv atferd, og inkluderer også ofte mobbing (van Geel et al., 2021). Det er i alt 27 oversiktsartikler som omhandler overgrep fra jevnaldrende; mobbing (på tradisjonelle måter og digitalt på mobil eller på internett), og trakassering eller forfølgelse på internett. De fleste studiene kombinerer ulike typer mobbing, og eksponeringsvariabler i vår gjennomgang kan derfor overlape. Resultater fra oversiktsartikler som omhandler kun en spesifikk type overgrep (mobbing og nettmobbing) er rapportert under egne underkapitler.

Overgrep fra jevnaldrende

Det er åtte oversiktsartikler med eksponeringsvariabelen å være utsatt for vold eller overgrep fra jevnaldrende. To av disse oversiktsartiklene omhandler de spesifikke populasjonene LHBT+, og én omhandler individer med autismspekterforstyrrelser. De resterende oversiktsartiklene omhandler hovedsakelig ungdommer og unge voksne opp til 21 år.

Van Geel med flere (2014) rapporterer i en metaanalyse av 34 studier (personenes alder var mellom 9 og 21 år) en samlet odds ratio for selvmordstanker på 2,2 (95%KI 2,1–2,4), og i den samme oversiktsartikkelen rapporterer de, basert på 9 studier, en samlet odds ratio for selvmordsforsøk på 2,6 (95%KI 2,0–3,3). Resultatene var ikke moderert av hverken kjønn, alder eller kvaliteten på studiene (Van Geel et al., 2014). I en annen oversiktsartikkel av ni studier med samme forskergruppe (van Geel et al., 2015) finner man at også selvskadning er assosiert med det å være utsatt for overgrep fra jevnaldrende. Effekten var her sterkere for yngre barn enn for eldre barn; yngre barn som er utsatt for overgrep fra jevnaldrende, er i større risiko for å skade seg selv enn eldre barn som er utsatt for overgrep fra jevnaldrende (van Geel et al., 2015). En nyere metaanalyse, igjen med samme førsteforfatter (van Geel et al., 2021), omfattet elleve longitudinelle studier av personer opp til 20 år og som varierte i oppfølgingsperiode fra 4 måneder til 10 år, der den gjennomsnittlige lengden på oppfølgingsperioden var 2 år. Her finner også forfatterne en prospektiv sammenheng mellom å være utsatt for overgrep fra jevnaldrende og selvmordstanker (OR = 1.7 [95% KI = 1.4, 2.1]. Forfatterne rapporterer samtidig at omfanget av volden/overgrepene hadde en kumulativ effekt slik at flere episoder ledet til mer selvmordstanker (van Geel et al., 2021).

Cheek med flere (2020) har i en metaanalyse av 56 studier av ungdommer evaluert sammenhengen mellom det å oppleve sosial avvising eller utestengning («relational victimization») og selvskadende tanker eller atferd. De finner en sammenheng mellom forskjellige indikatorer på kvaliteter ved relasjoner med andre (for eksempel sosial

avvisning) på den ene siden og selvskadende tanker og handlinger på den andre. Å være utsatt for «relational victimization» rapporteres som en risikofaktor for selvmordstanker (OR= 3,1 (95% KI= 2,3-4,0)), og den samme eksponering øker risiko for selvmordsforsøk (OR= 2.1 (95% KI = 1.7 -2.7)). Den sterkeste sammenheng finner man for selvmordstanker (Cheek et al., 2020).

Collier med flere (2013) har publisert en oversiktsartikkel med 39 inkluderte studier med deltakere fra 12 forskjellige land. Her er fokuset utsatthet for overgrep fra jevnaldrende mot personer med ulike kjønns- og seksuelle identiteter og sammenheng med ulike utfallsmål som depresjon og selvmordsproblematikk. De rapporterer en positiv assosiasjon mellom å være utsatt for overgrep fra jevnaldrende og depresjon, men effekten på suicidalitet var ikke entydig (Collier et al., 2013).

Oversiktsartikkelen til Pompili med flere (2014) omhandler LHBT+ personer. I denne oversiktsartikkelen basert på 77 studier undersøkes det hvilke eksponeringer som skaper selvmordsproblematikk blant biseksuelle personer. De finner at biseksualitet er assosiert med tidligere selvmordsforsøk, men det er usikkert om biseksuelle utviser mer selvmordsatferd enn homofile og lesbiske (Pompili et al., 2014). Seksuelle minoriteter har høye forekomst av depresjon, angst, emosjonelt stress, rusmisbruk og selvmordsatferd. Blant risikofaktorene man finner for selvmordsforsøk og selvmordstanker, er å være utsatt for overgrep fra jevnaldrende, å ha fått negative bemerkninger av jevnaldrende og å bli sosialt ustøtt fra familien (Pompili et al., 2014). I en nylig publisert oversiktsartikkel av Williams med flere (2021) dekker kvantitative data fra 12 studier omhandlende LHBT i alderen 12–25 år, og man finner at mange LHBT+ personer har mangedoblet risiko for å bli utsatt for forskjellige former for vold/overgrep fra jevnaldrende. Ifølge oversiktsartikkelen har LHBT+ personer, når det sammenlignes med en ciskjønnet (at man identifiserer seg med sitt biologiske kjønn) og heteroseksuelle jevnaldrende, en odds ratio på 4.8 (95%KI 3.7- 6.3) for å være utsatt for vold/overgrep fra jevnaldrende, og begge gruppene rapporterte om å ha noen former for selvmordsproblematikk (Williams et al., 2021).

Segers og Rawana (2014) dekker i sin oversiktsartikkel ti studier om selvmordsatferd blant individer med autismspekterdiagnoser. De finner at selvmordsatferd er en legitim bekymring hos individer med autismspekterdiagnoser. Man finner suicidalitet (i oversiktsartikkelen definert som selvmord og selvmordsforsøk) hos 10,9–50,0 % av personene med autismspekterdiagnoser i studiene som omfattes. Flere andre primære studier inkludert i oversiktsartikkelen viste at mellom 7,3% og 15,0 % av alle individer med suicidalitet tilhører denne gruppen. Risikofaktorer som identifiseres for suicidalitet, er å være utsatt for vold/overgrep fra jevnaldrende, å ha atferdsforstyrrelser, å være gutt, å ha lavere sosioøkonomisk status, å ha lavere utdanning, og å være av latinamerikansk eller svart etnisitet (Segers og Rawana, 2014).

Mobbing

Tolv oversiktsartikler omhandler mobbing spesifikt og ti av disse handler om barn, ungdom og unge voksne som har vært utsatt for eller utøver mobbing på skole eller fritid, og to handler om mobbing på arbeidsplassen. De to artiklene om mobbing på arbeidsplassen omtales i et eget avsnitt under.

De ti oversiktsartiklene om mobbing blant barn er basert på en stor samling studier ($n= 369$), som enten tar for seg utsatte for mobbing (Cuesta et al., 2021, Karanikola et al., 2018, Koyanagi et al., 2019, Moore et al., 2017) eller både utsatte for og utøvere av mobbing (Heerde og Hemphill, 2019, Holt et al., 2015, Kim og Leventhal, 2013, Klomek et al., 2015, Shireen et al., 2013, Wolke et al., 2015). Under sorteres oversiktsartiklene om mobbing basert på om de omhandler å være utsatt, utøver eller kombinert status.

Utsatte for mobbing

Koyanagi med flere (2019) har studert data fra 48 land som omhandler omfanget av selvmordsforsøk blant unge mellom 12 og 15 år som var utsatt for mobbing. I 47 av de 48 av landene ble det funnet at å være utsatt for mobbing var assosiert med en høy risiko for selvmordsforsøk. En samlet odds ratio for selvmordsforsøk blant utsatte var tre ganger så høy som for de ikke-utsatte ($OR = 3,1$, 95 % KI 2,7-3,4). Det ble observert en dose-effektrelasjon mellom mobbing og selvmordsforsøk, der antall dager mobbet den siste måneden korrelerte med størrelsen på oddsen for å gjøre et selvmordsforsøk (Koyanagi et al., 2019).

Cuesta med flere (2021) analyserer 18 studier på risikofaktorer både for å bli utsatt for mobbing og for suicidalitet (i denne oversiktsartikkelen definert som selvmordstanker og selvmordsforsøk), ettersom utsatthet for mobbing er funnet å være en risikofaktor for suicidalitet blant ungdom. Cuesta med flere (2021) finner at de faktorene som i størst grad øker risikoen for både å bli utsatt for mobbing og for suicidalitet er at man er gutt, at man har forsøkt å ta sitt eget liv tidligere eller at det har vært et selvmordsforsøk i familien, at man har psykiske helseproblemer, at man misbruker rusmidler, at man har vært utsatt for fysiske eller seksuelle overgrep eller vold, at man har lav sosioøkonomisk status, at man bare har én forelder, at man underpresterer på skolen, at man kommer fra en dysfunksjonell familie, og at man er i et voldelig miljø. De vanligste beskyttelsesfaktorene er at man er jente, at man har god mental helse, at man har to foreldre, at man har et trygt skolemiljø, at man har gode familieforhold, og at man har en engasjert og involvert lærer (Cuesta et al., 2021).

Som en motsats til Cuesta med flere (2021), som finner at gutter har større risiko for mobbing og suicidalitet enn jenter, finner Shireen med flere (2013) i deres analyse av 28 studier at selvmordsrisikoen (i denne oversiktsartikkelen omfatter selvmordsrisiko en risiko for selvmordsplaner og selvmordsforsøk) er høyere hos jenter som er involvert i mobbing enn hos gutter som er involvert i mobbing, uansett om man ser på utsatte for eller utøvere av mobbingen (Shireen et al., 2013).

Om utsatte for mobbing konkluderes det også i en metaanalyse (Moore et al., 2017) med at det er et kausalt forhold mellom utsatthet for mobbing og dårligere mental helse. Å bli mobbet økte risikoen for å selvskade (OR= 1.8 (95% KI= 1.4-2.2)). Å bli mobbet “noen ganger” hadde en svakere assosiasjon med selvmordstanker (OR=1.5 (95% KI= 1.3-1.8)) enn å bli “ofte” mobbet (OR=2.6 (95% KI =2.0-3.3)). Å generelt ha blitt utsatt for mobbing økte også forekomsten av selvmordsforsøk (OR= 2.1 (95% KI = 1.7-2.7)), men å ofte bli utsatt for mobbing mangedoblet forekomsten av selvmordsforsøk (OR= 3.7 (95% KI 2.6-5.6)). I en annen oversiktsartikkel (Karanikola et al., 2018) finner man en positiv sammenheng mellom utsatthet for mobbing på skolen og selvskading; sammenhengen vedvarer også etter at andre variabler som typisk påvirker utfallet selvskading, er kontrollert for (Karanikola et al., 2018). I tillegg viser det seg at det å være utsatt for mobbing på skolen fungerer som en medierende faktor mellom negativ foreldrestil og vold i hjemmet på den ene siden og utfallet selvskading på den andre.

Utøvere av og utsatte for mobbing

Oversiktsartikler som har undersøkt både utsatte for og utøvere av mobbing, finner at det er en økt risiko for selvmordstanker og -handlinger når unge er utsatt for eller på noen måte involvert i mobbing (Kim og Leventhal, 2013). Holt med flere (2015) finner i sin metaanalyse av 47 studier at det å være involvert i mobbing øker risikoen for selvmordstanker og selvmordsatferd, og at risikoen er større når man er utsatt for mobbing, enn når man er utøver, men størst risiko er det om man er både utsatt og utøver. De tre eksponeringsfaktorene, å være utsatt for mobbing, å være utøver av mobbing og eller begge deler, er alle faktorer som predikerer selvmordstanker og selvmordsatferd. Odds ratio varierer mellom 2,12 [95 % KI 1,7-2,7] for selvmordstanker blant utøvere av mobbing til 4,0 [95 % KI, 2.4-6.8] for selvmordsatferd blant personer som er både utøver og utsatt (Holt et al., 2015).

Heerde og Hemphill (2019) finner gjennom 27 studier en sammenheng mellom det å være involvert i mobbing, enten som utsatt eller utøver, og risiko for villet egenskade. Ved tradisjonell mobbing (ikke over internett) var odds ratio OR = 1,8, (95 % KI 1,3, 2,5) for utøvere av mobbingen og 2,3 (95 % KI 1,9, 2,9) for utsatte. Ved å være utsatt for tradisjonell mobbing kombinert med nettmobbing var risikoen for villet egenskade enda høyere (OR = 3,4 (95 % KI 1,6, 7,4)) (Heerde og Hemphill, 2019).

En oversiktsartikkel basert på prospektive longitudinelle studier av befolkningsundersøkelser fra Finland, Storbritannia, USA og New Zealand med store utvalg (Klomek et al., 2015), finner at den negative effekten av mobbing i barndommen inkludert selvmordstanker og selvmordsplaner vedvarer inn i voksen alder. Når det gjelder utfall som selvmordsforsøk og død ved selvmord finner man kjønnsforskjeller. Her finner man at å være utsatt for gjentatt mobbing øker risiko for selvmordsforsøk og selvmord kun blant jenter, selv etter justering for baseline psykopatologi. I tillegg

rapporterer oversiktsartikkelen data som tyder på at selvmordsatferd blant gutter som utøver mobbingen står i nærmere kausalforhold til psykiske lidelser enn til selve mobbingen (Klomek et al., 2015). De finner også holdepunkter for at utøvere av mobbingen kan ha særlig høy risiko for depresjon og selvmordstanker senere i livet. Klomek med flere (2015) finner videre at data om selvmordsproblematikk mot en bakgrunn av utøvelse kombinert med utsatthet for mobbing ikke er entydig.

Utsatte for og utøvere av søskenmobbing

Søskenmobbing er et hyppig fenomen spredd tvers av sosioøkonomiske nivåer, hvor opp mot 40 % av barn utsatt for søskenaggresjon minst en gang i uken (Wolke et al., 2015). Wolke med flere (Wolke et al., 2015) har undersøkt faktorer relatert til og konsekvenser av søskenmobbing og, basert på 19 inkluderte studier, rapporterer om en positiv sammenheng mellom søskenmobbing og mobbing mellom jevnaldrende. Utsatthet for søskenmobbing øker risiko for utsatthet for mobbing fra jevnaldrende, og utøvere av søskenmobbingen mobber ofte også jevnaldrende eller er utsatt for mobbing selv («bully-victim»). Utsatte for søskenmobbing og mobbing fra jevnaldrende kan være særlig sårbare for negative konsekvenser. Oversiktsartikkelen konkluderer med at søskenmobbing har sammenheng med selvskading i tidlig voksen alder, og finner også holdepunkter for at søskenmobbing i tidlig barndom føre med seg en risiko for at å utvikle en utfordrende relasjon med jevnaldrende. (Wolke et al., 2015).

Mobbing på arbeidsplassen

To oversiktsartikler er skrevet om mobbing på arbeidsplassen. Den ene handler spesifikt om voksne som arbeider på kirurgiske avdelinger på sykehus (Halim og Riding, 2018), og den andre om uspesifiserte arbeidsplasser (Leach et al., 2017). Halim og Riding (2018) finner at mobbing i kirurgisk avdelinger er hyppig forekommende (studiene varierer fra 10.8 - 59.3% som sier de blir mobbet jevnlig) og at mobbingen her kan bidra til selvmordstanker. Mobbingen hadde spesielt stor effekt på sykepleiere som jobber i operasjonslokaler (i forhold til på akutt- eller intensivavdelinger), der sykepleierne mer sannsynlig rapporterer negative helsekonsekvenser av mobbingen, samt at de mer sannsynlig forsøker å bytte arbeidsplass (Halim, 2018). Leach med flere (2017) rapporterer at det er noen holdepunkter for at mobbing på arbeidsplassen er assosiert med mer selvmordstanker, men at de fleste tilgjengelige studier av temaet er av lav kvalitet, noe som gjør det vanskelig å konkludere. De mest robuste studiene Leach med flere (2017) har vurdert, kan rapportere at mobbing på arbeidsplassen, og da spesielt fysisk skremmende oppførsel, kan lede til selvmordstanker. Når det gjelder selvmordsforsøk, er det for lite datagrunnlag for å kunne trekke noen konklusjoner (Leach et al., 2017).

Viktimisering på internett

Det er fire oversiktsartikler som handler om unge som er utsatt for mobbing på nett, og tre som omhandler både utsatte for og utøvere av nettmobbing (Bottino, 2015; John, 2018; Nesi, 2021). En nyere oversiktsartikkel omhandler voksne som utsettes for trakassering og forfølgelse på nett (Stevens et al., 2021).

Utsatte for nettmobbing

I en av de fire oversiktsartiklene om nettmobbing, finner Halliday med flere (2021), gjennom en analyse av 28 studier, at å være utsatt for mobbing i ungdomstiden gir negative psykososiale utfall, slik som depresjon, angst, stress, psykotiske symptomer, selvmordstanker og selvskading. De negative utfallene markerer seg både i løpet av de første 12 månedene, men også etter 8 år. Utsatte jenter, sammenlignet med gutter, hadde høyere nivå av depresjon, angst og selvmordstanker (Halliday et al., 2021). I oversiktsartikkelen til Kowalski med flere (2014) blir det funnet en positiv korrelasjon ($r=0,27$; 95% KI 0,24-0,31) mellom nettmobbing og selvmordstanker. De finner også en positiv sammenheng mellom å være utsatt for nettmobbing og andre utfallsmål slik som stress, angst, depresjon, emosjonelle problemer, somatiske symptomer og rus og alkoholbruk (Kowalski et al., 2014).

Abreu og Kenny (2018) har i sin oversiktsartikkel inkludert 27 studier av LHBT+ unge og unge voksne (aldersspenn på 11-25 år) med tanke på utsatthet for mobbing på nett. I de inkluderte studiene varierte forekomsten av nettmobbingen fra 10,5 % til 71,3 % blant LHBT+ unge og unge voksne. Forekomsten av trakassering og nettmobbing i denne gruppen er klart høyere enn deres heteroseksuelle og ciskjønnede jevnaldrende. Personene opplever også ofte tradisjonell mobbing i tillegg til nettmobbingen (Abreu og Kenny, 2018). Studiene inkludert i oversiktsartikkelen viser at både nettmobbingen alene og i kombinasjon med tradisjonell mobbing korrelerer med selvmordstanker og selvmordsforsøk i tillegg til depresjon, lavere selvtillit, aggresjon og akademisk underprestering (Abreu og Kenny, 2018).

I oversiktsartikkelen av Hamm med flere (2015) er det bare 5 av de 34 inkluderte studiene som har selvskading og selvmordsatferd som utfall etter å ha blitt utsatt for nettmobbing. Oversiktsartikkelen konkluderer med at nettmobbing er signifikant forbundet med depresjon, men resultatene er ikke konsekvente når det gjelder utfallsmål relatert til selvmordsproblematikk (Hamm et al., 2015).

Utsatte for og utøvere av nettmobbing

I en metaanalyse av 26 studier (John et al., 2018) ble det funnet at både utsatte for og utøvere av nettmobbing har større risiko for selvmordsatferd og selvskading enn de som ikke har noen involvering i mobbingen, men at de utsatte har høyere risiko enn utøverne. På grunnlag av seks av studiene finner John med flere (2018) at utsatte for

nettmobbing har en odds ratio på 2,4 (95%KI 1,7-3,3) for selvskading; odds ratio for selvmordsatferd var 2,1 (95%KI 1,7-2,6); for selvmordstanker var odds ratio 2,2 (95% KI 1,7-2,7), og for selvmordsforsøk var en samlet odds ratio 2,6 (95% KI 1.7-3.9).

Utøvere av nettmobbing har ifølge John med flere (2018) også en høyere risiko for selvmordsatferd (OR=1,2; 95% KI 1.1-1,4), og en risiko på et samme nivå for selvmordstanker, når risikoen sammenlignes med de som ikke utøver nettmobbing. Lignende funn er gjort i en nyere oversikt av 61 studier av Nesi med flere (2021) som finner at selvskadende tanker og handlinger blant brukere av sosiale medier har sammenheng med å være utsatt på nett, å være eksponert til selvmordsrelatert innhold, problematisk nettbruk og seksuelle meldinger (Nesi et al., 2021). Man finner også en antydning til en sammenheng mellom å utføre nettmobbing og selvskadende tanker og handlinger (Nesi et al., 2021). Sammenhengen mellom å være utsatt for nettmobbing og å ha selvmordstanker er sterkere for tenåringer enn for voksne, men alt i alt er sammenhengen svak til moderat også for tenåringer (Nesi et al., 2021).

Bottino med flere (2015) finner, i sin oversiktsartikkel som omfatter 10 studier, at ungdom som er utsatt for nettmobbing er mer sannsynlig enn andre til å ha moderate til alvorlige depresjonssymptomer, rusmisbruk, selvmordstanker og selvmordsforsøk. Forekomsten av nettmobbing i de ti studiene er på mellom 6,5 og 35,4 %. Både utøvere av og utsatte for mobbingen har mer psykosomatiske problemer, mer sosiale vansker og lavere følelse av å være trygge og ivaretatt på skolen (Bottino et al., 2015).

Trakassering og forfølgelse på nett

I en oversiktsartikkel av 43 studier settes det søkelys på voksne som er utsatt for trakassering og forfølgelse på nett (Stevens et al., 2021). Man finner negative effekter på utsattes mentale helse, slik som depresjon, angst, selvmordstanker og panikkanfall. Effektene sammenlignes med effekten av den samme trakasseringen offline, og det argumenteres for at de to formene for forfølgelse og trakassering bør likestilles (Stevens et al., 2021).

Forfatterens anbefalinger for videre forskning om selvmordsproblematikk ved overgrep fra jevnaldrende, mobbing, trakassering og forfølgelse

Når det gjelder videre forskning på vold/overgrep fra jevnaldrende, anbefales det å sette søkelys på studier om kjønnsidentitet og seksuell legning i relasjon til overgrep fra jevnaldrende (Collier et al., 2013). Andre etterlyser forskning på om kjønn og alder modererer sammenhengen mellom det å være utsatt for overgrep fra jevnaldrende og selvmord, og på i hvilken grad det å være utsatt for overgrepene er relatert til å gjennomføre selvmord (Van Geel et al., 2014). Det er få studier som skiller mellom ulike former for overgrep man kan være utsatt for fra jevnaldrende, og det er mulig at noen former er mer assosiert med selvskading enn andre, og det påpekes derfor et

behov for mer forskning på dette (van Geel et al., 2015). Man vet heller ikke hvorfor det å være utsatt for overgrep fra jevnaldrende har så langvarige negative virkninger som man ser at det har. Dette kan videre forskning fokusere mer på (van Geel et al., 2021). Cheek med flere (2020) anbefaler videre forskning med longitudinell design for å få en bedre forståelse av forholdet mellom relasjoner som oppleves som negative og selvskadende tanker og handlinger (Cheek et al., 2020). Når det gjelder videre forskning på overgrep fra jevnaldrende mot LHBT+ personer, anbefales det at biseksuelle studeres separat fra homoseksuelle, slik at man kan få en bedre forståelse av de unike risikofaktorene som kjennetegner denne gruppen (Pompili et al., 2014). Williams med flere (2021) anbefaler at man i videre forskning på selvmordsproblematikk lar deltakerne selv beskrive sin seksualitet, og at man gir alternativer for kjønns- og seksuelle identiteter (Williams et al., 2021). Videre forskning på personer med autismespekterdiagnose bør kartlegge gjennomførte selvmord blant denne populasjonen benytte longitudinell design for å studere selvmord (Segers og Rawana, 2014).

Når det gjelder anbefalinger for videre forskning på mobbing, uttrykkes et behov for å undersøke om assosiasjonene observert er kausale eller grunnet andre konfunderende faktorer (Moore et al., 2017), samt for mer forskning på og promotering av helsepolitikk rettet mot selvmord og mobbing (Cuesta et al., 2021). Koyanagi med flere (2019) anbefaler at det forskes mer på mulige mediatorer mellom utsatthet for mobbing og selvmordsforsøk. Karanikola med flere (2018) foreslår også longitudinell forskning på mulige mediatorer mellom mobbing og selvskading, spesifikt foreslås det å se på personenes negative selvoppfatning som følge av mobbing. Artikkene etterlyser videre longitudinelle studier som undersøker om det er en kausal sammenheng mellom mobbing og selvmord (Holt et al., 2015, Kim og Leventhal, 2013, Klomek et al., 2015, Shireen et al., 2013), studier som ser på om mobbing har forskjellig effekt på menn og kvinner (Shireen et al., 2013), og studier som ser på effekten av tidspunktet for når mobbingen skjedde (Holt et al., 2015). Det foreslås videre å rutinemessig evaluere mobbing sammen med vold mot barn (Klomek et al., 2015). To av studiene foreslår også videre forskning på effektene av nettmobbing, samt å sammenligne effekten av nettmobbing og tradisjonell mobbing (Heerde og Hemphill, 2019, Klomek et al., 2015).

Når det gjelder søskenmobbing, foreslås det å forske på om intervensjoner som reduserer søskenmobbing også vil kunne redusere mobbing blant jevnaldrende (Wolke et al., 2015). Når det gjelder mobbing på arbeidsplassen, er det et behov for å undersøke sammenhenger mellom mobbing på arbeidsplassen og selvmordsatferd, da arbeidsplassen virker å være et lite studert område for mobbing (Leach et al., 2017). Når det gjelder arbeidsmiljøer i helsevesenet, anbefales det forskning på hva som gjør at visse typer atferd blir oppfattet som nedlatende eller trakasserende, da dette er forsket lite på (Halim og Riding, 2018).

Når det gjelder videre forskning på nettmobbing, foreslår Halliday med flere (2021) å utarbeide måleinstrumenter med konstruktvaliditet for mobbing, slik at man på en

sikker måte kan fange opp fenomenet. De foreslår også en mer adskilt forskning på nettmobbing og tradisjonell mobbing (Halliday et al., 2021). Abreu og Kenny (Abreu og Kenny, 2018) foreslår mer longitudinelle studier, for med større sikkerhet å kunne si noe om de langvarige konsekvensene av nettmobbing. Bottino med flere (2015) foreslår å undersøke hva som skiller utsatte for mobbing som blir sterkt påvirket fra dem som ikke blir sterkt påvirket. Det kan tenkes at slike undersøkelser vil kunne gi innsikt som kan brukes i forebygging av nettmobbing (Bottino et al., 2015). John med flere (2018) foreslår også at forskere studerer mekanismer som angst og depresjon som mediatorer mellom nettmobbing og selvskading og selvmord. Nesi med flere (2021) etterlyser mer forskning på oppførsel i sosiale media og erfaringer med hensyn til selvskadende tanker og atferd generelt. Stevens med flere (2021) har en rekke forslag for feltet: konsekvent bruk av begreper, mer forskning på plattformer som utøvere av overgrep på nettet anvender (for å få en bedre forståelse av hvor overgrepet foregår), utforske bidragende faktorer for både overgrep og selvmordsatferd, samt å finne implementerbare intervensjoner, samt og befolkningsundersøkelser.

Kommentarer til funnene om overgrep fra jevnaldrende, mobbing, trakassering og forfølgelse

Tolkningene av hva det vil si å være utsatt for vold/overgrep fra jevnaldrende, varierer og er til dels mangelfulle i oversiktsartiklene, men det er gjort funn som knytter det å være utsatt med høyere risiko for selvmordstanker, selvskading og selvmordsforsøk. Videre forskning Det er viktig å skille mellom ulike former for overgrep man kan være utsatt for, og relative sammenhenger til konsekvensene inkludert selvmordsproblematikk.

Flere metodiske begrensninger ved nåværende forskning i feltet nevnes i oversiktsartiklene. I oversiktsartiklene om LHBT+ personer som er utsatt for vold/overgrep fra jevnaldrende, er det en mangel på artikler som har undersøkt den unike effekten av vold fra jevnaldrende. Det er også en mangel på artikler som ser på spesifikke separate utfallsmål, som selvmordstanker og selvmord.

Én oversiktsartikkel (Segers og Rawana, 2014) finner høy forekomst av selvmordsatferd hos individer med autismespekterforstyrrelser. Å være utsatt for overgrep fra jevnaldrende er funnet å være en risikofaktor, men faktoren er ikke studert separat (og fulgt over tid), og det kan derfor ikke sies noe om kausalitet i forhold til selvmord for denne gruppen. Oversiktsartikkelen bruker begrepene suicidalitet og suicidal populasjon, og det er ikke mulig å si om det er nok studier om spesifikke aspekter, slik som gjennomførte selvmord, selvmordsforsøk, selvskading, selvmordstanker med mer, til å kunne konkludere med noe.

Oversiktsartikler som omhandler mobbing ser hovedsakelig på skolebarn og ungdom. Det er blitt funnet forhøyet risiko for både selvskading og selvmordsforsøk blant

utsatte for mobbing. Det er funnet en kumulativ risiko, ved at hvor omfattende mobbingen har vært har konsekvenser for risikoen for selvmordsforsøk. Fellesfaktorer for å bli mobbet og for å gjøre et selvmordsforsøk er også blitt studert. Det er også inkludert oversiktsartikler om både utsatte og utøvere, der man finner at risiko for selvmordsatferd er høyest blant de som er involvert i mobbing både som utøver og utsatt, og at risikoen også er forhøyet for utsatte og litt mindre forhøyet blant utøvere av mobbing i forhold til hos jevnaldrende som ikke er involvert. Mobbing mellom søsken er blitt funnet å øke risikoen for å også bli involvert i mobbing blant jevnaldrende, der utøver står i fare for å bli utøver i andre settinger, og der utsatt står i fare for å bli utsatt for mobbing i flere settinger, og muligens en kombinert utøver-utsatt status.

Å være utsatt for nettmobbing har vist seg å ha negative konsekvenser på et individs mentale helse, og man har funnet økt forekomst av selvmordstanker og selvskading hos utsatte for nettmobbing. Disse funnene er gjort både på kort og lang sikt. Det er også studier som viser at utsatthet for nettmobbing kan gi økt risiko for ta sitt eget liv, men det er få studier som viser til dette. Om den spesifikke populasjonen unge LHBT+-personer er det funnet at disse har høyere risiko for å bli utsatt for nettmobbing enn unge som ikke er LHBT+-personer. Også de som utøver nettmobbingen, har en høyere risiko for selvmordsatferd, men de har en lavere risiko enn de utsatte. Det ser ut til å være behov for mer forskning på medierende og modererende faktorer som påvirker effekten av nettmobbingen.

Av andre typer nettviktimisering enn mobbing har det blitt funnet negative effekter av å være utsatt for trakassering og forfølgelse på nett. Av de negative effektene blir selvmordstanker nevnt, men mer forskning er nødvendig for å kartlegge selvmordsrisiko. Det virker som om sammenhengen mellom eksessiv eller problematisk bruk av internett/sosiale media og selvmordsproblematikk delvis kan forklares gjennom nettmobbing (Sedgwick et al., 2019). Med det menes at det faktisk er nettmobbingen som kanskje predikerer selvmordsforsøk heller enn eksessiv/problematisk bruk i seg selv. Mer forskning bør settes i gang for å få et mer nyansert bilde i denne sammenhengen.

3.4 Spesielt sårbare grupper

Enkelte grupper fremstår som ekstra sårbare for selvmordsproblematikk knyttet til eksponering for vold og overgrep og vil bli omtalt i det følgende.

Personer med psykiske lidelser

Av oversiktsartiklene som inngår i vårt materiale er det tolv som omhandler personer med psykiske lidelser. Fem av disse artiklene omhandler personer med bipolar lidelse (Agnew-Blais og Danese, 2016, Duarte et al., 2020, Daruy-Filho et al., 2011, Halfon et al., 2013, Maniglio, 2013), to omhandler personer med PTSD (Krysinska og Lester, 2010, Panagioti et al., 2015), én omhandler personer med rus og avhengighetslidelser (Armoon et al., 2021), én omhandler personer med ADHD (Craig et al., 2020), én omhandler personer med autismspekterlidelse (Segers og Rawana, 2014), én omhandler personer med emosjonelt ustabil personlighetsforstyrrelse (de Aquino Ferreira et al., 2018), og én omhandler voksne personer med psykiske lidelser generelt (Weich et al., 2009). 44 av oversiktsartiklene nevner også depresjon i sine sammendrag, enten som utfall etter eksponering for vold eller som risikofaktor for selvmordsproblematikk. Derfor oppsummeres noen av funnene gjort på depresjon under. I tillegg er det en lang rekke av oversiktsartiklene som inkluderer psykiske vansker som utfall, i tillegg til selvmordsproblematikk, etter eksponering for vold og overgrep, ofte uten å beskrive nærmere hva de psykiske vanskene går ut på.

Oversiktsartikkelen med populasjonen voksne med ulike psykiske lidelser (Weich et al., 2009) omfatter 23 studier. Gjennom longitudinelle studier med en varighet på mellom 10 og 37 år finner disse studiene en signifikant sammenheng mellom vold og omsorgssvikt på den ene siden og forekomst av psykiatriske diagnoser senere i livet på den andre. Selvmordstanker og selvmordsforsøk var sterkest assosiert med det å ha hatt emosjonelt utilgjengelige foreldre i barndommen (Weich et al., 2009).

Bipolar lidelse

Av de fem oversiktsartiklene om personer med bipolar lidelse er det én som omhandler ungdommer, én som omhandler voksne og unge, én som omhandler voksne, og to som omhandler en uspesifisert populasjon pasienter med bipolar lidelse.

Halfon med flere (2013), som fokuserte på populasjonen unge med bipolar lidelse gjennom 16 studier, finner fire primære kategorier av risikofaktorer: Demografiske faktorer (alder og kjønn), kliniske faktorer (depresjon, mani, angst, psykotiske symptomer og rusmisbruk), psykologiske faktorer (håpløshet, dårlig sinnekontroll, lav selvtillit, impulsivitet og aggresjon) og faktorer knyttet til sykehistorie, tidligere suicidal atferd, familierelaterte eller sosiale faktorer (tidligere selvmordsforsøk, selvskading og tidligere innleggelse på psykiatrisk sykehus, forekomst av selvmordsforsøk i familien, depresjon i familien, fysisk eller seksuell vold og sosial

tilbaketrekning). Jo mer sammensatte de psykiske symptomene er, desto større risiko ser man at det er for å ta sitt eget liv (Halfon et al., 2013).

I en oversiktsartikkel om unge og voksne med bipolar lidelse finner Maniglio med flere (2013) 18 studier. Disse studiene viser at det er en sterk sammenheng mellom utsatthet for seksuelle overgrep i barndommen og senere utvikling av PTSD, og en mindre sterk sammenheng mellom slik utsatthet og selvmordsforsøk (Maniglio, 2013). Maniglio med flere konkluderer med at andre medierende faktorer kan spille inn i sammenhengen. Også Daruy-Filho med flere (2011) finner, gjennom 20 studier av voksne med bipolar lidelse, at vold og omsorgssvikt i barndommen fører til et dårligere forløp av den bipolare lidelsen. Vold i barndommen er assosiert med tidligere debut av lidelsen, samt suicidalitet og rusmisbruk hos pasienter med bipolar lidelse (Daruy-Filho et al., 2011).

I en metaanalyse av 30 studier, hvorav 13 har selvmordsforsøk som utfall, finner Agnew-Blais og Danese (2016) også en sammenheng mellom vold i barndommen og hvordan den bipolare lidelsen utvikler seg, inkludert faren for selvmord. Pasienter som både har bipolar lidelse og har vært utsatt for vold og omsorgssvikt i barndommen, har mer alvorlige maniske episoder (OR = 2,0, 95 % KI 1,2-3,4), mer alvorlig depresjon (OR = 1,6, 1,3-2,0), mer alvorlig psykose (OR = 1,5, 1,1-2,0), større risiko for komorbid PTSD (OR = 3,6, 2,5-5,3), mer angstlidelser (OR = 1,9, 1,4-2,6), mer rusmisbruk (OR = 1,8, 1,41-2,39), tidligere debut av symptomer på bipolar lidelse (OR = 1,9, 1,4-2,4), flere depressive episoder (OR = 1,4, 1,1-1,8) og høyere risiko for selvmordsforsøk (OR = 2,3, 1,9-2,70) enn pasienter med bipolar lidelse som ikke tidligere har vært utsatt for vold og omsorgssvikt i barndommen (Agnew-Blais og Danese, 2016).

Lignende sammenhenger er funnet av Duarte med flere (2020), som foretok en metaanalyse med 13 studier om bipolare pasienter med selvmordsatferd. Man fant at de som har forsøkt å ta sitt eget liv, i motsetning til de som ikke har forsøkt å ta sitt eget liv, hyppigere har erfaringer med vold i barndommen. Assosiasjonen blir omtalt som en liten til mellomstor effektstørrelse. Oversiktsartikkelen rapporterer om statistisk signifikante sammenhenger mellom selvmordsforsøk og både seksuelle overgrep, psykisk vold, fysisk vold og omsorgssvikt (både fysisk og emosjonell omsorgssvikt), med en spesielt uttalt sammenheng for seksuelle overgrep og psykisk vold.

Emosjonelt ustabil personlighetsforstyrrelse

En oversiktsartikkel omhandler spesifikt populasjonen personer med emosjonelt ustabil personlighetsforstyrrelse (EUP) (tidligere borderline personlighetsforstyrrelse). Emosjonelt ustabil personlighetsforstyrrelse er i flere andre sammendrag også nevnt som en ekstra risikofaktor. de Aquino Ferreiras med flere (2018) oversiktsartikkel som inkluderer 40 studier, finner at seksuelt overgrep både som barn og voksen er en viktig risikofaktor for EUP, spesielt for kvinner. Forekomst av seksuell vold i voksen alder var også signifikant høyere hos pasienter med denne lidelsen enn hos andre med

personlighetsforstyrrelse. Utsatthet for seksuelle overgrep kan predikere mer alvorlige symptomer på EUP og en dårligere prognose med høyere forekomst av suicidalitet (ikke nærmere definert) (de Aquino Ferreira et al., 2018). På dette feltet er det gjort lite forskning på menn og heller ikke så mye forskning på seksuelle overgrep i voksen alder.

Posttraumatisk stresslidelse (PTSD)

To oversiktsartikler omhandler populasjonen personer med PTSD spesifikt, men mange av oversiktsartiklene nevnt i denne kunnskapsgjennomgangen nevner PTSD, enten som en risikofaktor eller som et utfall. Krysinska og Lester (2010) inkluderer 50 studier i en oversiktsartikkel om pasienter med og uten PTSD og finner ingen holdepunkter for økt risiko for selvmord hos individer med PTSD. De finner likevel en assosiasjon mellom PTSD og tidligere selvmordsforsøk og tidligere eller nåværende selvmordstanker, men når andre psykiatriske lidelser blir kontrollert for, blir denne sammenhengen svakere. Studiene tyder på at det er en sammenheng mellom PTSD og suicidalitet, men at sammenhengen kan være mediert av flere andre faktorer, slik som depresjon og psykiatrisk tilstand før traumet inntraff (Krysinska og Lester, 2010). I Panagiotis med flere (2015) sin oversiktsartikkel og metaanalyse av 28 studier blir det derimot funnet en signifikant større risiko for suicidalitet (definert som selvmordstanker, planer og handlinger) hos ungdommer med PTSD ($d = 0,7$, 95 % KI 0,6–0,9). Forekomsten av selvmordstanker varierte mellom 30 og 80 %, og selvmordsforsøk mellom 15 og 50 % hos ungdommer med PTSD (Panagioti et al., 2015).

Rus- og avhengighetslidelse (Substance Use Disorders - SUD)

En metaanalyse av 48 studier (Armoon et al., 2021) omhandler populasjonen personer med rus- og avhengighetslidelser (SUD). I mange oversiktsartikler er rus- og avhengighetslidelser også nevnt som en ekstra risikofaktor for ulike former for selvmordsproblematikk. Det ble funnet en rate for selvmordstanker blant de med rus og avhengighetslidelse på 35 % (95 % KI, 22–48 %) og en rate for selvmordsforsøk i løpet av det siste året på 20% (95 % KI, 17–23 %). Selvmordstanker i pasientgruppen var, i tillegg til faktorer knyttet til SUD-lidelsen og depresjon, knyttet til det å være kvinne og å ha vært utsatt for seksuelle overgrep. Selvmordsforsøk var, i tillegg til de nevnte risikofaktorene for selvmordstanker, assosiert med å være utsatt for fysisk vold eller seksuelle overgrep (Armoon et al., 2021).

Autismespekterforstyrrelser (ASD)

En oversiktsartikkel basert på ti enkeltstudier (Segers og Rawana, 2014) omhandler populasjonen personer med autismespekterforstyrrelser. Den finner at suicidalitet (bestående av ulike type selvmordsproblematikk) til stede hos 11–50 % av personer med autismespekterforstyrrelser. Flere store studier inkludert i oversiktsartikkelen rapporterte om at individer med autismespekterforstyrrelser utgjør 7,3–15,0 % av den

suicidale populasjonen generelt. Relevante risikofaktorer ble i denne oversiktsartikkelen funnet det å være utsatt for vold/overgrep fra jevnaldrende (Segers og Rawana, 2014).

ADHD (Attention Deficit Hyperactivity Disorder)

To oversiktsartikler omhandler spesifikt populasjonen pasienter med ADHD. I den ene oversiktsartikkelen (Craig et al., 2020), som omfatter 35 studier av barn og unge med ADHD, finner man at ADHD og eksponering for vold og overgrep kan gi en additiv effekt på kliniske utfall som aggresjon og selvmordsforsøk. I den andre oversiktsartikkelen (Maguire et al., 2015), som omfattet 30 studier, er det kun én studie som har et selvmordsrelatert utfall, men oversiktsartikkelen konkluderer generelt med at det suicidale uttrykket er nokså likt for barn (ned til 6 år) som enten har vært, eller ikke har vært, utsatt for omsorgssvikt.

Depresjon

I motsetning til de andre nevnte psykiatriske diagnosene under dette kapittelet, er det ingen oversiktsartikler som eksplisitt undersøker populasjon med depresjon og en eventuell sammenheng mellom vold/overgrep og selvmordsproblematikk. Derimot nevnes depresjon (ofte som ett av flere utfallsmål) i et såpass stort antall av oversiktsartiklene (i alt 44 av oversiktsartiklene), at det er verdt å oppsummere noen av funnene.

Ti av oversiktsartiklene nevner depresjon som en risikofaktor for selvmordsproblematikk i ulike populasjoner. Blant personer med PTSD ble sammenhengen mellom PTSD og selvmordstanker og selvmordsforsøk mindre når man kontrollerte for depresjon (Krysinska og Lester, 2010). Blant personer med rus- og avhengighetslidelser er også depresjon signifikant assosiert med selvmordsplaner og selvmordsforsøk (Armoon et al., 2021). Blant unge mellom 4 og 19 år nevnes depresjon som en av flere risikofaktorer for ulike typer selvmordsproblematikk (Carballo et al., 2020). Blant unge transkjønnede/kjønnsdiverse («transgender/gender-diverse») var det også en signifikant assosiasjon på tvers av studier mellom depresjon og selvmordsatferd (Bochicchio et al., 2021). I studier gjort på personer med tidligere selvmordsforsøk var depresjon en av flere faktorer som predikerte repeterte selvmordsforsøk (Beghi et al., 2013). Blant innsatte i fengsel er depresjon assosiert med selvskading (Favril et al., 2020). Hos personer med bipolar lidelse er både depresjon og en familiehistorikk med depresjon risikofaktorer for selvmordsatferd (Halfon et al., 2013). Blant utsatte for mobbing ble det funnet at depresjon kan utvikle seg etter mobbingen og at mobbing over tid kan således knyttes til selvmordsplaner og selvmordsforsøk hos de utsatte (Shireen et al., 2013). I populasjonen veteraner fant Iovine-Wong med flere (2019) at depresjon var en risikofaktor for selvmordsatferd og selvmordstanker, samt for å være bidragende faktor i partnervold.

Aho med flere (2017) fant at når en person begår mord for så å ta sitt eget liv har personen oftere hatt depresjon enn de som begår mord, men ikke tar sitt eget liv. Sesar

med flere (2018) fant signifikant assosiasjon mellom ulike typer psykiske vansker inkludert depresjon og utøvelse av partnervold.

LHBT+

Syv av oversiktsartiklene omhandler populasjoner som kan betegnes som LHBT+. Tre av disse artiklene (Abreu og Kenny, 2018, Collier et al., 2013, Williams et al., 2021) fokuserer på i hvilken grad LHBT+ personer er utsatt for mobbing på nett, utsatte for vold/overgrep fra jevnaldrende eller utsatte for homofobisk mobbing eller hatkriminalitet. Alle disse tre oversiktsartiklene er også omtalt under kapittelet om mobbing. Kort oppsummert finner man at unge LHBT+ personer opplever å bli mobbet på nettet og trakassert i høyere grad enn deres heteroseksuelle og ciskjønnete jevnaldrende (Abreu og Kenny, 2018). Fra oversiktsartikkelen om LHBT+ som er utsatte for overgrep fra jevnaldrende (Collier et al., 2013), er det grunnlag for å hevde at det er en sammenheng mellom viktimisering på grunnlag av kjønn eller seksuell legning og depresjon, mens funnene om selvmordsproblematikk er mer blandede. Oversiktsartikkelen til Williams med flere (2021) omfatter 102 studier om hatkriminalitet, mobbing, nettmobbing og vold i romantiske forhold mot unge LHBT+ personer. Her finner man at LHBT+ personer med selvmordsproblematikk har en høyere risiko for å være utsatt for viktimisering av jevnaldrende enn ciskjønnete heteroseksuelle som også har hatt selvmordsproblematikk.

Kjønnsminoriteter

To oversiktsartikler (Bochicchio et al., 2021, Kaniuka og Bowling, 2021) avdekket i vårt søk rapporterer om sammenheng mellom å tilhøre kjønnsminoritet og risiko for selvmordsproblematikk. Bochicchio med flere (2021) omfatter fem studier av personer som identifiserer seg som transpersoner og ikke-binære, og som er i aldersgruppen 13–24 år. I den oversiktsartikkelen finner man assosiasjoner mellom selvmordsatferd og det å være utsatt for kjønnsbasert vold fra jevnaldrende, mobbing og mangel på foreldrestøtte. Lignende funn om personer over 18 år i USA som tilhører kjønnsminoriteter, er gjort i en annen oversiktsartikkel (Kaniuka og Bowling, 2021). Her har man tatt utgangspunkt i faktorer fra et rammeverk kalt «Sexual and gender minority health disparities framework» for å beskrive helsen til LHBT+ personer og sett på hvilken sammenheng det er mellom disse faktorene og suicidalitet hos LHBT+ personer. Faktorene Kaniuka og Bowling (2021) finner at er assosiert med suicidalitet, er 1) faktorer knyttet til kjønnsminoritetsidentitet, 2) kjønnsminoritetsrelatert avvisning, diskriminering, trakassering og viktimisering, 3) strukturelle stigma og 4) resiliensfaktorer. Alt i alt foreslås det å anvende det nevnte rammeverket også når man skal undersøke selvmordsproblematikk blant kjønnsminoriteter (Kaniuka og Bowling, 2021).

Seksuelle minoriteter

Det er tre oversiktsartikler (Luong et al., 2018, McGeough og Sterzing, 2018, Pompili et al., 2014) fra i vårt søk som omhandler selvmordsproblematikk blant personer i seksuelle minoriteter. McGeough og Sterzing (2018) omhandler seksuelle minoriteter

med 32 studier, og Luong med flere (2018) omhandler selvmordsforsøk hos menn som har sex med menn med 14 studier. Begge disse oversiktsartiklene er også omtalt under vold og overgrep mot barn. I tillegg er det en oversiktsartikkel med 77 studier (Pompili et al., 2014) som omhandler biseksuelle. Denne er tidligere omtalt under mobbing. McGeough og Sterzing (2018) finner i sin oversiktsartikkel at barn og ungdom som tilhører en seksuell minoritet oftere blir utsatt for fysisk, psykisk og seksuell vold enn sine heteroseksuelle jevnaldrende. De finner også holdepunkter for at biseksuelle opplever vold i større grad enn homofile og lesbiske. Personer som tilhører seksuelle minoriteter, og som har opplevd vold i barndommen, rapporterer høyere forekomst av blant annet suicidalitet, PTSD, depresjon og rusmisbruk.

Risikoen for å oppleve viktimisering innad i familien øker ved tidlig åpenhet om seksualitet, tidlig seksuell kontakt, og å være mindre kjønnsnormativ. Andre risikofaktorer er blant annet kriminell atferd og foreldres alkoholbruk. Jenter som tilhører seksuelle minoriteter, og som opplever fysisk eller seksuell vold i barndommen, har større risiko for senere seksuelle overgrep enn gutter som tilhører seksuelle minoriteter, og som har de samme opplevelsene (McGeough og Sterzing, 2018). Disse funnene kan ha relevans med selvmordsproblematikk som utfallsmål.

I oversiktsartikkelen om biseksualitet og selvmordsproblematikk finner Pompili med flere (2014) biseksuelle har en høyere risiko for både selvmordstanker og selvmordsforsøk enn homofile og heteroseksuelle jevnaldrende. Men forfatterne er mindre sikre på om det vil si at biseksuelle har en høyere selvmordsrisiko i seg selv enn homofile og lesbiske jevnaldrende. Generelt sett finner Pompili med flere (2014) at seksuelle minoriteter har høyere forekomst av depresjon, angst, emosjonelt stress og rusmisbruk i tillegg til økt selvmordsatferd (Pompili et al., 2014). Risikofaktorer assosiert med selvmordsforsøk og selvmordstanker er det å bli viktimisert på grunnlag av seksualitet, det å bli utsatt for fordømmelse fra jevnaldrende og det å ikke bli akseptert av familien (Pompili et al., 2014).

Oversiktsartikkelen som tar for seg studier av menn mellom 13 og 18 år som har sex med menn (Luong et al., 2018), finner at de som gjør selvmordsforsøk, oftere har inntatt en feminin kjønnsrolle, oftere har fortalt om sin seksualitet for sine jevnaldrende tidligere, oftere har vært utsatt for seksuelle overgrep, og oftere har brukt illegale rusmidler enn de som ikke har hatt selvmordsforsøk. Andre risikofaktorer for selvmordsforsøk var skolefravær, tidligere seksuell debut, rusmisbruk, hjemløshet, mobbing og viktimisering, frykt for vold i miljøet og vold utøvd av foreldre. Beskyttende faktorer mot selvmordsforsøk i populasjonen ble funnet å være positive stereotyper for LHBT+ personer, aksepterende familiemedlemmer, støtte fra skole og jevnaldrende, høy selvtillit og positive adaptive mestringsferdigheter (Luong et al., 2018).

Hjemløse

Det er én oversiktsartikkel (Flach og Razza, 2021) som spesifikt fokuserer på populasjonen hjemløse, og én oversiktsartikkel (Vasquez-Vera et al., 2017) som fokuserer på personer som står overfor en trussel om utkastelse. I tillegg er det å være hjemløs nevnt som en risikofaktor for selvmordsforsøk i artikkelen som tar for seg unge menn som har sex med menn (Luong et al., 2018). En oversiktsartikkel under seksuelle overgrep mot barn (Le et al., 2018) omtaler også barn utsatt for menneskehandel og/eller hjemløse barn som blir seksuelt utnyttet. I en annen oversiktsartikkel (Moynihan et al., 2018) nevnes det at seksuelle overgrep og seksuell utnyttelse av gutter under 18 år også skjer med gutter som ikke er hjemløse. Ramchand med flere (2015) nevner hjemløshet som en medierende faktor mellom PTSD og selvmord hos veteraner.

I en oversiktsartikkel med 94 studier om hjemløse barn og ungdommer (Flach og Razza, 2021) rapporteres det at selvmord er den hyppigste årsaken til død hos disse barna. Det vil si at selvmord som dødsårsak i denne gruppen er 12–40 ganger hyppigere enn i den generelle populasjonen. Faktorer relatert til suicidalitet i populasjonen var kjønn, seksuell orientering, tidligere å ha vært utsatt for vold, det å ha en psykiatrisk diagnose, antall mestringsferdigheter og hjemløshetens varighet (Flach og Razza, 2021). I oversiktsartikkelen med 47 studier om populasjonen som står overfor en trussel om utkastelse (Vasquez-Vera et al., 2017), rapporteres det at populasjonen opplever både fysiske (for eksempel, høyt blodtrykk), og psykiske negative helsekonsekvenser slik som depresjon, angst, stress, selvmordstanker og selvmordsrate, og også at dette øker deres voldsutøvelse mot barn.

Flyktninger og asylsøkere

Det er tre oversiktsartikler som omhandler populasjonen flyktninger og asylsøkere (Gargiulo et al., 2021, Joshi og Warfa, 2015, Morina et al., 2018). Alle tre rapporterer om selvmordsproblematikk, men ingen går inn på foregående vold og overgrepseksposering. Det kommer fram høye forekomster av PTSD blant de som er inkludert i disse studiene, og vi skulle gjerne ha hatt mer informasjon om hvilke traumeeksponeringer som ligger bak denne diagnosen.

Morina med flere (2018) finner at kun fire av 38 inkluderte studiene har fokus på selvmordsproblematikk. I to flyktningleirer i Libanon og Nigeria rapporteres det om prevalensen av nåværende suicidalitet (uten å spesifisere hva som menes med dette) på 12 %; for voksne kvinner i Darfur er prevalensen 2 % for selvmordsforsøk og selvmord, slått sammen (Morina et al., 2018). Det er ikke rapportert noe om ulike bakgrunner eller felles risikofaktorer. Når det gjelder andre helsetilstander, blir det rapportert om 3–88 % med PTSD, 5–80 % med depresjon og 1–81 % med angstlidelser (Morina et al., 2018). Om populasjoner på interneringssentre finner Gargiulo med flere (2021) tolv studier som blir inkludert i oversiktsartikkelen. Forfatterne konkluderer med at enslige mindreårige er en spesielt sårbar gruppe for å utøve selvskading

(Gargiulo et al., 2021). I en oversiktsartikkel (publisert som bokkapittel) med 22 studier fant Joshi og Warfa (2015) at det er større forekomst av selvmord og selvskading blant flyktninger og asylsøkere enn i den generelle populasjonen. Risikofaktorer for å forsøke å ta sitt eget liv var å være på interneringssentre, å vente lenge på svar på asylsøknaden, å være singel og mann, å ha lav sosioøkonomisk status, tidligere å ha hatt psykiske helseutfordringer, PTSD eller depresjon, å ha hatt kontakt med psykisk helsevern tidligere eller tidligere å ha hatt selvskading (Joshi og Warfa, 2015). Forfatterne antar at økt selvmordsproblematikk i denne populasjonen kan ha sammenheng med økt PTSD.

Innsatte i fengsel

Det er fire oversiktsartikler som omhandler innsatte i fengsel (Angelakis et al., 2020a, Facer-Irwin et al., 2019, Favril et al., 2020, Zhong et al., 2021). I en nyere metaanalyse inkluderer Zhong med flere (2021) 77 studier fra 27 land som beskriver totalt 35 351 selvmord. Formålet er å finne risikofaktorer for selvmord blant innsatte i fengsel. Sterkeste assosiasjon med selvmord har det å ha selvmordstanker i den nåværende perioden i fengsel (OR = 15,2, 95 % KI 8,5-27,0), tidligere selvmordsforsøk (OR = 8,2, 95 % KI 4,4-15,3) og nåværende psykisk lidelse (OR = 6,4, 95 % KI 3,6-11,1). Faktorer innad i fengselet er det å være på enecelle (OR = 6,8, 95 % KI 2,3-19,8) og å ikke ha sosiale besøk (OR = 1,9, 95 % KI 1,5-2,4). Når det gjelder straffen personene sonet, var noen av risikofaktorene å sitte i varetekt (OR = 3,6, 95 % KI 3,1-4,1), å ha en livstidsdom (OR = 2,4, 95 % KI 1,3-4,6), og å være dømt for en voldelig handling, spesielt mord (OR = 3,1, 95 % KI 2,2-4,2) (Zhong et al., 2021). Oversiktsartikkelen viser en sterk sammenheng mellom voldsutøvelse og selvmord.

I en annen metaanalyse av 36 studier (Facer-Irwin et al., 2019) er det inkludert tolv studier om suicidalitet (inklusive selvmordsforsøk, selvmordstanker og selvskading) hos innsatte i fengsel. Her finner man signifikante sammenhenger mellom PTSD og komorbide psykiske vansker som depresjon (OR = 3,4, 95 % KI 2,3-4,9), angst (OR = 2,9, 95 % KI 1,8-4,7) og rusmisbruk (OR = 1,9, 95 % KI 1,5-2,4). Man finner også signifikante assosiasjoner mellom PTSD (uten en tydelig beskrivelse av traumeeksponering) og suicidalitet (OR = 3,95 % KI 2,4-3,8).

En annen metaanalyse (Favril et al., 2020), med 35 studier fra 20 ulike land, undersøker hvilke av 40 studerte livshendelser hos fangene (totalt n= 663735) som var assosiert med selvskading («self-harm»). Den sterkeste assosiasjonen med selvskading var selvmordsrelaterte faktorer slik som nåværende eller tidligere selvmordstanker (OR = 13,8, 95 % KI 8,6-22,1), livstidsforekomst av selvmordstanker (OR = 8,9, 95 % KI 6,1-13,0), og tidligere selvskading (OR = 6,6, 95 % KI 5,3-8,3). Om den innsatte hadde en eller flere psykiatriske diagnoser på studietidspunktet, var også assosiert med selvskading (OR = 8,1, 95 % KI 7,0-9,4), men spesielt var diagnosene alvorlig depresjon (OR = 9,3, 95 % KI 2,9-29) og emosjonelt ustabil personlighetsforstyrrelse (OR = 9,2, 95 % KI 3,7-22,5) assosiert med selvskading. Når det gjelder faktorer

relatert til fengselet og miljøet der, er det assosiasjoner mellom det å sitte i enecelle (OR = 5,6, 95 % KI 2,7–11,6), det å ha begått disiplinære overtredelser (OR = 3,5, 95 % KI 1,2–9,7), og det å ha vært utsatt for seksuell eller fysisk vold i fengselet (OR = 3,2, 95 % KI 2,1–4,8) som var sterkest assosiert med selvskading (Favril et al., 2020).

Angelakis med flere (2020) inkluderer 24 studier (n=16.568) i sine metaanalyse om innsattes selvmordsforsøk i sammenheng med vold og overgrep i barndommen. Forekomsten av de forskjellige formene for vold i barndommen var mellom 29 % og 68 % (95 % KI 18–81 %). Forekomsten av selvmordsforsøk i fengsel var 23 % (95 % KI 18–27 %). Selvmordsforsøk var sterkt assosiert med det å ha vært utsatt for seksuelle overgrep (OR = 2,68, 95 % KI 1,9–3,9), fysisk vold (OR = 2,2, 95 % KI 1,6–2,9), psykisk vold (OR = 2,7, 95 % KI 1,9–3,8), emosjonell omsorgssvikt («emotional neglect»; OR = 2,3, 95 % KI 1,7–3,1), fysisk omsorgssvikt («physical neglect»; OR = 1,6, 95 % KI 1,3–1,9) og en kombinert vold/omsorgssvikt («combined abuse»; OR = 3,1, 95 % KI 2,1–4,5) (Angelakis et al., 2020a).

Forfatternes anbefalinger til videre forskning om selvmordsproblematikk på spesielt sårbare grupper i relasjon til vold og overgrep

Om personer med psykiske lidelser foreslås mer eksplorerende forskning med prospektive deskriptive og kvalitative studiedesign for å øke kunnskapene om risikofaktorer og beskyttelsesfaktorer når det gjelder selvmordsproblematikk blant personer med bipolarlidelse (Halfon et al., 2013). Det er også anbefalt bruk av validerte instrumenter for kartlegging av både voldseksposering og selvmordsrelaterte utfallsmål. Maniglio (2013) anbefaler mer prospektive longitudinelle studier med adekvat kontrollering for konfunderende variabler når det kommer til risiko for selvmordsproblematikk blant pasienter med bipolar lidelse som også er utsatt for seksuelle overgrep (Maniglio, 2013). Videre studier på gruppen bipolare som har vært utsatt for seksuelle overgrep i barndommen er ønsket også for å kunne finne videre behandlingsmetoder for denne pasientgruppen (Agnew-Blais og Danese, 2016). Andre poengterer viktigheten av at omsorgssvikt og vold i barndommen markeres som en risikofaktor når man gjør diagnostiske vurderinger med bipolare pasienter, samt også for videre utvikling av behandlingsmetoder (Duarte et al., 2020).

Det ønskes videre studier for å kunne si noe om hvordan PTSD henger sammen med risiko for selvmord (Krysinska og Lester, 2010, Panagioti et al., 2015). Det pekes på et behov for å utvikle spesifikke intervensjoner for å redusere selvmordsrisiko hos personer som har fått ADHD-diagnose og samtidig har vært eksponert for vold i barndommen (Craig et al., 2020). Om populasjonen med autismespekterlidelse uttrykkes det blant annet behov for å kartlegge gjennomførte selvmord, samt faktorer assosiert med selvmordet, for å kunne se videre på årsakene til den høye forekomsten av selvmordsrisiko i populasjonen (Segers og Rawana, 2014). For videre forskning på populasjonen med emosjonelt ustabil personlighetsforstyrrelse uttrykkes et ønske om å

fokusere på menn med diagnosen, samt et større fokus på seksuelle overgrep i voksen alder (de Aquino Ferreira et al., 2018). Om voksne med psykiske lidelser generelt som har opplevd omsorgssvikt og vold i barndommen og deres selvmordsproblematikk var det for få studier for at oversiktsartikkelen kunne trekke noen konklusjoner. Det ønskes derfor mer forskning på voksne med selvmordsproblematikk som har opplevd vold og omsorgssvikt i barndommen (Weich et al., 2009).

Det ønskes mer longitudinelle studier på nettmobbing hos LHBT+ populasjonen (Abreu og Kenny, 2018). Det pekes på mangler i forskning på utsatthet for mobbing fra jevnaldrende, der det mangler studier som ser spesielt på populasjoner med forskjellige seksuelle legninger, samt kjønn (Collier et al., 2013). Det uttrykkes et ønske om at fremtidige studier skiller klarere mellom biseksuelle og homofile og lesbiske, da det virker som det er forskjellige risikofaktorer og risikoprofil i de forskjellige populasjonene (Pompili et al., 2014). Det foreslås å benytte åpne svaralternativer for deltagere i undersøkelser slik at de selv kan sette ord på sin seksualitet og sitt kjønn for å kunne utvikle kunnskapen om problematikken de forskjellige gruppene støter på (Williams et al., 2021). Det anbefales å utføre studier som fokuserer spesifikt på forskjellen det utgjør for studenter å være del av et skolemiljø som har organisasjoner og tiltak for kjønns- og seksuelle minoriteter (Bochicchio et al., 2021). Det foreslås også å foreta studier som ser på hvilken effekt det kan ha på studentene å ha en tilgjengelighet av LHBT+ organisasjoner i tilknytning til skolen (Luong et al., 2018). I oversiktsartikkelen om kjønnsminoriteter og selvskading nevnes det en mangel på studier som måler selvmord og selvskading i samme populasjoner (Kaniuka og Bowling, 2021). McGeough og Sterzing (2018) nevner at ikke en eneste av studiene i deres oversiktsartikkel om kjønnsminoriteter, fokuserte på polyviktisering og hvilke utfall dette kan få.

For videre forskning foreslås det å øke antall studier (gjerne med langtidsoppfølging) på barn og ungdom som er hjemløse, slik at det blir mulig å evaluere risiko for selvmordsproblematikk over tid (Flach og Razza, 2021). Flach og Razza (2021) nevner også behovet for å validere kartleggingsinstrumenter blant ungdom i ulike kulturer. Det foreslås også mer forskning på potensielle utfall ved trussel om utkastelse (Vasquez-Vera et al., 2017).

På populasjonen flyktninger og asylsøkere kommenteres det at forskningsmiljøer i Europa bør være mer organisert og rettet mot å kunne fremme kulturelle forståelser av hva det menes med selvskading og selvmordsatferd (Gargiulo et al., 2021). Det nevnes også at mange land ikke har systemer som identifiserer flyktning- eller asylsøkerstatus i statistikken over personer som har tatt sitt eget liv (Joshi og Warfa, 2015). Det er en mangel på oversiktsartikler på sammenhengen mellom voldseksponering og selvmordsproblematikk i denne populasjonen.

Om populasjonen innsatte i fengsel nevnes det at risikofaktorer for selvmordsproblematikk kan variere betydelig mellom høyinntektsland og lav-og

middelinntektsland (Zhong et al., 2021). Det er også uttrykt et behov for longitudinelle studier på større utvalg for å evaluere det tidsmessige forholdet mellom traumelidelser og relevante utfall i populasjonen innsatte i fengsel (Facer-Irwin et al., 2019).

Kommentarer til funnene på selvmordsproblematikk i spesielt sårbare grupper i relasjon til vold og overgrep

Blant personer med psykiske lidelser er det klare holdepunkt for at eksponering for vold er en risikofaktor for selvmordsproblematikk, enten det er selvmordstanker, selvskading, selvmordsforsøk, eller selvmord. Dette gjelder hos personer med bipolar lidelse, ADHD, autismespektrumlidelse, emosjonelt ustabil personlighetsforstyrrelse, rus og avhengighetslidelse, PTSD og psykiske lidelser generelt. Noen studier har fokusert på konkrete utfall slik som selvskading eller selvmordsforsøk, eller gjennomført selvmord, men det er en gjennomgående tendens til at studiene har hatt et fokus på en felleskategorisering av suicidal atferd. I mange tilfeller er selvmordsproblematikk inkludert som et nødvendig utfallsmål, men uten særlig fokus på hvordan det operasjonaliseres på en standardisert måte. Om autismespektrum lidelser brukes uttrykket «den suicidal populasjonen» og det nevnes at autismespektrumlidelser utgjør en stor del av denne populasjonen.

Om LHBT+ populasjonen fremkommer det at det medfører økt risiko for selvmord blant både kjønnsminoriteter og seksuelle minoriteter ved å bli eksponert for vold. Hvordan problemene arter seg varierer mellom de ulike delene av denne populasjonen og det anses viktig for eksempel å skille biseksuelle fra homofile gruppen i selvmordsforskning da risikoen er ganske forskjellig. Mer forskning anbefales for å kunne utvikle spesifikke forebyggende tiltak for LHBT+ populasjonen.

Som populasjon er hjemløse i svært høy risiko for selvmord, men lite forskning kommer fram her på sammenhengen mellom eksponering for vold og selvmord. Det nevnes at eksponering for vold er en risikofaktor for selvmord i populasjonen. Forskning på selvmordsproblematikk i populasjonen flyktninger og asylsøkere bør ha mer systematisk fokus for enkelte subgrupper (definert etter eksponering av vold tidligere i livet, spesifikke type vold, voldshendelser mens asylsøknad er under behandling) kan ha høy risiko for selvmordsproblematikk. Studier som har fokus på å validere kartleggingsinstrumenter er også forskningsmessig viktig på grunn av kulturspesifikke betydninger av selvskadende og selvmordsatferd. Mer forskning på voldens relasjon til senere selvmordsproblematikk, også med andre variabler tatt i betraktninger, er anbefalt.

Fire inkluderte oversiktsartikler omhandler populasjonen innsatte i fengsel. Risikoen i fengsel for selvmordsforsøk og selvmord er knyttet til mange faktorer; sosial isolasjon og selvmordstanker trer sterkest fram som faktorer. En metaanalyse finner at mange former for vold i barndommen er framtrедende hos de som gjør selvmordsforsøk i

fengsel. Høyest risiko har de som har opplevd kombinert mishandling, det vil si at de opplevde flere former for vold i barndommen. Når det gjelder hva personen sitter fengslet for er vold og mord de forbrytelsene hvor personen har høyest risiko for å ta sitt eget liv i fengsel. Også når det gjelder selvskading er selvmordstanker, sosial isolasjon, psykiske vansker, samt å ha vært utsatt for seksuelle overgrep eller fysisk vold risikofaktorer.

3.5 Yrkesrelatert Utsatthet

Innsatspersonell

En oversiktsartikkel (Jones, 2017) som omhandler innsatspersonell (brannmenn og ambulanspersonell) har fokus på psykiske problemer inkludert selvmordsproblematikk. Basert på 27 studier rapporterer Jones at denne gruppen opplever en lang rekke mentale, emosjonelle og atferdsmessige problemer. Problemene studiene undersøkte, er blant annet PTSD, depresjon, angst, alkoholmisbruk og søvnproblemer. De få inkluderte studiene med data om selvmordsproblematikk viste relativt høy forekomst av både selvmordstanker, selvmordsplaner, selvmordsforsøk og selvmord blant innsatspersonell i forhold til befolkningen ellers. Det er usikkert om traumene man opplever i arbeidssituasjonen skaper de psykiske helseproblemene, eller om traumene forverrer allerede tilstedeværende problemer og dermed øker risiko for selvmordsproblematikk (Jones, 2017).

Humanitære organisasjoner

Med utgangspunktet i at personer som arbeider i kritiske humanitære situasjoner kan ha vært utsatt for vold og dermed ha potensielt høy risiko for psykiske plager, har Strohmeier og Scholte (2015) publisert en oversiktsartikkel med 14 studier fra ulike land. De rapporterer om at lokale hjelpearbeidere lider av PTSD, depresjon og angst i like stor grad som, eller i større grad enn, referansegrupper brukt i primærstudiene. Forekomsten av PTSD og depresjon varierte kraftig mellom de inkluderte studiene (hhv. fra 6.2% til 42% og fra 4.0% til 68%). Når det gjelder selvmordsproblematikk, ble det funnet kun én studie som viste en tredoblet forekomst av selvmordstanker blant personer involvert i hjelpearbeid etter jordskjelv. Forfatterne kunne ikke trekke noen konklusjoner, men etterlyser mer forskning på populasjonen, spesielt om temaene rusmisbruk og selvmordsatferd (Strohmeier og Scholte, 2015).

Militært personell

Åtte oversiktsartikler har fokusert på militært personell. Én av oversiktsartiklene (Williamson et al., 2018) omfatter 13 studier og fokuserer på ulike yrkesgruppers potensielle moralske skader og assosiasjonen til psykiske vansker. Her finner man, basert på tre studier med signifikante funn, at suicidalitet (definert som selvmordstanker) er signifikant assosiert med mulige moralske skader hos militært personell, men effektstørrelsen er liten. Man finner også at mulige moralske skader står for 2 % av variansen i suicidalitet. En nyere oversiktsartikkel (Hall et al., 2021), som tar for seg 57 studier om moralske skader, finner en positiv sammenheng med suicidalitet. 15 av studiene i oversiktsartikkelen fokuserer på suicidalitet, de fleste studier er tverrsnittsstudier. Mulige mediatorer for sammenhengen mellom eksponering for traumer og suicidalitet som utfall var mangel på sosial støtte, negative kognisjoner og meningsskaping. Mulige moderatorer var selvmedfølelse («self-

compassion»), oppmerksomt nærvær («mindfulness») og helseutdanning før utførelse av militære oppdrag (Hall et al., 2021).

Bryan med flere (2015) tar for seg 22 studier om militært personell og veteraner, og peker på at et viktigere spørsmål enn om militære oppdrag bidrar til selvmordsrisiko, er for hvem og under hvilke omstendigheter tjenesten bidrar til selvmordsrisiko. De finner en liten, men positiv korrelasjon mellom ulike tjenesterelaterte faktorer og selvmordsrelaterte utfall ($r = 0,12$; 95% KI 0.08-0.17). Derimot har de inkluderte studiene en stor heterogenitet. Samlet sett har de som har vært utstasjonert en økning i selvmordsrelaterte utfall på 25 %, og de som har vært eksponert for drap eller grusomheter, har 43 % høyere risiko for selvmordsrelaterte utfall (Bryan et al., 2015). Om antall selvmordsforsøk hadde noen sammenheng med kampeksponeringen rapporterer oversiktsartikkelen blandede funn.

Når det gjelder selvmord, finner Benedek og Able (2019) i sin oversiktsartikkel, der de tar for seg 22 studier om veteraner, at intensiteten på kampeksponeringen predikerer alvorlighetsgraden av PTSD-utfall. Videre predikerer det å gjenoppleve traumer selvmordstanker hos veteranene med kamprelatert PTSD. Det som predikerer å gjenoppleve traumer, er eksponering for grusomheter, det å bli skutt på av sine egne («friendly fire») og utilsiktet skade (Benedek og Able, 2019). Fordi PTSD ofte er assosiert med selvmordstanker, har Pompili med flere (2013) undersøkt hva som øker risikoen for at militært personell utvikler PTSD. Hovedsakelig finner man at det å ha vært eksponert for kamp er en faktor som øker risikoen for at veteraner utvikler PTSD og selvmordstanker (Pompili et al., 2013). Oversiktsartikkelen, som er basert på 16 studier, går ikke videre inn på om PTSD stammet fra krigstraumer, eller om PTSD i seg selv er sterkere assosiert med selvmordstanker enn det andre psykiske lidelser er. Også Holliday med flere (2020) har undersøkt sammenhengen mellom PTSD og selvmordstanker og selvmord hos militært personell og veteraner, og rapporterer funn fra 48 studier. Generelt rapporterer de om blandede funn i sin oversiktsartikkel; noen studier rapporterer til og med lavere risiko for selvmord ved diagnostisert PTSD. Men de fleste studiene rapporterer signifikante positive assosiasjoner mellom PTSD og selvmordsforsøk. Det blir foreslått at sammenhengen er kompleks og trolig blir påvirket av flere faktorer (Holliday et al., 2020).

En annen oversiktsartikkel med 116 studier, hvorav 7 fokuserer på sammenhengen mellom PTSD og selvmord, omhandler populasjonen militært personell og veteraner som har tjenestegjort i Irak eller Afghanistan etter terrorangrepet 11. september 2001 (Ramchand et al., 2015). Det rapporteres i oversiktsartikkelen om at PTSD diagnose i denne populasjonen er assosiert med høyere risiko for selvmordstanker og selvmord. Oversiktsartikkelen til Forkus med flere (Forkus et al., 2020) fokuserer på assosiasjonen mellom å ha vært utsatt for seksuelle traumer i militæret og senere risikofylt atferd. Av de 47 inkluderte studiene i denne oversiktsartikkelen er det 14 som inkluderer selvmordsatferd som risikoatferd. Forfatterne i oversiktsartikkelen finner at

studiene rapportere konsekvent om en positiv sammenheng mellom seksuelle traumer i militæret og både selvmordstanker og selvmordsforsøk (Forkus et al., 2020).

Forfatternes anbefalinger til videre forskning på selvmordsproblematikk blant utsatte yrkesgrupper

Om innsatspersonell foreslås det mer forskning på å kartlegge behov for psykisk helsehjelp og effektive intervensjoner etter traumatiske opplevelser i arbeidssituasjonen (Jones, 2017). Det ønskes også flere kvalitative forskningsprosjekter med muligheter for metodetriangulering for å finne svar på åpne spørsmål og studere kulturelle mønstre på arbeidsplassene som kan være avgjørende når det gjelder risiko for selvmordsproblematikk (Strohmeier og Scholte, 2015). Det er mangel på studier om hva innsatspersonell eksponeres for av vold og overgrep, og hvilke sammenhenger dette kan ha til selvmordsproblematikk blant de ansatte.

Sammenhengen mellom seksuelle traumer under militærtjeneste og suicidalitet virker godt dokumentert (Forkus et al., 2020). Det kritiseres at det å ha vært i utenlandstjeneste har vært anvendt som en målestokk på å ha vært utsatt for visse krigshendelser (Bryan et al., 2015), når man ser at tjeneste i kamposoner ikke er de eneste faktorene som påvirker selvmordsproblematikk. Det anbefales kartlegging av mulig eksponering for drap og grusomheter som en del av risikovurderingen for selvmordsrisiko (Bryan et al., 2015). Når det gjelder moralske skader, foreslås det at disse studeres videre longitudinelt og skilles fra PTSD (Hall et al., 2021).

Forfattere av oversiktsartiklene påpeker også på at det fra studiene de anvender er en mangel på rapportering om hva som er grunnen til PTSD-diagnosen, alvorlighetsgraden, og om PTSD påvirker selvmordsproblematikk mer enn andre faktorer som depresjon (Pompili et al., 2013) Holliday med flere (2020) slår fast at det trengs forskning for å skille mellom selvmordstanker, selvmordsforsøk og selvmord i assosiasjon til PTSD, og for å skille mellom de ulike typene traumer som gir opphav til PTSD-diagnosen. Det er også anbefalt at man kartlegger mediatorer og moderatorer for sammenhengene mellom PTSD og selvmordsproblematikk (Holliday et al., 2020).

Kommentarer til funnene om utsatte yrkesgrupper

Om humanitære organisasjoner og innsatspersonell er det en generell mangel på oversiktsartikler om sammenhengen mellom å være utsatt eller utøver av vold og risikoen for selvmord i populasjonene innsatspersonell og humanitære innsatsstyrker. Videre forskning på disse populasjonene i norske kontekster kan være relevant. Hos militært personell er det funnet at det ikke bare er utstasjonering som utgjør selvmordsrisiko, men formen for utstasjonering og former for eksponering for vold og grusomheter påvirker selvmordsrisiko. Å være utstasjonert øker selvmordsrelaterte utfall, men å være eksponert for drap eller grusomheter øker faren ytterligere. Det er

også funnet signifikante assosiasjoner mellom moralske skader og selvmord. I tilknytning PTSD er det gjort noen undersøkelser som knytter PTSD til selvmord, men det er fortsatt mangler for å forklare sammenhengen og variasjoner i sammenhengen mellom PTSD og selvmord (for eksempel den rollen rusmisbruk kan spille). Det mangler spesielt forskning om hvorvidt det er direkte kausalrelasjoner mellom eksponering for vold i kamper (som utøver eller utsatte) og selvmordsproblematikk. Å ha vært utsatt for seksuelle overgrep i militæret er funnet assosiert med senere risikofylt aktivitet og selvmordstanker. Flere oversiktsartikler eller primærstudier kan anbefales for å se på om eksponering for noen spesifikke former for vold og overgrep i militæret er direkte knyttet til selvmordsproblematikk. Når det gjelder hjelpearbeidere i humanitære virksomheter, viser det seg at det er en generell mangel på forskning.

3.6 Selvmordsproblematikk blant utøvere av vold og overgrep

Her oppsummeres det funn om selvmordsproblematikk hos utøvere av vold og overgrep. Fire av de inkluderte oversiktsartiklene omhandler utøvere av vold, og ti av artiklene inkluderer både utsatte og utøvere. I tillegg inkluderes en oversiktsartikkel om aggresjon og en rekke former for selvmordsproblematikk (O'Donnell et al., 2015) som ikke tidligere er nevnt i denne gjennomgangen.

Utøvere av vold

Om utøvere av vold i nære relasjoner er det én oversiktsartikkel (Sesar et al., 2018), som beskriver hvordan det å være utøver av volden er knyttet til mange og varierte former for psykiske utfordringer. Bakgrunnen til at utøverne anvender vold ser ut til å være forskjellig for kvinnelige og mannlige utøvere, men oversiktsartikkelen finner for få studier på kvinner til å kunne trekke konklusjoner. Når utøverne er menn, er alkoholbrukslidelse det sterkeste korrelatet til utøvelse av partnervold etterfulgt av sinne, angst, depresjon, selvmordsatferd, personlighetsforstyrrelser og spilleproblemer. Når det gjelder kvinnelige utøvere, er det fortsatt et begrenset antall studier utført og vanskelig å trekke noen konklusjoner.

Om sammenhengen mellom aggresjon og en rekke former for selvmordsproblematikk («Self-harm») skriver O'Donnell med flere (2015), basert på 123 studier, at aggresjon er forbundet med selvmordsproblematikk. Forfatterne i oversiktsartikkelen foreslår at de som opplever aggresjon og villet egenskade i kombinasjon, nok har andre kjennetegn enn dem kun med enten aggresjon eller villet egenskade. Én av oversiktsartiklene om utøvere og utsatte for partnervold (Iovine-Wong et al., 2019) omtaler kvinnelige veteraner. Her finner man at sinneproblematikk, eller vanskeligheter med å kontrollere voldelig atferd, er faktorer som øker risikoen for både å være utøver av vold og å ta sitt eget liv.

Utøvere av seksuelle overgrep

Den eneste oversiktsartikkelen om utøvere avdekket i vårt søk (Key et al., 2021) inkluderer 13 originale studier med empiriske data som angir prevalensen av selvmord, selvmordsforsøk eller selvmordstanker blant personer som er dømt for eller anklaget for seksuelle overgrep mot barn eller besittelse av overgrepsmateriale. I alle de inkluderte studiene er gjerningspersonene menn. Felles for studiene inkludert i oversiktsartikkelen var at utøvere av seksuelle overgrep mot barn har en mange ganger så stor risiko for selvmord enn befolkningen ellers. Enkelte studier inkludert i oversiktsartikkelen antyder at personer som har utøvd seksuelle overgrep mot barn kan ha en selvmordsrisiko kan ha en svært høy selvmordsrisiko (Key et al., 2021).

Maniglio (2009) finner blant innsatte i fengsel at det er en sammenheng mellom å ha begått seksuelle overgrep mot barn og å ha blitt utsatt for seksuelle overgrep selv i

barndommen. Maniglio (2009) skriver ikke noe om selvmordsrisiko knyttet direkte til å være utøver, men han finner at det å ha vært utsatt for seksuelle overgrep i barndommen er en faktor som i betydelig grad øker risikoen for å utvikle selvmordsproblematikk senere (Maniglio, 2009).

Utøvere av vold med dødelig utfall

Blant innsatte i fengsel finner Zhong med flere (2021) at det å være dømt i en voldelig straffesak, spesielt mord, er knyttet til en økt risiko for selvmord (OR= 3.1, 95% KI 2,2-4,2). De sier ikke noe om hvem volden i dette tilfellet var rettet mot (Zhong et al., 2021).

Utøvere av mord-selv mord

De tre oversiktsartiklene som omhandler mord-selv mord, rapporterer at motivasjonen er annerledes for mord-selv mord enn for drap og selvmord; sjalusi eller altruisme er oftest motivet for handlingen (Rouchy et al., 2020). Utøverne er for det meste menn, og de utsatte er for det meste kvinner. Når kvinner er utøvere, er de utsatte som oftest barn (Rouchy et al., 2020). Rusmisbruk er en generell risikofaktor for alle kategorier mord-selv mord (Aho et al., 2017). Mødre som dreper sine barn og deretter seg selv, var oftere diagnostisert med depresjon (Aho et al., 2017). Utøvere av mord-selv mord er oftere eldre og, når dette er tilfelle, er sjeldnere påvirket av alkohol enn utøvere av drap eller selvmord isolert sett. Det kan med andre ord se ut til at mord-selv mord sjeldnere enn drap og selvmord har impuls som utløsendefaktor (Rouchy et al., 2020). Mord-selv mord skjer oftest innad i familien, og oftest etter en konfliktfull situasjon eller i bakgrunn av kronisk stress (Rouchy et al., 2020).

Utøvere av mobbing

Fire av oversiktsartiklene omhandler både utøver av og utsatt for mobbing (Heerde og Hemphill, 2019, Holt et al., 2015, Kim og Leventhal, 2013, Klomek et al., 2015). Ingen av oversiktsartiklene tar for seg kun utøveren av mobbingen. Også de som utøver mobbingen, har høyere selvmordsrisiko enn andre, men risikoen er lavere enn hos utsatte for mobbingen (Holt et al., 2015, Kim og Leventhal, 2013). Gutter har større risiko for å være involvert i mobbing (Cuesta et al., 2021), men jenter som er involvert, har større selvmordsrisiko enn gutter, uansett om de er utøvere eller utsatte, ifølge Shireen med flere (2013). Heerde og Hemphill (2019) finner en forhøyet risiko for villet egenskade blant personer som utøver mobbing (OR = 1,81, 95 % KI 1,3, 2,5). Barn som er hyppig involvert i mobbing, og som samtidig har samsykelighet, fortsetter å ha risiko for suicidalitet (definert som både selvmordstanker og selvmordsforsøk) i opptil fire tiår etter eksponeringen (Klomek et al., 2015). Wolke med flere (2015) ser på søskenmobbing og finner at utøvere av søskenmobbing har risiko for også å være utøver av tradisjonell mobbing.. Søskenmobbing, som utøver og/eller utsatt, var assosiert med økt selvskading inn i tidlig voksen alder (Wolke et al., 2015).

Utøver av mobbing på internett

Tre oversiktsartikler fokuserer på både utsatte for og utøvere av mobbing på nett. Bottino med flere (2015) finner at også utøvere av nettmobbing føler seg mindre trygge eller ivaretatt på skolen, og at de har mer psykosomatiske problemer og sosiale vansker. John med flere (2018) finner i sin oversiktsartikkel at utøvere av nettmobbing også har risiko for selvmordsatferd og villet egenskade, men i mindre grad enn de utsatte. Sammenlignet med personer som ikke er involvert i nettmobbing blir det hos utøvere funnet en 1,21-ganger så høy sannsynlighet for selvmordsatferd, og en 1,23-ganger så høy sannsynlighet for å oppleve selvmordstanker. Nesi med flere (2021) finner en antydning til assosiasjon mellom å utføre mobbing på nett og villet egenskade. Det rapporteres at bruk av sosiale medier, der man blir eksponert til selvskadings og selvmordsrelatert innhold, har en mellomstor effekt på selvskadende tanker og handlinger (Nesi et al., 2021). De finner også en svak sammenheng mellom å utføre nettmobbing og tanker om å skade selv og selvskadende handlinger (Nesi et al., 2021). Sammenhengen mellom å være utsatt for nettmobbing og å ha selvmordstanker er sterkere for tenåringer enn for voksne, men alt i alt er sammenhengen svak til moderat også for tenåringer (Nesi et al., 2021).

Militært personell

To oversiktsartikler om militært personell omhandler betydningen av det å ha vært involvert i stridigheter (Benedek og Able, 2019, Bryan et al., 2015). Oversiktsartiklene skiller ikke på om stridighetene personene har vært involvert i er angrep mot dem eller at de selv angriper. I Bryan med flere (2015) sin oversiktsartikkel finner man en liten, men positiv korrelasjon mellom ulike tjenesterelaterte faktorer og selvmordsrelaterte utfall ($r = 0,12$; 95% KI 0.08-0.17). Den sterkeste effekten på selvmordsrelaterte utfall var å ha vært eksponert for drap eller grusomheter, med en økning i selvmordsrelaterte utfall på 25 % kontra 43 % økning i risikoen blant de som hadde vært eksponert for drap eller grusomheter (Bryan et al., 2015). Sammenligningene er gjort i forhold til de uten tilsvarende eksponering. Om hvorvidt antall selvmordsforsøk hadde noen sammenheng med kampeksponeringen rapporterer oversiktsartikkelen blandede funn. Benedek og Able (2019) finner at det å gjenoppleve traumer predikerer suicidalitet, og det som igjen predikerer å gjenoppleve traumer er blant annet eksponering for grusomheter, det å bli skutt på av sine egne og utilsiktet skade. Hverken Benedek og Able (2019) eller Bryan med flere (2015) spesifiserer om eksponering for strid vil si eksponering som tilskuer eller som utøver. Studiene inkludert i oversiktsartiklene hadde stor heterogenitet, og tolkningen av funnene bør gjøres med forsiktighet.

Williamson med flere (2018) skriver om moralske skader hos ulike arbeidsgrupper, med fokus på militært personell. Moralske skader kan bety å ha utført handlinger som strider imot egne holdninger og verdier, eller unnlatelser, som medfører psykisk

ubehag. Basert på tre relevante studier med signifikante funn, rapporterer Williamson med flere (2018) om at selvmordstanker er signifikant assosiert med mulige moralske skader hos militært personell. Effektstørrelsen i sammenhengen var funnet å være liten og mulige moralske skader kan forklare drøyt 2 % av variansen i suicidalitet (Williamson et al., 2018).

Det fremgår tydelig på den beskjedne mengden oversiktsartikler at det er publisert mindre forskning om selvmordsproblematikk hos utøvere av vold enn om selvmordsproblematikk hos utsatte for vold. Spesielt kan man merke seg at det ikke er skrevet noe om utøvere av vold eller omsorgssvikt mot barn, med mindre det finnes er oversiktsartikler som ikke ble avdekket i vårt søk.

3.7 Kjønnforskjeller i selvmordsproblematikk blant utøvere av og utsatte for vold og overgrep

Her oppsummeres det funn om kjønnsperspektiv, herunder kjønnforskjeller på selvmordsproblematikk hos utøvere av vold og overgrep. Når det gjelder selvmordsforsøk sett i sammenheng med utsatthet for seksuelt overgrep, finner Rhodes med flere (2011) at assosiasjonen er sterkere hos gutter (barn og ungdomsalder) enn hos jenter mellom det å ha vært utsatt for seksuelle overgrep som barn og selvmordsforsøk. Denne kjønnforskjellen står igjen etter kontroll for mulige konfunderende variabler (Rhodes et al., 2011). I studier om selvmordsforsøk blant personer med rus- og avhengighetslidelser finner man at kvinner oftere enn menn gjør selvmordsforsøk. Å tidligere å ha vært utsatt for fysisk og seksuell vold er også assosiert med selvmordsforsøk, men kjønnforskjellen innad i denne gruppen nevnes ikke (Armoon et al., 2021). Man har også funnet at jenter som har vært utsatt for vold i barndommen, er mer tilbøyelige til selvskading og selvmordsatferd enn gutter som har vært utsatt for vold i barndommen (Serafini et al., 2017).

I studier som undersøker selvskading blant seksuelt utnyttede gutter, er det funnet at disse guttene opplever mer selvskading enn sine ikke-utnyttede jevnaldrende, og det rapporteres mangel på litteratur om gutter som opplever seksuelle overgrep (Moynihan et al., 2018). Repetisjon av selvmordsforsøk (i ulike aldre sett under ett) ble funnet å ha en positiv sammenheng med å ha vært utsatt for seksuelle overgrep (Beghi et al., 2013). I oversiktsartikkelen til Beghi (2013) finner man en marginalt høyere risiko for selvmord blant menn sammenlignet med kvinner. Når det gjelder sammenhengen mellom seksuelle overgrep og psykiske lidelser, blir assosiasjonen værende også når man kontrollerer for den utsattes kjønn og tidspunktet da overgrepet fant sted (Chen et al., 2010). Når det gjelder seksuelle minoriteter, finner man at kvinner som har opplevd fysisk eller seksuell vold i barndommen, har høyere risiko for å bli utsatt for seksuelle overgrep igjen senere i livet enn menn som har blitt utsatt for fysiske eller seksuelle overgrep i barndommen (McGeough og Sterzing, 2018).

Når det gjelder vold i barndommen med unntak av seksuell vold, er det kun én oversiktsartikkel (Liu et al., 2017) som har rapportert om effekten av den utsattes kjønn. Her var vold mot barn signifikant positivt assosiert med selvmordsatferd (definert som selvmordstanker og selvmordsplaner, selvmordsforsøk og selvmord) hos både menn (OR = 1,03 95%KI 1,01-1,04) og kvinner (OR = 4,84 95% KI 3,51-6,67). Tilsvarende tall for seksuell vold i voksen alder ble ikke funnet.

Når det gjelder vold og overgrep mot voksne, er det få oversiktsartikler som har sammenlignet funn for menn og kvinner. Miranda-Mendizabal med flere (2019) som fokuserer på kjønnforskjeller i selvmordsatferd hos unge voksne og finner at eksponering for partner- eller familievold er en risikofaktor felles for begge kjønn. Andre risikofaktorer som blir nevnt er tidligere psykiske lidelser og/eller rus- og avhengighetslidelser. Spesifikke risikofaktorer for selvmordsforsøk for kvinner er

spiseforstyrrelse, PTSD, bipolar lidelse, utsatthet for partnervold, depresjonssymptomer, interpersonlige problemer og tidligere abort. For menn er risikofaktorene for selvmordsforsøk atferdsproblemer, håpløshet, skilte foreldre, venners selvmord og metodens tilgjengelighet. For gjennomført selvmord er risikofaktorer for menn å ha et rusmisbruk, atferdsvansker og tilgjengelighet av metode (Miranda-Mendizabal et al., 2019). Devries med flere (2013) studerer kvinner og menn som lever med partnervold. Kun fire av 16 studier inkludert i oversiktsartikkelen hadde rapportert data om menn. Basert på dette, konkluderer Devries med flere (2013) med at for begge kjønn er partnervold relatert til depressive symptomer, men selvmordsforsøk har assosiasjon kun med kvinner. Mer forskning behøves på menn i disse situasjonene.

Når man evaluerer oversiktsartikler som omhandler mobbing, nettmobbing samt å være utsatt for overgrep fra jevnaldrende, er funnene blandede når det gjelder kjønn. Blant dem som var involvert i mobbing, enten som utsatt eller utøver, er det høyere forekomst av selvmordsforsøk blant jenter enn hos gutter (Shireen et al., 2013). Cuesta med flere (2021) finner derimot at gutter har større risiko enn jenter for både å bli utsatt for mobbing og for å ta sitt eget liv, og at det å være jente generelt er en mer beskyttende faktor mot både selvmord og mobbing. Halliday med flere (2021) fant blant unge som er utsatt for mobbing eller nettmobbing, at kvinner har mer negative utfall enn menn, spesielt når det gjelder depresjon, angst og selvmordstanker. Klomek med flere (2015) har eksplisitt undersøkt kjønns spesifikke forskjeller med hensyn til langtidsutfall av å være involvert i mobbing enten som utsatt eller utøver. Noen få studier inkludert i oversiktsartikkelen til Klomek med flere (2015) antyder at det er mer antisosial atferd blant menn enn kvinner som har utøvd mobbing som barn. Det er også påpekt et kjønnsparadoks i at færre jenter enn gutter er involvert i mobbingen (som utøver), men jentene med slike erfaringer har forholdsvis høyere risiko for negative utfall i voksen alder (Klomek et al., 2015). Den samme oversiktsartikkelen rapporterer om funn som tyder på at gjentatt viktimering var assosiert med senere selvmordsatferd blant utsatte jenter, men ikke blant gutter.

En oversiktsartikkel (Hamm et al., 2015) om nettmobbing finner at jenter oftere er utsatt for nettmobbing enn gutter. Den vanligste grunnen som blir rapportert om årsaken til nettmobbing mot gutter er problemer i romantiske forhold. Hamm med flere (2015) fant også at når jenter er utøvere er det oftere begrenset til færre tilfeller, mens når gutter er utøvere, er de oftere utøvere over flere tilfeller av nettmobbing. Når det gjelder mulig kjønnsforskjeller i selvmordsrelaterte utfall blant personer eksponert for nettmobbing, rapporterer John med flere (2018) at funnene er blandet.

Når det gjelder mobbing på arbeidsplassen, finner Halim og Riding (2018) at forekomsten er lik blant kvinner og menn, men at kvinner opplever mobbingen som mer alvorlig. Det blir også funnet at kvinnelige sykepleiere, medisinstudenter og kirurger har større risiko for å bli utsatt for seksuell trakassering på arbeidsplassen enn menn har. Det er uklart om disse faktorene har noe å si for selvmordsrelaterte

utfall. I populasjonen personer med autismspekterforstyrrelser finner Segers og Rawana (2014) at risikofaktorer for selvmordsatferd var å være mann og blant annet også å være utsatt for overgrep fra jevnaldrende. Van Geel med flere (2014), finner i sin oversiktsartikkel om utsatthet for overgrep fra jevnaldrende (i alderen under 21 år), at utsattheten er assosiert med både selvmordstanker og selvmordsforsøk, og at dette forholdet ikke er moderert av kjønn.

Hos flyktninger og asylsøkere rapporterer Joshi og Warfa (2015) at å være mann øker risikoen for selvmord (Joshi og Warfa, 2015). Nærmere beskrivelse av type vold/overgrep den økte risikoen er assosiert med ikke er rapportert i oversiktsartikkelen publisert som et bokkapittel (Joshi og Warfa, 2015). Flach og Razza (2021) finner holdepunkter i sin oversiktsartikkel om selvmordsproblematikk blant hjemløse barn at jenter har større risiko for å ha selvmordsplaner og gjøre selvmordsforsøk, og gutter er i større risiko for å dø ved selvmord (Flach og Razza, 2021). I oversiktsartikkelen om populasjonen som står overfor en trussel om utkastelse, nevnes det også at kvinner er mer sårbare for fysiske og psykiske utfall etter en slik erfaring (Vasquez-Vera et al., 2017). Det er uvisst om dette også gjelder selvmordsrelaterte utfall. Når det gjelder mord-selvmord er det funnet at flere menn enn kvinner er involvert i et mord-selvmord, og det er kvinner som oftest er den utsatte for mord i et mord-selvmord (Panczak et al., 2013, Rouchy et al., 2020). Forfatterne i de to oversiktsartiklene finner holdepunkter for at når barn blir utsatt for mord i et mord-selvmord, er det oftere en kvinne som er utøver.

3.8 Tidsaspekter: utsatthet for og utøvelse av vold/overgrep og risiko for selvmordsproblematikk.

Få av oversiktsartiklene skriver om tidsaspektene mellom eksponering og utfall når det gjelder å være utsatt for eller utøver av vold og overgrep og utfall relatert til ulike former for selvmordsproblematikk. Noen funn er likevel verdt å rapportere. Vold opplevd i barndom fører til selvmordsrelatert atferd og økt risiko for selvmord hos barn (Mironova et al., 2011), ungdommer (Castellvi et al., 2017) og voksne (Liu et al., 2017). Risikoen for et selvmordsforsøk blant barn så ung som 4 år til 12 år er ti ganger så høy om de har opplevd seksuelt overgrep i barndommen, for ungdommer mellom 13 og 19 år er den fem ganger så høy (Carballo et al., 2020). I longitudinelle studier med en varighet på 10–37 år er det funnet en sammenheng mellom å ha blitt utsatt for vold eller omsorgssvikt av sine foreldre som barn og sannsynligheten for å senere få en psykiatrisk diagnose (Weich et al., 2009). Selvmordstanker og selvmordsforsøk er sterkest assosiert med at foreldrene var utilgjengelige i barndommen (Weich et al., 2009). Selvmord i fengsel er også knyttet til forekomst av vold og omsorgssvikt i barndommen (Angelakis et al., 2019). Sterkest er sammenhengen for kombinert vold, psykisk vold, seksuelt og fysisk vold som barn. Når det gjelder bipolar lidelse, er vold i barndommen sterkt assosiert med tidligere forekomst av symptomer på lidelsen, samt mer suicidalitet (Daruy-Filho et al., 2011).

Personer som brått mister sine foreldre som barn, spesielt til selvmord, har økt risiko for å ta sitt eget liv (Hua et al., 2019). Forholdet er ansett som sterkest de første årene etter dødsfallet, men det anses som lite sannsynlig at det er en direkte sammenheng. Oversiktsartikkelen tyder på at det å ha mistet foreldrene brått kan i seg selv være en risikofaktor knyttet til et utfordrende voksenliv videre (Hua et al., 2019).

Når det gjelder mobbing, er det nevnt noe om varigheten av utfallene av eksponeringen for mobbing. Klomek med flere (2015) finner at effekten av mobbing i barndommen vedvarer inn i voksen alder, spesielt hos barn som er hyppig involvert eller har komorbide vansker. Her er det funnet at effekten på blant annet selvmordstanker og selvmordsplaner vedvarer i opptil fire tiår etter eksponeringen. Halliday med flere (2021) finner at eksponering for nettmobbing mot ungdommer gir negative utfall, som selvmordstanker og selvskading, målt henholdsvis tolv måneder og åtte år etter eksponeringen. Også søskenmobbing er blitt assosiert med økt selvskading inn i voksen alder (Wolke et al., 2015). I et kortere tidsperspektiv finner Koyanagi med flere (2019) en doseavhengig effekt av mobbing på selvmordsforsøk, slik at antall dager en har blitt mobbet den siste måneden, korrelerer med oddsen for å gjøre et selvmordsforsøk. Om å være utsatt for vold/overgrep fra jevnaldrende generelt ble det også funnet at å være utsatt i ungdomstiden predikerer selvmordstanker selv flere år senere (van Geel et al., 2021).

Når det gjelder tidsperspektivet i sammenhengen mellom vold og overgrep mot voksne og selvmordsproblematikk, er dette noe som kun er nevnt når det gjelder mord-

selvmord. Ett problem her er hvor lang tid kan det gå mellom drapet og selvmordet før det ikke lenger defineres som et mord-selvmord. Her er det foreløpig ingen fasitsvar, noe som har vært en utfordring for oversiktsartiklene som er skrevet. Noe som er fastslått, er at mord-selvmord sjeldnere forekommer på impuls enn det drap eller selvmord gjør (Panczak et al., 2013). Mord-selvmord blir som oftest utført i en konfliktfull situasjon eller etter en forlenget perioden med stress (Rouchy et al., 2020). Hvor lenge mord-selvmord-utøveren har vært i en stressende eller konfliktfull situasjon, eller planlagt utførelsen av mord-selvmordet, nevnes ikke.

3.9 Om selvmordsrelaterte utfall

Oversiktsartiklene som er med i denne kunnskapsoppsummeringen, har forskjellige utfallsmål. De aller fleste oversiktsartiklene har som mål å vurdere evidensen for sammenheng mellom eksponering for ulike type overgrep eller vold og selvmordsproblematikk i en helhet. Noen av oversiktsartiklene operasjonaliserer selvmordsproblematikk som selvmord, selvmordsforsøk, selvmordstanker og selvskading. Flere oversiktsartikler har også ikke-spesifiserte selvmordsrelaterte utfallsmål. En blandet og diffus variant av selvmordsrelaterte utfallsmål var det vanligste.

Åtte oversiktsartikler har en klar beskrivelse av utfallsmål som død ved selvmord, 16 oversiktsartikler bruker selvmordsforsøk som utfallsmål, 10 studier rapporterer om selvmord og selvmordsforsøk, og ytterligere 8 studier bruker selvmordstanker som eget utfallsmål. Dessuten er det 11 oversiktsartikler som spesifikt handler om selvskading, men noen oversiktsartikler kan ha inkludert artikler med suicidal intensjon eller uklar intensjon i deres inklusjonskriterier. Flere oversiktsartikler hadde inkludert flere utfallsmål, gjerne inklusive et spekter av selvskading både med og uten intensjon om å dø. Flere av disse oversiktsartiklene brukte generelle begrep som suicidalitet og selvskading. Det er vanligst å rapportere selvmordsrelaterte utfall i sammenheng med andre negative utfall, slik som depresjon, angst, stress, og psykotiske symptomer.

For praktiske formål kan disse utfallsmålene falle inn under to hovedkategorier: tilbakevendende suicidalitet og risiko for selvmord.

Tilbakevendende suicidalitet

I motsetning til selvmordskriser, som ofte henger sammen med psykisk lidelse, men utløses ved opphopning av negative livsomstendigheter, kan et mønster av gjentakende selvmordsforsøk og selvskading mer henge sammen med svikt i evnen til å regulere emosjoner, og særlig knyttet til personlighetsforstyrrelser. Både repeterte selvmordsforsøk, tilbakevendende selvmordstanker og selvskading faller inn under et mønster som kan kalles "tilbakevendende suicidalitet". Dette er uttrykk for spesielt alvorlige og sammensatte psykiske utfordringer, og byrden for den enkelte, familiene og samfunnet er høy.

En mengde inkluderte oversiktsartikler setter søkelys på langvarig selvmordsproblematikk blant personer som er utsatt for ulike former for vold og overgrep. For eksempel, rapporterer Witt med flere (2019) om en rekke faktorer som henger sammen med repetisjon av selvskading og selvmordsforsøk, deriblant emosjonelt ustabil personlighetsforstyrrelse, affektive lidelser, håpløshet, selvmordstanker, og seksuelt overgrep. Repetisjon av selvmordsforsøk, og faktorer som forklarer skillet mellom tilbakevendende suicidalitet og gjennomført selvmord, forblir

uavklart. Den tyngste evidens finnes for tidligere selvmordsforsøk, utsatthet for seksuell vold/overgrep, psykiske lidelser og rus- og avhengighetslidelser (Beghi et al., 2013). Å ha vært utsatt for vold i barndommen er også kjent for å være prediktivt for repeterende selvmordstanker (Cavallo et al., 2021). Det trengs flere veldesignede studier med langtidsoppfølging for å belyse denne sammenhengen.

Risiko for selvmord

I forskningslitteraturen er det vanlig å rapportere all slags selvmordsproblematikk under et paraplybegrep som suicidalitet. Hvorvidt den nevnte atferden er knyttet til risiko for selvmord, er uavklart.

Det finnes relativt mye data på død ved selvmord blant utøvere av vold og overgrep. To metaanalyser har rapportert om selvmordsrisiko ved vold og traumer og død ved selvmord. Den ene oversiktsartikkelen (Zhong et al., 2021) rapporterer om en tre ganger så høy risiko for selvmord blant innsatte i fengsel som er dømt for drap, og en 40 % økning i risiko blant utøvere av seksuelt overgrep. Den andre oversiktsartikkelen (Panczak et al., 2013) bekrefter tidligere antydninger om at mord-selvmord er et særfenomen, slik at mord-selvmord oftest skjer blant relativt eldre personer med langvarige problemer, og at slike handlinger sjelden skjer på impuls. Det er også kjent at mord-selvmord forekommer hyppigere blant menn, og at å ha vært utsatt for vold i barndommen, samt nylige stressbelastninger, ser ut til å påvirke fenomenet (Rouchy et al., 2020). Utøvelse av seksuelle overgrep mot barn eller besittelse av overgrepsmateriale rapporteres som en sterk prediktor for selvmord; risikoen er antakelig over 100 ganger så høy i denne gruppen som i den generelle befolkningen (Key et al., 2021). Videre utfordrer Aho med flere (Aho et al., 2017) en tidligere antakelse om at det som regel ikke har vært utøvd vold i hjemmet i forkant av et mord-selvmord der ofrene er barn.

Evidensgrunnlaget er svakt når det gjelder selvmordsrisiko blant kvinnelige utøvere av partnervold, selv om det er en bred enighet om at ikke bare utsatthet for, men også utøvelse av partnervold gir en økt selvmordsrisiko (MacIsaac et al., 2017). En stor mengde forskningsdata viser at spesielt sårbare grupper, slik som ungdommer og innsatte i fengsel, som har vært utsatt for vold og overgrep i barndommen eller ungdomstiden, har høyere risiko for selvmord etter nye eksponeringer for vold, det være seg som utøvere eller som utsatte (Cuesta et al., 2021, Zhong et al., 2021). Disse oversiktsartiklene rapporterte også om noen beskyttende faktorer, blant annet å være kvinne, å ha god psykisk helse, ha gode relasjoner med familie og å ha involverte lærere (Cuesta et al., 2021, Zhong et al., 2021). Disse funnene gir innsikt i faktorer som bør være mål for intervensjoner.

4. Samlet vurdering

Det har vært gjennomført en omfattende forskningsinnsats for å belyse sammenhenger mellom å utøve vold eller å være voldsutsatt og ulike former for selvmordsproblematikk, og vårt søk avdekket en stor mengde oversiktsstudier om utsatthet for vold, og en mindre mengde oversiktsstudier om utøvelse av vold. Utsatthet for vold og overgrep er sammensatte fenomener som kan forekomme i alle aldersgrupper. Selvmordsproblematikk er også et sammensatt utfallsmål. De oversiktsartiklene vi har identifisert tar for seg eksponering for vold og overgrep i ulike grupper (for eksempel aldersgrupper og sårbare grupper) eller spesifikke former for vold, og sammenholder dette med mer eller mindre spesifikke aspekter av selvmordsproblematikk. Vi oppsummerer her kunnskapen innenfor noen av de mest utforskede tematiske områdene.

Oppsummert: Vold og overgrep i barndommen

Det er overbevisende dokumentasjon på at det eksisterer en vesentlig forbindelse mellom vold, overgrep og omsorgssvikt i barndommen og senere selvmordsproblematikk. Dette er sammensatte fenomener, og vi vet i dag lite om hvordan volden griper inn i barnets liv og utvikling på en slik måte at det legger grunnlag for senere selvmordsproblematikk.

Blant voksne som har opplevd vold i barndommen har vi også nokså sikker kunnskap om en økt risiko både for død ved selvmord, selvmordsforsøk og, i mindre grad om selvskadning/villet egenskade. Forskning demonstrerer at sammenhengen mellom vold i barndom og selvmordsproblematikk holder seg over tid, og blir ikke borte når personen ikke lenger er barn og volden (for de fleste) har opphørt. Forskning på barn og unge demonstrerer at den økte risikoen for selvmordsproblematikk hos voldsutsatte oppstår allerede i barne- og ungdomsårene. Vår hovedkonklusjon er at voldsutsatte barn har økt risiko for ulike former for selvmordsproblematikk. Denne risikoen oppstår tidlig og vedvarer utover i voksenlivet.

Hva slags typer vold og overgrep i barndommen som bidrar mest til selvmordsproblematikk er uavklart. Enkelte oversiktsstudier peker på fysisk vold, enkelte på seksuelle overgrep, og noen på psykisk vold eller omsorgssvikt. Samlet er den mest nærliggende fortolkning at alle disse formene for vold bidrar til risiko for selvmordsproblematikk. Viktigst synes å være den kumulative effekten av barndomsvold: Jo flere former for vold man er utsatt for i barndommen, jo høyere er risiko for selvmordsproblematikk.

Selvmordsproblematikk rammer ikke alle voldsutsatte, og flere forfattere peker på manglende kunnskap om hvilke betydningsfulle faktorer som kan inngå i en kausal kjede fra barndomsvold til selvmordsatferd. Med tanke på årsaksforholdene, kan det

være bakenforliggende forhold som kan påvirke både voldsutsatthet i barndom og risiko for selvmordsproblematikk.

Oppsummert: Vold og overgrep mot voksne

Det er solid dokumentasjon på at kvinner som opplever vold i nære relasjoner/partnervold har økt risiko for selvmordsforsøk. Studiene av menn i lignende situasjoner er nærmest fraværende. Konklusjonene når det gjelder menn er derfor mer usikre. Videre er det lite kunnskap om forholdet mellom denne type vold og risiko for død ved selvmord.

Det å bli utsatt for seksuelle overgrep i voksen alder er knyttet til økt risiko for selvmordsforsøk, selvskading og selvmordstanker for kvinner. Dette er lite undersøkt for mannlige utsatte. Det er imidlertid holdepunkter for at mannlige utøvere av partnervold kan ha økt risiko for selvmordsproblematikk.

Begrepsapparatet når det gjelder fysisk vold hos voksne varierer mellom studier, noe som er uheldig for sammenligning på tvers av studier. Vold mot voksne er et svært 'kjønnet' fenomen, på den måten at kvinner og menn utsettes for ulike typer vold. Det synes også som om forskningen på vold mot voksne er 'kjønnet', slik at det er oppstår kunnskapshull når det gjelder vold mot menn, og kvinner som voldsutøver. Forskjeller mellom kvinner og menn når det gjelder voldsutsatthet og forbindelser til selvmordsrisiko vil bare kunne avdekkes dersom man inkluderer begge kjønn i forskningen.

Oppsummert: Overgrep fra jevnaldrende, mobbing, trakassering og forfølgelse

Forskningen i dag gir overbevisende dokumentasjon på at det å bli utsatt for mobbing/overgrep fra jevnaldrende er forbundet med forhøyet risiko for selvmordstanker, selvskading og selvmordsforsøk.

Forskningen på mobbing har i større grad enn forskningen på vold inkludert et fokus på utøver og et særlig fokus på personer som både har blitt mobbet og har mobbet andre. Denne siste gruppen synes å ha ekstra stor risiko for selvmordsproblematikk. Også når det gjelder mobbing, finner man kumulative effekter, det vil si at mer mobbing fører til høyere risiko for selvmordsatferd. Nettmobbing synes å medføre tilsvarende økt forekomst av selvmordstanker og selvskading

Forskningen som omhandler mobbing har eksistert parallelt med forskningen om vold og overgrep, og fagfeltene har vært lite integrert. Flere forfattere anbefaler at 'mobbeforskningen' inkluderer spørsmål om vold og overgrep i familien, og at 'voldsforskningen' inkluderer spørsmål om mobbing. Dette vil gi et bedre grunnlag for å vurdere både overlappen mellom slike erfaringer, og den relative betydningen av de ulike erfaringene.

Oppsummert: Spesielt sårbare grupper

Forskningen har dokumentert at noen grupper er mer sårbare enn andre. Dette gjelder utsatthet for vold, selvmordsproblematikk, og/eller forbindelsen mellom vold og selvmordsproblematikk. Grupper som dokumenteres som spesielt sårbare er personer med psykiske lidelser, seksuelle minoriteter, flyktninger og asylsøkere, samt innsatte i fengsel.

Oppsummert: Yrkesrelatert utsatthet for vold

Det er gjort mest forskning på militært personell når det gjelder sammenhengen mellom yrkesrelatert vold og selvmordsproblematikk.. Eksponering for vold og grusomheter i tjenesten kan øke risikoen for ulike former for selvmordsproblematikk. Både moralske skader (<<moral injury>>) og eksponering for seksuelle overgrep i tjenesten bidrar til selvmordstanker.

Oppsummert: Om utøvere av vold og overgrep.

Sammenlignet med *voldsutsatthet*, er det gjort vesentlig mindre forskning på sammenhengen mellom *voldsutøvelse* og selvmordsproblematikk. Vi vet lite om suicidale handlinger blant barn som utøver vold eller overgrep mot andre barn. Det er også manglende kunnskap om voksne som utøver vold og overgrep mot barn, men de studiene som finnes peker entydig mot en vesentlig økt risiko for ulike former for selvmordsproblematikk.

5. Behov for ytterlige kunnskapsoppsummeringer og ny primærforskning

Anbefalinger til videre forskning av forfatterne til oversiktsartiklene er oppsummert under hvert delkapittel gjennom denne kunnskapsoppsummeringen. Tabell 1.2 (Vedlegg_1_Tabell_1.2 _Ekstrahert_data) vedlagt har egen kolonne med detaljerte anbefalinger som foreligger i hver enkelt oversiktsartikkel. Under vil det vi anser som de mest kritiske forskningsbehovene trekkes fram, med fokus på relevans for norsk kontekst.

Vold og overgrep i barndommen

Oversiktsartiklene på feltet peker på et behov for flere longitudinelle studier med mer robuste metoder for å identifisere spesifikke typer og alvorlighetsgrad av eksponeringer, de mest sårbare periodene og spesifikke sosiale forhold samt biologiske risikofaktorer som kan bidra til utviklingen av selvmordsatferd. Hovedtrekk i områder med behov for ytterligere forskning er kartlegging av risikobilde etter type vold/overgrep, inkludere viktige forklaringsvariabler, bruke mer robuste forskningsmetoder, som gjerne omfatter longitudinelle design og studier av tidsforløp fra eksponering til utfall, samt standardisere måleinstrument og mer konkrete eksponering og utfallsmål.

Antall belastende livshendelser kan være med på å forklare en sammenheng mellom vold, overgrep og selvmordsproblematikk. Når man ser på belastende livshendelser, kan det også være hensiktsmessig å studere ulike subgrupper. Det ble funnet få studier på polyviktimisering i litteratursøket for denne gjennomgangen; enten tyder dette på en mangel på primærstudier eller et behov for oversiktsartikler på temaet. De få funnene som er gjort på polyviktimisering viser til at det er et relevant tema som påvirker og øker selvmordsproblematikk for alle aldersgrupper, og at det behøves mer forskning på området.

Det fremkommer i oversiktsartiklene at både seksuell og ikke seksuell vold i barndommen har langvarige virkninger på selvmordsproblematikk. Men måten ulike eksponeringer for vold, omsorgssvikt og seksuelle overgrep påvirker individet på ansees som å kunne være unike for den spesifikke typen av overgrep.. Forklaringer på den unike effekten av seksuelle overgrep i barndommen, og både moderatorer og modulatorer, bør forskes mer på. Her anses det viktig å ta hensyn til både biologiske (genetiske og stressmessige) og miljømessige faktorer. Vi fant ikke oversiktsartikler som hadde søkelys på miljømessige faktorer hjemme når det gjelder barneoppdragelse eller barnevernets involvering.

Det fremkommer også fra flere forskere at vi mangler empiri for å kunne si noe om hvorvidt seksuelle overgrep i barndommen er den primære årsaken til

selvmordsproblematikk som fremkommer hos den utsatte. Videre forskning foreslås derfor, hvor man skiller på overgrepets alvorlighetsgrad (bruk av tvang, hyppighet av overgrep, relasjon til gjerningsperson, bruk av våpen, om utsatte ble skadet, penetrering eller ikke), og at man også skiller mellom de ulike selvskadende og selvmordsrelaterte handlingene som er utfall, slik at man videre kan kartlegge risikobilde og identifisere områder for forebyggingstiltak.

Selvmordsproblematikk etter vold og overgrep i barndommen er vedvarende. Akkurat hvordan belastende livshendelser kan føre til en risiko for selvmord hos både unge og voksne er det behov for mer forskning på. Det mangler forskning på selvskadende voksne og dette behøves for å kunne trekke flere slutninger om de konkrete årsakene til fenomenet og hvordan en skal kunne forebygge selvskaden. Videre foreslås det at repetitiv negativ tenkning kan ha en rolle i sammenhengen mellom eksponering for vold og overgrep i barndom og senere selvmordsrelatert atferd. For å kartlegge dette videre behøves det longitudinelle studier. Det er også relevant å undersøke interaksjonen mellom utsatthet for vold/overgrep og komorbide psykiske lidelser (bipolar lidelse, PTSD, ADHD) når det gjelder risiko for og virkningsmekanismer bak selvmordsproblematikk i utsatte grupper. For få studier synes å ha hatt søkelys på beskyttelsesfaktor som kan ha betydning for forebygging av alvorlige konsekvenser etter eksponering for vold og overgrep.

Vold og overgrep i voksen alder

Når det kommer til vold og overgrep mot voksne er det også behov for videre forskning for å kartlegge hvordan ulike eksponeringer påvirker på kort og lang sikt og med hvilke selvmordsrelaterte utfall. Det er behov for mer metodisk robuste studier, særlig longitudinelle studier. Det er også behov for å kunne studere videre sammenhengen mellom ulike typer vold (for eksempel vold i nære relasjoner, partnervold, eller vold utenfor nære relasjoner), med både menn og kvinner som utsatte, og de ulike selvmordsrelaterte utfallene.

Det anses også relevant å trekke fram at flere av oversiktsartiklenes forfattere etterlyser at det utvikles nye konseptuelle modeller for å forklare sammenhengen mellom underliggende psykiske lidelser og utøvelse av og utsatthet for vold og overgrep (her spesielt om seksuelle overgrep) når det gjelder selvmordsrisiko. Som det fremkommer av funnene i nåværende litteratursøk er psykiske lidelser ansett som en etablert risikofaktor, som bidrar til økt selvmordsproblematikk for personer som har vært utsatt for vold og overgrep. Videre er det et behov for forskning som kan belyse tidsforløp for vold og seksuelle overgrep og utviklingen av psykiske lidelser blant de utsatte.

For å kunne videreutvikle forebyggingsmetoder og målrettede tiltak, er det nødvendig å identifisere moderatorer og modulatorer som påvirker sammenhengen mellom det å bli utsatt for vold og overgrep i voksen alder og selvmordsproblematikk. Stadig flere

legger vekt på nevrobiologiske og genetiske korrelater for stress, noe som kan forklare den økte risikoen for selvmordsatferd blant individer som er eksponert for overgrep og vold. Mer forskning foreslås på virkningsmekanismer av utløsende og beskyttende faktorer og av komorbide lidelser.

Generelt er det gjort for få studier på sammenheng mellom voldsutøvelse og risiko for selvmordsproblematikk. Det er påfallende mangel på studier med kvinner som voldsutøver.

Vold og overgrep fra jevnaldrende, mobbing, trakassering og forfølgelse

Vold eller overgrep fra jevnaldrende er et utydelig begrep som hadde hatt nytte av om det hadde blitt utviklet standardiserte definisjoner og målemetoder. Det fremkommer det en særlig utsatthet blant individer med autismspekterforstyrrelse og LHBT+ personer. Videre bør det kartlegges for gjennomførte selvmord i risikoutsatte populasjoner. Det er viktig å skille mellom ulike former for overgrep man kan være utsatt for, og relative sammenhenger til selvmordsproblematikk. Konseptet mobbing er også noe vanskelig å fange opp, og det foreslås at det utarbeides målemetoder med konstruktvaliditet.

Med utgangspunktet i en tydelig sammenheng mellom å ha vært utsatt for overgrep og langvarige negative konsekvenser, etterlyses det av flere forfattere studier med fokus på intervensjoner. Det er særlig behov for effektive intervensjoner på skoler, i hjemmet der vold (søskenmobbing og av annen art), arbeidsplasser, digitale arenaer og for risikoutsatte grupper som LHBT+ personer, og personer med psykiske lidelser eller nedsatt funksjonsevne. Det viktig å forstå hvorfor noen blir sterkt påvirket av mobbingen og hvorfor de negative konsekvensene av å være utsatt for mobbing vedvarer i voksenlivet.

Arbeidsplasser trer frem som et lite studert område for mobbing, og det er et behov for å se på sammenhenger mellom mobbing på arbeidsplasser og selvmordsatferd. Andre relevante forskningsområder er virkningsmekanismer, risikovurdering, tidsforløp og innvirkning av andre mediatorer i sammenhengen. Flere studier foreslår videre forskning på effektene av nettmobbing, og at effekten av digitale mobbing kan sammenlignes med effekten av tradisjonell mobbing.

Spesielt sårbare grupper

Personer med psykiske lidelser har utpekt seg som en spesielt sårbar gruppe for selvmordsproblematikk etter utsatthet for vold og overgrep. Det er dog fortsatt usikkert om lidelsene stammer direkte fra at personene ble utsatt for vold/overgrep. Om PTSD ønskes det generelt videre studier for å kunne si noe om akkurat hvordan diagnosen henger sammen med en risiko for selvmord. Om personer med bipolar lidelse ønskes det intervensjonsstudier på de som er utsatt for vold, særlig seksuelle overgrep i barndommen fordi denne pasientgruppen viser seg å ha høy

selvmordsrisiko. Som nevnt tidligere er det ønsket en kartlegging av gjennomførte selvmord blant personer med ulike psykiske lidelser og nedsatt funksjonsevne. Videre behøves det forskning på menn med emosjonelt ustabil personlighetsforstyrrelse. Det er også behov for et større fokus på utsatte for seksuelle overgrep i voksen alder generelt, spesielt blant personer med emosjonelt ustabil personlighetsforstyrrelse.

LHBT+ personer har også vist seg å være spesielt sårbar, og det ønskes generelt at man i videre studier på denne populasjonen skiller på ulike seksualiteter og kjønn, for å kunne studere det som virker å være unike risikofaktorer for de ulike subpopulasjonene. Videre mangler det longitudinelle studier på selvmordsproblematikk hos LHBT+ populasjonen som er utsatt for nettmobbing. Et viktig område er å forske på om eller hvordan polyviktisering arter seg annerledes enn annen type mobbing.

Det er et stort behov for både kulturell forståelse av de relevante begrepene, og måleinstrumenter som er tilpasset ulike risikogrupper, slik som innsatte i fengsel, flyktninger, personer med vanskelig boforhold og ungdommer. Det er uttrykt ønske om en mer samordnet forskningsstrategi i et bredere europeiske perspektiv når det gjelder flyktninger og asylsøkere.

Yrkesrelatert utsatthet

Innsatspersonell er spesielt utsatt for eksponering for vold og overgrep i sitt yrke. På populasjonen innsatspersonell behøves det flere studier som benytter seg av kombinerte metoder (mixed methods) og kvalitative metoder for å finne svar på mer åpne spørsmål om hva innsatspersonellet utsettes for og hvordan dette påvirker dem, samt for å kunne studere kulturelt mangfold på disse arbeidsplassene. Om innsatspersonell foreslås det også mer forskning på intervensjoner etter potensielt traumatiske opplevelser i arbeidssituasjon. Nåværende intervensjoner slik som debrifing har gitt blandede resultater, inkludert noen funn som tyder på at intervensjonen kan gjøre mer skade enn nytte.

Når vi ser på militært personell er det behov for videre forskning som fokuserer på PTSD diagnosen. Det er en gjentagende mangel på rapporteringer innad i studier om militært personell, hvilke eksponeringer PTSD diagnosen stammer fra, og om den stammer fra tjeneste i militære eller fra andre hendelser. Det behøves også studier på hvilke eksponeringer som forårsaker PTSD diagnoser og i hvilke individer. Når det kommer til sammenhengen mellom PTSD og selvmordsproblematikk er det en mangel på studier på om PTSD forårsaker selvmordsproblematikk mer enn andre psykiske utfordringer og om det påvirker på unike måter ut ifra hva PTSD diagnosen stammer fra. For videre forskning behøves det et skille mellom ulike eksponeringer, istedenfor å kun benytte seg av PTSD-diagnosen, samt at det skilles på de ulike utfallsmålene innen selvmordsproblematikk, slik som selvmordstanker, selvskading, selvmordsforsøk og gjennomførte selvmord. Når det gjelder moralske skader foreslås det at disse studeres videre i longitudinelle studier og at disse skilles fra funn basert på PTSD diagnose.

6. Diskusjon av metode

I dette kapittelet diskuterer vi styrker og svakheter ved tilnærmingen anvendt i arbeidet. Vårt notat gir et oversiktsbilde av forskningen og kunnskapsutviklingen på feltet, og av behovet for ytterligere forskning, med en viss relevans for en norsk kontekst.

Innenfor de tidsmessige rammene for prosjektet var det kun mulig å gi en oversikt over oversiktsartikler publisert som systematisk review og/eller metaanalyse. Vi har derimot ikke hatt mulighet til å vurdere enkeltstudier eller primærstudier, heller ikke de relativt store studier med langtidsoppfølging av data. Vi har heller ikke foretatt noen strukturert kvalitetsvurdering av de inkluderte oversiktsartiklene, noe som hadde krevd betydelig mer tid og ressurser. Vi har ikke søkt i referanselister, kontaktet forfattere eller benyttet oss av grå litteratur for samme begrensninger som er nevnt ovenfor. Noen viktige norske bidrag kan dermed ha ikke blitt fanget opp. I en fullverdig gjennomgang av systematisk oversikt ville vi ha sammenstilt, analysert og diskutert resultatene og hvor stor tillit vi har til resultatene basert på en kritisk vurdering av dokumentasjonen.

I utgangspunktet var hensikten kun å anvende sammendrag av artiklene i dette notatet. Grunnet manglende informasjon og utdypninger i disse abstraktene valgte vi å gå inn i fulltekst til hver enkelt oversiktsartikkel. Vi hentet ut sammenfatninger/forfatters konklusjon og anbefalinger for videre forskning fra artikkeltekst (se Vedlegg 1, tabell 1.2). I mange tilfeller ble det nødvendig å finne frem detaljer i fulltekst, hovedsakelig definisjoner på selvmordsrelaterte begrep, men også kvantitative data med svar på problemstillingen i notatet (som ellers blir nevnt, men ikke utdypet, i sammenfatninger og abstrakter). Alle oversiktsartiklene er dermed ikke gjennomgått på lik måte. En andel av oversiktsartiklene omfattet mange temaer og trakk ikke nødvendigvis fram samme tema som denne kunnskapsammenfatningen fokuserer på i sine abstrakter og konklusjoner. Dette påpekes som en ujevnheter i metoden benyttet, men ikke nødvendigvis som en svakhet.

Vi har anvendt optimal prosedyre for litteratursøk, og en standardisert arbeidsflyt. Vi hadde et bredt utvalg av søketermer ettersom begrepsbruk i forskningsfeltet varierer mye. Vi inkluderte oversiktsartikler publisert mellom 2005 og frem til medio 2021, og vi er sikre på at de aller fleste kunnskapsoppsummeringene med primærdata både fra før 2005 og fremtil medio 2021 er med. Det store antallet oversiktsartikler som blir referert til er basert på en omfattende mengde data som foreligger innenfor tematikken, og dette gir grunnlag til den mest oppdaterte kunnskapsoppsummeringen innenfor notatets hovedtema.

Vi registrerer at det er flere oversiktsartikler som referer til en og samme artikkel i sine oppsummeringer. Det kan dermed ha gi en inflatert effekt på funnene. Mange oversiktsartikler er oppdateringer av tidligere kunnskapsoppsummeringer, mens det mangler kunnskapsoppsummeringer på flere andre områder.

Operasjonalisering av eksponering og utfallsmål varierte stort. I hovedsak var selvmordsrelaterte begrep preget av ikke-konsistente og diffuse kategorier, slik som «suicidality» og «self-harm» uten nærmere definisjoner. Vi registrerer også at for de fleste metaanalyser er heterogeniteten blant de inkluderte studiene høye, noe som betyr at funnene kan være lite hensiktsmessige å sette sammen på grunn av forskjeller mellom studiesettinger, samlingsgrupper og lignende. Som nevnt har vi ikke hatt mulighet til å systematisk vurdere studiekvaliteter på selve oversiktsartikler som er inkludert.

Litteratursøket som er anvendt, ser ut til å ikke ha omfattet noen temaer som kan tenkes som relevante når man ser på utsatthet og utøvelse av vold og overgrep. Den nåværende undersøkelsen kan slik sett ha belyst en mangel på oversiktsartikler som ser på både utsatthet eller utøvelse av vold og en senere selvmordsproblematikk innad i disse temaene. Blant annet glimrer studier gjort på barnevernsbarn med sitt fravær. Barnevernsbarn kan ansees som en gruppe i risiko for å ha opplevd vold, overgrep og/eller omsorgssvikt, og er også en gruppe hvor det kunne vært mulig å studere endringer i selvmordsrisiko i når det foretas forflytning eller tiltak innad i familien. Søkeresultatet inkluderte også en overraskende liten mengde studier om yrkesrelaterte utsattheter for vold og overgrep og senere selvmordsproblematikk. Når det kommer til utøvere av vold mot barn, har vårt søk kun plukket opp utøvere av seksuelle overgrep mot barn. En mulighet er at det ikke finnes studier eller oversiktsartikler som ser på utøvere av psykisk og fysisk vold og omsorgssvikt mot barn, og om disse utøvernes mulige senere selvmordsproblematikk. En annen mulighet er at formuleringene i det nåværende litteratursøket ekskluderte studier som er gjort på dette temaet. Et annet tema som er savnet er barn og ungdommer som utøvere av vold og overgrep. Igjen er det en mulighet at studier på dette temaet ikke har sett på selvmordsrelaterte utfall hos utøverne, og dermed ikke faller under nåværende undersøkelse.

7. Sammenfatning og konklusjon

Vi gjennomførte et omfattende litteratursøk innenfor tematikken utsatthet for og utøvelse av vold og overgrep, og sammenheng med selvmordsproblematikk. I alt ble 118 systematiske oversiktsartikler gjennomgått. Vi har oppsummert funnene av oversiktsartikler som foreligger, samt vurdert kunnskapsstatus og pekt på områder med behov for ytterlige kunnskapsoppsummeringer og ny primær forskning.

Utsatthet for og utøvelse av vold og overgrep er sammensatte fenomener som kan forekomme i alle aldersgrupper. Selvmordsproblematikk i seg selv er også et sammensatt utfallsmål. De aller fleste oversiktsartiklene har satt sammen ulike former for vold og overgrep og evaluert data om ulike former for selvmordsproblematikk (for eks. selvskading, selvmordstanker, selvmordsforsøk og selvmord) som utfall.

Voldsutsatte barn, i form av fysisk vold, seksuelle overgrep, psykisk vold eller omsorgssvikt, har økt risiko for ulike former for selvmordsproblematikk, denne risikoen oppstår tidlig og vedvarer utover i voksenlivet. Antall negative livshendelser, inkludert repetert utsatthet for vold og overgrep, synes å være korrelert med alvorlighetsgrad av psykiske lidelser og selvmordsproblematikk. Det er også dokumentasjon på at risikoen for ulike former for selvmordsproblematikk øker ved vold og overgrep utført av jevnaldrende, samt mobbing og trakassering både som barn og voksne. Hva slags vold og overgrep som bidrar mest til selvmordsproblematikk er imidlertid uavklart. Det ser ut til at enkelte risikopopulasjoner (for eksempel personer med psykiske lidelser, LHBT+ personer, hjemløse, militært personell, innsatte i fengsel) kan være mer sårbare for selvmordsproblematikk etter for eksempel fysisk eller psykisk vold, seksuell vold/overgrep eller omsorgssvikt, men vi trenger et mer nyansert risikobilde. Virkningsmekanismer og tidsforløp mellom eksponering for ulike typer vold og overgrep og selvmordsproblematikk trenger mer fokus i den videre forskningen. Utarbeidelse av teoretiske modeller for slike sammenhenger, hvordan andre risikofaktorer og beskyttelsesfaktorer spiller inn, samt mer biologisk orientert forskning trengs, da dette mangler. Det er påfallende få studier om selvmordsproblematikk blant utøvere av vold og overgrep, særlig unge voldsutøvere av begge kjønn, og kvinnelige voldsutøvere. Det er et stort behov både for å standardisere begrepsbruk og validere kartleggingsinstrumenter. Hvordan risiko for selvmordsproblematikk varierer mellom ulike gruppe mennesker etter eksponering for vold og overgrep, kan være et viktig steg for å tidlig identifisere tilpassede og effektive intervensjoner for å forebygge selvmordsproblematikk. Det kan anbefales mer integrert forskningsinnsats på dette området.

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9. Vedlegg:

1. Tabell 1.2 Ekstrahert data fra alle inkluderte oversiktsartikler (N=118) i notatet:
Selvmordsproblematikk blant utsatte for og utøvere av vold og overgrep:
En systematisk gjennomgang av oversiktsartikler

2. Søkestrategi

3. Nettskjema for eksklusjon av artikler

Tabell 1.2 Ekstrahert data fra alle inkluderte oversiktsartikler (N=118) i notatet: Selvmordsproblematikk blant utsatte for og utøvere av vold og overgrep: En systematisk gjennomgang av oversiktsartikler – NSSF og NKVTS, januar 2022

Første-forfatter, år	Tittel	Antall studier	Populasjon	Eksponeringsvariabel	Utsatthet/utøvelse eller begge deler	Utfallsmål	Meta-analyse (Ja/Nei)	Forfatters konklusjon	Sammendrag	Forfatters anbefalinger for videre forskning
Abreu, 2018	Cyberbullying and LGBTQ Youth: A Systematic Literature Review and Recommendations for Prevention and Intervention	27	LHBT+ unge	Nettmobbing	Utsatthet	Blandet (selvmordstanker og -handlinger)	Nei	LGBTQ youth are harassed and cyberbullied at rates higher than their heterosexual and cisgender counterparts, resulting in psychological and behavioral effects. These youth, who are often already experiencing traditional bullying, lack support from their peers, parents, schools and community and frequently do not report cyberbullying. Current cyberbullying interventions do not target these youth in their efforts and notably absent is programming geared toward LGBTQ youth of color. It is recommended that schools work collaboratively with parents, LGBTQ students, and community partners to create policies to protect these students. Parents are encouraged to dialogue openly with their children about the risks of social media and provide supportive responses when youth disclose cyberbullying. Comprehensive school policies that create a climate of awareness for LGBTQ-specific cyberbullying are recommended to begin to combat cyberbullying. There is also a need to create therapeutic communities to assist victims in recovering from this traumatic form of bullying and decrease psychological distress.	Research has demonstrated that cyberbullying has adverse physical and mental health consequences for youths. Unfortunately, most studies have focused on heterosexual and cisgender individuals. The scant available research on sexual minority and gender expansive youth (i.e., LGBTQ) shows that this group is at a higher risk for cyberbullying when compared to their heterosexual counterparts. However, to date no literature review has comprehensively explored the effects of cyberbullying on LGBTQ youth. A systematic review resulted in 27 empirical studies that explore the effects of cyberbullying on LGBTQ youth. Findings revealed that the percentage of cyberbullying among LGBTQ youth ranges between 10.5% and 71.3% across studies. Common negative effects of cyberbullying of LGBTQ youth include psychological and emotional (suicidal ideation and attempt, depression, lower self-esteem), behavioral (physical aggression, body image, isolation), and academic performance (lower GPAs). Recommendations and interventions for students, schools, and parents are discussed.	Most studies in this review used a cross sectional research design, making it challenging for researchers to accurately understand the long term consequences of cyberbullying and limiting the ability to make causal inferences. Future research should employ longitudinal research designs to better assess the effects of cyberbullying on LGBTQ youth over time and establish causation. Also, efforts should be made to cast a wider net and try to reach LGBTQ youth who might be isolated or not have LGBTQ-related organizations readily available within their communities (e.g., rural communities, communities with large numbers of LGBTQ people of color). In addition, the lack of uniformity regarding the definitions and evaluation measurements of cyberbullying makes it difficult for researchers to accurately describe and make definitive deductions regarding the prevalence and impact of cyberbullying. Lack of consistency and representative sampling approach makes it challenging for researchers to precisely capture the extent to which cyberbullying affects LGBTQ youth, thus affecting their ability to recommend evidence-based interventions to combat and dismantle LGBTQ cyberbullying.
Agnew-Blais, 2016	Childhood maltreatment and unfavourable clinical outcomes in bipolar disorder: a systematic review and meta-analysis	148	Pasienter med bipolar lidelse	Vold mot barn Seksuell vold/ overgrep Psykisk vold Omsorgssvikt (mot barn)	Utsatthet	Selvmordsforsøk (blant mange utfall, 13 studier med selvmords-relaterte utfallsmål)	Ja	The largest effect sizes were for risk of suicide attempt (2-25, 1-88-2-70) and comorbidity with PTSD (3-60, 2-45-5-30). Results suggest that a history of childhood maltreatment can be used as an indicator for disease progression to identify patients with bipolar disorder who are at a higher risk of unfavourable clinical features and course of illness. Compared with patients with bipolar disorder who did not experience childhood maltreatment, patients with bipolar disorder and a history of childhood maltreatment had greater mania severity, greater depression severity, greater psychosis severity, higher risk of comorbidity with post-traumatic stress disorder, anxiety disorders, substance misuse disorders, and alcohol misuse disorder, earlier age of bipolar disorder onset, higher risk of rapid cycling, greater number of manic episodes, greater number of depressive episodes, and higher risk of suicide attempt.	Background Bipolar disorder affects up to one in 25 individuals and identification of early risk indicators of negative outcomes could facilitate early detection of patients with greatest clinical needs and risk. We aimed to investigate the association between childhood maltreatment and key negative outcomes in patients with bipolar disorder. Methods For this systematic review and meta-analysis we searched MEDLINE, PsycINFO, and Embase to identify articles published before Jan 1, 2015, examining the association of maltreatment (physical, sexual, or emotional abuse, neglect, or family conflict) before age 18 years with clinical features and course of illness in bipolar disorder. Data were extracted from published reports and any missing information was requested from investigators. We did 12 independent random-effects meta-analyses to quantify the associations between childhood maltreatment and course of illness or clinical features. Findings We initially identified 527 records and after unsuitable studies were removed, our search yielded 148 publications of which 30 were used in the meta-analysis. Patients with bipolar disorder and history of childhood maltreatment had greater mania severity (six studies, 780 participants; odds ratio [OR] 2-02, 95% CI 1-21-3-39, p=0-008), greater depression severity (eight studies, 1007 participants; 1-57, 1-25-1-99, p=0-0001), greater psychosis severity (seven studies, 1494 participants; 1-49, 1-10-2-04, p=0-011), higher risk of comorbidity with post-traumatic stress disorder (eight studies, 2494 participants; 3-60, 2-45-5-30, p<0-0001), anxiety disorders (seven studies, 5091 participants; 1-90, 1-39-2-61, p<0-0001), substance misuse disorders (11 studies, 5469 participants; 1-84, 1-41-2-39, p<0-0001), alcohol misuse disorder (eight studies, 5040 participants; 1-44, 1-13-1-83, p=0-003), earlier age of bipolar disorder onset (14 studies, 5733 participants; 1-85, 1-43-2-40, p<0-0001), higher risk of rapid cycling (eight studies, 3010 participants; 1-89, 1-45-2-48, p<0-0001), greater number of manic episodes (seven studies, 3909 participants; 1-26, 1-09-1-47, p=0-003), greater number of depressive episodes (eight studies, 4025 participants; 1-38, 1-07-1-79, p=0-013), and higher risk of suicide attempt (13 studies, 3422 participants; 2-25, 1-88-2-70, p<0-0001) compared with those with bipolar disorder without childhood maltreatment. Overall, these associations were not explained by publication bias, undue effects of individual studies, or variation in study quality. Interpretation Childhood maltreatment predicts unfavourable clinical features and course of illness in patients with bipolar disorder.	Additional research is needed to test whether a history of childhood maltreatment can be used as an indicator for unfavourable treatment outcomes. Further research on the stratified, and possibly transdiagnostic, biological abnormalities associated with a history of childhood maltreatment could uncover innovative treatment strategies. With respect to future research, if causal, findings from our study lend support to the notion that childhood maltreatment can affect neurobiological processes associated with bipolar disorder progression, which is consistent with the stress-sensitisation model. Additional research is needed to increase understanding of the mechanisms through which maltreatment affects these processes, including immune mechanisms. Even in the presence of unresolved questions on causal inference, childhood maltreatment can be usefully conceptualised as a risk indicator. Similar to unipolar depression and other psychiatric conditions, a history of childhood maltreatment could be used to help to identify a discrete group of patients with bipolar disorder with more homogeneous biological features with important implications for genetic research. Further research in these stratified, and possibly transdiagnostic, biological features associated with childhood maltreatment might find innovative treatment strategies for patients with bipolar disorder.

Aho, 2017	Homicide in the western family and background factors of a perpetrator	32	Utøvere av mord og evt. påfølgende selvmord i en familiesetting	Mord	Utøvelse	Selv mord	Nei	This literature review showed that there is often some form of violence in the background of familicide perpetrators. Violence was mainly targeted towards children, except with mothers who had committed a suicide-filicide. There was also violence towards the spouse or between spouses in all familicide categories. In earlier studies, it has been claimed that parents who have committed suicide- familicide are not violent and aggressive towards their family. However, this literature review showed that there was violence and threats of violence also between parents who had committed a familicide-suicide. Parents who had killed their child/children and themselves did not have any experiences of insecurity or problems experienced in childhood in their background. Parents who had committed a filicide-suicide had more often been diagnosed with depression than other familicide perpetrators, but none of them had personality disorders. Substance abuse was present in all familicide perpetrator categories, especially in mothers who had committed a filicide-suicide. These mothers also felt exhaustion and stress over their life situation.	Aims: Familicide is a multiple-victim homicide incident in which the killer's spouse and one or more children are slain. A systematic review was conducted to reveal the background factors of western homicide perpetrators. Methods: The systematic search was performed in the Arto, Medic, Cinahl, Medline, EBSCOhost Academic Search Premier and Social Services abstracts databases. The keywords were familicide, family homicide, familicide-suicide, filicide-suicide, extended suicide, child, murder, family, filicide and infanticide. The searches revealed 4139 references from the databases. The references were filtered and 32 peer-reviewed research articles revealed in years 2004–2014 were selected as data. The articles were analysed using inductive content analysis, by finding all possible background factors related to homicide. Results: The factors were described as percentages of the range. The background factors of familicide perpetrators were categorised as follows: perpetrators who had committed homicide of a child and intimate partner and possibly committed suicide; a father had who killed a child; a mother who had killed a child; a father who had committed a filicide-suicide; and a mother who had committed a filicide-suicide. Conclusions: Psychological instability, violence and crime were found in all these categories of familicides. Perpetrators who had committed a suicide in addition to the familicide had more often been diagnosed with depression, but they sought treatment for mental health problems less often and had violence and self-destructiveness less often in their background than in other familicide categories. Social and healthcare professionals should be more sensitive to emerging family problems and be prepared for intervention.	In the future, more information is needed on the motives of familicide and whether there are differences in the background factors of perpetrators regarding the number of killed family members. It was less available background information available on parents who also committed suicide than parents who did not.
Angelakis, 2019	Childhood maltreatment and adult suicidality: a comprehensive systematic review with meta-analysis	68	Personer utsatt for potensielt traumatiserende hendelser	Vold mot barn Seksuell vold / overgrep Psykisk vold	Utsatthet	Blandet (selvmordsforsøk, selvmordstanker)	Ja	Our main findings demonstrated that all types of childhood abuse are associated with increased risk for suicide attempts and suicidal ideation in adults independent of demographic, clinical and methodological variations across the studies.	This comprehensive systematic review and meta-analysis aims to quantify the association between different types of childhood maltreatment and suicidality. We searched five bibliographic databases, including Medline, PsychINFO, Embase, Web of Science and CINAHL, until January 2018. Random-effects meta-analysis was employed followed by univariable and multivariable meta-regressions. Heterogeneity was quantified using the I2 statistic and formal publication bias tests were undertaken. The methodological quality of the studies was critically appraised and accounted in the meta-regression analyses. Data from 68 studies based on n = 261.660 adults were pooled. All different types of childhood maltreatment including sexual abuse [odds ratio (OR) 3.17, 95% confidence interval (CI) 2.76–3.64], physical abuse (OR 2.52, 95% CI 2.09–3.04) and emotional abuse (OR 2.49, 95% CI 1.64–3.77) were associated with two- to three-fold increased risk for suicide attempts. Similar results were found for the association between childhood maltreatment and suicidal ideation. Complex childhood abuse was associated with a particularly high risk for suicide attempts in adults (OR 5.18, 95% CI 2.52–10.63). Variations across the studies in terms of demographic and clinical characteristics of the participants and other core methodological factors did not affect the findings of the main analyses. We conclude that there is solid evidence that childhood maltreatment is associated with increased odds for suicidality in adults. The main outstanding challenge is to better understand the mechanisms which underpin the development of suicidality in people exposed to childhood maltreatment because current evidence is scarce.	There is a major gap in the literature regarding the mechanisms by which experiences of childhood maltreatment exert their detrimental, long-lasting impact on suicide risk.
Angelakis, 2019	Childhood maltreatment and suicide attempts in prisoners: a systematic meta-analytic review	24	Innsatte i fengsel	Vold mot barn Seksuell vold/ overgrep Psykisk vold Omsorgssvikt (mot barn)	Utsatthet	Selv mordsforsøk	Ja	In summary, this is the first systematic meta-analytic review of the relationship between childhood maltreatment and suicide attempts that was conducted in prisoners. Although this relationship has yet to be fully explored, we demonstrated that a strong link exists between forms of childhood maltreatment and suicide attempts. No evidence exists regarding other modes of suicide behaviors, including suicidal ideation, suicide plans and deaths by suicide. Taken together, these findings highlight, as a matter of urgency, the need for targeted suicide prevention priorities for prisoners with a focus on ameliorating the effects of childhood maltreatment on suicidal thoughts, behaviors and attempts. These initiatives should be a priority at the levels of policy making and institutional reform, whereby the provision of different modes of suicide focused psychological therapy targeting childhood experiences of maltreatment (Pratt et al., 2015) is conducted in tandem with robust staff awareness and training programs.	In the past decade, the links between core types of childhood maltreatment and suicidal acts have become an increasingly important area of investigation. However, no meta-analytic review has examined this relationship in prisoners. We undertook the first systematic meta-analytic review examining the link between childhood maltreatment and suicide attempts in prisoners to redress this important gap. We searched Medline, PsychINFO, Embase, Web of Science and CINAHL from inception until August 2019. Meta-analyses using random effect models were applied, and heterogeneity was quantified using the I2 statistic. Publication bias and risk of bias across studies were assessed. We identified 24 studies comprising 16 586 prisoners. The rates of different types of childhood maltreatment ranged between 29% and 68% [95% confidence interval (CI) 18–81%]. The rate of suicide attempts in prisoners was 23% (95% CI 18–27%). Main results demonstrated that sexual abuse [odds ratio (OR) 2.68, 95% CI 1.86–3.86], physical abuse (OR 2.16, 95% CI 1.60–2.91), emotional abuse (OR 2.70, 95% CI 1.92–3.79), emotional neglect (OR 2.29, 95% CI 1.69–3.10), physical neglect (OR 1.57, 95% CI 1.27–1.94) and combined abuse (OR 3.09, 95% CI 2.14–4.45) were strongly associated with suicide attempts in prisoners. There was an indication of publication bias. Duval and Tweedie's trim-and-fill method was applied, which increased the odds for suicide attempts. Given the high rates of prison suicide deaths and suicide attempts, our findings suggest an urgent need for targeted suicide prevention priorities for prisoners, with a particular focus on ameliorating the effects of childhood traumatic experiences on suicidal prisoners.	We recommend that further research employ more robust, higher quality designs, such as, longitudinal, microlongitudinal, qualitative and/or mixed designs, to corroborate and expand the findings of the current review.

Armoon, 2021	Prevalence, sociodemographic variables, mentalhealth condition, and type of drug use associated with suicide behaviors among people with substance use disorders: a systematic review andmeta-analysis	48	Pasienter med rus- og avhengighetslidelser (SUD)	Fysisk vold Seksuell vold/ overgrep	Utsatthet	Blandet (selvmordstanker og selvmordsforsøk)	Ja	The present research findings identified smoking, current depression, female gender, alcohol, cannabis, amphetamine, cocaine, and polysubstance misuse, as well as a history of physical and sexual misuse, as the independent risk factors for suicidal attempts among SUD. Furthermore, a history of sexual misuse, current depression, smoking, and alcohol and cannabis abuse were detected as risk factors associated with suicidal ideations in this population.	We assessed the prevalence, sociodemographic variables, mental health condition, and type of drug use associated with suicide behaviors among patients with substance use disorders (SUD).Studies in English published from January 1, 1995 to December 31, 2020 were searched on PubMed, Scopus, Cochrane and Web of Science to identify studies on variables associated with suicidal behaviors (ideations and attempts) among patients with SUD. After reviewing for study duplicates, the full-text of selected articles were assessed for eligibility using Population,Intervention, Comparator, Outcomes (PICO) criteria: (i) population: patients with SUD; (ii) inter-vention: suicide behaviors in the past year; (iii) comparator: SUD who had not suicide behaviors;(iv) outcome: suicide ideations or attempts in the last year; and (v) study type: cross-sectional,cohort, and case-control studies. Out of 10,810 articles, 48 studies met eligibility criteria. Our findings showed a pooled prevalence rate of suicide ideations of 35% (95% CI, 22% 48%) and suicide attempts of 20 % (95% CI, 17% 23%) in the last year among patients with SUD. Smoking, previous history of sexual abuse, depression, and alcohol and cannabis use disorders were significantly associated with suicide ideations. Study findings also showed that being female,smoking, history of physical and sexual abuse, depression and alcohol, cannabis, cocaine,amphetamine use disorders, and polysubstance abuse were significantly associated with suicide attempts among patients with SUD. These findings have implications for developing prevention programs. Appropriate initiatives for reducing the risk of suicide behaviors like systematic assessments of changes in drug use pattern at the emergency departments or at other key health providers may be more broadly implemented. Motivational therapy to improve help-seeking, increased information on adverse consequences of heavy substance use, and crisisplan resolutions to face suicide behaviors could also be consolidated.	Major steps in suicide prevention include early diagnosis and care provision, consisting of pharmacological and no pharmacological treatment for those experiencing drug use disorders and depression (suicidal behavior is of great importance in this respect).
Beattie, 2020	Mental health problems among female sex workers in low- and middle-income countries: A systematic review and meta-analysis	68	Kvinnelige sexarbeidere	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Blandet (selvmordstanker og selvmordsforsøk)	Ja	The prevalence of mental disorders among FSWs in LMICs was much higher compared with the general population in LMICs. Our findings and metaanalyses suggest that FSWs experience a high burden of depression, anxiety, PTSD, psychological distress, and suicidal behaviours and that poor mental health is strongly associated with violence experience, drug use, inconsistent condom use, and HIV/STI. Together, this supports the concept of overlapping vulnerabilities.	Background The psychological health of female sex workers (FSWs) has emerged as a major public health concern in many low- and middle-income countries (LMICs). Key risk factors include poverty, low education, violence, alcohol and drug use, human immunodeficiency virus (HIV), and stigma and discrimination. This systematic review and meta-analysis aimed to quantify the prevalence of mental health problems among FSWs in LMICs, and to examine associations with common risk factors. Method and findings The review protocol was registered with PROSPERO, number CRD42016049179. We searched 6 electronic databases for peer-reviewed, quantitative studies from inception to 26 April 2020. Study quality was assessed with the Centre for Evidence-Based Management (CEBM) Critical Appraisal Tool. Pooled prevalence estimates were calculated for depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal behaviour. Meta-analyses examined associations between these disorders and violence, alcohol/drug use, condom use, and HIV/sexually transmitted infection (STI). A total of 1,046 studies were identified, and 68 papers reporting on 56 unique studies were eligible for inclusion. These were geographically diverse (26 countries), representing all LMIC regions, and included 24,940 participants. All studies were cross-sectional and used a range of measurement tools; none reported a mental health intervention. Of the 56 studies, 14 scored as strong quality, 34 scored as moderate, and 8 scored as weak. The average age of participants was 28.9 years (age range: 11–64 years), with just under half (46%) having up to primary education or less. The pooled prevalence rates for mental disorders among FSWs in LMICs were as follows: depression 41.8% (95% CI 35.8%–48.0%), anxiety 21.0% (95% CI: 4.8%–58.4%), PTSD 19.7% (95% CI 3.2%–64.6%), psychological distress 40.8% (95% CI 20.7%–64.4%), recent suicide ideation 22.8% (95% CI 13.2%–36.5%), and recent suicide attempt 6.3% (95% CI 3.4%–11.4%). Meta-analyses found significant associations between violence experience and depression, violence experience and recent suicidal behaviour, alcohol use and recent suicidal behaviour, illicit drug use and depression, depression and inconsistent condom use with clients, and depression and HIV infection. Key study limitations include a paucity of longitudinal studies (necessary to assess causality), non-random sampling of participants by many studies, and the use of different measurement tools and cut-off scores to measure mental health problems and other common risk factors. Conclusions In this study, we found that mental health problems are highly prevalent among FSWs in LMICs and are strongly associated with common risk factors. Study findings support the concept of overlapping vulnerabilities and highlight the urgent need for interventions designed to improve the mental health and well-being of FSWs.	Longitudinal research is needed in order to unpack pathways of causation. Future studies should use validated tools and consistent cut-offs and timeframes to enable more rigorous comparisons between studies.

Beghi, 2013	Risk factors for fatal and nonfatal repetition of suicide attempts: a literature review	76	Personer som har gjort selvmord-sforsøk	Seksuell vold/ overgrep	Utsatthet	Blandet (selvmordstanker, selvmordsforsøk, selvmord)	Nei	The strongest predictor of a repeated attempt is a previous attempt, followed by being a victim of sexual abuse, poor global functioning, having a psychiatric disorder, being on psychiatric treatment, depression, anxiety, and alcohol abuse or dependence.	Objectives: This review aimed to identify the evidence for predictors of repetition of suicide attempts, and more specifically for subsequent completed suicide. Methods: We conducted a literature search of PubMed and Embase between January 1, 1991 and December 31, 2009, and we excluded studies investigating only special populations (eg, male and female only, children and adolescents, elderly, a specific psychiatric disorder) and studies with sample size fewer than 50 patients. Results: The strongest predictor of a repeated attempt is a previous attempt, followed by being a victim of sexual abuse, poor global functioning, having a psychiatric disorder, being on psychiatric treatment, depression, anxiety, and alcohol abuse or dependence. For other variables examined (Caucasian ethnicity, having a criminal record, having any mood disorders, bad family environment, and impulsivity) there are indications for a putative correlation as well. For completed suicide, the strongest predictors are older age, suicide ideation, and history of suicide attempt. Living alone, male sex, and alcohol abuse are weakly predictive with a positive correlation (but sustained by very scarce data) for poor impulsivity and a somatic diagnosis. Conclusion: It is difficult to find predictors for repetition of nonfatal suicide attempts, and even more difficult to identify predictors of completed suicide. Suicide ideation and alcohol or substance abuse/dependence, which are, along with depression, the most consistent predictors for initial nonfatal attempt and suicide, are not consistently reported to be very strong predictors for nonfatal repetition.	Further studies would ideally examine a well-defined inception cohort (ie, patients at time of first SA) identified and followed prospectively. A long-term follow-up (at least 4 years) is recommended. Standard definitions of risk and prognostic factors should be determined when planning the study. Interacting factors such as previous attempts or selected samples should be controlled for at the planning or the analysis stage. Some variables, like sexual child abuse, family environment, problem-solving, and global functioning, should be included, to evaluate their role for a repeated episode. Ideally, a study would compare different ethnicities and religions and investigate the differences in suicide repetition between immigrants and nonimmigrants. Sexual orientation should be investigated as well.
Benedek, 2019	Severity and Symptom Trajectory in Combat-Related PTSD: a Review of the Literature	22	Militært personell/ veteraner	Krigshandlinger	Begge	Diffust (suicidalitet) (kun én studie inkludert)	Nei	Taken as a whole, the studies evaluating the impact of combat experiences tended to demonstrate that the intensity of combat exposure predicts severity of PTSD. Beyond intensity, the type of exposure predicts the presence of certain symptoms. Specifically, exposure to death, injury, and IEDs predicts hyperarousal, while exposure to atrocities, collateral damage, and friendly fire predicts re-experiencing.	Purpose of Review Combat-related posttraumatic stress disorder is increasingly recognized as having a variable course in returning veterans. Relatively few studies have identified predictors of illness duration or severity in this population. This review sought to synthesize the existing literature. Recent Findings The existing literature remains limited and heterogeneous. However, several studies identified hyperarousal and pre-deployment dissociation as predictive of disease severity, and re-experiencing as predictive of suicidality in veterans with combat-related PTSD. No other pre-, peri-, or posttraumatic psychosocial predictors of individual symptoms or overall disease severity have been identified in replicated studies. Summary Important clinical factors to explore in the assessment of PTSD in combat veterans may now include hyperarousal and a history of dissociation as these may predict disease severity, and re-experiencing as this has been identified as a significant predictor of suicidality. Further study into this topic may reveal biological or more sensitive psychosocial markers predicting illness severity and prognosis.	While suicidal ideation is certainly a significant risk factor for suicide, further study will be necessary to determine if the presence or severity of re-experiencing predicts the transition from ideation to attempted or completed suicide.
Bichard, 2021	The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review	30	Personer utsatt for partnervold	Vold i nære relasjoner	Utsatthet	Diffust (suicidalitet)	Nei	This systematic review found 30 empirical, peer-reviewed studies which together evidence the severe outcomes of strangulation within IPV and sexual assault. Given the mechanisms, involving potential occlusion of the airway, blood flow to and from the brain, and the triggering of the carotid sinus reflex, the neurological consequences can include all those associated with hypoxic-ischaemic injury, such as cardiac arrest. But there are other psychological outcomes linked to this uniquely intimate terrorism and its traumatizing nature: the pain of watching “the man who so-called loves you try to kill you” (Thomas et al., 2014, p. 130). The majority of studies we found were based on hospital case reports, or existing police and legal records.	This systematic review draws together evidence from the literature for the pathological, neurological, cognitive, psychological, and behavioural outcomes of non-fatal strangulation in domestic and sexual violence. A systematic search of PubMed, PsycINFO, CINHAL, Proquest, ASSIA, Web of Science, WestLaw, Open Grey, and Ethos was conducted, with no date limits set, to identify eligible studies. Thirty empirical, peer-reviewed studies were found which met the inclusion criteria. Pathological changes included arterial dissection and stroke. Neurological consequences included loss of consciousness, indicating at least mild acquired brain injury, seizures, motor and speech disorders, and paralysis. Psychological outcomes included PTSD, depression, suicidality, and dissociation. Cognitive and behavioural sequelae were described less frequently, but included memory loss, increased aggression, compliance, and lack of help-seeking. However, no studies used formal neuropsychological assessment: the majority were medical case studies or based on self-report. Furthermore, few authors were able to control for possible confounds, including other physical violence and existing psychosocial difficulties. There is therefore a need for further neuropsychological research, focusing on cognitive and behavioural outcomes, using standardized tools, and control groups where possible. This is urgent, given societal normalization of strangulation, and legal systems which often do not reflect the act’s severity and its consequences.	At present there is less evidence for strangulation’s cognitive and behavioural sequelae, and none based on objective, neuropsychological testing. There is therefore a need to build the evidence base. This work should control for other physical violence and psychological comorbidity, and use standardized assessment tools. Given the cultural and legal context, this needs to happen urgently, so findings can be used to inform institutions and the public; to reposition strangulation from being a game, to a serious criminal assault, with potentially life-changing outcomes.

Bochicchio, 2021	Understanding Factors Associated with Suicidality Among Transgender and Gender-Diverse Identified Youth	5	Personer mellom 13 og 24 år som identifiserer seg som transpersoner/kjønnsdiverse	Mobbing Kjønnsbasert mobbing	Utsatthet	Diffust (suicidalitet)	Nei	The findings from this systematic literature review highlight the importance of considering both individual and contextual factors in the mental health of TGD youth. Given the significance of findings related to the association between depression and GB victimization and suicidality, it is critical to advocate for destigmatization of gender identity at a policy level.	Purpose: Individuals who identify as transgender and gender-diverse (TGD) experience heightened rates of mental health challenges compared with cisgender people (including both heterosexual and lesbian, gay, and bisexual individuals). Furthermore, adolescence has been identified as a critical period for intervention as the majority of suicide attempts occur during this time period. However, no study to date has synthesized prior literature to understand the correlates of suicidal behavior among TGD youth, which is an essential step needed to inform intervention development and reduce suicidal behaviors in this community. Methods: Three databases were searched following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses method to assess eligibility for study inclusion. Five studies met full inclusion criteria. Results: Analyses revealed a consistent relationship across studies between suicidal behaviors and symptoms of depression, gender-based victimization, and bullying, and lack of parental support. Conclusions: Consistent with minority stress theory, this systematic review demonstrates that identification as TGD is associated with increased environmental stressors, highlighting the importance of considering both individual and contextual factors in the development of mental health interventions for TGD youth. Given the significance of findings related to the association between both depression and gender-based victimization and suicidal behavior, it is critical to advocate for the destigmatization of noncisgender identities through policy-level change.	The need for examination of the biological effects of stress and their relationships with negative mental health outcomes among TGD. It will also be essential to understand whether and how individual level protective factors, such as receiving gender-affirming care and connectedness to other individuals identifying as TGD, impact the trajectory of suicidal behavior in this population. Future research should seek to specifically examine the relationship between antibullying and antidiscrimination policies and Gender and Sexuality Alliance participation and mental health outcomes of TGD students, considering the disproportionate amount of social and physical victimization experienced within the TGD community and the significance of the school environment for a sense of support and connectedness in the lives of youth. Finally, more nuanced measures of gender identity and inclusion of a more comprehensive range of individual protective and risk factors, including comorbid conditions that confer increased risk of suicidality, should also be examined.
Bottino, 2015	Cyberbullying and adolescent mental health: systematic review	10	Personer utsatt for potensielt traumatiserende hendelser	Nettmobbing	Begge	Blandet (selvmordstanker og -handlinger)	Nei	Online communication has become a centerpiece in the life of adolescents, offering many opportunities for psychosocial development and construction of intimate relationships. However, in this context, violent interactions such as cyberbullying may occur. Cyberbullying is associated with emotional stress, social anxiety, substance use, depressive symptoms, suicidal ideation and suicide attempts. Parents and educators ought to know the risks of on-line communication and need to promote dialogue about the topic, aiding adolescents to find effective ways to deal with such incidents. Health professionals must be aware of the occurrence of cyberbullying and its association with mental health problems.	Cyberbullying is a new form of violence that is expressed through electronic media and has given rise to concern for parents, educators and researchers. In this paper, an association between cyberbullying and adolescent mental health will be assessed through a systematic review of two databases: PubMed and Virtual Health Library (BVS). The prevalence of cyberbullying ranged from 6.5% to 35.4%. Previous or current experiences of traditional bullying were associated with victims and perpetrators of cyberbullying. Daily use of three or more hours of Internet, web camera, text messages, posting personal information and harassing others online were associated with cyberbullying. Cyberbullies and cyberbullied had more emotional and psychosomatic problems, social difficulties and did not feel safe and cared for in school. Cyberbullying was associated with moderate to severe depressive symptoms, substance use, ideation and suicide attempts. Health professionals should be aware of the violent nature of interactions occurring in the virtual environment and its harm to the mental health of adolescents.	Future research should identify the nature of this stress inducing experience. Studies regarding the differences found between adolescents facing cyberbullying, such as those who “do not care” and those “strongly impaired”, may bring important contributions to strategies of prevention and intervention. Prevention strategies have to be implemented in order to avoid risk behaviors and aid adolescents to find effective ways of handling cyberbullying incidents and to avoid risk behaviors, such as exposing personal information, photos and webcam use with strangers, which can raise cyberbullying incidents and mental health damage.
Bryan, 2015	Combat Exposure and Risk for Suicidal Thoughts and Behaviors Among Military Personnel and Veterans: A Systematic Review and Meta-Analysis	22	Militært personell/veteraner	Krigshandlinger	Begge	Blandet (død ved selvmord, selvmordsforsøk, selvmordstanker)	Ja	In conclusion, results of the present review and meta-analysis suggest that the question, Does deployment contribute to suicide risk? may be less useful than the question, For whom and under what circumstances does deployment contribute to suicide risk? To this end, the studies reviewed in this analysis suggest that exposure to killing and atrocity among military personnel and veterans, whether as a witness to such events or the agent of these events, is at least one condition under which vulnerability to suicide related outcomes is increased for military personnel and veterans.	Due to seemingly mixed empirical results, questions persist about the possible role of deployments and combat exposure. We conducted a narrative review and meta-analysis of 22 published studies to integrate findings regarding the relationship of deployment-related predictors (i.e., deployment, employment to a combat zone, combat experience, and exposure to specific combat events) with suicide-related outcomes (i.e., suicide ideation, attempt, and death). Across all predictors and outcomes, the combined effect was small and positive, $r = .08$ [0.04, 0.13], and marked by significant heterogeneity, $I^2 = 99.9\%$, $Q(21) = 4880.16$, $p < .0001$, corresponding to a 25% increased risk for suicide-related outcomes among those who have deployed. Studies examining the relationship between exposure to killing and atrocities ($k = 5$) showed the largest combined effect, $r = .12$ [0.08, 0.17], and less heterogeneity, $I^2 = 84.4\%$, $Q(4) = 34.96$, $p < .0001$, corresponding to a 43% increased risk for suicide-related outcomes among those exposed to killing or atrocity. Implications for theory, research, and clinical practice are discussed.	Assessing more specifically for exposure to killing and atrocity, however, is likely to provide more precision in measurement and improved clarity of results. Clinically, the present results suggest that mental health professionals should integrate specific combat exposure into their risk formulations and case conceptualizations with patients or clients who are military personnel and veterans.
Buckmaster, 2018	Family factors associated with self-harm in adults: a systematic review	27	Voksne som selvskader	Vold mot barn Omsorgssvikt (mot barn) Partnervold	Utsatthet	Selvskading (SH)	Nei	A thorough review of the literature revealed the influential role of family relationships on self-harming behaviours in adults. Building on previous literature which has highlighted a significant interaction between familial interactions and self-harm in adolescents, the present study suggests that this relationship is upheld in adulthood.	The aim of this study was to systematically review the literature pertaining to family dynamics in the adult self-harming population. PsycINFO, Medline, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Applied Social Sciences Index and Abstracts (ASSIA) were searched for studies containing two keywords, one relating to self-harm and the second relating to a family relationship. The final search was run on 4 August 2017. The electronic search yielded a total of 2,623 studies; 119 texts were selected for full review and twenty-seven articles were included in the analysis. Thematic analysis was used to synthesize the results. Results indicated that insecure parental attachments, neglectful, overprotective, disempowering and abusive parenting were associated with self-harm. Similarly, insecure attachments and abusive relationships with romantic partners were linked to self-harm. Finally, self-harm was found to be related to poor family functioning.	The present study reports on twenty-seven studies from a search of four databases, which in itself may be demonstrative of an under-studied area (most self-harm studies are on adolescents).

Carballo, 2019	Psychosocial risk factors for suicidality in children and adolescents	44	Barn og ungdom mellom 4 og 19 år	Vold mot barn Seksuell vold/ overgrep	Utsatthet	Blandet og diffust (suicidalitet, selvmordstanker) (11 undersøkte belastninger som inntraff før suicidal atferd)	Nei	A history of childhood sexual abuse is associated with a 10.9-fold increase in the odds of a suicide attempt between the ages of 4 and 12 years and a 6.1-fold increase in the odds of an attempt between the ages of 13 and 19 years. Victims of bullying have higher rates of suicidal behaviour and ideation. Other stressful circumstances that may precede suicidal behaviour are peer conflict, legal problems, physical abuse, worries about sexual orientation, romantic breakups, exposure to suicide/suicide attempts, and physical and/or sexual violence among trafficked victims.	Suicidality in childhood and adolescence is of increasing concern. The aim of this paper was to review the published literature identifying key psychosocial risk factors for suicidality in the paediatric population. A systematic two-step search was carried out following the PRISMA statement guidelines, using the terms 'suicidality, suicide, and self-harm' combined with terms 'infant, child, adolescent' according to the US National Library of Medicine and the National Institutes of Health classification of ages. Forty-four studies were included in the qualitative synthesis. The review identified three main factors that appear to increase the risk of suicidality: psychological factors (depression, anxiety, previous suicide attempt, drug and alcohol use, and other comorbid psychiatric disorders); stressful life events (family problems and peer conflicts); and personality traits (such as neuroticism and impulsivity). The evidence highlights the complexity of suicidality and points towards an interaction of factors contributing to suicidal behaviour. More information is needed to understand the complex relationship between risk factors for suicidality. Prospective studies with adequate sample sizes are needed to investigate these multiple variables of risk concurrently and over time.	Thus, from a suicidal behaviour prevention standpoint, further investigation is needed to clarify the relationship between stressful life events and suicidality in the paediatric population.
Castellvi, 2017	Exposure to violence, a risk for suicide in youths and young adults. A meta-analysis of longitudinal studies	29	Personer mellom 12 og 26 år	Partnervold	Utsatthet	Blandet (selvmordsforsøk og selvmord)	Ja	Our systematic review showed a lifetime prevalence of childhood maltreatment from 10% to 40%, bullying from 9% to 20% and dating violence from 8% to 22% (see Table 1). Therefore, implementing preventive and effective programmes to reduce both exposures and outcomes, violence and suicide, is mandatory for the health of youths and young adults. Based on our PAR calculations, and assuming that eliminating the exposure will not affect other risk factors, effective interventions in youths and young adults exposed to CSA and bullying could theoretically reduce suicide attempts by around 14.3% and 22.2% respectively. Although the complete elimination of the exposure is relatively unlikely, children and youths with these IPV exposures should be considered as a potential target for suicide prevention programmes. Primary care and emergency room teams composed by expert multidisciplinary professionals should have a pivotal role in the prevention, identification and management of early victims of IPV. Screening of early IPV exposure and counselling of youth victims and their parents or caregivers is recommended.	Objective: To assess the association and magnitude of the effect of early exposure to different types of interpersonal violence (IPV) with suicide attempt and suicide death in youths and young adults. Method: We searched six databases until June 2015. Inclusion criteria were as follows: (1) assessment of any type of IPV as risk factor of suicide attempt or suicide: (i) child maltreatment [childhood physical, sexual, emotional abuse, neglect], (ii) bullying, (iii) dating violence, and (iv) community violence; (2) population-based case-control or cohort studies; and (3) subjects aged 12–26 years. Random models were used for meta-analyses (Reg: CRD42013005775). Results: From 23 682 articles, 29 articles with 143 730 subjects for meta-analyses were included. For victims of any IPV, OR of subsequent suicide attempt was 1.99 (95% CI: 1.73–2.28); for child maltreatment, 2.25 (95% CI: 1.85–2.73); for bullying, 2.39 (95% CI: 1.89–3.01); for dating violence, 1.65 (95% CI: 1.40–1.94); and for community violence, 1.48 (95% CI: 1.16–1.87). Young victims of IPV had an OR of suicide death of 10.57 (95% CI: 4.46–25.07). Conclusion: Early exposure to IPV confers a risk of suicide attempts and particularly suicide death in youths and young adults. Future research should address the effectiveness of preventing and detecting early any type of IPV exposure in early ages.	Here, IPV has been consistently shown to be associated with youth suicide behaviours; however, future research is needed for a more accurate estimation of the magnitude of risks for suicide, based on population-based longitudinal studies. Also, the role of specific moderators, such as impulsivity, aggression and disinhibition, should be studied. Gene-environment studies are also needed to identify children with high vulnerability to die by suicide as a response to early trauma exposure. Importantly, research to estimate the risk between IPV and suicidal behaviour should be extended to developing countries.
Cheek, 2020	Social rejection, popularity, peer victimization, and self-injurious thoughts and behaviors among adolescents: A systematic review and meta-analysis	56	Ungdom	Vold/overgrep fra jevnaldrende	Utsatthet	Blandet og diffust (selvskadende tanker og handlinger)	Ja	Overall, results of the current review suggest an association between various indicators of low relational evaluation and SITBs (self-injurious thoughts and behaviors), with the strength of the support for this association depending considerably on the type of SITB examined and the variant of low relational evaluation measured.	Self-injurious thoughts and behaviors (SITBs) are significant public health problems in adolescence. The current article provides a comprehensive systematic review examining the relationship between events leading to perceived low relational evaluation (e.g. social rejection) and SITBs among adolescents. Theoretical work posits that low relational evaluation is experienced as psychologically painful, a known correlate of SITBs. Therefore, events leading to low relational evaluation may be particularly informative in understanding the context of SITBs. The current review examines how experiences of low relational evaluation that are hypothesized to elicit psychological pain, such as social rejection, low popularity, and peer victimization are related to engagement in SITBs in adolescence. A total of 56 articles meeting inclusion criteria were identified. The hypothesis of an association between indicators of low relational evaluation and SITBs was generally supported throughout the literature, with more consistency found among studies examining suicidal ideation specifically. However, interpretation of the findings is constrained by various methodological limitations of studies. The present review concludes with a theoretical conceptualization of the relationship between perceived relational value and SITBs, leveraging social and evolutionary psychological theory, to guide future research into this topic.	It is crucial to conduct research with clinical populations using longitudinal designs to understand the proximal relationship between variants of relational devaluation, increases in social pain, and SITBs.

Chen, 2010	Sexual Abuse and Lifetime Diagnosis of Psychiatric Disorders: Systematic Review and Meta-analysis	37	Utsatte for seksuell vold/overgrep	Seksuell vold/overgrep	Utsatthet	Selvmondsforsøk (blant mange utfall)	Ja	This systematic review and meta-analysis demonstrates that sexual abuse is associated with multiple psychiatric disorders, including lifetime diagnosis of anxiety disorders, depression, eating disorders, PTSD, sleep disorders, and attempted suicide.	OBJECTIVE: To systematically assess the evidence for an association between sexual abuse and a lifetime diagnosis of psychiatric disorders. PATIENTS AND METHODS: We performed a comprehensive search (from January 1980-December 2008, all age groups, any language, any population) of 9 databases: MEDLINE, EMBASE, CINAHL, Current Contents, PsycINFO, ACP Journal Club, CCTR, CDSR, and DARE. Controlled vocabulary supplemented with keywords was used to define the concept areas of sexual abuse and psychiatric disorders and was limited to epidemiological studies. Six independent reviewers extracted descriptive, quality, and outcome data from eligible longitudinal studies. Odds ratios (ORs) and 95% confidence intervals (CIs) were pooled across studies by using the random-effects model. The I2 statistic was used to assess heterogeneity. RESULTS: The search yielded 37 eligible studies, 17 case-control and 20 cohort, with 3,162,318 participants. There was a statistically significant association between sexual abuse and a lifetime diagnosis of anxiety disorder (OR, 3.09; 95% CI, 2.43-3.94), depression (OR, 2.66; 95% CI, 2.14-3.30), eating disorders (OR, 2.72; 95% CI, 2.04-3.63), posttraumatic stress disorder (OR, 2.34; 95% CI, 1.59-3.43), sleep disorders (OR, 16.17; 95% CI, 2.06-126.76), and suicide attempts (OR, 4.14; 95% CI, 2.98-5.76). Associations persisted regardless of the victim's sex or the age at which abuse occurred. There was no statistically significant association between sexual abuse and a diagnosis of schizophrenia or somatoform disorders. No longitudinal studies that assessed bipolar disorder or obsessive-compulsive disorder were found. Associations between sexual abuse and depression, eating disorders, and posttraumatic stress disorder were strengthened by a history of rape. CONCLUSION: A history of sexual abuse is associated with an increased risk of a lifetime diagnosis of multiple psychiatric disorders.	Further research is necessary to better understand the pathogenesis of psychiatric disease in victims of sexual abuse and to more effectively treat survivors coping with long-term mental health outcomes.
Collier, 2013	Sexual Orientation and Gender Identity/Expression Related Peer Victimization in Adolescence: A Systematic Review of Associated Psychosocial and Health Outcomes	39	Ungdom	Vold/overgrep fra jevnaldrende	Utsatthet	Diffust (suicidalitet)	Nei	The studies we have reviewed here, which included participants from 12 countries, suggest that peer victimization is correlated with a variety of negative psychosocial and health outcomes. At this time, however, evidence for correlation between sexual orientation and gender identity/expression-related peer victimization and some psychosocial and health outcomes is stronger than others, and remains evidence of association only. The outcomes best characterized are sense of school belonging, depression, and suicidality.	This article reviews research on psychosocial and health outcomes associated with peer victimization related to adolescent sexual orientation and gender identity or expression. Using four electronic databases and supplementary methods, we identified 39 relevant studies. These studies were published between 1995 and 2012 and conducted in 12 different countries. The studies were diverse in terms of their approaches to sampling participants, assessing participants' sexual orientation, operationalizing peer victimization, and with regard to the psychosocial and health outcomes studied in relation to peer victimization. Despite the methodological diversity across studies, there is fairly strong evidence that peer victimization related to sexual orientation and gender identity or expression is associated with a diminished sense of school belonging and higher levels of depressive symptoms; findings regarding the relationship between peer victimization and suicidality have been more mixed. Peer victimization related to sexual orientation and gender identity or expression is also associated with disruptions in educational trajectories, traumatic stress, and alcohol and substance use. Recommendations for future research and interventions are discussed.	We hope to see future studies address gaps in the literature on peer victimization related to sexual orientation and gender identity/expression, while also attending to some of the methodological issues we have already discussed.
Craig, 2020	ADHD and Exposure to Maltreatment in Children and Youth: a Systematic Review of the Past 10 Years	35	Personer under 18 år med ADHD	Vold mot barn	Utsatthet	Selvmondsforsøk	Nei	The purpose of this systematic review was to update current understanding of the association between ADHD and maltreatment based on research over the past 10 years. Our review revealed that the majority of research continues to focus on the rates of concurrent comorbidity between ADHD and maltreatment. ADHD and exposure to maltreatment were found to have an additive effect on clinically salient outcomes (e.g., aggression, suicide attempts). In a sample of girls with ADHD, they found that girls who had experienced maltreatment had higher rates of both externalizing and internalizing problems, as well as a higher number of suicide attempts relative to girls with ADHD but without maltreatment histories.	The purpose of the current paper was to review and summarize the literature on ADHD and maltreatment over the past 10 years. The majority of research on ADHD and exposure to maltreatment focuses on the high rates of comorbidity, including international studies from Asia, South America, North America, and Europe. Longitudinal studies showed that early exposure to maltreatment is a risk factor for ADHD symptoms later in development; however, this finding was not consistent. There were some preliminary studies on the neurological and genetic mechanisms underlying the link between ADHD and exposure to maltreatment. Finally, ADHD and exposure to maltreatment were found to have an additive effect on clinically salient outcomes (e.g., aggression, suicide attempts). Summary Results from the review have direct clinical and future implications, including the need to understand the effect of comorbid ADHD and exposure to maltreatment in treatment studies.	Several studies in our review examined clinical correlates, namely, aggression, as outcomes of ADHD and maltreatment. Interestingly, results suggest an additive effect of ADHD and maltreatment on aggression, arrests, and suicide attempts. These links reinforce the need for future research on specific interventions for ADHD in the context of maltreatment.

Cuesta, 2021	Risk factors for teen suicide and bullying: An international integrative review	18	Ungdom	Mobbing	Utsatthet	Selv mord	Nei	Numerous predisposing risk factors were found for becoming a victim of teen suicide and bullying, such as family dysfunction, including parental miscommunication, lack of monitoring, lack of support, domestic violence, mental problems, depression or a single-parent family	Aim: This study aimed to analyse risk and protective factors for teen suicide and bullying. Background: Research shows that high percentages of bully-victims report suicidal thinking or suicide attempts. Design: This was an international integrative review. Data sources: Five databases including CINAHL, Scopus, PubMed, Google Scholar and Cuiden were searched between January 2010 and December 2020. Review methods: Review methods included problem identification; search, evaluation and analysis of literature; and presentation of results. Results: Eighteen studies were included. We grouped the selected articles into seven thematic categories. The most significant risk factors were being male, having a previous personal and/or family suicide attempt, mental health problems, substance abuse, previous physical and/or sexual abuse, low socio-economic level, belonging to a single-parent family, underachievement, family dysfunction and violent environment. The most common protective factors for both suicide and bullying were being female, having good mental health, belonging to a two-parent family, safe school environment, good family relationships and having an involved teacher. Conclusion: Suicide resulting from bullying is a social and public health problem, so nurse practitioners and paediatric primary care nurses have a responsibility to educate teachers and parents in order to promote early detection and the development of more effective prevention and action plans.	A more exhaustive research initiative and promotion of new health policies and improved action plans regarding suicide related to bullying are required to fully understand this highly nuanced phenomenon.
Daruy-Filho, 2011	Childhood maltreatment and clinical outcomes of bipolar disorder	20	Voksne med bipolar lidelse	Vold mot barn Omsorgssvikt (mot barn)	Utsatthet	Diffust (suicidalitet)	Nei	Results of this review corroborate the importance of systematically investigating the history of childhood abuse and neglect in BD. Particularly, it is very important to know which predictors play a role in accelerating BD course to determine which interventions could help to prevent illness progression, including suicide prevention and child abuse prevention programs.	Objective: Adverse life events, especially early trauma, play a major role in the course and expression of bipolar disorder (BD). The aim of this article is to present a systematic review about the impact of childhood trauma on the clinical course of BD. Method: A computer-aided search was performed in Medline, ISI database, EMBASE, PsychInfo, Centre for Reviews and Dissemination, and Databases of Thomson Reuters at April 2011, supplemented by works identified from the reference lists of the first selected papers. Two investigators systematically and independently examined all articles, selecting those according inclusion and exclusion criteria. Results: Four hundred fifteen articles were identified, of which 19 remained in the review after exclusion criteria were applied. In general, childhood maltreatment predicted worsening clinical course of BD. After assessing the quality of the data and of the measurements, childhood maltreatment can be strongly associated to early onset of disorder, suicidality, and substance abuse disorder in patients with BD. Conclusion: Data suggest that childhood abuse and neglect are risk factors associated with worsening clinical course of BD. The conclusions should be interpreted with caution because all the studies included are cross-sectional and the majority are showing inconsistencies regarding childhood trauma as independent variable and how it is assessed.	Further follow-up studies are needed, as well as well designed cross-sectional ones.
Detullio, 2021	Adolescent aggression and suicidality: A meta-analysis	122	Ungdom	Vold mot barn	Utsatthet	Blandet og diffust (suicidalitet og selvmordsforsøk)	Ja	Refers to the connection between suicidality and aggressive behavior in children and adolescents, where one behavior leads to a greater risk of showing the other. Aggression was found to act as a mediator between childhood physical abuse and suicide attempts (Swogger et al., 2011). If aggression mediates the relationship between various risk factors and suicidality, it can be a good goal for measures for young children and adolescents. However, it is important to point out that the results vary in the studies, some of which suggest that there is an inverse or zero connection between these and the behaviors.	Since the 1900s it has been theorized that aggression and suicidality are associated with each other. Research has provided empirical support for such theories, including the specific mechanisms which may explain the association between the two variables. While some researchers have begun examining the specific features of aggression and suicidality that are related to each other, this meta-analysis sought to provide an overall estimate of the association between the two variables among adolescents in order to understand the relationship as a whole. Research reports were retrieved by searching databases (e.g., PsycINFO) and reviewing subsequent reference lists. After reviewing potential research reports, 122 (N = 182,623) were selected, and 142 correlations were included in the random-effects meta-analytic model. The average correlation between aggression and suicidality was found to be 0.20, $z = 14.53$, $p < 0.001$, 95% CI [0.17, 0.23], $I^2 = 95.0\%$, and three moderators were found to significantly influence effect sizes. This meta-analysis demonstrates that there can be a moderate correlation between aggression and suicidality among adolescents, however the average effect size might be smaller or larger depending on methodological features of individual research reports. The observed average correlation may also be a conservative estimate due to the analytic choices for this study. Nonetheless, the results from this study could provide a general sense of the relationship between aggression and suicidality in adolescents.	This systematic review of the bodies of literature about women Veterans' experiences with STB and IPV identified multiple common risk factors and offers a glimpse at the relationship between IPV and STB in women Veterans. Our findings suggest that common risk factors fall into three categories: socio-demographic risk factors, mental health risk factors, and military service-related risk factors. Of these categories, mental health risk factors were most prevalent in the literature. Such findings may provide good guidance for future research directions and clinical best practices.

Detullio, 2021	Adolescent aggression and suicidality: A meta-analysis	122	Ungdommer med aggressiv atferd	Vold mot barn	Utsatthet	Blandet og diffust (suicidalitet og selvmordsforsøk)	Ja	Refers to the connection between suicidality and aggressive behavior in children and adolescents, where one behavior leads to a greater risk of showing the other. Aggression was found to act as a mediator between childhood physical abuse and suicide attempts (Swogger et al., 2011). If aggression mediates the relationship between various risk factors and suicidality, it can be a good goal for measures for young children and adolescents. However, it is important to point out that the results vary in the studies, some of which suggest that there is an inverse or zero connection between these and the behaviors.	Since the 1900s it has been theorized that aggression and suicidality are associated with each other. Research has provided empirical support for such theories, including the specific mechanisms which may explain the association between the two variables. While some researchers have begun examining the specific features of aggression and suicidality that are related to each other, this meta-analysis sought to provide an overall estimate of the association between the two variables among adolescents in order to understand the relationship as a whole. Research reports were retrieved by searching databases (e.g., PsycINFO) and reviewing subsequent reference lists. After reviewing potential research reports, 122 (N = 182,623) were selected, and 142 correlations were included in the random-effects meta-analytic model. The average correlation between aggression and suicidality was found to be 0.20, z = 14.53, p < 0.001, 95% CI [0.17, 0.23], I ² = 95.0%, and three moderators were found to significantly influence effect sizes. This meta-analysis demonstrates that there can be a moderate correlation between aggression and suicidality among adolescents, however the average effect size might be smaller or larger depending on methodological features of individual research reports. The observed average correlation may also be a conservative estimate due to the analytic choices for this study. Nonetheless, the results from this study could provide a general sense of the relationship between aggression and suicidality in adolescents.	When examining the relationship between aggression and suicidality, future studies should ensure that the variables do not overlap with the functions measured to prevent correlations from being inflated artificially. The study includes references to different strengths in contexts. More research is needed to understand the factors that influence aggression and suicidality.
Devries, 2013	Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A Systematic Review of Longitudinal Studies	16	Personer utsatt for partnervold	Partnervold	Utsatthet	Selvmordsforsøk	Nei	Our review provides evidence that experience of IPV increases the odds of incident depressive symptoms and of suicide attempts among women. We also found evidence that depressive symptoms can increase the odds of incident IPV in women. However, our ability to draw firm conclusions is limited by the quality of the available studies, in particular the lack of adjustment for common risk factors. Two studies examined violence and incident suicide attempts in men: both found non-significant relationships, one in a positive direction and the other with exactly no association. Both of these studies included adolescent or young adult US men; both also controlled for time one suicide attempts.	Background: Depression and suicide are responsible for a substantial burden of disease globally. Evidence suggests that intimate partner violence (IPV) experience is associated with increased risk of depression, but also that people with mental disorders are at increased risk of violence. We aimed to investigate the extent to which IPV experience is associated with incident depression and suicide attempts, and vice versa, in both women and men. Methods and Findings: We conducted a systematic review and meta-analysis of longitudinal studies published before February 1, 2013. More than 22,000 records from 20 databases were searched for studies examining physical and/or sexual intimate partner or dating violence and symptoms of depression, diagnosed major depressive disorder, dysthymia, mild depression, or suicide attempts. Random effects meta-analyses were used to generate pooled odds ratios (ORs). Sixteen studies with 36,163 participants met our inclusion criteria. All studies included female participants; four studies also included male participants. Few controlled for key potential confounders other than demographics. All but one depression study measured only depressive symptoms. For women, there was clear evidence of an association between IPV and incident depressive symptoms, with 12 of 13 studies showing a positive direction of association and 11 reaching statistical significance; pooled OR from six studies = 1.97 (95% CI 1.56–2.48, I ² = 50.4%, heterogeneity = 0.073). There was also evidence of an association in the reverse direction between depressive symptoms and incident IPV (pooled OR from four studies = 1.93, 95% CI 1.51–2.48, I ² = 0%, p = 0.481). IPV was also associated with incident suicide attempts. For men, evidence suggested that IPV was associated with incident depressive symptoms, but there was no clear evidence of an association between IPV and suicide attempts or depression and incident IPV. Conclusions: In women, IPV was associated with incident depressive symptoms, and depressive symptoms with incident IPV. IPV was associated with incident suicide attempts. In men, few studies were conducted, but evidence suggested IPV was associated with incident depressive symptoms. There was no clear evidence of association with suicide attempts.	Most studies were from high-income countries. Most studies measured only physical violence, or modelled exposure to physical and sexual violence separately. Most studies had these categories as separates. More research on men in these relationships is recommended.
Devries, 2014	Childhood Sexual Abuse and Suicidal Behavior: A Meta-analysis	9	Personer utsatt for seksuelle overgrep i barndommen	Seksuell vold/ overgrep	Utsatthet	Selvmordsforsøk	Ja	CSA is associated with increased odds of incident suicide attempts and after controlling for genetic risk factors, early family environment and other risk factors. Prevention strategies that take into account who perpetrates violence against children are needed, and interventions for suicidal patients must be sensitive to histories of violence.	BACKGROUND AND OBJECTIVE: Self-inflicted injuries are one of the major causes of disease burden and death globally. Understanding the extent to which this is associated with childhood sexual abuse (CSA) exposure can help inform prevention strategies. We aimed to quantify to what extent CSA was associated with incident suicide attempts in men and women. METHODS: We searched 20 health and social science databases from first record until February 2009 and updated the search in Medline from February 2009 to February 1, 2013. Longitudinal studies and cotwin analyses from twin studies in any population from any year were eligible for inclusion. Of 22 235 abstracts screened as part of a series of reviews, 9 studies met the inclusion criteria for this review. Characteristics, effect estimates, and quality data were extracted. Random-effects meta-analysis was used to generate pooled odds ratios (ORs). RESULTS: Seven longitudinal and 2 twin studies with 8733 participants met the inclusion criteria. The overall pooled estimate for longitudinal studies was OR = 2.43 (95% confidence interval: 1.94–3.05), I ² = 87.5%, P = .0001. The pooled OR from cotwin analysis was 2.65 (95% confidence interval: 0.82–4.49, I ² = 0%, P = .867). Studies adjusted for a range of confounders, but baseline suicidal behavior was not well controlled. Too few studies met the inclusion criteria to quantitatively examine sources of heterogeneity. CONCLUSIONS: CSA exposure is associated with suicide attempts when a range of different confounders are controlled for, but the temporality of the association is not well established, and the association is highly heterogeneous.	Although it is clear that CSA is associated with suicide attempts and completed suicides, further research is needed in several areas. One, the type of violence captured by most measures is likely to include a substantial amount of dating violence, that is, violence perpetrated by peers in romantic relationships. This form of violence is common in adolescent populations, and strategies to prevent this form of violence may be different from strategies to prevent sexual abuse by other types of perpetrators. It is clear that both young women and men who are experience CSA are at increased risk of suicidal outcomes. PAR calculations underline that CSA exposure may be a major contributor to suicidal behavior in both male and female populations. At a population level, the prevalence of CSA is much higher among women that disease burden of suicide caused by CSA is likely to be higher in females; however, at the individual level, it may be that young men who have experienced CSA need increased attention to avoid suicidal outcomes.

Dillon, 2013	Mental and Physical Health and Intimate Partner Violence against Women: A Review of the Literature	75	Kvinner	Partnervold	Utsatthet	Selvskadning (blant mange utfall)	Nei	The findings of studies included in the present review show that women with a history of IPV experience significantly poorer health including depression, anxiety, PTSD, and reduced measures in both functional and somatic physical health domains. The review also highlighted the need for more methodological clarity in future studies on a number of issues. These include availability of more data on the long-term mental and physical health consequences following IPV through longitudinal studies using standardised definitions and validated scales. There is also a need to better understand the long-term implications of (a) different forms of IPV, (b) the cumulative impact of experiencing multiple types of IPV, and (c) cumulative intensity/severity of IPV. The availability of high-quality cross-cultural qualitative research studies on women's subjective experiences is also of value to allow better triangulation of the data on IPV and adverse health impacts.	Associations between intimate partner violence (IPV) and poor physical and mental health of women have been demonstrated in the international and national literature across numerous studies. This paper presents a review of the literature on this topic. The 75 papers included in this review cover both original research studies and those which undertook secondary analyses of primary data sources. The reviewed research papers published from 2006 to 2012 include quantitative and qualitative studies from Western and developing countries. The results show that while there is variation in prevalence of IPV across various cultural settings, IPV was associated with a range of mental health issues including depression, PTSD, anxiety, self-harm, and sleep disorders. In most studies, these effects were observed using validated measurement tools. IPV was also found to be associated with poor physical health including poor functional health, somatic disorders, chronic disorders and chronic pain, gynaecological problems, and increased risk of STIs. An increased risk of HIV was reported to be associated with a history of sexual abuse and violence. The implications of the study findings in relation to methodological issues, clinical significance, and future research direction are discussed.	(This review) highlighted the need for more methodological clarity in future studies on a number of issues. These include availability of more data on the long-term mental and psychological health consequences following IPV through longitudinal studies using standardised definitions and validated scales. There is also a need to better understand the long-term implications of (a) different forms of IPV, (b) the cumulative impact of experiencing multiple types of IPV, and (c) cumulative intensity/severity of IPV. The availability of high-quality cross-cultural qualitative research studies on women's subjective experiences is also of value to allow better triangulation of the data on IPV and adverse health impacts. Future studies also need to focus on the pathways to recovery from abusive experiences and how health services, particularly primary care clinicians, can play a role in the rehabilitative journey.
Duarte, 2020	Childhood-maltreatment subtypes in bipolar patients with suicidal behavior: systematic review and meta-analysis	13	Pasienter med bipolar lidelse	Vold mot barn Psykisk vold/ Seksuell vold/ overgrep Omsorgssvikt (mot barn)	Utsatthet	Selvmordsforsøk	Ja	In conclusion, our findings suggest that CM severity and subtypes (especially emotional abuse, sexual abuse, and emotional neglect) could contribute to the development of SB in individuals with BD.	Objective: Patients with bipolar disorders have a high risk of suicidal behavior. Childhood maltreatment is a well-established risk factor for suicidal behavior. The objective of this study was to examine the association between childhood-maltreatment subtypes and vulnerability to suicide attempts in bipolar disorder using the Childhood Trauma Questionnaire (CTQ). Methods: A literature review was performed using the MEDLINE, Embase, and PsycINFO databases. Thirteen studies met the selection criteria. In the meta-analysis, the Childhood Trauma Questionnaire (CTQ) was used to assess a wide range of childhood maltreatment subtypes, which were analyzed by using a random-effects model to account for the likely variations of true effect sizes between the included studies. Results: In the systematic review, 13 studies met the selection criteria. The CTQ was selected for the meta-analysis to increase the homogeneity of assessment and to encompass a wide range of childhood-maltreatment subtypes. The data were analyzed using a random-effects model. Compared to bipolar non-attempters, bipolar suicide attempters had experienced childhood maltreatment with a significantly higher frequency and had higher total CTQ scores (Hedges' $g = -0.38$, 95%CI -0.52 to -0.24, $z = -5.27$, $p < 0.001$) and CTQ sub-scores (sexual abuse: $g = -0.39$, 95%CI -0.52 to -0.26, $z = -5.97$; physical abuse: $g = -0.26$, 95%CI -0.39 to -0.13, $z = -4.00$; emotional abuse: $g = -0.39$, 95%CI -0.65 to -0.13, $z = -2.97$; physical neglect: $g = -0.18$, 95%CI -0.31 to -0.05, $z = -2.79$; emotional neglect: $g = -0.27$, 95%CI -0.43 to -0.11, $z = -3.32$). Conclusions: Childhood maltreatment, as assessed by the CTQ, may contribute to an increased risk of suicidal behavior among people with bipolar disorders. Recognizing maltreatment as an etiological risk factor is a crucial step toward furthering science-based preventive psychiatry.	These findings also highlight the importance of recognizing maltreatment as an etiological risk factor that must be evaluated in psychiatric consultations, particularly with BD patients. This is crucial to developing science-based preventive psychiatry and designing effective therapeutic regimens.
Dworkin, 2017	Sexual assault victimization and psychopathology: A review and meta-analysis	195	Utsatte for seksuell vold/overgrep	Seksuell vold/overgrep	Utsatthet	Blandet og diffust (selvmordsforsøk og tanker og suicidalitet)	Ja	There is strong evidence that Sexual Abuse victimization is associated with increased risk for multiple forms of psychopathology across most populations, assault types, and methodological differences in studies. This indicates that conditions beyond PTSD alone should be considered in relation to histories of trauma exposure in research and practice, and that increased dissemination of evidence-based practices for trauma-related conditions to Sexual Abuse survivors is critically needed. Survivors of SA appear to be at substantially increased risk for suicidal ideation and attempts; indeed, relative to other conditions, SA was associated with the highest increases in risk for suicidality.	Sexual assault (SA) is a common and deleterious form of trauma. Over 40 years of research on its impact has suggested that SA has particularly severe effects on a variety of forms of psychopathology, and has highlighted unique aspects of SA as a form of trauma that contribute to these outcomes. The goal of this meta-analytic review was to synthesize the empirical literature from 1970–2014 (reflecting 497 effect sizes) to understand the degree to which (a) SA confers general risk for psychological dysfunction rather than specific risk for posttraumatic stress, and (b) differences in studies and samples account for variation in observed effects. Results indicate that people who have been sexually assaulted report significantly worse psychopathology than unassaulted comparisons (average Hedges' $g=0.61$). SA was associated with increased risk for all forms of psychopathology assessed, and stronger associations were observed for posttraumatic stress and suicidality. Effects endured across differences in sample demographics. Broader SA operationalizations (e.g., including incapacitated, coerced, or nonpenetrative SA) were not associated with differences in effects, although including attempted SA in operationalizations resulted in lower effects. Larger effects were observed in samples with more assaults involving stranger perpetrators, weapons, or physical injury. In the context of the broader literature, our findings provide evidence that experiencing SA is major risk factor for multiple forms of psychological dysfunction across populations and assault types.	Further examination of how assault characteristics predict psychopathology in relation to SA specifically is needed to clarify the unique aspects of SA experiences that contribute to psychopathology.

Dworkin, 2020	Associations between sexual assault and suicidal thoughts and behavior: A meta-analysis	61	Utsatte for seksuell vold/overgrep	Seksuell vold/overgrep	Utsatthet	Blandet (selvmordstanker og selvmordsforsøk)	Ja	Our findings demonstrate robust associations between sexual assault and both suicidal ideation and attempts across studies that compared sexual assault survivors to those without sexual assault exposure.	Objective: The goal of the present study was to conduct a quantitative review to determine the degree to which specific forms of suicidality (i.e., lifetime and past-year suicidal ideation and attempts) are associated with sexual assault (SA). It also examined whether the strength of the association between SA and suicidality was moderated by sample characteristics or the type of suicidality assessed. Method: A subset of studies (25 samples and 36 effects, reflecting N = 88,376 participants) from a prior meta-analysis assessing associations between SA and psychopathology were examined. Included studies provided the prevalence of suicidality in subsamples that had and had not been exposed to SA and/or an odds ratio comparing the prevalence in these groups. Random effects meta-regression models aggregated prevalence estimates and odds ratios for lifetime and past-year suicidal ideation and suicide attempts in individuals in SA and no-SA groups. Analyses also examined whether sample characteristics (i.e., percent women, college sample) or type of suicidality moderated the magnitude of odds ratios. Results: Subsamples exposed to SA reported a substantially higher prevalence of suicidality (27.25%) compared to unassaulted subsamples (9.37%). There were specifically higher rates of lifetime and past-year suicidal ideation, and lifetime suicide attempts in assaulted subsamples than in unassaulted subsamples. No tested moderators had significant associations with the strength of the relationship between SA and suicidality. Conclusion: Findings underscore the robust relationship between SA and both suicidal ideation and attempts and suggest that identifying moderators and mediators that explain it is a key directive for future research.	Explanations for the relationship between sexual assault and suicidality remain unclear. Future research should identify moderators and mediators to explain this association, which may cultivate malleable targets for therapeutic intervention.
Evans, 2005	Suicidal phenomena and abuse in adolescents: a review of epidemiological studies	10	Ungdom	Vold mot barn Fysisk vold Seksuell vold/overgrep	Utsatthet	Blandet og diffust (selvmordstanker og -atferd)	Nei	The findings from this systematic review demonstrate that there is a clear link between different types of abuse and suicidal phenomena occurring during childhood and adolescence.	Objective: To conduct a systematic review of the international literature to determine whether adolescents who had experienced abuse were more likely to also experience suicidal thoughts and behaviors than other adolescents, and to investigate the nature of this association. Method: Reports of community- or school-based studies of adolescents on the association between the prevalence of suicidal phenomena and abuse were searched for via electronic databases, reviewing reference lists and contacting experts in the field. Results: Ten relevant studies were identified. Adolescents who had been physically or sexually abused were significantly more likely to experience suicidal thoughts and behaviors than other adolescents. This association appeared to be direct in most studies in which multivariate analyses were conducted. There is evidence that other factors (e.g., low self-esteem) may play a mediating role in the relationship between abuse and suicidal phenomena. Conclusions: There is a clear link between abuse and suicidal phenomena occurring during childhood and adolescence.	Serious abuse from a parent may be associated with a family history of mental health problems or drug and alcohol abuse and therefore the abuse may be associated with additional risk factors. This should be investigated in future research. Future research should attempt to determine the role of intervening variables (e.g., low self-esteem) as this may not only assist in furthering an understanding of the mechanism, but also have clinical implications.
Facer-Irwin, 2019	PTSD in prison settings: A systematic review and meta-analysis of comorbid mental disorders and problematic behaviours	36	Innsatte i fengsler	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Blandet og diffust (suicidalitet, selvmordsforsøk, selvmordstanker, selvskadning og villet egenskade)	Ja	In total, twelve studies investigated the association between PTSD and problems relating to suicidality, which included suicide attempts, suicidal ideation, measures of suicide risk, or self-injurious behaviour, and nine found statistically significant associations.	Purpose Prevalence rates of PTSD are higher in the prison population than in the community. We sought to systematically review the extent to which this disorder is associated with other mental health disorders and problematic suicidal or aggressive behaviours in the prison population. Methods Studies reporting a relationship between PTSD and comorbid mental disorders and/or problematic behaviours in imprisoned adolescent and adult populations were identified from four bibliographic indexes. Primary studies involving clinical interviews, validated instruments leading to DSM or ICD diagnoses, or validated self-report questionnaires such as the PTSD checklist were included. Random-effects meta-analysis was conducted where possible. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed. Results This review identified 36 studies, with a combined sample of 9594 participants, (6478 male and 2847 female prisoners) from 11 countries. Thirty-four of the identified studies employed a cross-sectional design. We identified significant associations between PTSD and comorbid mental disorders including depression (OR = 3.4, 95% confidence interval (CI): 2.3–4.9), anxiety (OR = 2.9, 95% confidence interval (CI): 1.8–4.7) and substance use (OR = 1.9, 95% confidence interval (CI): 1.5–2.4). We also identified significant associations between PTSD and suicidality (OR = 3, 95% confidence interval (CI): 2.4–3.8) and aggressive behaviours (this latter finding was not subject to meta-analysis). Significant methodological heterogeneity was identified between studies. Conclusions High rates of psychiatric comorbidity among prisoners with PTSD, and links to suicidal behaviour, self-harm and aggressive behaviour, provide further support for the need for trauma-informed treatment approaches in prisons. However, significant gaps in the current evidence were apparent. In particular, a lack of large, longitudinal studies meant that the temporal relationships between PTSD and relevant outcomes cannot currently be determined.	Given that preventing recidivism remains a central task for those working in prisons, future research is needed to explore this further, and establish whether or not PTSD is prospectively linked with different forms of offending behaviour or criminal activity, as well as readmission to custody. Findings suggesting associations between PTSD and suicidality also have important implications for future research into pathways to self-harming and suicidal behaviour in prison environments. This review has (therefore) highlighted the lack of robust research in this area and the need for future longitudinal studies utilising standardised and validated measures of both PTSD and outcomes, to explore the longer-term impact of PTSD on youth and adults in custody.

Favril et al, 2020	Risk factors for self-harm in prison: 35 a systematic review and meta-analysis		Innsatte i fengsler	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Selvskadning (Self-Harm)	Ja	All historical life events measured were associated with self-harm, especially childhood sexual abuse (ie, before the age of 18 years). Prison-specific environmental risk factors for self-harm included solitary confinement, disciplinary infractions, and experiencing sexual or physical victimisation while in prison.	Background Self-harm is a leading cause of morbidity in prisoners. Although a wide range of risk factors for self-harm in prisoners has been identified, the strength and consistency of effect sizes is uncertain. We aimed to synthesise evidence and assess the risk factors associated with self-harm inside prison. Methods In this systematic review and meta-analysis, we searched four electronic databases (PubMed, Embase, Web of Science, and PsycINFO) for observational studies on risk factors for self-harm in prisoners published from database inception to Oct 31, 2019, supplemented through correspondence with authors of studies. We included primary studies involving adults sampled from general prison populations who self-harmed in prison and a comparison group without self-harm in prison. We excluded studies with qualitative or ecological designs, those that reported on lifetime measures of self-harm or on selected samples of prisoners, and those with a comparison group that was not appropriate or not based on general prison populations. Data were extracted from the articles and requested from study authors. Our primary outcome was the risk of self-harm for risk factors in prisoners. We pooled effect sizes as odds ratios (OR) using random effects models for each risk factor examined in at least three distinct samples. We assessed study quality on the basis of the Newcastle-Ottawa Scale and examined between-study heterogeneity. The study protocol was registered with PROSPERO, CRD42018087915. Findings We identified 35 independent studies from 20 countries comprising a total of 663735 prisoners, of whom 24978 (3.8%) had self-harmed in prison. Across the 40 risk factors examined, the strongest associations with self-harm in prison were found for suicide-related antecedents, including current or recent suicidal ideation (OR 13.8, 95% CI 8.6–22.1; I ² =49%), lifetime history of suicidal ideation (8.9, 6.1–13.0; I ² =56%), and previous self-harm (6.6, 5.3–8.3; I ² =55%). Any current psychiatric diagnosis was also strongly associated with self-harm (8.1, 7.0–9.4; I ² =0%), particularly major depression (9.3, 2.9–29.5; I ² =91%) and borderline personality disorder (9.2, 3.7–22.5; I ² =81%). Prison-specific environmental risk factors for self-harm included solitary confinement (5.6, 2.7–11.6; I ² =98%), disciplinary infractions (3.5, 1.2–9.7; I ² =99%), and experiencing sexual or physical victimisation while in prison (3.2, 2.1–4.8; I ² =44%). Sociodemographic (OR range 1.5–2.5) and criminological (1.8–2.3) factors were only modestly associated with self-harm in prison. We did not find clear evidence of publication bias. Interpretation The wide range of risk factors across clinical and custody-related domains underscores the need for a comprehensive, prison-wide approach towards preventing self-harm in prison. This approach should incorporate both population and targeted strategies, with multiagency collaboration between the services for mental health, social care, and criminal justice having a key role.	Future work could provide more precise estimates by doing an individual participant metaanalysis, which would allow for the calculation of effect sizes adjusted in the same way. We identified no studies from low-income and middle-income countries, and more research in those settings is warranted.
Ferreira, 2018	Borderline personality disorder and sexual abuse: A systematic review	40	Voksne med emosjonelt ustabil personlighetsforstyrrelse	Seksuell vold/overgrep	Utsatthet	Blandet og diffust (suicidalitet og selvskadning (mutilering))	Nei	Overall, SA plays a major role in BPD, particularly in women. CSA is an important risk factor for BPD. ASA rates are significantly higher in BPD patients compared with other PDs. SA predicts more severe clinical presentation and poorer prognosis of BPD. Suicidality has the most consistent evidence, followed by self-mutilation, PTSD, dissociation and chronicity of BPD.	Although sexual abuse (SA) is known to be frequent among borderline personality disorder (BPD) patients, few reviews evaluating that relationship have been published. This systematic review aimed to investigate SA (including adulthood) as a predictor of BPD diagnosis, clinical presentation and prognosis. Studies written in English or Portuguese from January 1997 until January 2017 were identified by searching the following keywords in three international databases: "borderline personality disorder" OR "borderline disorder" AND "sexual abuse" OR "sexual violence" OR "sexual victimization" OR "sexual assault" OR "rape". Forty articles met the eligibility criteria. Overall, SA was found to play a major role in BPD, particularly in women. Childhood sexual abuse (CSA) is an important risk factor for BPD. Adult sexual abuse (ASA) rates are significantly higher in BPD patients compared with other personality disorders (PDs). SA history predicts more severe clinical presentation and poorer prognosis. Suicidality has the strongest evidence, followed by self-mutilation, post-traumatic stress disorder (PTSD), dissociation and chronicity of BPD. Future research should study more ASA and include more males, milder BPD patients and documented or corroborated SA cases. The impact of other traumatic experiences (e.g., emotional abuse) on BPD must also be systematically reviewed.	Future research should study more ASA and include more males, milder BPD patients and documented or corroborated SA cases. The impact of other traumatic experiences (e.g., emotional abuse) on BPD must also be systematically reviewed.
Flach, 2021	Suicidality in homeless children and adolescents: A systematic review	94	Hjemløse barn og ungdommer	Vold mot barn	Utsatthet	Selvmondsforsøk	Nei	Becoming homeless at a younger age has greater detriments in regard to overall quality of life, higher presence of mental health symptomatology, greater prevalence of substance use, and elevated risk for suicide attempts. In addition, it appears that the more chronic the homelessness span, the higher the chance of having less resilience and higher risk for suicide in the homeless youth population	Suicide has been found to be the leading cause of death in the homeless youth population. Mortality rates due to suicide in this cohort can be 12–40 times more elevated than those observed in the general population. Therefore, a systematic review of the literature was conducted in order to investigate potential factors associated with suicidality among homeless children and adolescents. After a thorough investigation of peer-reviewed articles from main databases in this literature (ProQuest and EBSCO), a final number of 94 articles were studied to produce the contents of this systematic review. Factors associated with suicidality were divided into two main categories, namely risk factors and protective factors. The results of this review revealed significant risk factors including gender, sexual orientation, history of abuse, mental health diagnoses, negative coping styles, duration of homelessness, and survival sex. Conversely, this review identified protective factors associated with suicidality among homeless children and adolescents, such as the role of resilience, positive coping strategies, and supportive school environment. Given the impact of suicide rates in this already at-risk population, understanding these factors becomes paramount knowledge related to long-term outcomes for the homeless youth population.	In terms of research, it is recommended that future studies attempt to bridge the gap between the lack of available data of children and adolescents when compared to adults. The lack of pediatric psychological measures and interventions normed in this population is alarming, and constitutes an area of improvement in which research can impact future rates of adult homelessness.

Fliege, 2009	Risk factors and correlates of deliberate self-harm behavior: A systematic review	59	Barn og unge	Seksuell vold/overgrep	Utsatthet	Selvskading (deliberate self-harm behavior—without suicidal intent)	Nei	We identified 21 studies reporting associations between deliberate self-harm behavior and sexual abuse.	Objective: Deliberate self-harm behavior—without suicidal intent—is a serious health problem and may be studied as a clinical phenomenon in its own right. Empirical studies of sociodemographic and psychological correlates and risk factors are systematically reviewed. Methods: We searched Medline, PsycINFO, PSYNDEX (German psychological literature), and reference lists. We targeted self-induced bodily harm without conscious suicidal intent. Studies on suicidal behavior or self-poisoning were only included if they also assessed nonsuicidal selfharm. Results: Fifty-nine original studies met the criteria. Deliberate self-harm may occur at all ages, yet adolescents and young adults are at a higher risk. Evidence on gender is complex. Only 5 studies realize a prospective design (6 months to 10 years) and test predictors. The majority use cross-sectional and retrospective methods. No longitudinal study (separately) examines new incidence. Evidence of correlates encompasses distal/proximal, person/environment, and state/trait factors. Many studies report associations between current self-harm behavior and a history of childhood sexual abuse. Adolescent and adult self-harmers experience more frequent and more negative emotions, such as anxiety, depression, and aggressiveness, than persons who do not self-harm. Two studies yield specific interactions between childhood trauma and current traits and states such as low emotional expressivity, low self-esteem, and dissociation with respect to a vulnerability to self-harm. Conclusion: Evidence of distal, biographical stressors is fairly strong. Proximal stressors have rarely been investigated; protective factors, hardly at all. Despite many findings of correlates, the data do not yet justify terming them risk factors. Longitudinal studies are needed.	Future research should include (a) longitudinal studies; (b) a psychometrically sound assessment of deliberate self-harm; (c) proximal stress factors (life events, stress, daily hassles, or situational triggers) that occur prior to the onset of deliberate self-harm; (d) the coping with stress dimension; (e) the potential role of social resources; (f) models that test interactions or transactional relations between risk factors, including mediating and moderating effects, as well as interactions between dynamic risk factors and target behavior, including unidirectional and bidirectional effects; and finally (g) models that test moderating effects of protective factors.
Forkus, 2020	Military Sexual Trauma and Risky Behaviors: A Systematic Review	47	Militært personell/veteraner	Seksuell vold/overgrep	Utsatthet	Diffust (selvmordsatferd)	Nei	The current systematic reviews advances literature by providing strong support for an association between MST and a wide range of risky behaviors.	Introduction: Military sexual trauma (MST) is a serious and pervasive problem among military men and women. Recent findings, have linked MST with various negative outcomes including risky, self-destructive, and health-compromising behaviors. Objective: The current review summarizes the existing literature on the association between MST and risky behaviors among military men and women who have served in the U.S. Armed Forces. Method: We systematically searched five electronic databases (PubMed, EMBASE, PSYCINFO, PILOTS, and CINAHL Plus) using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Results: Of the initial 2,021 articles, 47 met the inclusion criteria. Reviewed studies revealed three patterns of findings: (1) largely studied and consistent (i.e., suicidal behaviors, disordered eating), (2) mixed and in need of future research (i.e., alcohol and drug use, smoking), and (3) underexamined (i.e., sexual behaviors, illegal/aggressive behaviors) or completely neglected (e.g., problematic technology use, gambling). Discussion: The current systematic review advances literature by providing strong support for an association between MST and a wide range of risky behaviors. Moreover, it highlights important areas for future research.	Our findings suggest the need for additional research on the relation of MST to risky behaviors (e.g., those with inconsistent findings or that have been understudied). Examination of military-specific factors may clarify discrepant findings. Further, mechanisms that underlie the MST-risky behaviors association need to be identified. Research that addresses these questions will inform intervention and prevention efforts aimed at reducing risky behaviors among individuals with a history of MST.
Fry, 2012	The Consequences of Maltreatment on Children's Lives: A Systematic Review of Data From the East Asia and Pacific Region	106	Personer utsatt for potensielt traumatiserende hendelser	Vold mot barn Seksuell vold/overgrep	Utsatthet	Blandet (selvmordstanker og selvmordsforsøk)	Nei	Although gaps still exist in our understanding of the outcomes of child maltreatment on children in the EAP region, we do have a growing body of evidence that tells us that the consequences are profound and far-reaching both for children and for the larger community and society. What the data do tell us is that there are significant adverse health and social outcomes resulting from child maltreatment in the region. As such, there is an urgent need for more investment in developing and strengthening national child protection systems across the region in order to provide comprehensive and effective interventions for children already experiencing harm, and primary and secondary interventions to mitigate risks and prevent child maltreatment before it occurs. Adolescents and adults in the region who have experienced child sexual and/or physical abuse have a median fourfold increased risk of suicide ideation and attempts than children without a history of these types of maltreatment. Studies included in this review show a cumulative effect on negative outcomes for children who have experienced multiple victimizations.	This study explores the consequences of child maltreatment in East Asia and the Pacific region based on the results of a systematic review of 16 English and non-English databases for journal articles and "gray" literature published between January 2001 and November 2010. This review shows that children in the region experiencing maltreatment are at increased risk of experiencing mental health consequences, physical health sequelae, high-risk sexual behaviors, and increased exposure to future violence including intimate partner violence (IPV) as an adult. Children who suffer from child sexual abuse have a median twofold increased risk of experiencing mental health disorders than those who have never experienced child maltreatment. Similar findings were found for those who experience physical abuse. Children who have been maltreated in the region are also at an increased risk of suicide ideation and attempts than those that have experienced child sexual or physical abuse being at a median fourfold increased risk. Children who have experienced physical abuse or those who have witnessed parental domestic abuse as a child are at median twofold increased risk of experiencing IPV as an adult, while children who have been sexually abused have a median threefold increase in risk of IPV later in life. There are still gaps in our understanding of the consequences of child maltreatment, but we do know that the consequences are profound and far-reaching. The findings indicate that there is an urgent need for governments, civil society organizations, development agencies, and academia to advocate for, invest in, and collaborate across sectors for the strengthening of child protection systems in the East Asia and Pacific Region, with a focus on evidence-based child maltreatment prevention policies and programs.	Good analysis and interpretation of the data gathered—both population-based and case based—and appropriate presentation and dissemination of the results, are necessary in order for action on child maltreatment to be effective. There is a need to focus both on prevention initiatives to stop child maltreatment before it occurs and at the same time on the development of effective responses and interventions to lessen the consequences to children who have already experienced maltreatment.

Gargiulo, 2021	Self-harming behaviours of asylum seekers and refugees in Europe: A systematic review	12	Flykninger og asylsøkere i europa	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Diffust (selvskadende atferd)	Nei	Detention sites emerged as a much-explored context for the investigation of mental health conditions as well as a sensitive context for acting out self-harm behaviours. However, heterogeneity of results in this stream suggested that research in this field needs to be improved to understand the characteristics, rates and psychic functions of self-harm, as well as the negative impact of these contexts.	The increasing number of asylum seekers and refugees in Europe calls for even more professionals to take care of refugees' mental health. Although different studies claim that migration could be a potential risk factor for self-harming behaviours, an in-depth exploration of the presence and characteristics of self-harm in the context of asylum is needed. In accordance with PRISMA guidelines, a systematic review was conducted across the databases Scopus, PubMed, Web of Knowledge and PsycArticles, regarding the main features of self-harming behaviour among refugees in Europe. Twelve articles and 3 main trajectories were identified: (1) <i>A context at-risk: self-harm and detention centres</i> ; (2) <i>A target at-risk: self-harm and unaccompanied minors</i> ; (3) <i>A comparison between the mental health of asylum seekers and natives</i> . Research on this topic in Europe is still underdeveloped and disorganised. Studies have mainly carried out wider quantitative investigations on mental health, usually overlapping self-harm with suicide. Detention centres emerged as the most widely investigated context and the one with the highest risk for self-harming behaviours. Instead, unaccompanied minors emerged as a particularly vulnerable category. Research in this field should be improved, combining quantitative and qualitative methods for a deeper understanding of the meanings of self-harm across cultures.	Results showed a lack of research specifically focused on self-harm which, in line with the international debate, is still rarely considered an independent clinic entity. We suggest that what is needed is an increase in qualitative or mixed-methods investigation into cultural meanings and functions of self-harm across cultures.
Grose, 2019	Mental health, empowerment, and violence against young women in lower income countries: A review of reviews	16	Jenter og kvinner mellom 10 og 24 år i lav- og middel- inntekstland	Kjønnsbasert vold	Utsatthet	Blandet og diffust (selvmordstanker og selvmordsatferd)	Nei	We can conclude tentatively that GBV has detrimental consequences for the health and well-being of adolescent girls and young women in LMICs. This study is an important contribution, suggesting that evidence from Western contexts indicating a relationship between GBV and mental health is, in many ways, consistent with data from LMICs.	Gender-based violence (GBV) against women is a pervasive global human-rights violation. This systematic review of reviews synthesized research about the mental health and empowerment outcomes of GBV for adolescent girls and young women (ages 10–24) in low- and middle-income countries (LMIC). GBV exposures included child maltreatment, female genital mutilation/cutting, child marriage, intimate partner violence (IPV), and nonpartner sexual violence. PubMed and PsycINFO searches were supplemented with expert consultations and searches of reference lists and key organizational websites. Sixteen systematic reviews were quality rated and summarized. Study-level data were extracted from the five highest quality reviews (N=25 unique studies) and results from 41 samples were synthesized. Empowerment studies were too few to synthesize. Reviews and extracted studies were predominantly from Asia and Africa and addressed child maltreatment, IPV, and nonpartner sexual violence. We included combined samples with adolescent girls and adult women (ages 9–60 years) and found consistent associations between GBV and composite measures of mental health, suicidal ideation and behavior, and symptoms of depression, posttraumatic stress, and eating disorders. Findings suggest that GBV must be addressed to cultivate mental health for adolescent girls and young women globally.	We recommend that future reviews on GBV and mental health and empowerment highlight adolescent-specific research. To develop evidence-based, ageappropriate interventions, research must address the unique experience of adolescent girls and young women, apart from their older adult counterparts. Longitudinal research would help fill this need, as all studies in this review were cross-sectional except one. While GBV exposures may affect mental health outcomes, a reciprocal relationship also may exist and other causal factors, such as limited access to resources, may influence both GBV exposures and outcomes. Such research would help stakeholders develop targeted interventions and create policy that considers the temporal relationship between these phenomena.
Halfon, 2013	Juvenile bipolar disorder and suicidality: a review of the last 10 years of literature	16	Unge med bipolar lidelse	Vold mot barn Fysisk vold Seksuell vold/ overgrep	Utsatthet	Diffust (suicidalitet)	Nei	Conclusions Youths with BD have a high risk of suicidality. This descriptive literature review underscores the importance of identifying risk factors and recognizing acute distress in youths with BD with suicide behaviors. Mental healthcare professionals (psychiatrists, psychologists, nurses, social workers, etc.) may wish to take an active role in the identification of at-risk youth, and increase vigilance regarding suicide when evaluating youths with BD. Greater awareness of risk factors is the first step in suicide prevention. The present review allows a better appreciation of suicide risk among youths with BD. However, more research is needed to provide a better understanding of suicide behaviors in children and adolescents with BD.	Although children and adolescents with bipolar disorder (BD) are at elevated risk for suicide, little research to date has been conducted on suicidality in this population. The purpose of this descriptive review of the past 10 years of scientific literature on suicidality in youths with BD was to identify the risk and protective factors associated with this phenomenon, and to discuss the implications for research and clinical practice. Searches on Medline and PsycINFO databases for the period from early 2002 to mid-2012 yielded 16 relevant articles, which were subsequently explored using an analysis grid. Note that the authors employed a consensus analysis approach at all stages of the review. Four primary categories of risk factors for suicidality in youths with BD were identified: demographic (age and gender), clinical (depression, mixed state or mixed features specifier, mania, anxiety disorders, psychotic symptoms, and substance abuse), psychological (cyclothymic temperament, hopelessness, poor anger management, low self-esteem, external locus of control, impulsivity and aggressiveness, previous suicide attempts, and history of suicide ideation, non-suicidal self-injurious behaviors and past psychiatric hospitalization), and family/social (family history of attempted suicide, family history of depression, low quality of life, poor family functioning, stressful life events, physical/sexual abuse, and social withdrawal). Youths with BD who experienced more complex symptomatic profiles were at greater risk of suicidality. Few protective factors associated with suicidality have been studied among youths with BD. One protective factor was found in this descriptive literature review: the positive effects of dialectical behavior therapy. This article allows a better appreciation of the risk and protective factors associated with suicidality among youth with BD. Greater awareness of risk factors is the first step in suicide prevention.	Future research should be exploratory, including prospective descriptive and qualitative studies designed to improve our understanding of the risk and protective factors associated with suicidality in this population. Such studies would allow a more accurate and detailed description of the phenomenon. To ensure that future research in this area focuses on individuals accurately diagnosed with BD, studies should prioritize clinical populations and employ validated diagnostic measures such as the K-SADS-PL for diagnosing BD, and Posner et al.'s classification for measuring suicidality. Moreover, a best-estimate diagnosis technique should be used since the clinical judgment of experienced psychiatrists may play an important role in diagnosing BD. Finally, longitudinal studies should be chosen instead of cross-sectional design studies.

Halim, 2018	Intimate partner violence during pregnancy and perinatal mental disorders in low and lower middle income countries: A systematic review of literature, 1990–2017	24	Kvinner i LAMIC-land utsatt for partnervold i graviditeten	Partnervold	Utsatthet	Selv mordstanker	Nei	The prevalence of physical IPV during pregnancy ranged 2–35% among participants; sexual IPV during pregnancy ranged 9–40%; and psychological IPV during pregnancy ranged 22–65%. Suicidal ideation ranged 5–11% during pregnancy and 2–22% during the post-partum period.	Mental health consequences of intimate partner violence (IPV) against pregnant and postpartum women are poorly understood in low and lower-middle-income countries (LLMIC). We systematically reviewed the evidence from 24 studies (1990–2017) selected via a comprehensive search strategy with 14 inclusion, exclusion, and quality-control criteria to assess the extent to which intimate partner violence during pregnancy adversely affects perinatal mental disorders among participants in 10 LLMIC across 4 economic regions. Mostly cross-sectional, studies included 61–1369 participants selected randomly (88%) or non-randomly (12%) from purposively selected 1–6 clinics or 1–50 communities. Multivariate logistic regression was most frequently used (68%) for association estimates, adjusting for 3–16 socio-demographic variables pertinent to: women; husbands; and/or households. The prevalence of physical IPV ranged 2–35% among participants; sexual IPV ranged 9–40%; and psychological IPV ranged 22–65%. The prevalence of antenatal and postnatal depression ranged 15–65% and 5–35% among participants, respectively. Suicidal ideation ranged 5–11% during pregnancy and 2–22% during the postpartum period. Study participants who had experienced IPV had 1.69–3.76 and 1.46–7.04 higher odds of antenatal and postnatal depression compared to those who had not, depending on country, and IPV type and severity. Considering the strong association between IPV and mental disorders, efforts should focus on developing IPV interventions aimed at preventing pregnancy during IPV and promoting mental health resilience among pregnancy and postpartum women in low and lower-middle-income countries.	Given high mental health consequences of psychological abuse, future research should routinely assess psychological violence in pregnant women living in high income countries (HIC) as well, in order to inform development and implementation of effective screening and prevention interventions. Pregnant women in HIC, too, experience intimate partner violence: the prevalence of physical IPV ranges 1–10%; sexual violence ranges 1–4%; and, psychological violence ranges 2–36%. Living in HIC, immigrant women may be disproportionately affected by psychological violence and mental disorders having experienced myriad forms of stressors associated with adjustment in a new country (e.g., acculturation; language barriers; discrimination; obtaining employment, education, and healthcare, family conflict etc.).
Halim, 2018	Systematic review of the prevalence, impact and mitigating strategies for bullying, undermining behaviour and harassment in the surgical workplace	32	Arbeidstakere på kirurgisk avdeling	Mobbing og trakassering	Utsatthet	Selv mordstanker (blant mange utfall)	Nei	An alarming finding from many studies is that female nurses, medical students and surgeons are much more likely to be a victim of sexual harassment.	Background: Bullying, undermining behaviour and harassment (BUBH) have been reported in entertainment, politics and sport. Such behaviours may also be common in surgery, and are frequently associated with poor patient care and inferior outcomes. The aim was to define the prevalence and impact of this behaviour in the international surgical workplace, and to explore counterstrategies. Methods: A systematic review was conducted by searching EMBASE, Medline, PsycINFO and the Cochrane Database of Systematic Reviews in August 2017. Original research studies (Oxford Centre for Evidence-based Medicine levels 1–4) investigating the prevalence and impact of BUBH in surgery, and/or counterstrategies, were eligible for inclusion. The review was conducted in accordance with PRISMA guidelines. Results: Of 2692 papers, 32 were eligible for inclusion. Twenty-two reported the prevalence of BUBH in surgery, 11 studied the impact of this behaviour and six investigated counterstrategies. Prevalence data showed that BUBH are common in the surgical workplace. Their impact can be profound, compromising mental health, reducing job satisfaction, and inducing suicidal ideation. Formal reporting systems were perceived as ineffective and even potentially harmful to victims. Conclusion: Bullying, undermining behaviour and harassment are highly prevalent within surgery, and extremely damaging to victims. There is little high-quality research into counterstrategies, although professionalism training using simulated scenarios may be useful.	Investigations of why individuals perceive certain behaviours as BUBH have not yet been reported in the literature. This may be another opportunity to develop a deeper understanding of this phenomenon, providing evidence for mitigating interventions. In addition, understanding individuals' perceptions may give more confidence to surgical team educators seeking to provide constructive feedback, without risking misinterpretation of their intent. unified definitions must be developed to improve the reliability of future research conducted in this area.
Hall, 2021	Moral injury, mental health and behavioural health outcomes: A systematic review of the literature	57	Personer utsatt for potensiell moralsk skade	Moralsk skade	Utsatthet	Diffust (suicidalitet og selvmord) (15 studier med selvmordsrelaterte utfallsmål)	Nei	Moral injury research has grown exponentially in the last decade, providing much-needed insight into the complexity of post-traumatic symptoms. The recent influx of research on this topic has warranted an encompassing review of the health outcomes and clinical consequences of moral injury and PMIEs. The studies examined in this review described predominantly positive associations with PTSD, depression, anxiety and suicidality; questionable associations with alcohol and other drug use; and potential associations in other health domains (e.g., physical health and treatment-seeking). They also expound upon factors that may explain or modify the impact of MI related constructs on these health domains, although the lack of longitudinal studies limits conclusions about the direction and duration of these effects. Providers are also encouraged to consider PMIEs in clinical assessment, case conceptualization and treatment of health behaviours.	Despite a burgeoning of research on moral injury in the past decade, existing reviews have not explored the breadth of consequences and the multitude of pathways through which moral injury and potentially morally injurious experiences (PMIEs) influence mental and behavioural health outcomes. This study aimed to identify associations between moral injury on mental and behavioural health. Literature searches of psychological and medical databases were conducted through April 2020. Eligible studies measured moral injury or PMIEs, and health outcomes (e.g., depression, substance use and suicidality). Fifty-seven publications representing 49 separate samples were included. Studies examined the impact of moral injury on post-traumatic stress disorder (PTSD) (n = 43); depression (n = 32); anxiety (n = 15); suicide (n = 15); substance use (n = 14); and 'other' health outcomes, including pain, burnout, sleep disturbance and treatment-seeking behaviours (n = 11). The majority of studies found significant positive associations between moral injury-related constructs, mental health and behavioural health outcomes; however, the majority were also cross-sectional and focused on military samples. Proposed mediators included lack of social support, negative cognitions and meaning-making. Moderators included self-compassion, pre-deployment mental health education and mindfulness. Moral injury is associated with a variety of negative health outcomes. Research is needed to determine the mechanisms by which moral injury may influence these outcomes over time.	In the future, researchers are encouraged to assess moral injury separately from PTSD in order to advance understanding of the extent to which shame, guilt and ethical violations may impact the development and course of other trauma-related symptoms. Based on this review, the type of potentially morally injurious experience (e.g., Self vs. Betrayal) may also impact the extent to which moral injury is associated with various health outcomes. We encourage future work testing associations between specific PMIE classifications (e.g., self, other, betrayal and atrocities) and health outcomes. As this review suggests, outcomes and pathways (especially mediators) may vary based on the type of PMIE being examined. Isolating the unique impacts of specific PMIEs may provide useful insight into specialized post-trauma care.

Halliday, 2021	The Impact of Bullying Victimization in Early Adolescence on Subsequent Psychosocial and Academic Outcomes across the Adolescent Period: A Systematic Review	28	Personer mellom 10 og 18 år	Mobbing	Utsatthet	Blandet (selvmordstanker, selvskading)	Nei	The review produced results mirroring that of previous reviews on the psychosocial outcomes of bullying in adolescence and adulthood including: depression; anxiety; psychological distress; psychotic symptoms; suicidal ideation; self-harming injuries; and feeling dissatisfied in the domains of family, friends and living situations. These outcomes were observed irrespective of the time period after the bullying incident, a factor previously questioned in the literature.	Bullying is a widespread global issue, with serious consequences for victimized individuals. The current systematic review is the first to explore the consequences of bullying in early adolescence on psychological and academic functioning across the adolescent period. Five databases were examined, yielding 28 relevant studies. Victimized individuals were found to experience negative psychosocial and academic outcomes, including increased depression and anxiety, increased peer rejection, poorer school performance and school connectedness, both over the short term (12 months), and up to 8 years later. Victimized females suffered worse outcomes than victimized males, specifically for symptoms of depression, anxiety and suicidal ideation. Future research should prioritize developing a globally recognized measure of bullying, and designing targeted interventions addressing specific outcomes for victimized females and males.	Future research would benefit from the development of a universally recognized bullying measure to robustly capture the construct, as well as separate consideration of the impact of cyberbullying.
Hamm, 2015	Prevalence and Effect of Cyberbullying on Children and Young People: A Scoping Review of Social Media Studies	34	Personer mellom 12 og 18 år	Nettmobbing	Begge	Blandet (selvmordstanker, selvskading og selvmordsforsøk) (5 studier så på selvskading eller suicidal atferd)	Nei	One study found that 2.0% of participants reported having engaged in self-harming behavior as a result of cyberbullying. Two studies measured the prevalence of suicidal ideation following an experience with cyberbullying, with estimates of 2.9% and 3.9%.36,49. A third study found a significant link between exposure to cyberbullying and suicidal ideation ($\beta = .25$; $P < .001$).27 Two studies measured cyberbullying and suicide attempts, and both reported a significant association (odds ratio, 3.22; 95% CI, 1.82-5.7041; $\beta = 1.94$; $P < .001$).27. One study investigated the link between cyberbullying and suicidal ideation and attempts but only reported that the associations were not significant.	Social media has had a profound effect on how children and adolescents interact. While there are many benefits to the use of social media, cyberbullying has emerged as a potential harm, raising questions regarding its influence on mental health. OBJECTIVE To review existing publications that examine the health-related effects of cyberbullying via social media among children and adolescents. EVIDENCE REVIEW We searched 11 electronic databases from January 1, 2000, through January 17, 2012 (updated June 24, 2014). Studies were screened by 2 independent reviewers and were included if they reported primary research, described or evaluated the use of a social media tool in the context of cyberbullying, and were conducted with children or adolescents. Data were extracted by 1 reviewer and verified by a second. All studies were assessed by 2 reviewers for methodological quality using the Mixed Methods Appraisal Tool. Results were not pooled owing to heterogeneity in study objectives and outcomes; a narrative analysis is presented. FINDINGS Thirty-six studies in 34 publications were included. Most were conducted in the United States (21 [58.3%]), sampled middle and high school populations (24 [66.7%]), and included adolescents who were 12 to 18 years of age (35 [97.2%]). The median reported prevalence of cyberbullying was 23.0% (interquartile range, 11.0%-42.6%). Five studies reported inconsistent and/or weak correlations between cyberbullying and anxiety. Ten studies found a statistically significant association between cyberbullying and report of depression. Five studies investigated self-harm or suicidality, with conflicting results. Results indicate that the most common reason for cyberbullying is relationship issues, with girls most often being the recipients. Responses to cyberbullying are most often passive, with a pervasive lack of awareness or confidence that anything can be done. CONCLUSIONS AND RELEVANCE There is a consistent relationship across studies between cyberbullying and depression among children and adolescents; however, the evidence of the effect of cyberbullying on other mental health conditions is inconsistent. This review provides important information that characterizes cyberbullying within the context of social media, including attributes of the recipients and perpetrators, reasons for and the nature of bullying behaviors, and how recipients react to and manage bullying behaviors. This information is critical to the development of effective prevention and management strategies.	Research on the mental health conditions that might precede both exposure to cyberbullying as well as cyberbullying behavior is warranted.
Heerde, 2019	Are Bullying Perpetration and Victimization Associated with Adolescent Deliberate Self-Harm? A Meta-Analysis	27	Unge	Mobbing	Begge	Villet egenskade (deliberate self-harm)	Ja	The negative outcomes of traditional and cyber-bullying, coupled with the negative outcomes of self-harm make both issues incredibly deleterious and pervasive. Findings showed self-harm was increased when youth reported engaging in traditional bullying perpetration and traditional bullying victimization.	This study sought to appraise internationally published literature investigating bullying in its association with deliberate self-harm (DSH). A systematic review and series of meta-analyses using random effects models were conducted. A total of 68 effect sizes, analyzing data from 156,284 adolescents aged 11–19 years were examined. Results showed significant associations between both traditional bullying perpetration (OR 1.81, 95% CI [1.33, 2.47], $p < .0001$) and victimization (OR 2.34, 95% CI [1.89, 2.89], $p < .0001$) and DSH. Cyber-bullying victimization (OR 3.55, 95% CI [2.71, 4.65], $p < .0001$) and the co-occurrence of traditional and cyber-bullying victimization (OR 3.39, 95% CI [1.56, 7.37], $p = .002$) were also associated with DSH. Moderator analyses showed variation in results based on methodological- and sample-level variables. Findings suggested that exposure to bullying, either as perpetrators or victims, poses risks for DSH.	Associations between cyber-bullying victimization, cooccurring traditional and cyber-bullying victimization, and co-occurring traditional bullying perpetration and victimization and DSH require future investigation. More research is required to examine the influence of cyber-bullying perpetration, and other forms of co-occurring bullying perpetration and victimization on youths' wellbeing.

Holliday, 2020	Posttraumatic Stress Disorder, Suicidal Ideation, and Suicidal Self-Directed Violence Among U.S. Military Personnel and Veterans: A Systematic Review of the Literature From 2010 to 2018	48	Militært personell/veteraner	Krigshandlinger	Utsatthet	Blandet (selvmord, selvmordsforsøk og selvmordstanker)	Nei	Findings regarding the association between posttraumatic stress disorder diagnosis with suicidal ideation and suicide were generally mixed, and some studies reported that posttraumatic stress disorder was associated with lower risk for suicide. In contrast, most studies reported significant associations between posttraumatic stress disorder and suicide attempt.	Rates of suicide and posttraumatic stress disorder remain high among United States military personnel and veterans. Building upon prior work, we conducted a systematic review of research published from 2010 to 2018 regarding: (1) the prevalence of suicidal ideation, suicide attempt, and suicide among United States military personnel and veterans diagnosed with posttraumatic stress disorder; (2) whether posttraumatic stress disorder was associated with suicidal ideation, suicide attempt, and suicide among United States military personnel and veterans. 2,106 titles and abstracts were screened, with 48 articles included. Overall risk of bias was generally high for studies on suicidal ideation or suicide attempt and low for studies on suicide. Across studies, rates of suicidal ideation, suicide attempt, and suicide widely varied based on study methodology and assessment approaches. Findings regarding the association between posttraumatic stress disorder diagnosis with suicidal ideation and suicide were generally mixed, and some studies reported that posttraumatic stress disorder was associated with lower risk for suicide. In contrast, most studies reported significant associations between posttraumatic stress disorder and suicide attempt. These findings suggest complex associations between posttraumatic stress disorder and suicidal ideation, suicide attempt, and suicide, which are likely influenced by other factors (e.g., psychiatric comorbidity). In addition, most samples were comprised of veterans, rather than military personnel. Further research is warranted to elucidate associations between posttraumatic stress disorder and suicidal ideation, suicide attempt, and suicide, including identification of moderators and mediators of this relationship. Addressing this among United States military personnel, by gender, and in relation to different trauma types is also necessary.	Further research is warranted to elucidate associations between posttraumatic stress disorder and suicidal ideation, suicide attempt, and suicide, including identification of moderators and mediators of this relationship. Addressing this among United States military personnel, by gender, and in relation to different trauma types is also necessary.
Holt, 2015	Bullying and Suicidal Ideation and Behaviors: A Meta-Analysis	47	Unge	Mobbing	Begge	Blandet og diffust (selvmordsatferd, selvmordstanker)	Ja	The current meta-analysis indicates that bullying involvement is associated with an increased risk for suicidality, and being a bully-victim is associated with greatest risk. Our results demonstrate that involvement in bullying in any capacity is associated with suicidal ideation and behavior.	BACKGROUND AND OBJECTIVES: Over the last decade there has been increased attention to the association between bullying involvement (as a victim, perpetrator, or bully-victim) and suicidal ideation/behaviors. We conducted a meta-analysis to estimate the association between bullying involvement and suicidal ideation and behaviors. METHODS: We searched multiple online databases and reviewed reference sections of articles derived from searches to identify cross-sectional studies published through July 2013. Using search terms associated with bullying, suicide, and youth, 47 studies (38.3% from the United States, 61.7% in non-US samples) met inclusion criteria. Seven observers independently coded studies and met in pairs to reach consensus. RESULTS: Six different meta-analyses were conducted by using 3 predictors (bullying victimization, bullying perpetration, and bully/victim status) and 2 outcomes (suicidal ideation and suicidal behaviors). A total of 280 effect sizes were extracted and multilevel, random effects meta-analyses were performed. Results indicated that each of the predictors were associated with risk for suicidal ideation and behavior (range, 2.12 [95% confidence interval (CI), 1.67–2.69] to 4.02 [95% CI, 2.39–6.76]). Significant heterogeneity remained across each analysis. The bullying perpetration and suicidal behavior effect sizes were moderated by the study's country of origin; the bully/victim status and suicidal ideation results were moderated by bullying assessment method. CONCLUSIONS: Findings demonstrated that involvement in bullying in any capacity is associated with suicidal ideation and behavior. Future research should address mental health implications of bullying involvement to prevent suicidal ideation/behavior	Future research would benefit from analysis of the longitudinal effects of youth bullying on suicidal ideation and behaviors to better understand temporality of the association. Using data collected from multiple sources and conducting qualitative and mixed methods research may shed light on the many precipitators of youth suicide.
Hua, 2019	A systematic review on the relationship between childhood exposure to external cause parental death, including suicide, on subsequent suicidal behaviour	26	Etterlatte etter foreldres brå død	Foreldres brå død	Utsatthet	Diffust (selvmordsatferd/suicidalitet)	Nei	The current review supports a strong association between childhood exposure to parental death, particularly suicide in early childhood and subsequent offspring suicidality. This relationship may be stronger in the first couple of years following parental death but it is unlikely that there is a direct relationship – differential outcomes may be observed for maternal versus paternal suicide as well as male versus female offspring. Improved policies for long-term individual and family support interventions for bereaved youth could prevent the development of suicidal behaviours in adulthood and build resilience within this vulnerable population.	Background: Exposure to parental death in childhood has been associated with offspring suicide risk, although the strength of this association is unclear. The primary aim of this systematic review was to synthesise primary studies on the relationship between childhood exposure to external cause parental death, including suicide, and subsequent suicidal behaviour in adulthood. The secondary objective was to compare suicide-related outcomes of exposure to parental suicide with the outcomes of exposure to other external cause parental deaths. Methods: A systematic review was conducted using guidelines from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement. Ovid MEDLINE, Cochrane Library, Ovid PsycINFO, Web of Science, CINAHL and EMBASE were searched from January 2008 until November 2018. Two researchers independently screened the articles, performed data extraction and assessed quality of evidence using the Newcastle-Ottawa Scale. Results: Of the 618 studies identified, 26 were included for review. Only one study found no significant association between childhood exposure to suicide and increased suicide risk in adulthood. Four studies suggested the risk of suicidality in adulthood was greater for those exposed to parental suicide compared to other external cause deaths. Limitations: The use of national registers in many studies did not allow for all variables of interest to be examined. Selective samples also limited the generalizability of findings. Conclusions: A strong association between parental suicide and suicidal behaviour in adult offspring exists. Interventions for bereaved youth should consider the long-term effects of parental suicide and target individual and environmental-level risk factors for subsequent suicidality.	Further twin and adoption studies could shed light on whether parental suicide may have differential outcomes for biological versus adopted children as well as the sociodemographic mediating factors that are more prevalent in adopted and non-adopted populations.

Ioannis Angelakis, 2020	Association of Childhood Maltreatment With Suicide Behaviors Among Young People	79	Personer utsatt for potensielt traumatiserende hendelser	Vold mot barn Seksuell vold/ overgrep	Utsatthet	Blandet (selvmordsforsøk, selvmordstanker)	Ja	The review confirmed evidence of core types of childhood maltreatment and suicide behaviors in children and young adults to 24 years of age. These data suggest that childhood maltreatment is a central social welfare problem that may lead to suicide behaviors.	Question: What is the association between experiences of childhood maltreatment and suicide behaviors in children and young adults? Findings This systematic review and meta-analysis was based on 79 individual studies with 337 185 unique participants found an association between core types of childhood maltreatment and suicide behaviors in children and young adults. Younger individuals with experiences of sexual abuse who were not under the care of clinicians had higher rates of suicide attempt, and young age was also associated more strongly with suicide ideation. Meaning These findings highlight the need for raising public awareness and incorporating suicide prevention strategies into treatment planning and suggest that a primary focus of psychological treatments should be the amelioration of the effects of adverse childhood experiences.	Additional meta-analyses that use broader criteria to incorporate a larger pool of studies exploring such adverse experiences as violence, bullying, parental deaths, and divorces are clearly needed. Studies that use prospective designs that can identify the temporal succession of exposure to the various maltreatment subtypes and the subsequent development of suicide behaviors and/or diary studies that focus on the perceptions and/or memories between abuse and/or neglect and suicide behaviors are crucial to advancing our knowledge in this area.
Iovine-Wong, 2019	Intimate Partner Violence, Suicide, and Their Overlapping Risk in Women Veterans: A Review of the Literature	56	Militært personell/ veteraner	Partnervold	Begge	Blandet og diffust (selvmord, selvmordstanker og -atferd)	Nei	Overlapping risk factors between intimate partner violence and suicide in women veterans. Risk factors overlapping for perpetrators of intimate partner violence and suicide were anger/ trouble controlling violent behavior. Overlapping risk factors for victims of intimate partner violence and suicide were being a sexual minority, military sexual trauma, current physical or sexual abuse, abuse.	Introduction: Suicidal thoughts and behaviors (STB) and intimate partner violence (IPV) are both serious and prevalent problems in the Veteran population that often occur in tandem, particularly among women Veterans. Women Veterans, the fastest growing segment of the Veteran population, may have unique overlapping risks that are worth exploring. Although the intersection of IPV and STB is well documented in the civilian population, it has not been thoroughly explored in women Veterans. Materials and Methods: Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework, we conducted a systematic review of the STB and IPV literature specifically related to women Veterans. We only included articles that sampled women Veterans, rather than active duty/reservist/National Guard women; due to the small volume of STB research using samples of only women Veterans, we included studies that used mixed-gender samples. We extracted risk factors for STB and/or IPV involvement from 56 selected articles and placed them into tables for comparison to determine commonalities. Results: Common risk factors fell into three categories: socio-demographic risk factors (young age, unemployment, and sexual minority status) were significant across both bodies of literature; mental health risk factors (general psychopathology, post-traumatic stress disorder (PTSD), depression, sleep disturbance, and substance use/abuse) also had significant overlap; and military service-related risk factors (military sexual trauma (MST) and deployment factors) were also relevant across both bodies of literature. Mental health risk factors, particularly PTSD, were the most common. Conclusion: Frequently, the risk factors for IPV and STB are shared and it is important to consider how research, screening and intervention efforts for these serious problems might be integrated. Our exploration of the literature may be used as a basis for future research with women Veterans on the intersection of STB and IPV. Further, Veterans Health Administration clinicians should be aware of these intersecting risk factors to enhance care and improve screening for both issues in women Veteran clients.	We subsequently combined the risk factors from each chart in a Venn diagram to examine any overlap between the IPV and suicide bodies of literature. This Venn diagram allowed us to not only examine risk factor overlap beyond what is presently discussed in the literature, but also to visually represent gaps for future research consideration.
John, 2018	Self-Harm, Suicidal Behaviours, and Cyberbullying in Children and Young People: Systematic Review	26	Personer under 25 år	Nettmobbing	Begge	Blandet og diffust (selvmordsatferd, selvmordsforsøk, selvmordstanker, selvskading)	Ja	In conclusion, our review suggests that cyber victims are at greater risk of both SH and suicidal behaviors and, to a lesser extent, perpetrators of cyberbullying are at greater risk of suicidal behaviors than those with no cyberbullying involvement. These associations were quantified in 6 meta-analyses: those who have experienced cybervictimization are 2.35 times as likely to SH, 2.10 times as likely to exhibit suicidal behaviors, 2.57 times more likely to attempt suicide, and 2.15 times more likely to have suicidal thoughts than nonvictims. Cyberbullying perpetrators were 1.21 times more likely to exhibit suicidal behaviors and 1.23 times more likely to experience suicidal ideation than nonperpetrators.	Background Given the concerns about bullying via electronic communication in children and young people and its possible contribution to self-harm, we have reviewed the evidence for associations between cyberbullying involvement and self-harm or suicidal behaviors (such as suicidal ideation, suicide plans, and suicide attempts) in children and young people. Objective The aim of this study was to systematically review the current evidence examining the association between cyberbullying involvement as victim or perpetrator and self-harm and suicidal behaviors in children and young people (younger than 25 years), and where possible, to meta-analyze data on the associations. Methods An electronic literature search was conducted for all studies published between January 1, 1996, and February 3, 2017, across sources, including MEDLINE, Cochrane, and PsycINFO. Articles were included if the study examined any association between cyberbullying involvement and self-harm or suicidal behaviors and reported empirical data in a sample aged under 25 years. Quality of included papers was assessed and data were extracted. Meta-analyses of data were conducted. Results A total of 33 eligible articles from 26 independent studies were included, covering a population of 156,384 children and young people. A total of 25 articles (20 independent studies, n=115,056) identified associations (negative influences) between cybervictimization and self-harm or suicidal behaviors or between perpetrating cyberbullying and suicidal behaviors. Three additional studies, in which the cyberbullying, self-harm, or suicidal behaviors measures had been combined with other measures (such as traditional bullying and mental health problems), also showed negative influences (n=44,526). A total of 5 studies showed no significant associations (n=5646). Meta-analyses, producing odds ratios (ORs) as a summary measure of effect size (eg, ratio of the odds of cyber victims who have experienced SH vs nonvictims who have experienced SH), showed that, compared with nonvictims, those who have experienced cybervictimization were OR 2.35 (95%	More detailed analysis of the medium of cyberbullying (eg, via phones or instant messaging) should be explored to investigate any differences in populations and impact. Finally, researchers should investigate the mechanisms by which mental disorders such as anxiety and depression mediate the link between cyberbullying involvement and SH and suicide.

									CI 1.65- 3.34) times as likely to self-harm, OR 2.10 (95% CI 1.73-2.55) times as likely to exhibit suicidal behaviors, OR 2.57 (95% CI 1.69-3.90) times more likely to attempt suicide, and OR 2.15 (95% CI 1.70-2.71) times more likely to have suicidal thoughts. Cyberbullying perpetrators were OR 1.21 (95% CI 1.02-1.44) times more likely to exhibit suicidal behaviors and OR 1.23 (95% CI 1.10-1.37) times more likely to experience suicidal ideation than nonperpetrators. Conclusion: Victims of cyberbullying are at a greater risk than nonvictims of both self-harm and suicidal behaviors. To a lesser extent, perpetrators of cyberbullying are at risk of suicidal behaviors and suicidal ideation when compared with nonperpetrators. Policy makers and schools should prioritize the inclusion of cyberbullying involvement in programs to prevent traditional bullying. Type of cyberbullying involvement, frequency, and gender should be assessed in future studies.	
Jones, 2017	Describing the Mental Health Profile of First Responders: A Systematic Review	27	Innsatspersonell	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Diffust (suicidalitet, blant andre utfall)	Nei	None of the studies in this review used qualitative or community engagement approaches, which offer ideal windows to understanding this population's self-identified needs and barriers to help-seeking. There were also various combinations of mental health problems evaluated and a variety of assessment measures used between studies), which limits our abilities to conduct valid meta-analyses and make strong conclusions. These limitations and the results of this synthesis will be used to guide a program of research that directly engages FRs in exploring their mental health needs and their perceptions about seeking mental health services. The goal of this research will be to inform the development of a mental health program to improve the overall mental health of FRs.	BACKGROUND: First responders (FRs) are responsible for providing multiple services during various critical events. Considering the frequency, nature, and intensity of duty-related traumatic exposures, the cumulative impact on FRs' mental health is of paramount importance. OBJECTIVES: The purpose of this systematic review was to describe how duty-related trauma exposure can affect the comprehensive mental health profile of FRs, including firefighters, emergency medical technicians, and paramedics. DESIGN: Using Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, a literature search was conducted using keywords related to FRs and mental health. RESULTS: Twenty-seven data-based articles met eligibility criteria and were included in this systematic review. Studies explored various mental health concerns, including posttraumatic stress disorder, depression, suicidality, anxiety, alcohol use, and sleep disturbances. CONCLUSIONS: Findings pose significant implications for psychiatric nurses in practice and research, including the need for tailored strategies to meet the mental health needs of this at-risk population.	If FRs do choose to reach out for help, evidence-based, population-specific interventions are scarce. Clearly, empirical evidence is needed to guide the development and implementation of services to better meet the mental health needs of FRs. This need for research to produce evidence-based practices is certainly recognized at the national level. The 2015 National Fire Service Research Agenda highly recommends research to identify individuals who are at high risk for health problems, especially those related to chronic and repeated exposures to emergency incidents. In particular, the Research Agenda designates high priority to "identify, develop, and refine evidence-based tools and approaches for behavioral health screening, assessment, and intervention".
Joshi, 2015	Suicide and self-harm among refugees and asylum seekers	22	Flyknings og asylsøkere	Være på flukt eller asylsøkende Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Blandet (selvskading, selvmordsforsøk og selvmord)	Nei	The literature suggests significantly higher rate of suicides and self-harm in refugees and asylum seekers when compared with the general population. Being in detention centers, longer waiting time on asylum application, being single and male, low socioeconomic status, history of mental illness, diagnosis of PTSD or depression, prior contact with mental health services, and history of prior self-harm all elevated the risk of suicide among refugees and asylum seekers.	In this chapter, a systematic review was carried out to identify nonpopulation-based studies that have investigated suicide and self-harm. The objectives of this review were (a) to examine whether suicide and self-harm are disproportionately found among refugee/asylum seekers, (b) to describe the characteristics of refugees and asylum seekers who attempted self-harm or suicide and compare them with non-refugee groups, and (c) to investigate the methods of self-harm and suicide. We hypothesized that prevalence and methods of self-harm and suicide would differ in refugees and asylum seekers from the general population.	Many countries do not have a system that identifies the immigration status and ethnic background of people who have completed suicide or have attempted suicide. A clearer definition of asylum seekers and refugees are also needed.
Kaniuka, 2021	Suicidal self-directed violence among gender minority individuals: A systematic review	11	Kjønnsminoritetspersoner over 18 år	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Diffust (suicidal self-directed violence (SDV))	Nei	Overall, findings support the application of minority stress, psychological mediation, and health equity promotion framework variables in suicidal SDV outcomes among GM populations.	Objective: Gender minority individuals represent a population at increased risk for suicidal self-directed violence (SDV). However, traditional models of suicidal SDV fail to consider gender minority population-specific factors that may buffer or exacerbate risk; further, while sexual and gender minority (SGM) health disparity frameworks may be extended suicidal SDV outcomes among gender minority individuals, little research exists bridging the gap between suicidal SDV research and SGM health disparity research. Thus, the current study sought to identify factors from SGM health disparity models related to suicidal SDV among gender minority individuals. Method: The current study presents a synthesis of peer-reviewed publications (n = 11) that were informed by an SGM health framework and specifically examined suicidal SDV among adult gender minority individuals within the United States. Results: Factors from SGM health disparity models related to suicidal SDV outcomes included the following: 1) gender minority identity-related factors; 2) gender minority-related rejection, discrimination, harassment, and victimization; 3) structural stigma; and 4) resilience factors. Conclusions: Findings support the applicability of SGM health disparity concepts to suicidal SDV outcomes among gender minority individuals. Future longitudinal research with more diverse participants examining the impact of intersectionality of identity and predictive model fit is warranted.	Future longitudinal research with more diverse participants examining within GM group differences is warranted. Addressing GM stress at the individual, interpersonal, and structural levels may offer utility in reducing suicidal SDV among GM individuals.

Karanikola, 2018	The Association between Deliberate Self-Harm and School Bullying Victimization and the Mediating Effect of Depressive Symptoms and Self-Stigma: A Systematic Review	22	Personer i skolealder	Mobbing	Utsatthet	Blandet (selvskading og selvmordsforsøk)	Nei	All reviewed studies confirmed a positive association of deliberate self-harm and non-suicidal self-injury with school bullying victimization, even when controlled for the main confounders. School bullying victimization is a risk factor for deliberate self-harm, including both suicidal and non-suicidal acts. Exposure to maladaptive parenting and domestic violence and self-injuring behaviour is mediated by school bullying victimization. The main limitation of the study is usage of different definitions for self-injury.	Background. Identifying deliberate self-harm in the young and its relationship with bullying victimization is an important public health issue. Methods. A systematic review was performed to explore evidence of the association between deliberate self-harm and school bullying victimization in young people, as well as the mediating effect of depressive symptoms and self-stigma on this association. An advanced search in the following electronic databases was conducted in January 2018: PubMed/Medline; CINAHL; PsycINFO; PsycARTICLES; Science Direct; Scopus, and Cochrane Library. Studies that fulfilled the inclusion criteria were further assessed for their methodological integrity. The Norwegian Knowledge Centre for Health Services tool was applied for cross-sectional studies and the Critical Appraisal Skills Programme instrument for the cohort studies. Only empirical quantitative studies published in the English language in peer reviewed journals during the last decade (2007-2018) aimed at exploring the association between deliberate self-harm and school bullying victimization in community-based schoolchildren with a mean age of under 20 years were included. Results. The reviewed cross-sectional and cohort studies (22) revealed a positive association between school bullying victimization and deliberate self-harm, including nonsuicidal self-injury, which remained statistically significant when controlled for the main confounders. The mediating role of depressive symptoms in the association between deliberate self-harm and school bullying victimization was confirmed. A dose-response effect was shown in the association between nonsuicidal self-injury and school bullying victimization, whilst the mediating effect of depressive symptoms needs to be further explored. No studies were found directly exploring the mediating effect of self-stigma in the association between deliberate self-harm and bullying victimization. Conclusion. Targeted interventions aimed at eliminating victimization behaviours within the school context are therefore proposed, as well as interventions to promote healthy parenting styles for the parents of schoolchildren. Moreover, school healthcare professionals should screen students involved in bullying for self-injury, and vice versa.	Further research aiming to explore the association of self-stigma from any cause with both self-injurious behaviour and school bullying victimization may be proposed. Cognitive behavioural therapy or dialectical behavioural therapy has been shown to be effective in adults, and further research in children and adolescents may be warranted. Additionally, in cases of limited availability of mainstream psychiatric services interventions from sources other than healthcare professionals may provide support and relief from distress. However, such interventions need to be investigated in future trials in children and adolescents. Additionally, further longitudinal studies on new possible mediating factors in the association between deliberate self-harm and bullying involvement may provide further data regarding self-harming process in the young.
Key, 2021	Suicidal behavior in individuals accused or convicted of child sex abuse or indecent image offenses: Systematic review of prevalence and risk factors	18	Personer dømt/anklaget for seksuelt misbruk av barn eller besittelse av overgrepsmateriale	Seksuell vold/overgrep	Utøvelse	Selv mord	Nei	All studies identified an increased risk of suicide in perpetrators of Child Sexual Abuse compared with that observed in the general population. Some studies identified a heightened risk of suicide in perpetrators of IIOC specifically, compared with other sex offenders. The risk of suicide in this population is clearly extremely high.	Objective: An emerging body of research indicates that child sex abuse (CSA) offenders are at high risk of suicide when their offenses come to light and that those accused of accessing indecent images of children (IIOC) are at particular risk. Methods: We conducted a systematic review and narrative synthesis on suicide rates and risk factors in this population of offenders. A keyword search of bibliographic databases (PsycINFO, Ovid, MEDLINE, Embase, PILOTS, SCIE, the Cochrane Central Register of Controlled Trials [CENTRAL] and CINAHL) was conducted. Results: Eighteen articles were included in the review, with eleven studies meeting criteria for quality assessment. The risk of suicide in perpetrators of CSA and IIOC might be over 100 times that of the general population, although estimates vary widely between studies. Several complex, interlinking factors were identified as associated with risk, including shame, unique demographic characteristics of the offenders, absence of prior criminal contact, and the impact of a criminal investigation. Conclusions: The review identified factors that may have practical, clinical, and operational implications in the prevention of suicide in CSA and IIOC perpetrators. Exploring the impact of the investigation itself on suicide risk, including potential operational strategies and clinical input to reduce risk, should be a priority.	While it is acknowledged that assuring the well-being of CSA and IIOC perpetrators may be politically controversial, creating difficulty in accessing research funding, the number of individuals dying, and the wider impact on families and social networks, highlight a pressing need for further methodologically robust research that explores factors relating to suicide risk in CSA and IIOC offenders.
Kim,2013	Bullying and suicide. A review	37	Barn og ungdom	Mobbing	Begge	Blandet og diffust (selvmordstanker og -atferd)	Nei	Not only does bullying interfere with normal developmental and educational processes but also places adolescents at an unnecessary and additional risk for suicidal thoughts and actions. It seems clear that these adolescents are at increased risk for suicidal behaviors/ideations and deserve our particular care and attention.	Being a victim or perpetrator of school bullying, the most common type of school violence, has been frequently associated with a broad spectrum of behavioral, emotional, and social problems. Suicide is third leading cause of mortality in children and adolescent in the United States of America and around the world. This paper provides a systematic review of the previous 37 studies conducted in children and adolescents from communities, as well as in special populations that examined the association between bullying experiences and suicide, with an emphasis on the strengths and limitations of the study designs. Despite methodological and other differences and limitations, it is increasingly clear that any participation in bullying increases the risk of suicidal ideations and/or behaviors in a broad spectrum of youth.	Future studies should be long-term, prospective in large community samples of children and adolescents, as well as in special populations, and with multiple informants to identify predictors and outcomes. The analyses should be planned and conducted carefully to control for confounding effects of other well-established suicidal risk factors.

Klomek, 2015	Bullying by peers in childhood and effects on psychopathology, suicidality, and criminality in adulthood	6	Personer involvert i mobbing	Mobbing	Begge	Diffust (suicidalitet) Nei	Overall, bullying in childhood has a pervasive effect on the three outcomes we examined: psychopathology, suicidality, and criminality, but more studies are needed. These effects clearly extend into adult life and are noted even if pre-existing behavioural or emotional disorders are taken into consideration. Children who are part of bullying behaviour, especially those frequently involved and with comorbid difficulties, continue to be at risk of a wide range of serious negative outcomes up to four decades after their exposure.	Bullying is shown to be associated with adverse outcomes in cross-sectional studies, but only a few studies have prospectively examined the effects of childhood bullying on adult outcomes. Our Series paper focuses on prospective longitudinal studies that used large, population-based, community samples analysed through quantitative methods and published between 1960 and 2015. We describe the results of childhood bullying in adulthood in three of the most burdensome areas: psychopathology, suicidality, and criminality. We note that the different groups involved (ie, victims, bullies, and bully–victims) are at risk of difficulties later in life, but their risk profiles differ and the contributions are probably not independent. Controlling for confounders reduces the risk and sometimes eliminates it. Victims are at a high risk of internalising disorders. Bullies seem to be at risk of later externalising disorders and criminality, mainly violent crime and illicit drug misuse. Bully–victims seem to be at risk of internalising disorders, externalising disorders, and criminality, but not all studies examined bully–victims as a separate group. Boys and girls differ in their long-term outcomes. A dose effect exists in which frequent bullying involvement in childhood is most strongly associated with adult adversities. Future studies need to control for additional factors (including genetic, psychosocial, and environmental) to account for the mechanisms behind the reported longitudinal associations.	<ul style="list-style-type: none"> • Examine the various mechanisms that translate childhood bullying into negative outcomes in adulthood in future prospective, large-scale longitudinal studies. These mechanisms might include behavioural, interpersonal, social, genetic, or biological pathways that can be identified and targeted in interventions. • Routinely examine bullying in the context of other types of childhood abuse. • Create a needed consensus in studies regarding the definition and terminology of bullying behaviour and the various outcomes examined. • Examine protective factors—such as parental and social support—and a child’s cognitive, emotional, and behavioural skills, in addition to environmental and genetic factors. • Examine the association between cyberbullying and later adulthood outcomes, the risk of adverse long-term outcomes, and how sex and ethnic origin are associated with future psychopathology, suicide risk, or crime for those involved in bullying. • Prevention efforts should aim to combine bullying with psychopathology, suicide, and crime in the prevention plans and interventions.
Klonsky, 2008	Childhood sexual abuse and non-suicidal self-injury: meta-analysis	45	Personer utsatt for seksuelle overgrep i barndommen	Seksuell vold / overgrep	Utsatthet	Selvskading (SIB) Ja	Taken as a whole, the pattern of findings suggests that childhood sexual abuse might be best conceptualised as a proxy risk factor for self-injurious behaviour. In other words, the two might be associated because they are correlated with the same psychiatric risk factors, as opposed to there being a unique or aetiological link between them. At the same time, in some cases childhood sexual abuse might contribute to the initiation of self-injurious behaviour through mediating variables such as depression, anxiety and self-derogation, each of which is known to relate to both childhood sexual abuse and self-injurious behaviour.	Background Many theorists posit that childhood sexual abuse has a central role in the aetiology of self-injurious behaviour. Studies that report statistically significant associations between a history of such abuse and self-injury are cited to support this view. Aims A meta-analysis was conducted to determine systematically the magnitude of the association between childhood sexual abuse and self-injurious behaviour. Method Forty-five analyses of the association were identified. Effect sizes were converted to a standard metric and aggregated. Results The relationship between childhood sexual abuse and selfinjurious behaviour is relatively small (mean weighted aggregate $f=0.23$). This figure may be inflated owing to publication bias. In studies that statistically controlled for psychiatric risk factors, childhood sexual abuse explained little or no unique variance in self-injurious behaviour. Conclusions Theories that childhood sexual abuse has a central or causal role in the development of self-injurious behaviour are not supported by the available empirical evidence. Instead, it appears that the two are modestly related because they are correlated with the same psychiatric risk factors.	Future directions Variability in the conceptual and operational definitions used by the studies included in the meta-analysis suggests directions for future research. For example, self-injurious behaviour can manifest in many ways and it is possible that the method, frequency, medical severity or other aspects of such behaviour could moderate the abuse–behaviour relationship. Future research should examine this possibility. In addition, meta-analytic data indicate that the association between childhood sexual abuse and psychopathological symptoms tends to be larger for more severe forms of abuse. Future studies should therefore give consideration to abuse parameters indicative of increased severity (e.g. coercion, frequency, relation to perpetrator, penetration). Initial attempts to examine the relationship of severity parameters to self-injurious behaviour have yielded mixed results. If the most severe forms of childhood sexual abuse are examined, it is possible that the association with self-injurious behaviour might be larger than that reported in this meta-analysis. In the absence of such evidence, however, theories that childhood sexual abuse is a primary cause of such behaviour lack empirical justification.

Koirala, 2020	Depression and Domestic Violence Experiences Among Asian Women: A Systematic Review	38	Kvinner bosatt i Asia	Partnervold	Utsatthet	Selvordstanker (som en del av Postpartum depression)	Nei	The findings of this review unequivocally show an association between domestic violence and PPD. Maternal mental health is a neglected area of healthcare in many parts of Asia. Likewise, domestic violence is a readily recognized, but inadequately addressed social issue. Addressing the issue of Domestic Violence is especially challenging in the context of several countries in Asia because of the gender norms that influence marital violence, based on which violence inflicted by a husband is perceived as a normal and acceptable phenomenon. A study conducted in Tibet showed that women justified being beaten by husband for making mistakes, and that violence was only considered unjustified if the husband inflicted it on the wife while she is working for the family. Violence in itself was considered a relatively acceptable matter.	Purpose: To determine the association of postpartum depression with domestic violence experiences among women in Asia. Background: Postpartum depression (PPD) is an important cause of maternal morbidity as well as mortality. There is increasing evidence that domestic violence (DV) increases the risk of PPD. Methods: We performed literature searches using the databases PUBMED, SCOPUS, Web of Science and Google Scholar, for studies published between January 2010 and May 2019. The keywords "postpartum", "postnatal", "depression", and "violence" were used. Observational studies conducted within Asia, and written in the English language, were included. Results: In the 38 studies included in this review (with 37,087 participants), the prevalence of PPD ranged between 8.2% to 70% and that of DV between 6.1% to 67.4%. There were 1.6 to 7.1 higher odds of PPD among sufferers of DV. Intimate partner violence (IPV) was the most relevant factor that women experiencing psychological abuse (which was the most prevalent form of IPV) were more at risk for, and violence/intimidation by other family members was also associated with PPD. Domestic violence increased the risk of suicidal ideation in PPD. Discussion: The findings of the review unequivocally shows the association between domestic violence and PPD. Maternal mental health is a neglected area of healthcare in many parts of Asia. Likewise, domestic violence is a readily recognized, but inadequately addressed social issue. We recommend that healthcare workers be trained to recognize and support the women who are vulnerable to violence and depression during pregnancy and postpartum. Policies need to be developed at national and global levels to tackle these issues with utmost urgency.	Studies need to be conducted regarding the screening, diagnostic and intervention strategies most suited for vulnerable women.
Kowalski, 2014	Bullying in the Digital Age: A Critical Review and Meta-Analysis of Cyberbullying Research Among Youth	131	Unge	Nettmobbing	Utsatthet	Selvordstanker	Ja	A number of positive relationships were found between cyberbullying victimization (CV) and psychosocial and behavioral variables, including stress, anxiety, depression, loneliness, conduct problems, emotional problems, somatic symptoms, and drug and alcohol use. Most concerning, a moderately positive relationship was found between CV and suicidal ideation, indicating that individuals reporting higher levels of CV also reported having thought about committing suicide more often. These findings highlight the well-documented impact that cyberbullying victimization has on an individual's psychological and physical health and the need for interventions targeted at reducing the incidence of both TV and CV and providing support for victims	Although the Internet has transformed the way our world operates, it has also served as a venue for cyberbullying, a serious form of misbehavior among youth. With many of today's youth experiencing acts of cyberbullying, a growing body of literature has begun to document the prevalence, predictors, and outcomes of this behavior, but the literature is highly fragmented and lacks theoretical focus. Therefore, our purpose in the present article is to provide a critical review of the existing cyberbullying research. The general aggression model is proposed as a useful theoretical framework from which to understand this phenomenon. Additionally, results from a meta-analytic review are presented to highlight the size of the relationships between cyberbullying and traditional bullying, as well as relationships between cyberbullying and other meaningful behavioral and psychological variables. Mixed effects meta-analysis results indicate that among the strongest associations with cyberbullying perpetration were normative beliefs about aggression and moral disengagement, and the strongest associations with cyberbullying victimization were stress and suicidal ideation. Several methodological and sample characteristics served as moderators of these relationships. Limitations of the meta-analysis include issues dealing with causality or directionality of these associations as well as generalizability for those meta-analytic estimates that are based on smaller sets of studies. Finally, the present results uncover important areas for future research. We provide a relevant agenda, including the need for understanding the incremental impact of cyberbullying (over and above traditional bullying) on key behavioral and psychological outcomes.	Future research should focus on personality traits, including empathy, narcissism, social intelligence, and hyperactivity. Few studies focus on cyberbullying among children with any disabilities. There is also a need for research of cyberbullying among adults in the workplace, and especially whether associations between bullying in childhood also continues in adulthood. Studies should also look to exposure of violence, and other community based situational factors. There is also a need for more comparative data of regional and national relevance. There is a need for consensus of what cyber bullying entails.
Koyanagi, 2019	Bullying Victimization and Suicide Attempt Among Adolescents Aged 12–15 Years From 48 Countries	Data fra 48 land	Personer mellom 12 og 15 år	Mobbing	Utsatthet	Selvordsforsk	Ja	We found that bullying victimization and suicide attempts are highly prevalent among school children globally and that those who were bullied are at approximately 3-fold higher odds for suicide attempts compared with those who were not bullied.	Objective: Adolescent suicide is a global public health problem. Bullying is a risk factor for suicidality in adolescence; however, global data on its association with suicide attempts are lacking, and data from low- and middle-income countries and non-Western settings are scarce. Thus, this study assessed the association between bullying victimization and suicide attempts using data from 48 countries (predominantly low- and middle-income countries) across multiple continents. Method: Data from the Global School-based Student Health Survey were analyzed. Data on past 12-month suicide attempts and past 30-day bullying victimization were collected. Multivariable logistic regression and meta-analysis with random effects were conducted to assess the associations. Results: The final sample consisted of 134,229 adolescents 12 to 15 years of age. The overall prevalences of suicide attempts and bullying victimization were 10.7% and 30.4%, respectively. After adjustment for sex, age, and socioeconomic status, bullying victimization was significantly associated with higher odds for a suicide attempt in 47 of the 48 countries studied, with the pooled odds ratio being 3.06 (95% CI 2.73–3.43). A larger number of days bullied in the past month was dose-dependently associated with higher odds for suicide attempts. The past-year prevalence of suicide attempts ranged from 5.9% for the "no bullying" group up to 32.7% for the "being bullied for 20 to 30 days/month" group (odds ratio 5.51, 95% CI 4.56–6.65). Conclusion: Bullying victimization could be an important risk factor of suicide attempts among adolescents globally. Thus, there is an urgent need to implement effective and evidence-based interventions to address bullying to prevent suicides and suicide attempts among adolescents worldwide.	Future longitudinal studies are needed to provide more insight into causality and the potential mediators (eg, depression) that are involved in the bullying victimization-suicide attempt association for the establishment of effective interventions to counteract this global problem.

Krysinska, 2010	Post-Traumatic Stress Disorder and Suicide Risk: A Systematic Review	50	Personer med/uten PTSD	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Blandet (selvmord, selvmordsforsøk og selvmordstanker)	Nei	There was no evidence for an increased risk of completed suicide in individuals with PTSD. PTSD was associated with an increased incidence of prior attempted suicide and prior and current suicidal ideation. Controlling for other psychiatric disorders (including depression) weakened, but did not eliminate, this association.	There is a gap in the literature regarding suicide risk among traumatized individuals with post-traumatic stress disorder (PTSD) and this article aims to systematically review literature on the relationship between PTSD and suicidal behavior and ideation. A meta-analysis of 50 articles that examined the association between PTSD and past and current suicidal ideation and behavior was conducted. There was no evidence for an increased risk of completed suicide in individuals with PTSD. PTSD was associated with an increased incidence of prior attempted suicide and prior and current suicidal ideation. Controlling for other psychiatric disorders (including depression) weakened, but did not eliminate, this association. The evidence indicates that there is an association between PTSD and suicidality with several factors, such as concurrent depression and the pre-trauma psychiatric condition, possibly mediating this relationship. There are significant clinical implications of the reported relationship for suicide risk assessment and therapy, and further studies might help to understand the mediating pathways between PTSD and increased suicide risk.	Further studies should help to understand the mediating pathways between PTSD and increased suicide risk.
Le, 2018	Health Issues Associated with Commercial Sexual Exploitation and Sex Trafficking of Children in the United States: A Systematic Review	27	Personer utsatt for potensielt traumatiserende hendelser	Seksuell vold/overgrep	Utsatthet	Blandet (selvmordsforsøk og tanker)	Nei	13 of the studies examined mental health (PTSD and suicidal behavior). Sexual exploited children had higher suicide attempts rate than non-sexual exploited runaways and homeless children. Girls higher suicidal ideation and self harm than boys, but lower suicide attempts.	This article reviews studies examining health issues associated with commercial sexual exploitation and sex trafficking (CSE/ST) of children in the United States. We searched five health and social sciences databases for peer-reviewed articles published in English between January 1990 and April 2017. After independent screening of the records, we identified 27 studies that met the inclusion criteria. Descriptions of the included studies and their definitions of CSE/ST are provided. Most of the studies sampled children and youth in urban, metropolitan areas and employed cross-sectional surveys or reviewed casefiles and medical records of convenience samples. Studies differed widely in their operationalization of CSE/ST, which limit systematic comparison across studies and the generalizability of findings. Qualitative analysis of the included studies shows that among commercially sexually exploited/trafficked children, there are elevated burdens of substance use and abuse, mental health disorders such as depression, PTSD, suicidal behaviors, and sexual and reproductive health issues including STIs, HIV, and pregnancy. This review underscores the need for more empirical studies, to guide an evidence-based understanding of and response to the range and complexity of the health issues in this population. Of particular utility are studies that address some of the methodological limitations of prior research in this field (e.g., cross-sectional, convenience samples) and those that assess overlooked health issues (e.g., malnutrition, eating disorders, post-trauma growth, and long-term health consequences).	The findings underscore the need for further empirical research in this field, to gain a better understanding of the complex short- and long-term health issues experienced by these children, and to inform the development of appropriate responses to alleviate their suffering.
Leach, 2017	Workplace bullying and the association with suicidal ideation/thoughts and behaviour: a systematic review	12	Arbeidstakere	Mobbing på arbeidsplassen	Utsatthet	Blandet og diffust (selvmordstanker og selvmordsatferd)	Nei	This systematic review is the first to provide a summary of studies reporting data on the association between workplace bullying and suicidal ideation and behaviour. There is some evidence that workplace bullying is associated with greater suicidal ideation; however, the vast majority of studies available are of low quality, increasing the risk of inconclusive or biased findings. Recent studies provide the most robust prospective evidence that workplace bullying, and in particular physical intimidation, leads to increases in subsequent suicidal ideation. The review found only one cross-sectional non-representative study reporting an association between workplace bullying and suicide attempts, meaning that no confident conclusions can be drawn regarding suicidal behaviour.	The established links between workplace bullying and poor mental health provide a prima facie reason to expect that workplace bullying increases the risk of suicidal ideation (thoughts) and behaviours. Until now, there has been no systematic summary of the available evidence. This systematic review summarises published studies reporting data on workplace bullying and suicidal ideation, or behaviour. The review sought to ascertain the nature of this association and highlight future research directions. 5 electronic databases were searched. 2 reviewers independently selected the articles for inclusion, and extracted information about study characteristics (sample, recruitment method, assessment and measures) and data reporting the association of workplace bullying with suicidal ideation and behaviour. 12 studies were included in the final review—8 reported estimates of a positive association between workplace bullying and suicidal ideation, and a further 4 provided descriptive information about the prevalence of suicidal ideation in targets of bullying. Only 1 non-representative cross-sectional study examined the association between workplace bullying and suicidal behaviour. The results show an absence of high-quality epidemiological studies (eg, prospective cohort studies, which controlled for workplace characteristics and baseline psychiatric morbidity). While the available literature (predominantly cross-sectional) suggests that there is a positive association between workplace bullying and suicidal ideation, the low quality of studies prevents ruling out alternative explanations. Further longitudinal, populationbased research, adjusting for potential covariates (within and outside the workplace), is needed to determine the level of risk that workplace bullying independently contributes to suicidal ideation and behaviour.	There is a need for further methodologically rigorous research to continue investigating the impact of workplace bullying on suicidal ideation and behaviour. Previous longitudinal research demonstrates the strong links between workplace bullying and poor mental health endure over time, and there is a strong link between poor mental health and suicide. It appears that the relationship between workplace bullying and suicidal thoughts and behaviours is an important and somewhat overlooked piece of the puzzle. Providing further robust epidemiological evidence that workplace bullying leads to suicidal ideation and behaviour would back up anecdotal and clinical observations that describe extreme suicidal outcomes. This evidence would also provide data on which to quantify the impact at a population level—a powerful tool to potentially motivate the inclusion of regulations against bullying in workrelated legislation and public health policies.

Liu, 2018	Childhood maltreatment and non-suicidal self-injury: A systematic review and meta-analysis	71	Unge og voksne	Vold mot barn Psykisk vold Omsorgssvikt (mot barn)	Utsatthet	Selvskadning (NSSI)	Ja	There was consistent evidence that childhood maltreatment in its different manifestations, with the exception of emotional neglect, was associated with engagement in non-suicidal self injury. The current review also highlights the need for greater consideration of emotional abuse in evaluations of risk for non-suicidal self-injury.	Background—Non-suicidal self-injury (NSSI) has been increasingly recognized as a significant public health concern. Identifying early and modifiable risk factors is necessary for advancing screening and intervention efforts, particularly early detection of at-risk individuals. As a step toward addressing this need, we aimed to examine childhood maltreatment, including its specific subtypes, in relation to NSSI. Methods—We conducted a comprehensive meta-analysis of childhood maltreatment (overall, sexual abuse, physical abuse and neglect, and emotional abuse and neglect) in association with NSSI. We also provided a qualitative review of mediators and moderators of this association. Relevant articles published from inception to September 25, 2017, were identified through a systematic search of Embase, MEDLINE, and PsycINFO. Outcomes—We identified 71 publications meeting eligibility criteria. Overall childhood maltreatment was associated with NSSI (odds ratio [OR] 3.42, 95% CI 2.74–4.26), and effect sizes for maltreatment subtypes ranged from OR 1.84 (95% CI 1.45–2.34) for childhood emotional neglect to OR 3.03 (95% CI 2.56–3.54) for childhood emotional abuse. Except in the case of childhood emotional neglect, there was no evidence of publication bias. Across multiple maltreatment subtypes, stronger associations with NSSI were found in non-clinical samples. Interpretation—With the exception of childhood emotional neglect, childhood maltreatment and its subtypes are associated with NSSI. Screening of childhood maltreatment history in NSSI risk assessments may hold particular value in community settings, and increased attention to childhood emotional abuse is warranted.	Future longitudinal research investigating moderators and mediating mechanisms has potential to guide efforts to minimize risk for NSSI in individuals with a maltreatment history.
Liu, 2017	Associations between suicidal behavior and childhood abuse and neglect: A meta-analysis	15	Personer utsatt for potensielt traumatiserende hendelser	Vold mot barn Psykisk vold	Utsatthet	Blandet (selvmordforsøk og -tanker)	Ja	The results of this meta-analysis suggest that childhood maltreatment increases the risk of suicidal behavior, especially suicide attempts. Emotional abuse had the strongest effect among the five types of abuse and neglect. The risk of suicidal behavior is higher in the general population, females, and individuals with chronic schizophrenia who have histories of childhood maltreatment.	Background: Relationships of some types of childhood maltreatment and suicidal behavior remain controversial and inconclusive. Methods: Medline, Embase, PsycINFO and Cochrane library were searched for eligible studies, and the results were synthesized in meta-analyses. Results: childhood maltreatment was associated positively with suicidal behavior in the total population and maltreatment subgroups. Emotional abuse had the strongest effect (OR = 2.33, SMD =0.660, P < 0.001). Subgroup analyses showed that the effects of childhood abuse (OR = 1.55, SMD = 0.523) and neglect (OR =1.25, SMD = 0.31) were significant. According to the analysis of dichotomous outcomes, childhood maltreatment was associated positively with suicidal behavior in men and women (women: OR = 4.84, P < 0.001; men: OR = 1.03, P < 0.001). Among populations, childhood maltreatment had the strongest effect on suicidal behavior in the general population (OR = 3.78, P < 0.001). However, the analysis of continuous outcomes showed that the effect was strongest in patients with chronic schizophrenia (SMD = 0.89, P < 0.001). In addition, childhood maltreatment was associated positively with suicide attempt (OR = 1.11, SMD =0.48, P < 0.001), but not with suicidal ideation. Limitations: Some subgroup samples were not sufficiently large. Conclusions: Childhood maltreatment increases the risk of suicidal behavior. Emotional abuse had the strongest effect among the five types of maltreatment. The risk of suicidal behavior is higher in the general population, women, and individuals with chronic schizophrenia who have histories of childhood maltreatment.	In further research these issues should be explored further with larger samples.
Luong, 2018	Suicidality in Young Men Who Have Sex with Men: A Systematic Review of the Literature	14	Unge menn som har sex med menn	Vold mot barn Seksuell vold/overgrep Omsorgssvikt (mot barn)	Utsatthet	Blandet (selvmordstanker og selvmordsforsøk)	Nei	Suicide attempters more likely than non-attempters to have taken on a feminine gender role, come out to a peer at a young age, been sexually abused, and used illicit drugs. In young gay men, forced sex in childhood was associated with attempting suicide. The recent literature found no direct significant associations between personal discord regarding their sexuality and suicidality.	This systematic literature review addresses risk and protective factors associated with suicidal ideation and attempts in young men who have sex with men (YMSM). The Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, PsychArticles, and PsycInfo yielded 14 articles. Risk factors included (1) not being enrolled in school, (2) earlier sexual debut, (3) substance use/abuse, (4) homelessness, (5) bullying and victimization, (6) fear of community violence, (7) and parental abuse. Protective factors included (1) positive sexual minority LGBT stereotypes, (2) family acceptance, (3) school and peer support, (4) high self-esteem, and (5) adaptive coping mechanisms.	Future research could focus on developing interventions to reduce the prevalence and impact of factors associated with suicide for YMSM in addition to bolstering protective factors. For example, a study could observe the effectiveness of LGBT organizations within schools on reducing suicidal behavior on sexual minority students. Other research potential lies in assessing intervention efficacy on improving psychological capital in young people.
Maclsaac, 2017	The association between exposure to interpersonal violence and suicide among women: a systematic review	38	Kvinner	Partnervold	Begge	Selvmord	Nei	While several forms of IPV, in particular intimate partner and child/ adolescent abuse may be risk factors for suicide, this association remains unclear and requires further investigation. The prevalence of exposure to IPV among women who die from suicide is difficult to determine accurately due to variations in and absence of uniform definitions.	Objective: To review the association between exposure to interpersonal violence and suicide among women. Methods: In accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocol (PRISMA-P), this review examined articles identified by using the key terms 'interpersonal violence', 'suicide' and 'death'. Of 5,536 articles identified, 38 met the a priori inclusion criteria. These required that studies examined interpersonal violence, included women and completed suicide was a measured outcome. Results: Thirty-eight studies were identified. These examined suicides among women exposed to interpersonal violence as a victim (n=27) or perpetrator (n=14). A history of interpersonal violence was identified in 3.5-62.5% of female suicides, with many articles finding victims of abuse have an increased risk of death from suicide. Females perpetrating violence may also be at increased the risk of death from suicide. However, several papers have questioned these associations. Further, the contribution of mental illness to this association is unclear. Conclusions: Although the association between suicide and interpersonal violence requires further investigation, being a victim or perpetrator of violence appears to be associated with risk of suicide. Future research should focus on the impact that the type of violence, victim-perpetrator relationship and proximity of violence has on the risk of death from suicide. Implications for Public Health: There may be significant opportunity for targeted suicide prevention strategies among women who have been victims or perpetrators of interpersonal violence.	Future research should focus on the impact that the type of violence, victim-perpetrator relationship and proximity of violence has on the risk of death from suicide. No studies have been able to incorporate a broad definition of both the relationships within which violence exposure occurs and the type of abuse experienced. This is a major deficiency in the current literature.

Maguire, 2015	A systematic review of the emotional, behavioural and cognitive features exhibited by school-aged children experiencing neglect or emotional abuse	30	Personer mellom 5 og 14 år	Psykisk vold Omsorgssvikt (mot barn)	Utsatthet	Blandet (selvmordsatferd og selvmordsuttrykk, kun 1 artikkel)	Nei	Suicidal behaviour and suicidal expression, in children as young as 6, were similar among neglect and control groups. The pervasive impact of neglect, or EA, is clearly seen among school-aged children, and the combination of externalizing behaviour, low self-esteem, poor social skills and features of ADHD are likely to be strong contributors to the poor academic performance and school difficulties they face. Many of these children may be known to education, health or social services due to their behavioural or emotional issues; the key is for professionals to actively consider neglect or EA as a possible cause of their difficulties, regardless of their backgrounds or social circumstances. A sensitive and informed discussion with the child themselves may reveal the experiences and home circumstances that they are living with. Ensuring that these children are given the opportunity to attend school may provide one environment within which their needs and concerns may be met, and where they will find respect and support.	Background Interventions to minimize the long-term consequences of neglect or emotional abuse rely on prompt identification of these children. This systematic review of world literature (1947–2012) identifies features that children aged 5–14 years experiencing neglect or emotional abuse, as opposed to physical or sexual abuse, may exhibit. Methods Searching 18 databases, utilizing over 100 keywords, supplemented by hand searching, 13,210 articles were identified and 111 underwent full critical appraisal by two independent trained reviewers. Results The 30 included studies highlighted behavioural features (15 studies), externalizing features being the most prominent (8/9 studies) and internalizing features noted in 4/6 studies. Four studies identified attention deficit hyperactivity disorder (ADHD) associated features: impulsivity, inattention or hyperactivity. Child difficulties in initiating or developing friendships were noted in seven studies. Of 13 studies addressing emotional well-being, three highlighted low self-esteem, with a perception of external control (1), or depression (6) including suicidality (1). A negative internal working model of the mother increased the likelihood of depression (1). In assessing cognition or academic performance, lower general intelligence (3/4) and reduced literacy and numeracy (2) were reported, but no observable effect on memory (3). Conclusions School-aged children presenting with poor academic performance, ADHD symptomatology or abnormal behaviours warrant assessment of neglect or emotional abuse as a potential underlying cause.	Future research should be directed to exploring the features of neglect or EA among children with disability or learning difficulties, who are an especially vulnerable group.
Maniglio, 2009	The impact of child sexual abuse on health: A systematic review of reviews	14	Personer utsatt for potensielt traumatiserende hendelser	Seksuell vold/ overgrep	Begge	Blandet og diffust (selvskadende tanker og handlinger)	Ja	In considering the results as a whole, there is evidence that across methodologies, samples, and measures survivors of child sexual abuse are significantly at risk of a wide range of health problems, including suicidal and self injurious ideation or behavior. Focusing on risk factors for the perpetration of child sexual abuse, Whitaker et al. (2008) found that sexual offenders against children were highly likely to have a history of child sexual abuse in comparison with both individuals who had committed an offence of a non-sexual nature and individuals who had not committed any offence.	A large amount of studies and literature reviews on the consequences of child sexual abuse has appeared over the past twenty years. To prevent that the inconsistency in their conclusions along with their methodological differences and limitations may create interpretative difficulties, mistaken beliefs, or confusion among all professionals who turn to this literature for guidance, this paper addresses the best available scientific evidence on the topic, by providing a systematic review of the several reviews that have investigated the literature on the effects of child sexual abuse. Seven databases were searched, supplemented with hand-search of reference lists from retrieved papers. The author and a psychiatrist independently evaluated the eligibility of all studies identified, abstracted data, and assessed study quality. Disagreements were resolved by consensus. Fourteen reviews, including more than 270,000 subjects from 587 studies, were analyzed. There is evidence that survivors of childhood sexual abuse are significantly at risk of a wide range of medical, psychological, behavioral, and sexual disorders. Relationships are small to medium in magnitudes and moderated by sample source and size. Child sexual abuse should be considered as a general, nonspecific risk factor for psychopathology. The implications for research, treatment, and health policy are discussed.	Future investigations should (1) use longitudinal designs; (2) study samples representative of the general population; (3) employ matched comparison groups; (4) use standard measures and instruments designed to assess child sexual abuse and outcomes; (5) control for confounders. Future literature reviews should (1) use recent advances in methodology, as highlighted by guidelines for systematic reviews, in order to select studies, abstract data, and assess data quality; (2) describe the criteria used for selecting studies, abstracting data, and assessing data quality, including the number of researchers who applied such criteria along with how disagreements were resolved; (3) describe the main results in an objective fashion, with the highest quality evidence available receiving the greatest emphasis; (4) provide an accurate estimate of the strength of evidence; (5) explore whether any observed effects are consistent across studies and investigate possible reasons for any inconsistencies; (6) use a rigorous and transparent approach to reduce the potential for bias, when conducting a narrative synthesis of studies.
Maniglio, 2011	The role of child sexual abuse in the etiology of suicide and non-suicidal self-injury	177 studier	Personer utsatt for seksuell vold/ overgrep i barndommen	Seksuell vold/ overgrep	Utsatthet	Blandet (selvmord selvskading (NSSI))	Nei	In conclusion, the results of this systematic review reveal that the role of child sexual abuse in the etiology of suicide and non-suicidal self-injury is complex. Being a victim of child sexual abuse is a significant, although general and non-specific, risk factor for suicidal and non-suicidal self-injurious behaviour and ideation.	Objective: To address the best available scientific evidence on the role of child sexual abuse in the etiology of suicide and non-suicidal self-injury. Method: Seven databases were searched, supplemented with hand search of reference lists from retrieved papers. The author and a psychiatrist independently evaluated the eligibility of all studies identified, abstracted data, and assessed study quality. Disagreements were resolved by consensus. Results: Four reviews, including about 65 851 subjects from 177 studies, were analyzed. There is evidence that child sexual abuse is a statistically significant, although general and non-specific, risk factor for suicide and non-suicidal self-injury. The relationship ranges from small to medium in magnitude and is moderated by sample source and size. Certain biological and psychosocial variables, such as serotonin hypoactivity and genes, family dysfunction, other forms of maltreatment, and some personality traits and psychiatric disorders, may either act independently or interact with child sexual abuse to promote suicide and non-suicidal self-injury in abuse victims, with child sexual abuse conferring additional risk, either as a distal and indirect cause or as a proximal and direct cause. Conclusion: Child sexual abuse should be considered one of the several risk factors for suicide and non-suicidal self-injury and included in multifactorial etiological models.	Child sexual abuse should be considered one of the several risk factors for suicide and non-suicidal self-injury and included in multi-factorial etiological models to elucidate the mechanisms that contribute to self-injury in survivors of child abuse. To achieve this goal, several methodological advances in research in this area are required, such as use of longitudinal designs, control for confounders, employment of study samples representative of the general population and matched comparison groups, and, for literature reviews, assessment of data quality and validity.

Maniglio, 2013	The impact of child sexual abuse on the course of bipolar disorder: a systematic review	18	Personer med bipolar lidelse	Seksuell vold/ overgrep	Utsatthet	Selvmondsforsøk	Nei	Across studies, child sexual abuse was significantly associated with several clinical variables. More specifically, at a univariate level, adults with bipolar disorder who have undergone sexual abuse as children was significantly related to a variety of clinical variables, such as ..., suicide attempts. At a multivariate level, child sexual abuse in adults independently predicted suicide attempts, lifetime post- traumatic stress disorder, early onset of bipolar disorder, a family history of other psychiatric illnesses, lifetime alcohol abuse or dependence, fewer side effects from psychiatric medications, and worse quality of life.	Objectives: The aim of this review was to elucidate the impact of child sexual abuse on all clinical phenomena that occur after the onset of bipolar disorder, including associated clinical features that are not part of the diagnostic criteria for the disorder. Methods: Five databases were searched and supplemented with a hand search of reference lists from retrieved papers. Study quality was assessed using a validated quality assessment tool. Blind assessments of study eligibility and quality were conducted by two independent researchers to reduce bias, minimize errors, and enhance the reliability of findings. Disagreements were resolved by consensus. Results: Eighteen studies that included a total of 2996 adults and youths with bipolar disorder and met the minimum quality criteria necessary to ensure objectivity and not invalidate results were analyzed. Across studies, child sexual abuse was strongly (and perhaps directly) associated with posttraumatic stress disorder; whereas it was less strongly (and perhaps indirectly) related to suicide attempts, alcohol and / or drug abuse or dependence, psychotic symptoms, and an early age of illness onset. In regard to the association between child sexual abuse and other clinical variables concerning the course of bipolar disorder, evidence was scant or conflicting. Conclusions: Child sexual abuse is associated (either directly or indirectly) with some clinical phenomena that represent a more severe form of bipolar disorder. Although such a traumatic experience may directly affect the development of posttraumatic stress disorder, the effects of early sexual abuse on later suicidal behavior, substance abuse, and psychotic symptoms may operate through the mediating influences of certain psychopathological or neurobiological variables.	Several methodological advances in research in this area are required, especially use of prospective, longitudinal designs and control for confounders, to draw firm conclusions about the impact of childhood sexual abuse on the course and outcome of bipolar disorder.
Mansueto, 2021	Adverse childhood experiences and repetitive negative thinking in adulthood: A systematic review	18	Personer utsatt for potensielt traumatiserende hendelser	Vold mot barn Omsorgssvikt (mot barn)	Utsatthet	Selvmondstanker	Nei	Suggests that repetitive negative thinking is common among adults who have experienced child abuse and / or neglect. In both non-clinical and clinical populations, [rumination] appears to be associated with more severe psychiatric symptoms, depression, suicidal ideation and aggression. The study refer to various findings regarding strength as a limitation.	Background: It has been proposed that repetitive negative thinking (worry and rumination) may be more common among adults who have been exposed to childhood adverse experiences, leading to emotional disorders and other adverse outcomes. The current study aims to present a comprehensive evaluation of the literature examining the relationship between the exposure to childhood adversities, repetitive negative thinking and clinical outcomes in adulthood. Methods: In accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) criteria, a search was conducted on PubMed and Ebsco. A manual search of reference lists was also run. Search terms were 'childhood adversity/childhood abuse/childhood neglect/early loss event AND worry or rumination'. Results: A total of 18 studies met the inclusion criteria. In both non-clinical and clinical populations, worry and rumination seem to be common among adults exposed to childhood abuse or childhood neglect. Among adults who have been exposed to childhood adversities, rumination seems to be associated with worse clinical outcomes such as severe psychiatric symptoms, depression, dysphoria, suicidal ideation, cognitive complaints, post-traumatic stress symptoms and aggression. Conclusion: Early experiences of abuse and neglect may be associated with a tendency to engage in repetitive negative thinking, such as worry and rumination, in adulthood. Among adults, with a history of childhood adversities, tailored treatment to reduce repetitive negative thinking should be considered.	The lack of longitudinal studies indicates that this form of research is necessary in order to be able to allow us to draw firm conclusions about the possible role of rumination as mechanism linking childhood adversities to emotional disorder in adulthood. Further research is needed in order to be able to allow us to draw firm conclusions about the possible relationship between worry in adulthood and childhood abuse. Research is required to explore whether among subjects with childhood adversities, a reduction in repetitive negative thinking might lead to better clinical outcomes.
McGeough, 2018	A Systematic Review of Family Victimization Experiences Among Sexual Minority Youth	32	Unge med seksuell minoritet	Vold mot barn Seksuell vold/ overgrep Søskenmobbing Vold i nære relasjoner Poly-viktimisering	Utsatthet	Blandet (selvmordstanker, selvmordsforsøk, selvskadning) (7 artikler omhandler selvmordsproblematikk)	Nei	Histories of physical and emotional abuse and sibling aggression were significantly associated with suicidal ideation, suicide attempts, and self-injury/mutilation (e.g., cutting).	Sexual minority youth experience substantially higher rates of family victimization than their heterosexual peers. No systematic review has yet identified the predictors and consequences in this vulnerable population of childhood abuse, exposure to sibling abuse and domestic violence, and sibling aggression. This systematic review aims to (a) describe differences in these family victimization rates by sexual orientation, gender, and race/ethnicity; (b) identify potential sexual minority and nonsexual minority-specific risk factors; and (c) identify physical, mental, and behavioral health and extrafamilial victimization correlates. The systematic review, which followed PRISMA guidelines, yielded 32 articles that met study inclusion criteria. Rates of childhood physical, sexual, and emotional abuse were consistently higher for sexual minority youth than for their heterosexual peers. Bisexual youth appear to be at greater risk for physical abuse than their gay and lesbian peers. Younger age at sexual minority milestones (first awareness, disclosure, and same-sex sexual contact) and higher levels of sexual minority-specific (sexuality disclosure, gender nonconformity) and non-sexual minority-specific (delinquent behaviors, parental drinking) risk factors were associated with higher rates of family victimization. Sexual minorities who experienced some form of childhood abuse reported more frequent physical (higher rates of HIV, higher BMIs, lower levels of perceived health), mental (higher rates of depression, PTSD symptoms, experiential avoidance, internalized homophobia), and behavioral (higher rates of suicidality, substance misuse, earlier sexual debut, unprotected anal sex) health problems relative to heterosexual or non-abused sexual minority peers. Sexual minority females who experienced childhood physical or sexual abuse were at greater risk than abused sexual minority males for sexual assault later in life. We conclude this systematic review with recommendations for future research, including the necessity for longitudinal research that utilizes a poly-victimization conceptual framework to identify the developmental pathways connecting risk factors, different types of family victimization, and health and extrafamilial victimization consequences.	Longitudinal research that utilizes a poly-victimization framework is also needed to identify the causal ordering, potential bi-directionality, and developmental pathways connecting risk factors (e.g., age at first disclosure, gender role nonconformity, substance misuse), different types of family victimization (e.g., emotional abuse, sibling aggression), and consequences related to health (e.g., suicidality, substance misuse) and extrafamilial victimization (e.g., bullying, dating violence). Not a single study in this review examined the co-occurrence of different types of family victimization and its potential impact on health and extrafamilial victimization for SMY. This is an important gap as poly-victimization research with the general youth population provides compelling empirical evidence of the relationship between earlier experiences of family victimization and risk for future extrafamilial revictimization.

McLaughlin, 2012	Intimate partner abuse and suicidality: A systematic review	37	Utsatte for partnervold	Partnervold	Begge	Diffust (suicidalitet)	Nei	Despite the variability among the studies, the consistency of the findings serves to demonstrate the strong relationship between IPA and suicidality. The studies reviewed have made a significant contribution to our understanding of this relationship, and taken together, their findings show the importance of continuing to develop this understanding and exploring the relationship between IPA and suicidality in greater depth.	Research has demonstrated an association between intimate partner abuse and suicidality, presenting a serious mental health issue. However, studies have differed widely in the samples and methods employed, and in the depth of the investigation. Given the level of heterogeneity in the literature, this systematic review examines, for the first time, the nature of the relationship between intimate partner abuse and suicidality. The three main psychological and medical databases (PsychInfo 1887—March 2011; Medline, 1966—March 2011; Web of Knowledge 1981—March 2011) were searched. Thirty-seven papers on the topic of intimate partner abuse and suicidality were found. With only one exception, all of the studies found a strong and consistent association between intimate partner abuse and suicidality. Significantly, this relationship held irrespective of study design, sample and measurement of abuse and suicidality, thus demonstrating a consistently strong relationship between intimate partner abuse and suicidality. This review highlights that intimate partner abuse is a significant risk factor for suicidal thoughts and behaviours, which has important clinical implications.	Future research could contribute to our understanding of this issue by recording lifetime exposure to both IPA and suicidality, and their relative timing. Future prospective and longitudinal studies could also contribute significantly to this area. Overall, it is important that research into IPA and suicidality broadens its focus and attempts to provide a more in-depth understanding of this relationship.
McLeod, 2019	Police Interactions and the Mental Health of Black Americans: a Systematic Review	11	Afrikansk-amerikanere	Politibrutalitet (Police Mistreatment)	Utsatthet	Blandet (Selvmordstanker, selvmordsplaner og selvmordsforsøk (i tre av studiene))	Nei	The researchers found that having experienced police mistreatment at any point in time was associated with greater odds of reporting lifetime suicidal ideation (OR = 1.3, 95% CI = 1.05, 1.80), plans (OR = 1.8, 95% CI = 1.30, 2.75), and attempts (OR = 1.8, 95% CI = 1.25, 2.80)]. The analysis adjusted for sociodemographic characteristics, substance abuse, and psychiatric disorders reported. Limitation: Because all 11 studies were cross-sectional, it is not possible to determine causality in the relationship between police interaction and mental health. Reverse causality is possible in the identified findings, as individuals with poor mental health may experience or report more negative police interactions.	Black Americans comprise 13% of the US population, yet data suggests that they represent 23% of those fatally shot by police officers. Data on non-lethal encounters with police in the Black community is less available but can understandably result in emotional trauma, stress responses, and depressive symptoms. The aim of this systematic literature review is to assess if interactions with the police are associated with mental health outcomes among Black Americans. Following pre-defined inclusion criteria, 11 articles were reviewed. Using a quality assessment tool, eight studies received a fair quality rating, two studies a poor rating, and one study received a good rating. The types of police interaction reported among study participants included police use of force during arrest, police stops, police searches, exposure to police killings, and interactions with police in the court system and varied mental health outcomes. Most of the studies (6 of 11) reviewed found statistically significant associations between police interactions and mental health (psychotic experiences, psychological distress, depression, PTSD, anxiety, suicidal ideation and attempts), indicating a nearly twofold higher prevalence of poor mental health among those reporting a prior police interaction compared to those with no interaction. Although better quality studies are needed, findings suggest an association between police interactions and negative mental health outcomes. Changes in law enforcement policy, development and implementation of a validated instrument for police experiences, improved community outreach, a federally mandated review of policy and practice in police departments, and expanded police training initiatives could reduce the potential negative mental health impact of police interactions on Black Americans.	Future research examining the effect of police interactions on the mental health of Black Americans would benefit from a longitudinal study design, to determine if causal inference exists and further comprehend how a population's experience with police impacts their mental health over time.
Miller, 2013	The Relation Between Child Maltreatment and Adolescent Suicidal Behavior: A Systematic Review and Critical Examination of the Literature	55	Personer utsatt for potensielt traumatiserende hendelser	Vold mot barn Seksuell vold/ overgrep Omsorgssvikt (mot barn)	Utsatthet	Blandet (selvmordstanker og selvmordsforsøk)	Nei	Results generally suggest that childhood sexual abuse, physical abuse, emotional abuse, and neglect are associated with adolescent suicidal ideation and attempts across community, clinical, and high-risk samples, using cross-sectional and longitudinal research designs. However, a subset of studies yielded evidence to suggest that sexual abuse and emotional abuse may be relatively more important in explaining suicidal behavior than physical abuse or neglect. Research also suggests an additive effect—each form of CM contributes unique variance to adolescent suicide attempts.	A large body of research suggests that child maltreatment (CM) is associated with adolescent suicidal ideation and attempts. These studies, however, have not been critically examined and summarized in a manner that allows us to draw firm conclusions and make recommendations for future research and clinical work in this area. In this review, we evaluated all of the research literature to date examining the relationship between CM and adolescent suicidal ideation and attempts. Results generally suggest that childhood sexual abuse, physical abuse, emotional abuse, and neglect are associated with adolescent suicidal ideation and attempts across community, clinical, and high-risk samples, using cross-sectional and longitudinal research designs. In most studies, these associations remain significant when controlling for covariates such as youth demographics, mental health, family, and peer-related variables. When different forms of CM are examined in the same multivariate analysis, most research suggests that each form of CM maintains an independent association with adolescent suicidal ideation and suicide attempts. However, a subset of studies yielded evidence to suggest that sexual abuse and emotional abuse may be relatively more important in explaining suicidal behavior than physical abuse or neglect. Research also suggests an additive effect—each form of CM contributes unique variance to adolescent suicide attempts. We discuss the current limitations of this literature and offer recommendations for future research. We conclude with an overview of the clinical implications of this research, including careful, detailed screening of CM history, past suicidal behavior, and current suicidal ideation, as well as the need for integrated treatment approaches that effectively address both CM and adolescent suicidal ideation and suicide attempts.	Various therapeutic approaches such as cognitive-behavioral therapy hold promise for the treatment of both CM and adolescent suicidal behavior, testing of such integrated protocols in clinical trials is needed before firm conclusions can be drawn. Testing of such evidence-based protocols may move the field forward and yield optimal clinical care to a subpopulation of youth in great clinical need.

Miranda-Mendizabal, 2019	Gender differences in suicidal behavior in adolescents and young adults: systematic review and meta-analysis of longitudinal studies	67	Personer mellom 12 og 26 år	Partnervold	Utsatthet	Blandet (selvmordsforsøk og selvmord)	Ja	We estimated the pooled risk of suicidal behaviors among adolescents and young adults and found that females had an almost twofold higher risk of suicide attempts than males, while males had an almost threefold higher risk of dying by suicide than females. Our meta-analysis has identified riskfactors for both suicide attempts and death, which are common to male and female adolescents and young adults: exposure to any form of interpersonal violence and a history of mental or substance abuse disorder. Risk factors for suicide attempts included a history of previous suicidal thoughts and behaviors and a family history of mental disorders and abuse. For suicide death, a common risk factor was a family history of suicidal behavior.	Objectives To assess the association between gender and suicide attempt/death and identify gender-specific risk/protective factors in adolescents/young adults.Methods Systematic review (5 databases until January 2017). Population-based longitudinal studies considering non-clinical populations, aged 12–26 years, assessing associations between gender and suicide attempts/death, or evaluating their gender risk/protective factors, were included. Random effect meta-analyses were performed.Results Sixty-seven studies were included. Females presented higher risk of suicide attempt (OR 1.96, 95% CI 1.54–2.50), and males for suicide death (HR 2.50, 95% CI 1.8–3.6). Common risk factors of suicidal behaviors for both genders are previous mental or substance abuse disorder and exposure to interpersonal violence. Female-specific risk factors for suicide attempts are eating disorder, posttraumatic stress disorder, bipolar disorder, being victim of dating violence, depressive symptoms, interpersonal problems and previous abortion. Male-specific risk factors for suicide attempt are disruptive behavior/conduct problems, hopelessness, parental separation/divorce, friend’s suicidal behavior, and access to means. Male-specific risk factors for suicide death are drug abuse, externalizing disorders, and access to means. For females, no risk factors for suicide death were studied.Conclusions More evidence about female-specific risk/protective factors of suicide death, for adolescent/young adults, is needed.	We encourage longitudinal research assessing the role of sociodemographic variables (e.g., socioeconomic status,ethnicity) in suicidal behavior among young persons. Additional research is also needed on academic (e.g.,academic failure) and protective factors (e.g., resilience) in young females and males, as well as research on access to means, externalizing problems, and a family history of mental disorders and abuse among young females, and relationship problems, bipolar and eating disorders in young males.
Mironova, 2011	Childhood physical abuse and suicide-related behavior: A systematic review	5	Personer under 18 år	Vold mot barn	Utsatthet	Diffust (selvmordsatferd)	Nei	(Given these limitations,) it remains uncertain whether the CPA (Childhood physical abuse)–SRB (suicide-related behavior) association is causal; however, an association with suicide attempt(s) persisted after controls for CSA (childhood sexual abuse) and other factors. This independence may represent a unique mechanism for CPA, such as severe/ frequent physical abuse by a family member (Lau et al., 2003) or parent (Fergusson & Lynskey, 1997).	Childhood physical abuse is associated with suicide-related behavior. We investigate how shared environment with perpetrator(s) identified as a family member or parent/ parental figure or an adult at home contribute to this association. This systematic review of school- and population-based studies in children and youth reports on five relevant studies. The association was statistically significant in each study, and when examined the association was independent of childhood sexual abuse and other factors. Childhood physical abuse may translate into suicide-related behavior through mechanisms unique from childhood sexual abuse. Future research is needed to strengthen causal inferences to inform the prevention of suicide-related behavior.	In order to strengthen the inference that CPA (Childhood physical abuse) is related causally to SRB (suicide-related behavior), future research can be designed to identify and test theories through refinements in study design and methods. CPA definitions and other forms of maltreatment could be tied more closely to social and biological contexts to determine periods of risk. Ideally, future research will generate larger, longitudinal studies that will solidify theories generated regarding the effect of CPA on SRB, as well as provide insight into protective factors, to inform SRB prevention efforts.
Moore, 2017	Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis	165	Personer utsatt for potensielt traumatiserende hendelser	Mobbing	Utsatthet	Blandet (selvmordstanker og -handlinger)	Ja	In conclusion, evidence suggests a causal relationship between bullying victimization and mental health outcomes. There were also associations between bullying victimization and other adverse health and psychosocial problems which require further research to accurately measure the negative impact of bullying victimization and the broad health and economic costs. Through the implementation of school wide interventions that involve the entire school community (i.e., staff, students, and parents) bullying behaviour is considered a modifiable risk factor[25,74]. This review highlights the increased likelihood of a wide and diverse range of problems that are experienced by those exposed to bullying victimization.	AIM: To identify health and psychosocial problems associated with bullying victimization and conduct a meta-analysis summarizing the causal evidence. METHODS: A systematic review was conducted using PubMed, EMBASE, ERIC and PsycINFO electronic databases up to 28 February 2015. The study included published longitudinal and cross-sectional articles that examined health and psychosocial consequences of bullying victimization. All meta-analyses were based on quality-effects models. Evidence for causality was assessed using Bradford Hill criteria and the grading system developed by the World Cancer Research Fund. RESULTS: Out of 317 articles assessed for eligibility, 165 satisfied the predetermined inclusion criteria for meta-analysis. Statistically significant associations were observed between bullying victimization and a wide range of adverse health and psychosocial problems. The evidence was strongest for causal associations between bullying victimization and mental health problems such as depression, anxiety, poor general health and suicidal ideation and behaviours. Probable causal associations existed between bullying victimization and tobacco and illicit drug use. CONCLUSION: Strong evidence exists for a causal relationship between bullying victimization, mental health problems and substance use. Evidence also exists for associations between bullying victimization and other adverse health and psychosocial problems, however, there is insufficient evidence to conclude causality. The strong evidence that bullying victimization is causative of mental illness highlights the need for schools to implement effective interventions to address bullying behaviours.	All other significant associations reported in this study were classified as having insufficient evidence of a causal relationship. This is not suggesting that there is no causal relationship. Further research is needed to better examine if any associations that exist are causal or due to other confounding factors.

Morina, 2018	Psychiatric Disorders in Refugees and Internally Displaced Persons After Forced Displacement: A Systematic Review	38	Flyktninger	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Blandet og diffust (suicidalitet, selvmordsforsk, selvmord) (4 studier undersøkte suicidalitet som utfall)	Nei	We identified four studies completed in Sudan, Southwestern Nigeria, and Lebanon that investigated suicidality, representing a population of 4,447 adult IDPs and refugees. In one recent study conducted in a refugee camp in Lebanon by the French NGO Médecins sans Frontières, current rates of suicidality reached 12%. Similar results were observed in a Nigerian refugee camp. A survey examining the health status of internally displaced adult females in Darfur reported a prevalence rate of 2% for more specific suicidal behaviors, namely attempted or committed suicide.	Background: Protracted armed conflicts not only shape political, legal, and socio-economic structures, but also have a lasting impact on people's human migration. In 2017, the United Nations High Commissioner for Refugees reported an unprecedented number of 65.6 million individuals who were displaced worldwide as a result of armed conflicts. To date, however, little is known about these people's mental health status. Therefore, we conducted a systematic review of the prevalence of psychiatric disorders among forcibly displaced populations in settings of armed conflicts. Methods: We undertook a database search using Medline, PsycINFO, PILOTS, and the Cochrane Library, using the following keywords and their appropriate synonyms to identify relevant articles for possible inclusion: "mental health," "refugees," "internally displaced people," "survey," and "war." This search was limited to original articles, systematic reviews, and meta-analyses published after 1980. We reviewed studies with prevalence rates of common psychiatric disorders—mood and anxiety disorders, psychotic disorders, personality disorders, substance abuse, and suicidality—among adult internally displaced persons (IDPs) and refugees afflicted by armed conflicts. Results: The search initially yielded 915 articles. Of these references 38 studies were eligible and provided data for a total of 39,518 adult IDPs and refugees from 21 countries. The highest prevalence were reported for post-traumatic stress disorder (3–88%), depression (5–80%), and anxiety disorders (1–81%) with large variation. Only 12 original articles reported about other mental disorders. Conclusions: These results show a substantial lack of data concerning the wider extent of psychiatric disability among people living in protracted displacement situations. Ambitious assessment programs are needed to support the implementation of sustainable global mental health policies in war-torn countries. Finally, there is an urgent need for large-scale interventions that address psychiatric disorders in refugees and internally displaced persons after displacement.	We recommend that future public mental health research goes beyond the assessment of PTSD, depression, and anxiety disorders and consider a broader inclusive definition of the psychological consequences of armed conflict as additional key concept. In addition to that questionnaires assessing more severe disorders (e.g., psychotic disorders) which are often ignored need to be developed and validated for use in LMICs.
Moynihah, 2018	A systematic review of the state of the literature on sexually exploited boys internationally	42	Gutter under 18 år	Seksuell vold/overgrep	Utsatthet	Blandet (NSSI og selvmordsforsk som sekundære utfallsmål)	Nei	Self-harm and suicide attempts are common among sexually exploited boys. Evidence shows risk of sexual exploitation extends beyond street-involved and homeless boys. School-based awareness and prevention programs should be clear that boys too can be exploited; such programs may need to define exploitation more clearly, and counter some of the perceptions of boys around its potential benefits or lack of negative consequences. Educational, social, and health services professionals need to be aware of particular factors such as child abuse that place boys at higher risk of sexual exploitation. These professionals should be supported and enabled to screen for and respond to sexual exploitation of boys, its risk factors (e.g., child abuse), and outcomes (e.g., sexual and reproductive health care, mental health screening and counseling services, and substance abuse diagnosis and treatment) in a timely manner.	This systematic review assessed the current state of the literature on sexually exploited boys internationally. We aimed to describe what is known about sexual exploitation of boys, identify gaps in the literature, provide implications for practice, and make recommendations for future research. Multiple database searches were conducted using a combination of controlled vocabulary and keywords to capture child and adolescent sexual exploitation. Our search identified 11,099 unique references and excluded studies that did not include male participants less than 18 years old or disaggregate results by relevant age groups and/or by sex. This review identified 42 studies from 23 countries, providing evidence that sexual exploitation of boys is an issue in both high- and low-income countries. Seventeen articles had sexual exploitation as their primary variable of interest, the majority of which sampled boys who accessed services (i.e., shelters, health care, social, and justice services). Boys' experiences of sexual exploitation varied in terms of venue, exploiters, and compensation. Compared to their non-sexually exploited peers, sexually exploited boys more commonly reported experiences of child abuse, substance use, conduct problems, and mental health problems such as anxiety, depression, and self-harm. Despite increasing evidence that boys are sexually exploited around the world, the current literature provides limited data about the antecedents, sequelae, and the specific features of sexual exploitation experiences among boys. Further research is needed to inform, policy, social services and health care delivery specific to the needs of sexually exploited boys.	We recommend using more sophisticated research designs and methods when examining sexual exploitation of boys. Longitudinal research that examines temporal relationships across diverse populations is needed to identify antecedent and sequelae, while, qualitative research is needed to gain further insight into the specific features of sexual exploitation among boys. In addition, comparative studies can shed light on the similarities and differences of boys' experiences of sexual exploitation across countries with different social and economic conditions. More studies of street-involved and homeless children and adolescents who are not accessing services, that specifically investigate exchanging sex as a primary variable, are needed to broaden the current data, which are primarily drawn from service and school-based samples. Experiences of boys who exchange sex need to be assessed separately from other genders, in order to determine in what ways their exploitation experiences and health care needs are unique or similar to those of girls or transgender youth. This information will be essential for informing policy, social services, and health care delivery.
Nesi, 2021	Social media use and self-injurious thoughts and behaviors: A systematic review and meta-analysis	61	Ungdom og unge voksne	Nettmobbing	Begge	Blandet og diffust (selvskadende tanker og handlinger)	Ja	The current systematic review and meta-analysis suggests robust associations of SITBs (self-injurious thoughts and behaviors) with cybervictimization. Furthermore, albeit drawing on a fewer number of unique effects, findings suggest associations of SITBs with cyberbullying perpetration, generation and exposure to SITB-related social media content, problematic use, and sexting.	Despite considerable public and scholarly debate about the role of social media in self-injurious thoughts and behaviors (SITBs), no comprehensive, quantitative synthesis of this literature has previously been undertaken. The current systematic review and meta-analysis examines associations between social media use and SITBs, including suicidal ideation, suicide plans, suicide attempts, and nonsuicidal self-injury (NSSI). A range of social media behaviors and experiences were identified, including cybervictimization and perpetration, exposure to and generation of SITB-related content, problematic use, sexting, social media importance, and frequency of use. A systematic search of PsycINFO, Medline, CINAHL, and the references of prior reviews yielded 61 eligible studies. Results largely suggested medium effect sizes for associations between specific social media constructs (cyber-victimization, SITB-related social media use, problematic social media use) and SITBs. There was no association between frequency of social media use and SITBs; however, studies on this topic were limited. The majority of studies identified focused on cybervictimization, and results suggested positive associations with all SITBs, with the association between cybervictimization and suicidal ideation stronger for adolescents than adults. Overall, findings highlight the utility of examining specific social media behaviors and experiences, and point to the need for more research in this area.	Results highlight the importance of investigating a range of specific social media behaviors and experiences in relation to SITBs, and the critical need for more research in this area.

Ng, 2018	Early life sexual abuse is associated with increased suicide attempts: An update meta-analysis	47	Personer utsatt for seksuelle overgrep i barndommen	Seksuell vold/overgrep	Utsatthet	Selvmordsforsøk	Ja	In both cross-sectional and longitudinal studies, childhood sexual abuse is consistently associated with increased risk of suicide attempts. Random-effects meta-analysis found early life sexual abuse to be a significant risk factor for suicide attempts, compared to baseline population (pooled OR 1.89, 95% CI: 1.66 to 2.12, p < 0.001). Subgroup analyses of cross-sectional versus longitudinal studies and clinical versus population-based samples consistently showed similar findings of increased risk. This supports the significant contributory effects of early life sexual abuse on suicide attempts in both individuals with or without psychiatric diagnoses.	Suicide is an emerging, yet preventable global health issue associated with significant mortality. Identification of underlying risk factors and antecedents may inform preventive strategies and interventions. This study serves to provide an updated meta-analysis examining the extent of association of early life sexual abuse with suicide attempts. Using the keywords [early abuse OR childhood abuse OR sexual OR rape OR molest* OR violence OR trauma OR PTSD] AND [suicid* OR premature OR unnatural OR deceased OR died OR mortality], a preliminary search on the PubMed, Ovid, PsychINFO, Web of Science and Google Scholar databases yielded 12,874 papers published in English between 1-Jan-1988 and 1-June-2017. Of these, only 47 studies were included in the final meta-analysis. The 47 studies (25 cross-sectional, 14 cohort, 6 case-control and 2 twin studies) contained a total of 151,476 subjects. Random-effects meta-analysis found early life sexual abuse to be a significant risk factor for suicide attempts, compared to baseline population (pooled OR 1.89, 95% CI: 1.66 to 2.12, p < 0.001). Subgroup analyses of cross-sectional and longitudinal studies showed similar findings of increased risk as they yielded ORs of 1.98 (95% CI: 1.70 to 2.25, p < 0.001) and 1.65 (95% CI: 1.37 to 1.93, p < 0.001), respectively. In both cross-sectional and longitudinal studies, childhood sexual abuse was consistently associated with increased risk of suicide attempts. The findings of the present study provide strong grounds for funding public policy planning and interventions to prevent sexual abuse and support its victims. Areas for future research should include preventive and treatment strategies and factors promoting resilience following childhood sexual abuse. Future research on the subject should have more robust controls and explore the differential effects of gender and intra-versus extra-familial sexual abuse.	Future research on CSA should have more robust controls and explore the differential effects of gender and type of perpetrator (stranger versus caregiver). Future studies should also examine effective preventive and treatment strategies and factors promoting resilience following childhood sexual abuse.
Norman, 2012	The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis	124	Personer utsatt for potensielt traumatiserende hendelser	Vold mot barn Seksuell vold/overgrep Psykisk vold Omsorgssvikt (mot barn)	Utsatthet	Selvmordsforsøk (blant mange utfall)	Ja	This overview of the evidence suggests a causal relationship between non-sexual child maltreatment and a range of mental disorders, drug use, suicide attempts, sexually transmitted infections, and risky sexual behaviour. There is also emerging evidence that neglect in childhood may be as harmful as physical and emotional abuse. Although these conclusions have been drawn before from single empirical studies, in this article they are demonstrated in aggregate quantitative effects, to our knowledge for the first time. This review contributes to a better understanding and measurement of the non-injury health impacts of child maltreatment globally and enables quantification of the burden attributable to physical and emotional abuse and neglect at the population level using comparative risk assessment methodology.	Background: Child sexual abuse is considered a modifiable risk factor for mental disorders across the life course. However the long-term consequences of other forms of child maltreatment have not yet been systematically examined. The aim of this study was to summarise the evidence relating to the possible relationship between child physical abuse, emotional abuse, and neglect, and subsequent mental and physical health outcomes. Methods and Findings: A systematic review was conducted using the Medline, EMBASE, and PsycINFO electronic databases up to 26 June 2012. Published cohort, cross-sectional, and case-control studies that examined non-sexual child maltreatment as a risk factor for loss of health were included. All meta-analyses were based on quality-effects models. Out of 285 articles assessed for eligibility, 124 studies satisfied the pre-determined inclusion criteria for meta-analysis. Statistically significant associations were observed between physical abuse, emotional abuse, and neglect and depressive disorders (physical abuse [odds ratio (OR) = 1.54; 95% CI 1.16–2.04], emotional abuse [OR = 3.06; 95% CI 2.43–3.85], and neglect [OR = 2.11; 95% CI 1.61–2.77]); drug use (physical abuse [OR = 1.92; 95% CI 1.67–2.20], emotional abuse [OR = 1.41; 95% CI 1.11–1.79], and neglect [OR = 1.36; 95% CI 1.21–1.54]); suicide attempts (physical abuse [OR = 3.40; 95% CI 2.17–5.32], emotional abuse [OR = 3.37; 95% CI 2.44–4.67], and neglect [OR = 1.95; 95% CI 1.13–3.37]); and sexually transmitted infections and risky sexual behaviour (physical abuse [OR = 1.78; 95% CI 1.50–2.10], emotional abuse [OR = 1.75; 95% CI 1.49–2.04], and neglect [OR = 1.57; 95% CI 1.39–1.78]). Evidence for causality was assessed using Bradford Hill criteria. While suggestive evidence exists for a relationship between maltreatment and chronic diseases and lifestyle risk factors, more research is required to confirm these relationships. Conclusions: This overview of the evidence suggests a causal relationship between non-sexual child maltreatment and a range of mental disorders, drug use, suicide attempts, sexually transmitted infections, and risky sexual behaviour. All forms of child maltreatment should be considered important risks to health with a sizeable impact on major contributors to the burden of disease in all parts of the world. The awareness of the serious long-term consequences of child maltreatment should encourage better identification of those at risk and the development of effective interventions to protect children from violence.	Researchers should select methodologies and instruments with international comparisons in mind. Identical questionnaires, research designs, and interviewing techniques should ideally be used for surveys in different countries.

O'Donnell, 2015	The co-occurrence of aggression and self-harm: Systematic literature review	123	Personer med aggresjon og/eller villet egenskade	Aggresjon	Utøvelse	Selvskadning (self-harm)	Nei	The evidence highlighted in this review however suggests that individuals who engage in both aggression and self-harm probably have different characteristics – both qualitatively (e.g. methods of self-harm used) and quantitatively (e.g. behavioural severity) from those who only self-harm, or are aggressive. They are therefore likely to present differently, have different clinical needs, and yield different risk profiles. Calculation of risk is an imprecise practice though – and aggression and self-harm bring special problems. We must therefore ensure that risk assessment instruments are based on evidence that is unbiased and empirically sound. The evidence presented here certainly suggests an elevated risk of aggression in individuals who engage in self-harm and vice versa, and the evidence (such as it is) suggests that we should adjust our prior probabilities of finding one in the presence of the other. Although some researchers persuasively call for the implementation of integrated suicide and violence prevention programs, while there are still questions regarding the nature of the association between aggression and self-harm, such programs may be both injudicious and difficult to develop.	Background: Epidemiological research supports an association between aggression and self-harm through data on the frequency with which individuals exhibit both behaviours. Unbiased evidence, however, is needed to draw conclusions about the nature and extent of co-occurrence. Method: Systematic review of published studies was undertaken to evaluate whether or not the frequency with which aggression and self-harm co-occur is beyond that which would be expected by chance. Outcome measures included: (a) between-group differences on a standardised aggression/selfharm measure – the groups defined by scores on a measure of the other behaviour; (b) correlations between the two behaviours; (c) co-occurrence rates in populations defined by the presence of either behaviour; (d) co-occurrence rates in populations not defined by either behaviour. Odds ratios were calculated for studies presenting complete frequency data. Results: 123 studies, some yielding more than one type of result, met the inclusion criteria. Most case-control studies found elevated levels of aggression in self-harming populations (or self-harm in aggressive populations) compared to controls. The majority of correlational, co-occurrence rate, and odds ratio data found aggression and self-harm to be associated. Limitations: Results were subject to descriptive synthesis only and thus, unable to report an overall effect size. Conclusions: Evidence suggests that aggression and self-harm frequently co-occur. Such evidence necessitates more theoretical discussion and associated research on the source and nature of cooccurrence. Nonetheless, individuals who present with one behaviour may be considered an 'at-risk' group in terms of exhibiting the other. Such evidence holds implications for practice (e.g. risk assessment).	If further research was able to corroborate that the association between aggression and self-harm is moderated by type and/or severity of behaviour, then practice would be endowed with knowledge of overt indicators of co-occurrence whose identification does not require detailed neurobiological or psychological assessment. Research on causal and risk factors, and peripheral markers and moderators of the relationship between aggression and self-harm clearly needs more attention.
Panagioti, 2015	Suicidality and posttraumatic stress disorder (PTSD) in adolescents: a systematic review and meta-analysis	28	Ungdom med/uten PTSD	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Begge	Blandet (selvmordsforsøk og -tanker)	Ja	This review provided strong evidence that adolescents with a PTSD diagnosis are at heightened risk for suicide. The rates of suicidal ideation ranged between 30 and 80 % in adolescents with PTSD, while the rates of suicide attempt ranged between 15 and 50 %. However, our review also suggests that the research area investigating PTSD and suicidality in adolescents suffers from severe limitations, such as, low methodological quality of studies, and the absence of theory-driven investigations.	Purpose There is growing evidence in the literature that a diagnosis of Posttraumatic Stress Disorder (PTSD) is an important contributory factor to suicidality in adolescents. However, there is no existing review of the literature examining the relationship between PTSD and suicidality in adolescents. This study aims to provide the first systematic review and meta-analysis of the association between PTSD and suicidality in adolescents. Methods Five bibliographic databases (Medline, EM- BASE, PsycINFO, Web of Science and PILOT) were screened for suitable articles. Twenty-eight studies (which provided 28 independent samples) were included in the review. The overall meta-analyses of the association between PTSD and suicidality were followed by subgroup and meta-regression analyses. Results A highly significant positive association was found between PTSD and suicidality (d = 0.701, 95 % CI 0.555–0.848). The subgroup and meta-regression analyses showed that the association between PTSD and suicidality persisted whilst adjusting for various sources of between-study heterogeneity, such as, different levels of severity of suicidality, target groups, and methodological quality of the studies. Conclusions Suicidality in adolescents with PTSD is a major problem which requires further research effort. The implications of these results are discussed.	Research fail to assess the association between completed suicide and PTSD in adolescent samples. Research in association between PTSD and suicidality in adolescents are predominantly cross-sectional studies with heterogeneous populations. Research in the area fail to examine mechanisms that may underlie the co-occurrence of PTSD and suicidality in adolescents.
Panczak, 2013	Homicide-suicides compared to homicides and suicides: Systematic review and meta-analysis	27	Utøvere av mord-selv-mord/mord/selv-mord	Mord	Utøvelse	Selv-mord	Ja	Our results indicate that homicide-suicide events represent a distinct entity, with characteristics distinguishing them both from homicides and suicides. Homicide-suicides often result from situations and living conditions associated with intimate partner strain and general psychological stress. Our results confirm the results from previous studies that homicides tend to be committed by younger offenders than homicide-suicides. Indeed, the older age of perpetrators of homicide-suicides may reflect the fact that such problems become more prevalent with age. Inhibition due to the influence of alcohol will have played a role in some homicide-suicide events; however, our results indicate that alcohol appears to be more important in homicides. Acting out of an impulse may be more frequent for homicides than either for homicide-suicides or suicides, which are more often contemplated and planned in advance. The vast majority of perpetrators of homicide-suicides were men.	Homicide-suicides, the murder of one or several individuals followed by the suicide of the perpetrator, are rare but have devastating effects on families and communities. We did a systematic review and meta-analysis of studies comparing perpetrators of homicide-suicides with perpetrators of simple homicides and suicides and examined the proportion of firearm use and its correlation with firearm availability. We searched Medline and Embase from inception to July 2012 and identified 27 eligible studies. Perpetrators of homicide-suicides were older and more likely to be male and married to or separated from their victims than perpetrator of simple homicides or suicides. Influence of alcohol and a history of domestic violence or unemployment were less prevalent in homicide-suicides than in homicides. The proportion of firearm use in homicide-suicides varied across countries and was highest in the USA, Switzerland and South Africa, followed by Australia, Canada, The Netherlands and England and Wales, with a strong correlation between the use of firearms and the level of civilian gun ownership in the country. Our results indicate that homicide-suicides represent a distinct entity, with characteristics distinguishing them both from homicides and suicides.	We did not identify any studies that compared the perpetrator of homicide-suicides with suitable controls from the general population, for example within the framework of well-designed cohort and case-control studies. Such population-based studies are needed to identify risk factors for homicide-suicide and develop preventive strategies.

Perez-Gonzalez, 2015	Systematic review of the prevalence of suicidal ideation and behavior in minors who have been sexually abused	16	Personer utsatt for potensielt traumatiserende hendelser	Seksuell vold/ overgrep	Utsatthet	Blandet (selvmordstanker og selvmordsforsøk)	Nei	The results of this review should alert us to the high prevalence of suicidal behavior in adolescent victims of childhood sexual abuse. It is important to develop a better understanding of the short-term and long-term effects of childhood sexual abuse and to be aware of the importance of exploring the presence of suicidal thoughts and intentions in victims.	The experience of sexual abuse in childhood is a serious public health problem that is associated with suicidal behavior in numerous cases. Awareness of the relation between the experience of sexual abuse in childhood with suicidal ideation and behavior in adolescence is relevant in academic and professional terms. Method. A systematic review was made of published studies on the prevalence of suicide among childhood victims of sexual abuse in the European Union. Studies cited in the PsycINFO, Scopus and MEDLINE Web of Science databases were retrieved using the terms: "sexual abuse" AND "child" AND "suicide" AND "prevalence" OR "incidence". Results. The results obtained from the 16 studies reviewed show a high frequency of suicidal ideation and behavior in these victims and highlight a serious consequence of sexual abuse that seems to affect a significant number of minors. The victims of childhood sexual abuse have a 2- to 3-fold higher risk of suicidal ideation and 3- to 4-fold higher risk of attempted suicide than nonvictims. Conclusions. In the health care field, it is important to understand the specific short-term and long-term effects of childhood sexual abuse, which could improve the effectiveness of intervention in victims and treatment for those at increased risk of suicide.	It is necessary to carry out a more comprehensive evaluation of psychopathology, without specifically dealing with clinical samples, to identify what types of psychopathological disorders may intervene in the risk of suicidal behavior among the victims of sexual abuse during childhood.
Pompili, 2014	Bisexuality and Suicide: A Systematic Review of the Current Literature	77	Ungdom som er biseksuelle	Fysisk og psykisk vold	Utsatthet	Blandet (selvmordstanker og selvmordsforsøk)	Nei	Bisexuality appears to be associated with a history of prior suicidal behavior, but it is less clear whether bisexual individuals are at greater risk for suicidal behavior than gay and lesbian individuals. Moreover, sexual minorities in general have high rates of depression, anxiety, emotional distress, and substance abuse in addition to increased suicidal behavior.	Introduction. Many studies of lesbian, gay, and bisexual youth have demonstrated that individuals reporting a bisexual orientation have a particularly high risk of suicidal behavior and substance abuse. It has been also suggested that bisexual individuals (both men and women) have higher rates of depression and anxiety compared with homosexual and heterosexual groups. Aim. The aim of the present article was to determine whether or not an association between bisexuality and suicidal behavior exists and to analyze risk factors for suicidal behavior in bisexual individuals. Main Outcome Measures. The combined search strategies yielded a total of 339 records screened from PubMed, Scopus, and Web of Knowledge. Duplicate articles, articles that were not in English, and those that did not analyze bisexuality separately from homosexuality were excluded. A quality assessment was performed for each study included. Methods. A careful systematic review of the literature was conducted investigating the potential bisexuality-suicidal behavior link. A total of 77 articles from peer-reviewed journals were considered, and the most relevant (N = 19) were selected for this review. Results. Individuals reporting a bisexual orientation had an increased risk of suicide attempts and ideation compared with their homosexual and heterosexual peers. Risk factors included related victimization, peer judgments, and family rejection. Bisexual individuals also reported higher rates of mental illness and substance abuse. Conclusions. Bisexual individuals may experience more psychological distress and mental health problems than individuals who identify with a homosexual or heterosexual orientation. Clinicians should consider the potential for suicidal behaviors in bisexual individuals and be alert for increased mental health problems and poor social integration.	Future research should study bisexual individuals separately from homosexuals and lesbians in order to better understand unique risk factors and to evaluate a more specific approach to preventing suicidal behavior in this group.
Pompili, 2013	Posttraumatic Stress Disorder and Suicide Risk Among Veterans A Literature Review	16	Militært personell/ veteraner	Krigshandlinger	Utsatthet	Blandet (selvmord, selvmordsatferd)	Nei	The core finding of the present review is that exposure to combat stress in veterans is a risk factor both for developing PTSD and suicidal behavior. Having a history of multiple exposures to traumatic stressors is associated with higher rates of morbidity (PTSD and other relevant psychiatric conditions) and mortality caused by suicide.	Posttraumatic stress disorder (PTSD) is frequently associated with suicidal ideation and suicide attempts. Suicide is an important cause of death in veterans, and the risk for intentional death continues to be high many years after service. The aim of the present study was to investigate whether there is a relationship between PTSD and suicidal behavior among veterans. We also discussed the risk factors of suicide among war veterans with PTSD. A systematic review was conducted focusing on war-related PTSD and suicidal behavior. A total of 80 articles from peer-reviewed journals were identified, 34 were assessed for eligibility, and 16 were included. Having a history of PTSD is associated with higher rates of morbidity and mortality and increased the risk for suicidal behavior. The association between PTSD and suicidal behavior was confirmed by the presence of other risk factors and high rates of comorbidity. Current suicidal behavior should be adequately assessed in war veterans.	This review did not address the question of whether PTSD is associated with more or less suicidal ideation and behavior than other mental illnesses or whether suicidality associated with PTSD is specifically caused by war trauma or other comorbidities such as depression and substance abuse, which are often associated with PTSD and suicidality. Further research is needed to answer these questions.

Quarshie, 2020	Self-harm with suicidal and non-suicidal intent in young people in sub-Saharan Africa: a systematic review	74	Personer mellom 10 og 25 år som bor i Afrika, sør for Sahara	Vold mot barn Fysisk vold Seksuell vold/ overgrep Psykisk vold	Utsatthet	Blandet (selvskading og selvmordsforsøk)	Nei	Together, the studies in this review suggest that self-harm is a public (mental) health challenge in young people across countries within sub-Saharan Africa.	Background: Self-harm, whether attributed to suicidal or non-suicidal motives, is associated with several poor outcomes in young people, including eventual suicide. Much of our understanding of self-harm in young people is based on literature from Europe (particularly, the UK), North America, and Australia. We aimed to synthesise the available evidence on prevalence, the commonly reported self-harm methods, correlates, risk and protective factors, and reasons for self-harm, in adolescents (aged 10–25 years) in sub-Saharan Africa. Method: We searched MEDLINE, PsycINFO, PubMed, African Journals OnLine, and African Index Medicus for records from 1950 through August 2019, without language restrictions. We supplemented the database searches by searching relevant portals for postgraduate theses, reference harvesting, contacting authors for unpublished studies, and hand searching relevant print sources. We applied narrative synthesis to the evidence. Results: Seventy-four studies from 18 sub-Saharan African countries met the inclusion criteria. The median lifetime prevalence estimate was 10.3% (interquartile range [IQR] 4.6% – 16.1%); median 12-month prevalence estimate was 16.9% (IQR: 11.5% – 25.5%); median 6-month prevalence estimate was 18.2% (IQR: 12.7% – 21.8%); and the median 1-month prevalence estimate was 3.2% (IQR: 2.5–14.8%). Studies from Western sub-Saharan Africa reported the highest 12-month prevalence estimates (median = 24.3%; IQR = 16.9% – 27.9%). Clinical samples commonly reported overdose, whereas self-cutting was most commonly reported in non-clinical samples. Academic failure, sexual, emotional, and physical abuse, romantic relationship problems, family conflict, depression, and previous self-harm were identified as key correlates of self-harm. No study reported protective factors against self-harm. Conclusion: Variation in estimates was explained by small sample sizes and variation in definitions and measures used. Exploration of associations, risks and protective factors was based upon concepts and measures derived from high income countries. More detailed and culturally sensitive research is needed to understand the context-specific risks and protective factors for self-harm in adolescents in sub-Saharan Africa.	Explore prevalence estimates of self-harm among young people in non-clinical settings. Participants should include minorities and vulnerable groups including homeless, LGBT, orphans and other children and youth who are often under-represented in population based studies.
Ramchand, 2015	Prevalence of, Risk Factors for, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan	116	Militært personell/veteraner	Krigshandlinger	Utsatthet	Blandet (selvmord og selvrapportert suicidalitet) (kun 7 så på suicidalitet)	Nei	PTSD is associated with self-reported suicidality and death by suicide	This review summarizes the epidemiology of post-traumatic stress disorder (PTSD) and related mental health problems among persons who served in the armed forces during the Iraq and Afghanistan conflicts, as reflected in the literature published between 2009 and 2014. One-hundred and sixteen research studies are reviewed, most of which are among non-treatment-seeking US service members or treatment-seeking US veterans. Evidence is provided for demographic, military, and deployment-related risk factors for PTSD, though most derive from cross-sectional studies and few control for combat exposure, which is a primary risk factor for mental health problems in this cohort. Evidence is also provided linking PTSD with outcomes in the following domains: physical health, suicide, housing and homelessness, employment and economic well-being, social well-being, and aggression, violence, and criminality. Also included is evidence about the prevalence of mental health service use in this cohort. In many instances, the current suite of studies replicates findings observed in civilian samples, but new findings emerge of relevance to both military and civilian populations, such as the link between PTSD and suicide. Future research should make effort to control for combat exposure and use longitudinal study designs; promising areas for investigation are in non-treatment-seeking samples of US veterans and the role of social support in preventing or mitigating mental health problems in this group.	Future research should make effort to control for combat exposure and use longitudinal study designs; promising areas for investigation are in non-treatment-seeking samples of US veterans and the role of social support in preventing or mitigating mental health problems in this group.
Rhodes, 2011	Sex Differences in Childhood Sexual Abuse and Suicide-Related Behaviors	16	Skolebarn	Seksuell vold/ overgrep	Utsatthet	Selvmordsforsøk	Nei	This systematic review found 16 school-based studies on the association between Childhood Sexual Abuse and Suicide Related Behavior, stratified by sex in children and youth. Despite varying samples and methods, the association was found stronger in boys specific to suicide attempt(s). Adjustments for potential confounding explained some, but not all of this observed sex difference.	Child sexual abuse and suicide-related behaviors are associated, but it remains unclear if the strength of this association differs in boys and girls. In a systematic review of this association in children and youth, we identified 16 relevant studies, all cross-sectional surveys of students. The association is stronger in boys specific to suicide attempt(s). Adjustments for potential confounding variables explained some, but not all of this sex difference. While additional research would strengthen causal inferences, this sex difference may be influenced by the nature and timing of child sexual abuse as well as the sex of the perpetrator, which in turn shapes the disclosure of these events.	Given that a prior suicide attempt is one of the strongest risk factors for suicide, and that as boys age, their risk of suicide surpasses girls 3–4 times, clarifying the validity of causal pathways to inform early intervention would seem critical.

Ribeiro, 2009	Exposure to violence and mental health problems in low and middle-income countries: a literature review	32	Innbyggere i LAMIC-land	Mange typer av vold	Utsatthet	Selv mordstanker (blant mange utfall)	Nei	Our review has demonstrated that, no matter the population group addressed, exposure to violence is highly prevalent in LAMIC and it is consistently associated with mental disorders. In this article, children and women emerge as the more vulnerable victims of violence. At the same time, parents and intimate-partners were found to be the main perpetrators. Both findings suggest that, in low and LAMIC, there are cultural and social factors that legitimate the use of violence either as a disciplinary tool or as a means for males to retain their power. Thus, both victims and perpetrators should be the target of specific prevention programs. Studies estimating the magnitude and impact of exposure to community violence, mainly among young men are still lacking. Whereas children and women are exposed to high rates of domestic violence, men are exposed to high levels of violence in the community.	Objective: To study the epidemiological evidence on the prevalence of exposure to violence and its relationship with mental health problems in low and middle-income countries. Method: The search was based on cross-sectional and cohort studies available in electronic databases (Medline, Psycinfo, Embase, SciELO and Lilacs), through July 2009, using the key words: "violence" and "mental disorders". Results: The frequency of exposure to violence was shown to be very high and was significantly associated with mental health problems. Among children, the highest correlation was found to be of domestic violence with externalizing problems (OR = 9.5; 95% CI = 3.4- 26.2), and suicidal ideation with sexual abuse (OR = 8.3; p < 0.05); among women, depression/anxiety symptoms correlated with intimate-partner psychological (OR = 3.2; 95% CI = 1.8-5.8) and sexual (OR = 9.7; 95% CI = 1.9-51.2) violence. In the general population, the highest prevalence rates of post-traumatic stress disorder were associated with sexual and domestic violence, kidnapping, and cumulative trauma exposure. Violence also correlated with common mental disorders. Conclusion: A substantial part of the mental health problems in low and middle-income countries can be attributed to violence. Thus, interventions directed to decrease violence in low and middle-income countries might have a major positive impact on the mental health of those living in these settings.	Future research on the association of violence with mental disorders in LAMIC should apply prospective study designs in order to elucidate the temporal relationship between exposure to violence and development of mental health problems, and to test whether there is a bidirectional relationship between these two phenomena. Other research strategies such as genetic studies should also be applied in order to acquire a better understanding of the pathways through which violence may affect mental health. Further research should also aim at identifying resilience factors that protect against the development of mental health problems after exposure to violence. The results obtained support the idea that violence is a major public health concern and that a substantial part of the mental health problems found in LAMIC may be attributed to violence. Thus, interventions directed to decrease violence in LAMIC might have a major positive impact on the mental health of those living in these settings.
Rouchy, 2020	Characteristics of homicide-suicide offenders: A systematic review	49	Utøvere av mord-selv mord	Mord	Utøvelse	Selv mord	Nei	We have been able to highlight several patterns and a series of vulnerabilities which overlap each other and ultimately lead to this deadly crime. We have also been able to identify the main motivations and the psychological profiles most at risk by reviewing all the available and most recent data on this phenomenon from which we still have much to learn.	Homicide-suicides (HS), the murder of one or several individuals followed by the perpetrator's suicide, are a major public health problem. Despite an abundant literature on predictors of this complex phenomenon, findings have been contradictory. Our aim in this systematic review was to examine the characteristics of HS perpetrators and more globally the risk factors associated with HS. We searched six electronic databases from inception to October 1993 to August 2019 and identified 49 eligible studies. We extracted eight categories of risk factors, structured as follows: sociodemographic characteristics; relationship dynamics and family situation; victimological factors; psychopathological vulnerabilities; legal history; life experiences; motivational factors; and modus operandi. Perpetrators of homicide-suicides were older and more likely to be male, older than homicide or suicide perpetrators. Studies also reveal an early history of adversity during childhood, legal issues in the past, as well as the exposure to stressful and/or traumatic events shortly before the criminal act as risk factors. Most of HS are perpetrated in an intra-familial setting and occur in the context of recent separation, divorce, and domestic conflicts. Finally, the present review shows the significant contribution of psychopathological factors (e.g., depressive disorder, psychotic delusional convictions) in the HS phenomenon.	Future research in this field will need to further explore the psychopathological factors associated with the HS phenomenon in order to clarify their influence in regard to the other factors involved in this act. These findings would provide possible preventive clinical strategies.
Sedgwick, 2019	Social media, internet use and suicide attempts in adolescents	9	Ungdommer under 19 år	Eksessiv/ problematisk internett-/ sosiale media-bruk	Utsatthet	Selv mordsforsøk	Nei	Current evidence suggests that excessive or 'problematic' use of social media/internet does impact suicide risk, specifically increasing the risk of suicide attempts.	Purpose of review Suicide is the second leading cause of death in youth aged 10–24 years old globally, but detecting those at risk is challenging. Novel preventive strategies with wide influence across populations are required. Interest in the potential for both detrimental and supportive influences of social media/internet use on suicidal behaviour has been growing; however, the relationship remains unclear. Recent findings A systematic search of articles from database inception up to 25 January 2019 across five databases: Medline, PsycINFO, EMBASE, HMIC and CINAHL revealed nine independent studies investigating social media/internet use and suicide attempts in young people less than 19 years old (n 1/4 346 416). An independent direct association was found between heavy social media/internet use and increased suicide attempts in seven studies (adjusted ORs ranged from 1.03 to 5.10), although adjusting for cyberbullying victimization and sleep disturbance reduced the strength of this association. Two studies found that some social media/internet use, versus no use, may be associated with fewer suicide attempts. There were no studies investigating the relationship between social media/internet use and completed suicide. Summary There is an independent association between problematic use of social media/internet and suicide attempts in young people. However, the direction of causality, if any, remains unclear. Further evaluation through longitudinal studies is needed.	Longitudinal studies are vital to establish the direction of the potential association, the impacts of potential confounders, such as sleep disturbance and cyberbullying and recommendations on safe amounts of use. As internet and social media platforms develop, more understanding of the specific risks and mechanisms associated with different types of digital activity, by different population groups will be essential to understand risk and pave the way for specific interventions.

Segers, 2014	What Do We Know About Suicidality in Autism Spectrum Disorders? A Systematic Review	10	Personer med autisme-spekter-forstyrrelse	Vold/overgrep fra jevnaldrende	Utsatthet	Diffust (suicidalitet)	Nei	In conclusion, suicidal behaviors have been shown to be a legitimate concern in individuals with ASD. Clinicians and researchers should be aware that individuals with ASD may use more lethal means that may increase the probability of a successful first attempt.	Suicidality is a common and concerning issue across development, and there is a plethora of research on this topic among typically developing children and youth. Very little is known, however, about the nature of suicidality among individuals with autism spectrum disorders (ASDs). The purpose of the current study was to undertake a systematic literature review to assess the current state of the research literature to examine the prevalence of suicidality among individuals with ASD, related demographic and clinical profiles, and associated risk and protective factors. A literature search using key terms related to suicidality and ASD yielded 10 topical studies that were evaluated for the study objectives. Suicidality was present in 10.9–50% of the ASD samples identified in the systematic review. Further, several large-scale studies found that individuals with ASD comprised 7.3–15% of suicidal populations, a substantial subgroup. Risk factors were identified and included peer victimization, behavioral problems, being Black or Hispanic, being male, lower socioeconomic status, and lower level of education. Only one study reported on protective factors, and this is identified as a significant gap in the literature. Several methodological weaknesses were present in the current literature, such as lack of appropriate comparison groups and little to no use of empirically validated measures for ASD diagnosis and suicide assessment. Additional research is necessary to understand better how this unique population experiences and expresses suicidal tendencies. Recommendations for future research are discussed.	Future studies should make efforts to: 1. Operationally define the construct of suicidality. 2. Examine prevalence rates of completed suicide in ASD. 3. Make use of longitudinal design to inform a developmental trajectory of suicidality in ASD. 4. Include the use of well-validated measures of ASD diagnosis and suicidal behaviors. 5. Make use of appropriate comparison groups. 6. Include girls and women in samples and analyze separately from boys and men to understand gender differences in the expression of suicidal behaviors in ASD. 7. Include individuals with intellectual impairments as participants in research studies to ensure that findings are representative of the broader ASD population. 8. Explore cultural factors that may contribute to understanding suicidality among individuals with ASD. 9. Measure and analyze the role of protective and risk factors in the expression of suicidal behaviors in ASD.
Serafini, 2015	Life adversities and suicidal behavior in young individuals: a systematic review	28	Personer mellom 10 og 25 år	Aversive livshendelser	Utsatthet	Blandet (selvmordsforsøk og selvmordstanker)	Nei	Most of the studies included in the present review reported a positive, statistically significant association between life adversities, and suicidality in young people. There seemed to be a strong, positive dose–response relationship between number of events experienced and risk of youth suicidal behavior. While the number of events was significant, their type and timing also mattered. Exposure to adversities (in particular sexual abuse/molestation) during vulnerable periods of life may be a critical risk factor for the emergence of suicidal behavior in adolescence and early adulthood.	Suicidal behavior in young people is a significant public health problem. However, it is not yet clear whether adversities (adverse life events) may be related to suicidality in adolescence and early adulthood. This paper aimed to investigate systematically the association between the type/number of adverse life events and experiences and suicidal behavior in young people. We developed a detailed strategy to search relevant articles in Pubmed, Scopus, PsycInfo, and Science Direct (January 1980–January 2015) about adverse life events and suicidal behavior. Adverse life events and experiences included maltreatment and violence, loss events, intra-familial problems, school and interpersonal problems. Studies were restricted to suicidal behavior in young people aged 10–25 years. The search yielded 245 articles, of which 28 met our inclusion criteria. Most studies reported a strong association between adversities and suicidality (both suicidal ideation and attempts). Based on the main results, the number of adversities or negative life events experienced seemed to have a positive dose–response relationship with youth suicidal behavior. However, the type of event experienced also appeared to matter: one of the most consistent findings was the association between suicidal behavior and experience of sexual abuse. More prospective studies are needed to elucidate the relative importance of risk accumulation and risk specificity for youth suicide.	Future studies should elucidate the extent and type of the association between adverse experiences and risk of suicide in youth.
Serafini, 2017	The Relationship between Childhood Maltreatment and Non-Suicidal Self-Injury: A Systematic Review	26	Utsatte for barndoms-traumer	Vold mot barn Seksuell vold/overgrep	Utsatthet	Blandet (selvskading (NSSI) og selvmordsatferd/-forsøk)	Nei	It appears that CM is a significant risk factor for both NSSI and suicide attempts. The increased vulnerability to NSSI seems to be related to experiences of CM, particularly sexual abuse. Gender differences were also found. Generally, when compared to males, females who experienced CM seem to be more vulnerable to presenting with NSSI and suicidal behaviors.	Introduction: Childhood maltreatment (CM) has been associated with an increased risk of non-suicidal self-injury (NSSI) and suicidal behaviors. However, the exact nature of the association between CM and NSSI is currently unclear. The present review aimed to systematically investigate the association between CM and NSSI in adolescence and early adulthood. Methods: A systematic search of four major electronic databases covering both medical and social science research (PubMed, Scopus, Science Direct, and PsycINFO) was conducted. Results: Overall, 20 cross-sectional studies including a total of 22,517 individuals, 3 longitudinal follow-up studies including 1,728 individuals, and 3 retrospective studies including 62,089 individuals were selected. It appears that CM is a significant risk factor for both NSSI and suicide attempts. The increased vulnerability to NSSI seems to be related to experiences of CM, particularly sexual abuse. Gender differences were also found. Generally, when compared to males, females who experienced CM seem to be more vulnerable to presenting with NSSI and suicidal behaviors. Conclusion: There is a positive association between CM and NSSI. The importance of early detection and risk reduction of self-injurious behavior for adolescents is discussed.	Future research should explore systematically the role of vulnerability and protective factors, i.e., factors that may act to increase or attenuate, respectively, the association between CM and NSSI.

Sesar, 2018	Mental health of perpetrators of intimate partner violence	137	Utøvere av partnervold	Partnervold	Utøvelse	Diffust (selvmordsatferd)	Nei	Knowing the specifics of mental health problems of IPV perpetrators should be the basis for conducting a comprehensive psychological assessment, as well as for developing specific forms of treatment that are adapted to the difficulties of each perpetrator (Dutton et al., 1997). In males, particular attention should be paid to alcoholism, which has proven to be the most common mental disorder. It should be noted that there is still a limited number of studies that have investigated the mental health of female IPV perpetrators, compared with the number of studies in which participants were male perpetrators. This indicates that there is still not enough attention being paid to female perpetrators, despite numerous studies that indicate gender symmetry. Finally, the results of the numerous studies about the mental health of the perpetrators of IPV that are presented in this review should be taken into account when designing intervention programmes. They should also be considered when trying to increase awareness of prevention and/or reduction of IPV.	Purpose – Intimate partner violence (IPV) represents a widespread social and public health problem. Researchers have been shown association between IPV and mental health problems. The purpose of this paper is to present a review of the literature on relationship between wide ranges of mental health problems. Design/methodology/approach – Research papers related to mental health problems among IPV perpetrators and published in leading academic journals in UK and abroad from 1987 to 2017 were identified and reviewed. Findings – Although there were some equivocal findings, the authors found that most of the available research suggests that there is a variety of psychological health problems among IPV perpetrators. Specifically, there was evidence of a significant relationship between anger problems, anxiety, depression, suicidal behaviour, personality disorders, alcoholism or problem gambling and perpetration of IPV. Results from analysed studies identified high rates of comorbid disorders in IPV perpetrators. Practical implications – The findings highlight the need for treatment services to undertake screening and assessment of wide range of psychological difficulties to be able to provide best treatment approaches. Originality/value – To the best of our knowledge, this is the first systematic review that has included studies evaluating various psychological health problems among perpetrators of IPV	Further research should focus on testing the mechanism that is responsible for the connection between specific psychological difficulties and committing violence in intimate partner relationships. It is assumed that mental disorders are possible causes of violence. It is also a well-known fact that IPV can have a significant impact on the mental health of men and women who are exposed to traumatic experiences. Therefore, longitudinal studies are needed to clarify the relationship between mental illness and IPV. To understand the relationship of mental health problems and IPV, it is also necessary to carry out further research in accordance with the existing biological and psychological theoretical frameworks.
Shireen, 2013	Trauma experience of youngsters and Teens: A key issue in suicidal behavior among victims of bullying?	28	Personer utsatt for potensielt traumatiserende hendelser	Mobbing	Begge	Blandet (selvmordstanker og selvmordsforsøk)	Nei	School bullying is a major public health problem that demands the thoughtful attention of school systems, teachers, health care providers, policy makers, and families. School systems can collaborate with teachers, parents, students and the community to deal with bullying problems in their school, and come up with ways to respond to it effectively. The outcome of bullying on suicide attempt was greatest among non-Hispanic sexual minority male youths	This study examines the association between suicide and bullying among teenagers and adolescents in school besides exploring strategies to prevent acts of bullying. "Bullying" is a risk factor that is linked to suicidal ideation and attempts among school-age children and teenagers. Since youth suicide is an urgent and serious problem, we conducted a systematic review of 28 previous studies conducted in children and adolescents which examined the connection between bullying experiences and suicide. Data Collection: A literature search was carried out using 4 databases, without date description including: PubMed, PsychInfo, Medline and Google Scholar. The search terms contained: bullying, suicide and bullying, suicide in teens, school bullying, and peer victimization. An initial search generated about 97 articles; however, only 28 articles were appropriate for inclusion in the current review. Inclusion criteria was (1) Cross-sectional studies published from 1997-2013. (2) Study based on school bullying and suicidal risk in adolescents and teens 18 years or less (3) Studies had enough information to calculate effect sizes that did include a control group. (4) Studies based on gender discrimination. Papers that focused on specific populations, that did not include quantitative data, that did not use a control group of non-bullied subjects and studies based on cyber bullying, studies with longitudinal design were excluded. The risk of suicide attempts was higher in girls, who were involved in bullying, either as the victim or perpetrator, than in boys. Depression, feelings of hopelessness and loneliness can develop in the child after being bullied for long periods of time; these feelings are indirectly related to suicidal ideation and attempts. Involvement in bullying increases the likelihood of suicidal ideation and attempts in children and teenagers.	Future long-term, prospective studies are needed to elucidate the causality between bullying and suicide as well as the differential effects of gender on the association.
Stevens, 2021	Cyber Stalking, Cyber Harassment, and Adult Mental Health: A Systematic Review	43	Voksne	Nettviktimisering	Utsatthet	Selvmordstanker (blant mange)	Nei	This systematic review has answered our RQ: how does cyber stalking and harassment impact the mental health of adult victims? Forty-two of the 43 studies reviewed illustrate the negative impact that such victimization has had on mental health. Furthermore, as is the case with adolescent and child victims, adults' well-being suffers from such abuse. We have identified and analyzed the wide range of psychological harms this cyber abuse causes, while reviewing and critiquing existing research that has been conducted in this field. It is widely understood that offline stalking is a significant public health issue, and online stalking and harassment must also be treated as such due to the harmful consequences of cyber abuse being akin to offline abuse.	As Internet use increases, there is a growing risk of online harms, including cyber stalking and cyber harassment. However, there has been limited research investigating the impact of such online harms upon adults' well-being. This article engages in a systematic literature review concerning the mental health impact of online stalking and harassment for adult victims to further understand their experiences and the effects these have on their lives. Our research utilized the preferred reporting items for systematic reviews and meta-analysis technique to review articles published in eight online databases. A total of 1,204 articles were extracted and, ultimately, 43 articles analyzed. Forty-two of the reviewed articles reported that victims of cyber stalking and/or harassment experienced a multitude of harmful and detrimental consequences for their mental health, including depression, anxiety, suicidal ideation, and panic attacks. Victims recounted the lack of support they received from the criminal justice system and their subsequent distrust of technology postabuse. Only one study found no relationship between cyber abuse victimization and the well-being dimensions they examined. Our research highlights the need to devise practical solutions to tackle and minimize this victimization. Furthermore, it underlines the necessity for adult education concerning safer technology use, as well as for researchers to be transparent regarding the platforms that victims have been abused on, so we can better infer where and how exactly individuals need support to interact safely online.	Future research and outstanding challenges: Definitional consistency. Longitudinal research. Platforms utilized. Exploring different factors. Usable solutions. Survey research.

Strohmeier, 2015	Trauma-related mental health problems among national humanitarian staff: a systematic review of the literature	14	Humanitære hjelpe-arbeidere	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Diffust (selvmordsatferd, blant mange utfall)	Nei	Firstly, up to date findings suggest that national staff experience mental health problems and that the prevalence rates of PTSD, depression, and anxiety among this occupation group are mostly similar to or higher than those of reference groups. Secondly, research on both SUD and suicidal behavior among national staff is particularly scarce. Thirdly, ambiguous findings suggest that the relation between sex and/or gender and mental health problems among national staff is complex. Fourthly, the association between organization type and mental health problems is rarely studied but organizational staff support appears to be an important determinant. General conclusions on the prevalence of suicidal behavior among national staff cannot be drawn based on the limited data available, the worrying finding by Wang, Yip, et al. (2013) of a threefold increase of suicidal ideation among workers post-quake deserves attention and underlines the strong need for further research in this area.	Background: Working in humanitarian crisis situations is dangerous. National humanitarian staff in particular face the risk of primary and secondary trauma exposure which can lead to mental health problems. Despite this, research on the mental health of national staff is scarce, and a systematic analysis of up-to-date findings has not been undertaken yet. Objective: This article reviews the available literature on trauma-related mental health problems among national humanitarian staff. It focuses on the prevalence of selected mental health problems in relation to reference groups; sex and/or gender as predictive factors of mental health problems; and the influence of organization types on mental health problems. Method: Three databases were systematically searched for relevant studies published in the English language in peer-reviewed journals. Results: Fourteen articles matched the inclusion criteria. Findings suggest that national staff experience mental health problems and the prevalence of posttraumatic stress disorder, depression, and anxiety among this occupation group is mostly similar to or higher than among reference groups. Research on both substance use disorder and suicidal behavior among national staff is particularly scarce. The relation between sex and/or gender and mental health problems among national staff appears to be complex, and organizational staff support seems to be an important determinant for mental health. Conclusion: All findings call for increased attention from the humanitarian community and further research on the topic.	More mixed method and qualitative research would help to answer open questions and investigate cultural patterns and specifics in greater detail.
Van Geel, 2014	Relationship Between Peer Victimization, Cyberbullying, and Suicide in Children and Adolescents - A Meta-analysis	36	Personer under 22 år	Vold/overgrep fra jevnaldrende	Utsatthet	Blandet (selvmordstanker, selvmordsforsøk)	Ja	Congruent with narrative reviews this meta-analysis establishes that peer victimization is a risk factor of suicidal ideation and suicide attempts. Efforts should continue to identify and help victims of bullying, as well as to create bullying prevention and intervention programs that work.. Results showed a positive relationship between peer victimization and suicidal ideation among 284 375 youths and a positive relationship between peer victimization and suicide attempts among 70 102 youths.	IMPORTANCE Peer victimization is related to an increased chance of suicidal ideation and suicide attempts among children and adolescents. OBJECTIVE To examine the relationship between peer victimization and suicidal ideation or suicide attempts using meta-analysis. DATA SOURCES Ovid MEDLINE, PsycINFO, and Web of Science were searched for articles from 1910 to 2013. The search terms were bully*, teas*, victim*, mobbing, ragging, and harassment in combination with the term suic*. Of the 491 studies identified, 34 reported on the relationship between peer victimization and suicidal ideation, with a total of 284 375 participants. Nine studies reported on the relationship between peer victimization and suicide attempts, with a total of 70 102 participants. STUDY SELECTION Studies were eligible for inclusion if they reported an effect size on the relationship between peer victimization and suicidal ideation or suicide attempt in children or adolescents. DATA EXTRACTION AND SYNTHESIS Two observers independently coded the effect sizes from the articles. Data were pooled using a random effects model. MAIN OUTCOMES AND MEASURES This study focused on suicidal ideation and suicide attempts. Peer victimization was hypothesized to be related to suicidal ideation and suicide attempts. RESULTS Peer victimization was found to be related to both suicidal ideation (odds ratio, 2.23 [95%CI, 2.10-2.37]) and suicide attempts (2.55 [1.95 -3.34]) among children and adolescents. Analyses indicated that these results were not attributable to publication bias. Results were not moderated by sex, age, or study quality. Cyberbullying was more strongly related to suicidal ideation compared with traditional bullying. CONCLUSIONS AND RELEVANCE Peer victimization is a risk factor for child and adolescent suicidal ideation and attempts. Schools should use evidence-based practices to reduce bullying.	Whether the relationship between peer victimization and suicidal ideation was moderated by age or sex. It remains a question how far peer victimization is related to successful suicide.
van Geel, 2015	A meta-analysis on the relation between peer victimization and adolescent non-suicidal self-injury	9	Personer mellom 10 og 21 år	Vold/overgrep fra jevnaldrende	Utsatthet	Selvskading (NSSI)	Ja	It was found that NSSI was significantly related to peer victimization. We found no evidence that publication bias affected the results of the current meta-analysis	Several studies suggest that there are relations between children's or adolescents' self-injurious behaviors and peer victimization. In the current study, a meta-analysis was performed to study the relations between non-suicidal self-injury and peer victimization. Non-suicidal self-injury focuses on self-injurious behaviors without suicidal intent, that result in immediate tissue damage and are not socially sanctioned within one's culture or for display. Using a meta-analysis, effect sizes of existing studies can be statistically summarized, and publication bias and moderators can be analyzed. The databases PsycINFO, MEDLINE, ERIC and ProQuest were searched for relevant articles. Articles were only included if they focused on children or adolescents, if they focused on non-clinical samples, and if they focused on self-injuring behaviors as opposed to thoughts or ideation. We found nine studies with fourteen independent samples and a total of 20,898 adolescents and children reporting on the relation between peer victimization and non-suicidal self-injury. Our analysis showed positive and significant relations between non-suicidal self-injury and peer victimization. Further analyses showed an absence of publication bias. Younger children that were victimized reported significantly more non-suicidal self-injury than older children. By preventing peer victimization we may potentially prevent non-suicidal self-injury in children and adolescents.	One important venue for future research is that few studies differentiated between different forms of peer victimization. It is possible that certain forms of peer victimization are more strongly related to NSSI than others, and this should be addressed in future research. All studies included in this meta-analysis relied on self-reports to gather data, which may cause inflated effect sizes due to same method variance. Studies that use peer nominations to identify perpetrators and victims would be an important addition to the existing literature. Finally, we could not include bullies or perpetrators in our analyses, because too few studies provided data on perpetrators to allow for a meaningful meta-analysis. More studies are needed that focus on perpetrators and NSSI, because perpetrators have also been found to be at a heightened risk for problems and maladaptive behavior.

van Geel, 2021	Does peer victimization predict future suicidal ideation? A meta-analysis on longitudinal studies	11	Unge	Vold/overgrep fra jevnaldrende	Utsatthet	Selv mordstanker	Ja	A caveat in our knowledge is that we are not sure why peer victimization may have long lasting negative effects, and this should be addressed in future studies. Along with other studies and meta-analyses (Reijntjes et al., 2011; Ttobi et al., 2016; Van Geel et al., 2018) this again stresses the long-lasting negative effects that peer victimization may have, which is also the most important practical implication from this study. Negative effects of peer victimization may appear immediately, and though we do not know the reasons, negative effects of bullying may also appear months and even years later, meaning that we have to be vigilant around those whom have expressed experiences of peer victimization.	In the current study a meta-analysis is performed on longitudinal studies about peer victimization and suicide ideation. The databases PsycINFO, MEDLINE, ERIC, and Web of Science were searched for relevant literature. A total of 209 articles were independently screened for inclusion by two authors, and 11 longitudinal studies were included in the meta-analysis. Articles were independently coded by two authors, with good interrater agreement. A total of 16,962 youth were included in the meta-analysis. A significant prospective pathway was found from peer victimization to suicide ideation. Analyses suggested a publication bias, but it seems unlikely that enough unpublished results exist to nullify the obtained significant relation. The current meta-analysis shows that experiences of peer victimization are predictive of future suicide ideation.	A caveat in our knowledge is that we are not sure why peer victimization may have long lasting negative effects, and this should be addressed in future studies.
Vasquez-Vera, 2017	The threat of home eviction and its effects on health through the equity lens: A systematic review	47	Personer som har mottatt trussel om utkastelse	Trussel om utkastelse	Utsatthet	Selv mord	Nei	The threat of eviction needs to be addressed urgently, not only from a public health perspective, but perhaps more importantly by amending social and housing policies, which can directly tackle the structural and fundamental causes (Phelan et al., 2010). Strategies and interventions should be adapted to each specific context. For example, some of these measures could be those aimed at improving housing systems, such as regulating the rental market and promoting it as an affordable, secure and stable type of tenure, regulating mortgage to prevent abuse against borrowers, and creating second chance mechanisms (e.g., dation in payment). Additionally, increasing the social renting system, or developing programs to prevent evictions (e.g. subsidies for people at risk), and programs to enhance universal social protection could also be effective solutions. Finally, it would be important to focus efforts on disadvantaged groups by developing unemployment insurance, universal health coverage, and programs to prevent social and economic exclusion of certain collectives.	The aims of this review are to gather and systematize the currently available evidence on the effect of the threat of eviction on health and its eventual spillover effects, to assess the quality of the selected studies, and to describe how these findings vary with respect to dimensions of social inequity. We conducted a literature search in March 2016, which yielded 2208 unduplicated articles. The title, abstract and full text of these articles were reviewed by three independent pairs of researchers. We performed a quality assessment of each article, and evaluated whether health inequities had been considered. We selected 47 articles for this review, of which 86% were from Anglo-Saxon countries (mainly the US), and 75% were published after 2009. Most studies used either a cross-sectional (32%), cohort (28%), or qualitative (17%) design. The majority (55%) assessed mental health as a key health indicator, and a notable proportion assessed physical health (38%) and health-related behaviours (19%). Many of the studies evaluated more than one of these health indicators. The average quality score was 7.4 (SD ¼ 1.5). Evidence from these selected articles revealed a general consensus that individuals under threat of eviction present negative health outcomes, both mental (e.g. depression, anxiety, psychological distress, and suicides) and physical (poor self-reported health, high blood pressure and child maltreatment). However, the distribution and extent of these outcomes depend on inequity dimensions such as gender, age, ethnicity and territory. Furthermore, qualitative studies highlighted some of the pathways that may connect the threat of eviction with its health outcomes. The threat of eviction will likely continue to be a major issue in the coming years, so it is important to conduct further research to create effective interventions and courageous policies to tackle this problem.	Further research on the pathways and mechanisms involved, and a proper conceptual framework explaining the link between the threat of eviction and health are important tools for creating effective interventions.
Weich, 2009	Family relationships in childhood and common psychiatric disorders in later life: systematic review of prospective studies	23	Personer med psykiske lidelser	Vold mot barn Belastende livshendelser	Utsatthet	Selv mordsforsk	Nei	Prospective, long-term cohort studies over periods ranging from 10 to 37 years support the view that parental abuse (physical and sexual abuse, and neglect) in childhood is inextricably linked with common psychiatric disorders in later life. The data instudies relating to abuse are strong enough to suggest a causal relationship. Suicide ideation and attempts correlated to childhood unavailability of parent.	Background: Most evidence for associations between childhood adversity and adult mental illness is retrospective. Aims: To evaluate prospective evidence of associations between poor parent-child relationships and common psychiatric disorders in later life. Method: Systematic review of studies published between 1970 and 2008 including: (a) more than 100 participants; (b) measures of relationships in the home during childhood; (c) at least 10 years between assessment of exposures; and (d) measures of anxiety, depression, suicide, suicidal ideation or post-traumatic stress disorder (PTSD). Analysis was by narrative synthesis. Results: Twenty-three papers were identified reporting data from 16 cohorts. Abusive relationships predicted depression, anxiety and PTSD. Maternal emotional unavailability in early life predicted suicide attempts in adolescence. Results of studies investigating less severe relationship problems were suggestive but not conclusive of causal association, due partly to methodological heterogeneity. Conclusions: Given the prevalence and disabling nature of common psychiatric problems, these studies highlight the need to minimise harm associated with dysfunctional parent-child relationships.	Some of the cohort studies reported in this review would appear to have been underresearched and could provide the basis for future high-quality studies. Elucidating the complex mechanisms linking these exposures and outcomes demands further investigation. Greater support for data curation and for the archiving of existing and future cohorts is needed, as is support for measuring parent-child and parent-parent relationships prospectively. The choice of relationship measures is arguably the most important decision of all, and our findings would suggest that those based on (repeated) independent observation are arguably the gold standard against which all others must be compared.

Williams, 2021	A systematic review and meta-analysis of victimisation and mental health prevalence among LGBTQ+ young people with experiences of self-harm and suicide	102	Personer mellom 12 og 25 år	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Utsatthet	Blandet (selvskading (med og uten suicidal intensjon) og selvmord, selvmordstanker, selvmordsforsøk)	Ja	This review demonstrates that there is a high prevalence between LGBTQ+ young people experiencing various forms of victimisation and self-harm and suicide. Indeed, this link between victimisation and self-harm and/or suicide appears to be more common than that among cisgender, heterosexual peers. However, evidence is not available from this review as the causal pathway causing self-harm or suicide or how predictive these risks associated with self-harm and suicide are.	Background LGBTQ+ youth have higher rates of self-harm and suicide than cisgender, heterosexual peers. Less is known about prevalence of risks within these populations. Objectives The first systematic review and meta-analysis to investigate the prevalence of risks among young people throughout the LGBTQ+ umbrella with experiences across the dimension of self-harm, suicidal ideation and suicide behaviour; and how they may differ between LGBTQ+ umbrella groups. Data sources MEDLINE, Scopus, EMBASE, PsycINFO, and Web of Science searches were run to identify quantitative research papers (database inception to 31st January, 2020). Study eligibility criteria Articles included were empirical quantitative studies, which examined risks associated with self-harm, suicidal ideation or suicidal behaviour in LGBTQ+ young people (12–25 years). Synthesis methods 2457 articles were identified for screening which was completed by two independent reviewers. 104 studies met inclusion criteria of which 40 had data which could be meta-analysed in a meaningful way. This analysis represents victimisation and mental health difficulties as risks among LGBTQ+ youth with self-harm and suicide experiences. Random-effects modelling was used for the main analyses with planned subgroup analyses. Results Victimisation and mental health were key risk factors across the dimension self-harm and suicide identified through all analyses. A pooled prevalence of 0.36 was indicated for victimisation and 0.39 for mental health difficulties within LGBTQ+ young people with experiences of self-harm or suicide. Odds ratios were calculated which demonstrated particularly high levels of victimisation (3.74) and mental health difficulties (2.67) when compared to cisgender, heterosexual counterparts who also had these experiences. Conclusions Victimisation and mental health difficulties are highly prevalent among LGBTQ+ youth with experiences of self-harm and suicide. Due to inconsistency of reporting, further risk synthesis is limited. Given the global inclusion of studies, these results can be considered across countries and inform policy and suicide prevention initiatives.	Future research should support inclusion of diverse sexualities and gender identities within studies, offering individuals to self-report in their own words, and options for intersectional identities. Future research in the field of self-harm and suicide prevention requires a specific LGBTQ+ focus as this would allow for a holistic understanding of these populations' experiences. In future, clear operationalisation within studies is necessary and use of standardised, validated measures to assess self-harm and suicide across the spectrum of thoughts and behaviours.
Williamson, 2018	Occupational moral injury and mental health: systematic review and metaanalysis	13	Arbeidstakere utsatt for potensiell moralsk skade	Moralsk skade	Begge	Diffust (suicidalitet)	Nei	Suicidality was significantly associated with potentially morally injurious experiences (PMIEs) in military personnel with a small effect. However, this relationship may be less reliable as only three studies report significant findings. Alternatively, it is possible that the relationship between suicidality PMIEs may be an indirect effect caused by other associated risk factors or consequences of PMIEs, such as depression or PTSD and warrants further research.	Background Many people confront potentially morally injurious experiences (PMIEs) in the course of their work which can violate deeply held moral values or beliefs, putting them at risk for psychological difficulties (e.g. post-traumatic stress disorder (PTSD), depression, etc.). Aims We aimed to assess the effect of moral injury on mental health outcomes. Method We conducted a systematic review and meta-analysis to assess the association between work-related PMIEs and mental health disorders. Studies were independently assessed for methodological quality and potential moderator variables, including participant age, gender and PMIE factors, were also examined. Results Thirteen studies were included, representing 6373 participants. PMIEs accounted for 9.4% of the variance in PTSD, 5.2% of the variance in depression and 2.0% of the variance in suicidality. PMIEs were associated with more symptoms of anxiety and behavioural problems (e.g. hostility), although this relationship was not consistently significant. Moderator analyses indicated that methodological factors (e.g. PMIE measurement tool), demographic characteristics and PMIE variables (e.g. military v. non-military context) did not affect the association between a PMIE and mental health outcomes. Conclusions Most studies examined occupational PMIEs in military samples and additional studies investigating the effect of PMIEs on civilians are needed. Given the limited number of high-quality studies available, only tentative conclusions about the association between exposure to PMIEs and mental health disorders can be made.	This review suggests a number of additional areas for exploration that may prove beneficial for our understanding of moral injury. Although the evidence regarding the mental health outcomes of PMIEs appears to be at most modest, what seems particularly clear is that there is a lack of high-quality evidence published on this topic. This, in part, may reflect the fact that moral injury is a relatively emerging concept and there is a need for considerably more research, including the design and validation of assessments that measure the impact of PMIE exposure as well as the outcomes of moral injury.
Witt, 2019	Population attributable risk of factors associated with the repetition of self-harm behaviour in young people presenting to clinical services: a systematic review and meta-analysis	17	Personer under 20 år	Seksuell vold/overgrep	Utsatthet	Selvskading (repetisjon av villet egenskade)	Ja	A history of sexual abuse was associated with an increased risk of further self-harm behaviour (OR 1.52, 95% CI 1.02–2.28; PAR 12.8%, 95% CI 0.6–26.3%).	The repetition of hospital-treated self-harm by young people is common. However, little work has summarised the modifiable factors associated with this. A thorough understanding of those factors most strongly associated with repetition could guide the development of relevant clinical interventions. We systematically reviewed four databases (EMBASE, Medline, PubMed and PsycINFO) until 15 April 2016 to identify all observational studies of factors for the repetition of self-harm or suicide reattempts (together referred to as 'self-harm behaviour') in young people. We quantified the magnitude of association with odds ratios (OR) and 95% confidence intervals (CIs) and calculated the population attributable risk (PAR) and population preventable fraction (PPF) for modifiable factors to provide an indication of the potential impact in reducing subsequent self-harm behaviour in this population. Seventeen studies were included comprising 10,726 participants. Borderline personality disorder (OR 3.47, 95% CI 1.84–6.53; PAR 42.4%), any personality disorder (OR 2.54, 95% CI 1.71–3.78; PAR 16.3%), and any mood disorder (OR 2.16, 95% CI 1.09–4.29; PAR 42.2%) are important modifiable risk factors. Severity of hopelessness (OR 2.95, 95% CI 1.74–5.01), suicidal ideation (OR 2.01, 95% CI 1.43–2.81), and previous sexual abuse (OR 1.52, 95% CI 1.02–2.28; PAR 12.8%) are also associated with repetition of self-harm. We recommend that clinical services should focus on identifying key modifiable risk factors at the individual patient level, whilst the reduction of exposure to child and adolescent sexual abuse would also be a useful goal for public health interventions.	Whilst an increasing body of work finds that educational status is associated with self-harm behaviour at both the individual and population levels, it is unclear whether educational status is confounded, given that young people who attempt suicide, and particularly those that do so on multiple occasions, are significantly less likely to complete secondary education compared to those without this history. Additionally, given emerging work suggesting an association between greater commitment to school and reduced suicidal ideation, it may also be that educational status is confounded with school commitment in this review. Finally, it is also possible that educational status may also be acting as a proxy variable for socio-economic status in this review. Community level interventions to maintain educational involvement are currently being trialled. Future work will, therefore, need to demonstrate whether such interventions can be effective in reducing self-harm repetition in this age group.

Wolke, 2015	Bullying in the family: sibling bullying	19	Søsken	Mobbing	Begge	Selvskadning (self-harm)	Nei	Sibling bullying, like peer bullying, is not a problem attributable to poverty, poor parental education, or single parenting, but is related to parenting quality in all socioeconomic strata. Sibling bullying also increases the risk of being involved in peer bullying, with sibling victims more often the target of peer bullying, and sibling bullies more often bullies or bully-victims at school. Sibling bullying is associated with concurrent emotional difficulties and distress, and with diagnoses of depression and increased self-harm in early adulthood.	Sibling relationships have a substantial and lasting effect on children's development. Many siblings experience some occasional conflict, however, up to 40% are exposed to sibling bullying every week, a repeated and harmful form of intrafamilial aggression. We review evidence on the precursors, factors relating to peer bullying, and mental health consequences of sibling bullying. Parenting quality and behaviour are the intrafamilial factors most strongly associated with bullying between siblings. Sibling bullying increases the risk of being involved in peer bullying, and is independently associated with concurrent and early adult emotional problems, including distress, depression, and self-harm. The effects appear to be cumulative, with those children bullied by both siblings and peers having highly increased emotional problems compared with those bullied by siblings or peers only, probably because they have no safe place to escape from bullying. The link between sibling and peer bullying suggests interventions need to start at home. Health professionals should ask about sibling bullying and interventions are needed for families to prevent and reduce the health burden associated with sibling bullying.	Further research on whether reduction of sibling bullying can lead to reduced peer bullying and reduced mental health consequences of children needs to be investigated.
Zatti, 2017	Childhood trauma and suicide attempt: A meta-analysis of longitudinal studies from the last decade	7	Personer utsatt for potensielt traumatiserende hendelser	Vold mot barn Seksuell vold / overgrep Psykisk vold Omsorgssvikt (mot barn)	Utsatthet	Selvmondsforsøk	Ja	In conclusion, compared with the general population, people who were exposed to traumatic events in childhood are at increased risk of SA. Mortality risk is also increased, in both genders. Considering suicide as the most severe consequence of a continuum of prior damages to individual quality of life, this highlights the importance of warning about the possible origins of this behavior. Since the various forms of CT are preventable, there are strong reasons for governments to invest in programs, policies, and interventions to minimize childhood exposure to sources of severe adversities.	Childhood trauma (CT) is a modifiable risk factor for lifetime suicide attempts (SA). However, the extent to which each type of CT increases SA risk is unclear. This study aimed to conduct a meta-analysis of longitudinal studies published in the last 10 years about the relationship between CT and lifetime SA risk. The PUBMED, PsycINFO, ISI, and EMBASE databases were searched for cohort studies that reported AS during follow-up and included an assessment of CT. A meta-analysis was conducted to identify potential effects of each type of CT on SA. Seven unique studies were included for review. Sexual (n=6, OR=3.73, 95%CI 2.94-4.75, p < 0.001), physical (n=6, OR=4.11, 95%CI 2.30-7.33, p < 0.001), and emotional abuse (n=3, OR=3.98, 95%CI 2.89-5.64, p < 0.001), as well as physical neglect (n=2, OR=3.42, 95%CI 2.09-5.59, p < 0.001), were associated with SA. Emotional neglect and a broken home were not significantly associated with further SA. The modes of CT that most contribute to SA in later life are physical, emotional, and sexual abuse and physical neglect, in descending order.	Future studies should consider to collect a more uniform subgroup at risk for repeating future suicide attempts related to the presence of childhood traumatic experiences. In the same way, other researches could try to find an association between the number of adversities or negative life events experienced and youth suicidal behavior.
Zhong, 2021	Risk factors for suicide in prisons: a systematic review and meta-analysis	77	Innsatte i fengsler	Ulike typer av traume-eksponering Type vold/overgrep ikke spesifisert	Begge	Selvmond	Ja	In relation to offence categories, being convicted of criminal homicide (OR 3·1, 2·2-4·2) and sexual offences (OR 1·4, 1·1-1·9) were associated with an increased risk of suicide (table 1; figure 2). In addition, violent offences (excluding homicide and sexual offences) were also associated with suicide (OR 2·1, 1·4-3·0), but there was substantial heterogeneity between studies (I ² =83%). Conversely, conviction for a drug offence showed an inverse association with suicide (OR 0·4, 0·3-0·5). Being sentenced was associated with a reduced suicide risk (OR 0·3, 0·2-0·4) when compared with detainee or remand status	Rates of suicide among people in prison are elevated compared with people of similar age and sex who are living in the community. Improving assessments and interventions to reduce suicide risk requires updated evidence on risk factors. We aimed to examine risk factors associated with suicide in prisoners. Methods We did an updated systematic review and meta-analysis of risk factors for suicide among people in prison. We searched five bibliographic databases for articles published between Jan 1, 2006, and Aug 13, 2020, and one database for articles published between Jan 1, 1973, and Aug 13, 2020. Eligible studies reported risk factors in individuals who died by suicide while in prison and in controls from the general prison population. Two reviewers independently extracted data for each study using a standardised form. We calculated random-effects pooled odds ratios (ORs) for the association of suicide with demographical, clinical, criminological, and institutional risk factors, and investigated heterogeneity using subgroup and meta-regression analyses. This systematic review is registered with PROSPERO, CRD42020137979. Findings We identified 8041 records through our searches, and used 77 eligible studies from 27 countries, including 35 351 suicides, in the main analysis. The strongest clinical factors associated with suicide were suicidal ideation during the current period in prison (OR 15·2, 95% CI 8·5-27·0), a history of attempted suicide (OR 8·2, 4·4-15·3), and current psychiatric diagnosis (OR 6·4, 3·6-11·1). Institutional factors associated with suicide included occupation of a single cell (OR 6·8, 2·3-19·8) and having no social visits (OR 1·9, 1·5-2·4). Criminological factors included remand status (OR 3·6, 3·1-4·1), serving a life sentence (OR 2·4, 1·3-4·6), and being convicted of a violent offence, in particular homicide (OR 3·1, 2·2-4·2). Interpretation Several modifiable risk factors, such as psychiatric diagnosis, suicidal ideation during the current period in prison, and single-cell occupancy, are associated with suicide among people in prison. Preventive interventions should target these risk factors and include improved access to evidence-based mental health care. Understanding other factors associated with suicide might improve risk stratification and resource allocation in prison services.	Future research should examine risk factor variation in low-income and middle-income countries. Some of the risk factors identified in this review, such as psychiatric diagnosis and substance use disorders, are highly prevalent among people in prison in low-income and middle-income countries

Søkestrategi

Her presenteres søkestrategi for prosjektet – **Selvmordsproblematikk blant utsatte for og utøvere av vold og overgrep: En systematisk gjennomgang av oversiktsartikler, NSSF og NKVTS januar 2022.**

Søkeordene vi brukte for eksponeringsvariablene var de følgende:

1. Utsatthet for vold og overgrep

Violence*; abuse*; maltreatment; neglect; sexual exploitation; childhood-/child sexual abuse; incest; sexual assault; rape; battering; bullying (victimization); cyberbullying; cybervictimization; ostracization/ostracizing; school violence; workplace violence; community violence; political violence; mass murder; war atrocities; genocide; ethnic cleansing; refugees; displacement; forced displacement; forced migration; racist violence; systemic racism; torture; terror victim; terrorism; trauma; traumatic stress; traumatic experiences/-events; potentially traumatic experiences/-events; sexual trauma; victimization; multiple trauma; combat (veteran); military (veteran); retraumatization/polytraumatization/multitraumatization; revictimization/polyvictimization; hate crime victimization; victim; survivor; PTSD; complex PTSD

2. Utøvelse av vold og overgrep

Violence*; abuse*; childhood-/child sexual abuse; incest; sexual assault; rape; murder; murder-suicide; homicide; homicide-suicide; filicide; filicide-suicide; femicide; femicide-suicide; school violence; school-shooting; hate crime; bullying; cyberbullying; perpetrator; perpetration; offender; offending; violent offending; sex offending; batterer; rapist; pedophile; pedophilic; combat; attack; workplace violence; community violence; political violence; mass murder; war atrocities; torture; genocide; terrorism; acts of terror

*Søkeordene *violence* og *abuse* ble søkt opp med disse prefiksene: domestic-/dating-/physical-/psychological-/emotional-/sexual-/sexualized-/intimate partner-/interpersonal-/parental-/caregiver-/elder-.

For utfallsvariablene valgte vi disse søkeordene:

Selv mord, -forsøk, -tanker, selvskading og andre assosierte søketermer

Suicide; attempted suicide; completed suicide; suicide attempt; self-harm; deliberate self-harm; non-suicidal self-injury; NSSI; NSSI disorder; NSSH; non-suicidal self-harm; suicidal ideation; suicidal thoughts; self-injurious behavior; suicidality; parasuicide; self-mutilation

Utfallsvariabler: Suicide, -attempt, -thoughts, self-injury and other related search terms:

Vedlegg 2 – Søkestrategi

Suicide; attempted suicide; completed suicide; suicide attempt; self-harm; deliberate self-harm; non-suicidal self-injury; NSSI; NSSI disorder; NSSH; non-suicidal self-harm; suicidal ideation; suicidal thoughts; self-injurious behavior; suicidality; parasuicide; self-mutilation

Det systematiske søket ble gjort i følgende elektroniske databaser:

- MEDLINE
- Embase
- PsycINFO
- CINAHL
- Cochrane
- Sociological Abstracts og Social Services Abstracts
- DARE & HTA
- Epistemonikos
- PTSDpubs

To separate søk ble utført per database, ett for utsatte og ett for utøvere. Under er eksempler fra ulike baser og søk:

Søk i Medline på utsatthet og selvmordsproblematikk:

From: Ovid_Online@ovid.com <Ovid_Online@ovid.com>

Subject: Medline - Utsatthet - søk 2

Ovid Technologies, Inc. Email Service

Search for: limit 120 to yr="2005 -Current"

Results: 205

Database: Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations and Daily <1946 to June 11, 2021> Search Strategy:

-
- 1 Suicide/ or Suicide, Completed/ or Suicide, Attempted/ or Suicide, Assisted/ (62350)
 - 2 self-harm.mp. or Self-Injurious Behavior/ (12058)
 - 3 deliberate self-harm.mp. or Self-Injurious Behavior/ (8978)
 - 4 non-suicidal self-harm.mp. or Suicidal Ideation/ (8512)
 - 5 suicidal thoughts.mp. (2982)
 - 6 suicidal*.mp. (35849)

Vedlegg 2 - Søkestrategi

- 7 parasuicide.mp. (489)
- 8 self-mutilation.mp. or Self Mutilation/ (3870)
- 9 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 (89308)
- 10 Workplace Violence/ or Intimate Partner Violence/ or Domestic Violence/ or Ethnic Violence/ or Violence/ (41538)
- 11 abuse.mp. or Elder Abuse/ or Physical Abuse/ or Child Abuse, Sexual/ (177855)
- 12 domestic abuse.mp. (497)
- 13 dating violence.mp. (1272)
- 14 dating abuse.mp. (119)
- 15 physical violence.mp. or Physical Abuse/ (3294)
- 16 psychological abuse.mp. or Emotional Abuse/ (840)
- 17 psychological violence.mp. (521)
- 18 emotional violence.mp. (311)
- 19 sexual* abuse.mp. (13695)
- 20 sexual* violence.mp. (4029)
- 21 interpersonal abuse.mp. (32)
- 22 interpersonal violence.mp. (2041)
- 23 parental abuse.mp. (93)
- 24 parental violence.mp. (194)
- 25 caregiver abuse.mp. (31)
- 26 caregiver violence.mp. (9)
- 27 elder violence.mp. (1)
- 28 Incest/ (1646)
- 29 childhood sexual abuse.mp. (2655)
- 30 Rape/ (6405)
- 31 Sex Offenses/ or sexual assault.mp. (13311)
- 32 murder.mp. or Homicide/ (14983)
- 33 murder-suicide.mp. (99)
- 34 homicide-suicide.mp. (351)
- 35 filicide.mp. (196)
- 36 filicide-suicide.mp. (32)
- 37 femicide.mp. (138)
- 38 femicide-suicide.mp. (6)
- 39 school violence.mp. (367)
- 40 school-shooting.mp. (78)
- 41 hate crime.mp. (124)
- 42 Bullying/ (4614)
- 43 Cyberbullying/ (271)
- 44 perpetrator.mp. (3426)
- 45 perpetration.mp. (2856)
- 46 offend*.mp. (18209)
- 47 violent offending.mp. (341)
- 48 batterer.mp. (252)
- 49 rapist.mp. or Pedophilia/ (1127)
- 50 combat.mp. (39670)
- 51 attack.mp. (100042)
- 52 community violence.mp. (1069)
- 53 political violence.mp. (412)
- 54 mass murder.mp. (121)
- 55 war atrocities.mp. (24)

Vedlegg 2 - Søkestrategi

- 56 Genocide/ (152)
- 57 Torture/ or Terrorism/ or acts of terror.mp. (7426)
- 58 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 (395586)
- 59 9 and 58 (12488)
- 60 limit 59 to (abstracts and "review articles" and yr="2005 -Current") (771)
- 61 Intimate Partner Violence/ or Domestic Violence/ or Violence/ (40442)
- 62 dating violence.mp. (1272)
- 63 physical violence.mp. or Physical Abuse/ (3294)
- 64 dating abuse.mp. (119)
- 65 Physical Abuse/ (770)
- 66 Elder Abuse/ or elder violence.mp. (2644)
- 67 caregiver violence.mp. (9)
- 68 caregiver abuse.mp. (31)
- 69 parental violence.mp. (194)
- 70 parental abuse.mp. (93)
- 71 interpersonal violence.mp. (2041)
- 72 interpersonal abuse.mp. (32)
- 73 emotional violence.mp. (311)
- 74 Emotional Abuse/ (46)
- 75 sexual abuse.mp. or Sex Offenses/ (21431)
- 76 sexual violence.mp. (4006)
- 77 maltreatment.mp. or Child Abuse, Sexual/ (18145)
- 78 neglect.mp. (21604)
- 79 sexual exploitation.mp. (596)
- 80 Child Abuse, Sexual/ or childhood sexual abuse.mp. (11317)
- 81 Incest/ (1646)
- 82 sexual assault.mp. (5617)
- 83 Rape/ (6405)
- 84 battering.mp. (499)
- 85 Cyberbullying/ or Bullying/ (4810)
- 86 cybervictimization.mp. (123)
- 87 ostracization.mp. (17)
- 88 ostracizing.mp. (26)
- 89 school violence.mp. (367)
- 90 Workplace Violence/ (1094)
- 91 community violence.mp. (1069)
- 92 political violence.mp. (412)
- 93 mass murder.mp. (121)
- 94 war atrocities.mp. (24)
- 95 Homicide/ or Genocide/ (13607)
- 96 Ethnic Cleansing/ (5)
- 97 displacement.mp. (114295)
- 98 forced displacement.mp. (168)
- 99 Refugees/ or forced migration.mp. (11197)
- 100 Racism/ or racist violence.mp. (3513)
- 101 Torture/ (2185)
- 102 Terrorism/ or terror victim*.mp. (5325)

Vedlegg 2 - Søkestrategi

103 trauma.mp. (282178)
104 Stress Disorders, Post-Traumatic/ or complex ptsd.mp. (35049)
105 Survivors/ (25637)
106 victims.mp. (46128)
107 Military Personnel/ or combat.mp. or Veterans/ (90410)
108 victimization.mp. (9384)
109 traumatic stress.mp. (17366)
110 retraumatization.mp. (105)
111 polytraumatization.mp. (23)
112 revictimization.mp. (443)
113 polyvictimization.mp. (187)
114 hate crime victimization.mp. (13)
115 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or
75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or
90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or
104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 (661207)
116 9 and 115 (14456)
117 "Systematic Review"/ (156696)
118 Meta-Analysis/ (134117)
119 117 or 118 (224152)
120 116 and 119 (218)
121 limit 120 to yr="2005 -Current" (205)

Søk i Medline på utøvelse og selvmordsproblematikk:

From: Ovid Online@ovid.com <Ovid Online@ovid.com>
Subject: Medline - Utøvelse søk 2

Ovid Technologies, Inc. Email Service

Search for: limit 122 to yr="2005 -Current"

Results: 183

Database: Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review &
Other Non-Indexed Citations and Daily <1946 to June 11, 2021> Search Strategy:

1 Suicide/ or Suicide, Completed/ or Suicide, Attempted/ or Suicide, Assisted/
(62350)
2 self-harm.mp. or Self-Injurious Behavior/ (12058)
3 deliberate self-harm.mp. or Self-Injurious Behavior/ (8978)
4 non-suicidal self-harm.mp. or Suicidal Ideation/ (8512)
5 suicidal thoughts.mp. (2982)
6 suicidal*.mp. (35849)
7 parasuicide.mp. (489)

Vedlegg 2 - Søkestrategi

- 8 self-mutilation.mp. or Self Mutilation/ (3870)
- 9 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 (89308)
- 10 Workplace Violence/ or Intimate Partner Violence/ or Domestic Violence/ or Ethnic Violence/ or Violence/ (41538)
- 11 abuse.mp. or Elder Abuse/ or Physical Abuse/ or Child Abuse, Sexual/ (177855)
- 12 domestic abuse.mp. (497)
- 13 dating violence.mp. (1272)
- 14 dating abuse.mp. (119)
- 15 physical violence.mp. or Physical Abuse/ (3294)
- 16 psychological abuse.mp. or Emotional Abuse/ (840)
- 17 psychological violence.mp. (521)
- 18 emotional violence.mp. (311)
- 19 sexual* abuse.mp. (13695)
- 20 sexual* violence.mp. (4029)
- 21 interpersonal abuse.mp. (32)
- 22 interpersonal violence.mp. (2041)
- 23 parental abuse.mp. (93)
- 24 parental violence.mp. (194)
- 25 caregiver abuse.mp. (31)
- 26 caregiver violence.mp. (9)
- 27 elder violence.mp. (1)
- 28 Incest/ (1646)
- 29 childhood sexual abuse.mp. (2655)
- 30 Rape/ (6405)
- 31 Sex Offenses/ or sexual assault.mp. (13311)
- 32 murder.mp. or Homicide/ (14983)
- 33 murder-suicide.mp. (99)
- 34 homicide-suicide.mp. (351)
- 35 filicide.mp. (196)
- 36 filicide-suicide.mp. (32)
- 37 femicide.mp. (138)
- 38 femicide-suicide.mp. (6)
- 39 school violence.mp. (367)
- 40 school-shooting.mp. (78)
- 41 hate crime.mp. (124)
- 42 Bullying/ (4614)
- 43 Cyberbullying/ (271)
- 44 perpetrator.mp. (3426)
- 45 perpetration.mp. (2856)
- 46 offend*.mp. (18209)
- 47 violent offending.mp. (341)
- 48 batterer.mp. (252)
- 49 rapist.mp. or Pedophilia/ (1127)
- 50 combat.mp. (39670)
- 51 attack.mp. (100042)
- 52 community violence.mp. (1069)
- 53 political violence.mp. (412)
- 54 mass murder.mp. (121)
- 55 war atrocities.mp. (24)
- 56 Genocide/ (152)

Vedlegg 2 - Søkestrategi

- 57 Torture/ or Terrorism/ or acts of terror.mp. (7426)
- 58 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 (395586)
- 59 9 and 58 (12488)
- 60 limit 59 to (abstracts and "review articles" and yr="2005 -Current") (771)
- 61 Intimate Partner Violence/ or Domestic Violence/ or Violence/ (40442)
- 62 dating violence.mp. (1272)
- 63 physical violence.mp. or Physical Abuse/ (3294)
- 64 dating abuse.mp. (119)
- 65 Physical Abuse/ (770)
- 66 Elder Abuse/ or elder violence.mp. (2644)
- 67 caregiver violence.mp. (9)
- 68 caregiver abuse.mp. (31)
- 69 parental violence.mp. (194)
- 70 parental abuse.mp. (93)
- 71 interpersonal violence.mp. (2041)
- 72 interpersonal abuse.mp. (32)
- 73 emotional violence.mp. (311)
- 74 Emotional Abuse/ (46)
- 75 sexual abuse.mp. or Sex Offenses/ (21431)
- 76 sexual violence.mp. (4006)
- 77 maltreatment.mp. or Child Abuse, Sexual/ (18145)
- 78 neglect.mp. (21604)
- 79 sexual exploitation.mp. (596)
- 80 Child Abuse, Sexual/ or childhood sexual abuse.mp. (11317)
- 81 Incest/ (1646)
- 82 sexual assault.mp. (5617)
- 83 Rape/ (6405)
- 84 battering.mp. (499)
- 85 Cyberbullying/ or Bullying/ (4810)
- 86 cybervictimization.mp. (123)
- 87 ostracization.mp. (17)
- 88 ostracizing.mp. (26)
- 89 school violence.mp. (367)
- 90 Workplace Violence/ (1094)
- 91 community violence.mp. (1069)
- 92 political violence.mp. (412)
- 93 mass murder.mp. (121)
- 94 war atrocities.mp. (24)
- 95 Homicide/ or Genocide/ (13607)
- 96 Ethnic Cleansing/ (5)
- 97 displacement.mp. (114295)
- 98 forced displacement.mp. (168)
- 99 Refugees/ or forced migration.mp. (11197)
- 100 Racism/ or racist violence.mp. (3513)
- 101 Torture/ (2185)
- 102 Terrorism/ or terror victim*.mp. (5325)
- 103 trauma.mp. (282178)

Vedlegg 2 - Søkestrategi

- 104 Stress Disorders, Post-Traumatic/ or complex ptsd.mp. (35049)
- 105 Survivors/ (25637)
- 106 victims.mp. (46128)
- 107 Military Personnel/ or combat.mp. or Veterans/ (90410)
- 108 victimization.mp. (9384)
- 109 traumatic stress.mp. (17366)
- 110 retraumatization.mp. (105)
- 111 polytraumatization.mp. (23)
- 112 revictimization.mp. (443)
- 113 polyvictimization.mp. (187)
- 114 hate crime victimization.mp. (13)
- 115 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 (661207)
- 116 9 and 115 (14456)
- 117 "Systematic Review"/ (156696)
- 118 Meta-Analysis/ (134117)
- 119 117 or 118 (224152)
- 120 116 and 119 (218)
- 121 limit 120 to yr="2005 -Current" (205)
- 122 59 and 119 (193)
- 123 limit 122 to yr="2005 -Current" (183)

Søk i Embase på utøvelse og selvmordsproblematikk:

From: Ovid Online@ovid.com <Ovid Online@ovid.com>
Sent: 15 June 2021 23:45
To: Hege Eriksen Oswald
Subject: From Hege Eriksen Oswald: "Embase selvmord"

Database:
Embase <1974 to 2021 June 14>

#	Query Results from 15 Jun 2021	
1	Suicide/ or Suicide, Completed/ or Suicide, Attempted/ or Suicide, Assisted/	
	79,123	
2	self-harm.mp. or Self-Injurious Behavior/	15,532
3	deliberate self-harm.mp. or Self-Injurious Behavior/	10,446
4	non-suicidal self-harm.mp. or Suicidal Ideation/	23,791
5	suicidal thoughts.mp.	3,862
6	suicidal*.mp.	59,145

Vedlegg 2 - Søkestrategi

7	parasuicide.mp.	677	
8	self-mutilation.mp. or Self Mutilation/	13,845	
9	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8	126,522	
10	Workplace Violence/ or Intimate Partner Violence/ or Domestic Violence/ or Ethnic Violence/ or Violence/	66,463	
11	abuse.mp. or Elder Abuse/ or Physical Abuse/ or Child Abuse, Sexual/	277,635	
12	domestic abuse.mp.	628	
13	dating violence.mp.	1,510	
14	dating abuse.mp.	136	
15	physical violence.mp. or Physical Abuse/	10,159	
16	psychological abuse.mp. or Emotional Abuse/	4,571	
17	psychological violence.mp.	642	
18	emotional violence.mp.	389	
19	sexual* abuse.mp.	28,708	
20	sexual* violence.mp.	6,250	
21	interpersonal abuse.mp.	36	
22	interpersonal violence.mp.	2,433	
23	parental abuse.mp.	101	
24	parental violence.mp.	221	
25	caregiver abuse.mp.	40	
26	caregiver violence.mp.	6	
27	elder violence.mp.	3	
28	Incest/	2,115	
29	childhood sexual abuse.mp.	3,245	
30	Rape/	8,156	
31	Sex Offenses/ or sexual assault.mp.	16,348	
32	murder.mp. or Homicide/	18,965	
33	murder-suicide.mp.	136	
34	homicide-suicide.mp.	441	
35	filicide.mp.	263	
36	filicide-suicide.mp.	38	
37	femicide.mp.	158	
38	femicide-suicide.mp.	6	
39	school violence.mp.	467	
40	school-shooting.mp.	111	
41	hate crime.mp.	144	
42	Bullying/	7,986	
43	Cyberbullying/	630	
44	perpetrator.mp.	4,284	
45	perpetration.mp.	3,160	
46	offend*.mp.	33,067	
47	violent offending.mp.	416	
48	batterer.mp.	322	
49	rapist.mp. or Pedophilia/	1,523	
50	combat.mp.	45,829	
51	attack.mp.	136,683	
52	community violence.mp.	1,242	
53	political violence.mp.	463	
54	mass murder.mp.	157	

Vedlegg 2 - Søkestrategi

55 war atrocities.mp. 28
56 Genocide/ 463
57 Torture/ or Terrorism/ or acts of terror.mp. 11,988
58 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or
24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or
39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or
54 or 55 or 56 or 57 572,179
59 9 and 58 24,380
60 limit 59 to (abstracts and "review articles" and yr="2005 -Current") [Limit not
valid in Embase; records were retained] 15,212
61 Intimate Partner Violence/ or Domestic Violence/ or Violence/ 64,719

62 dating violence.mp. 1,510
63 physical violence.mp. or Physical Abuse/ 10,159
64 dating abuse.mp. 136
65 Physical Abuse/ 6,167
66 Elder Abuse/ or elder violence.mp. 1,572
67 caregiver violence.mp. 6
68 caregiver abuse.mp. 40
69 parental violence.mp. 221
70 parental abuse.mp. 101
71 interpersonal violence.mp. 2,433
72 interpersonal abuse.mp. 36
73 emotional violence.mp. 389
74 Emotional Abuse/ 3,721
75 sexual abuse.mp. or Sex Offenses/ 37,216
76 sexual violence.mp. 6,227
77 maltreatment.mp. or Child Abuse, Sexual/ 17,998
78 neglect.mp. 29,891
79 sexual exploitation.mp. 945
80 Child Abuse, Sexual/ or childhood sexual abuse.mp. 10,532
81 Incest/ 2,115
82 sexual assault.mp. 8,245
83 Rape/ 8,156
84 battering.mp. 967
85 Cyberbullying/ or Bullying/ 8,419
86 cybervictimization.mp. 120
87 ostracization.mp. 25
88 ostracizing.mp. 27
89 school violence.mp. 467
90 Workplace Violence/ 1,763
91 community violence.mp. 1,242
92 political violence.mp. 463
93 mass murder.mp. 157
94 war atrocities.mp. 28
95 Homicide/ or Genocide/ 18,030
96 Ethnic Cleansing/ 8
97 displacement.mp. 110,104
98 forced displacement.mp. 181
99 Refugees/ or forced migration.mp. 13,706

Vedlegg 2 - Søkestrategi

100	Racism/ or racist violence.mp.	8,473	
101	Torture/	2,822	
102	Terrorism/ or terror victim*.mp.	9,286	
103	trauma.mp.	356,184	
104	Stress Disorders, Post-Traumatic/ or complex ptsd.mp.		30,964
105	Survivors/	45,977	
106	victims.mp.	49,363	
107	Military Personnel/ or combat.mp. or Veterans/		67,651
108	victimization.mp.	10,611	
109	traumatic stress.mp.	23,648	
110	retraumatization.mp.	136	
111	polytraumatization.mp.	34	
112	revictimization.mp.	537	
113	polyvictimization.mp.	203	
114	hate crime victimization.mp.	14	
115	61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114		787,190
116	9 and 115	22,482	
117	limit 59 to yr="2005 -Current"	17,557	
118	systematic review*.mp.	390,170	
119	meta analysis.mp. or exp Meta Analysis/		321,945
120	meta-analysis.mp. or exp Meta Analysis/		321,945
121	118 or 119 or 120	538,622	
122	116 and 121	763	
123	limit 122 to yr="2005 -Current"	727	
124	59 and 121	811	
125	limit 124 to yr="2005 -Current"	761	
126	limit 58 to yr="2005 - 2022"	383,216	
127	9 and 58	24,380	
128	limit 127 to yr="2005 - 2022"	17,557	
129	121 and 128	761	
130	116 and 121	763	
131	limit 130 to yr="2005 -Current"	727	

Suicide/ or Suicide, Completed/ or Suicide, Attempted/ or Suicide, Assisted/
self-harm.mp. or Self-Injurious Behavior/
deliberate self-harm.mp. or Self-Injurious Behavior/
non-suicidal self-harm.mp. or Suicidal Ideation/
suicidal thoughts.mp.
suicidal*.mp.
parasuicide.mp.
self-mutilation.mp. or Self Mutilation/
1 or 2 or 3 or 4 or 5 or 6 or 7 or 8
Workplace Violence/ or Intimate Partner Violence/ or Domestic Violence/ or Ethnic
Violence/ or Violence/
abuse.mp. or Elder Abuse/ or Physical Abuse/ or Child Abuse, Sexual/

Vedlegg 2 – Søkestrategi

domestic abuse.mp.
dating violence.mp.
dating abuse.mp.
physical violence.mp. or Physical Abuse/
psychological abuse.mp. or Emotional Abuse/
psychological violence.mp.
emotional violence.mp.
sexual* abuse.mp.
sexual* violence.mp.
interpersonal abuse.mp.
interpersonal violence.mp.
parental abuse.mp.
parental violence.mp.
caregiver abuse.mp.
caregiver violence.mp.
elder violence.mp.
Incest/
childhood sexual abuse.mp.
Rape/
Sex Offenses/ or sexual assault.mp.
murder.mp. or Homicide/
murder-suicide.mp.
homicide-suicide.mp.
filicide.mp.
filicide-suicide.mp.
femicide.mp.
femicide-suicide.mp.
school violence.mp.
school-shooting.mp.
hate crime.mp.
Bullying/
Cyberbullying/
perpetrator.mp.
perpetration.mp.
offend*.mp.
violent offending.mp.
batterer.mp.
rapist.mp. or Pedophilia/
combat.mp.
attack.mp.
community violence.mp.
political violence.mp.
mass murder.mp.
war atrocities.mp.
Genocide/
Torture/ or Terrorism/ or acts of terror.mp.
10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25
or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40
or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55
or 56 or 57

Vedlegg 2 – Søkestrategi

9 and 58

limit 59 to (abstracts and "review articles" and yr="2005 -Current")

Intimate Partner Violence/ or Domestic Violence/ or Violence/

dating violence.mp.

physical violence.mp. or Physical Abuse/

dating abuse.mp.

Physical Abuse/

Elder Abuse/ or elder violence.mp.

caregiver violence.mp.

caregiver abuse.mp.

parental violence.mp.

parental abuse.mp.

interpersonal violence.mp.

interpersonal abuse.mp.

emotional violence.mp.

Emotional Abuse/

sexual abuse.mp. or Sex Offenses/

sexual violence.mp.

maltreatment.mp. or Child Abuse, Sexual/

neglect.mp.

sexual exploitation.mp.

Child Abuse, Sexual/ or childhood sexual abuse.mp.

Incest/

sexual assault.mp.

Rape/

battering.mp.

Cyberbullying/ or Bullying/

cybervictimization.mp.

ostracization.mp.

ostracizing.mp.

school violence.mp.

Workplace Violence/

community violence.mp.

political violence.mp.

mass murder.mp.

war atrocities.mp.

Homicide/ or Genocide/

Ethnic Cleansing/

displacement.mp.

forced displacement.mp.

Refugees/ or forced migration.mp.

Racism/ or racist violence.mp.

Torture/

Terrorism/ or terror victim*.mp.

trauma.mp.

Stress Disorders, Post-Traumatic/ or complex ptsd.mp.

Survivors/

victims.mp.

Military Personnel/ or combat.mp. or Veterans/

victimization.mp.

Vedlegg 2 – Søkestrategi

traumatic stress.mp.
retraumatization.mp.
polytraumatization.mp.
revictimization.mp.
polyvictimization.mp.
hate crime victimization.mp.
61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or
76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90
or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104
or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114
9 and 115
limit 59 to yr="2005 -Current"
systematic review*.mp.
meta analysis.mp. or exp Meta Analysis/
meta-analysis.mp. or exp Meta Analysis/
118 or 119 or 120
116 and 121
limit 122 to yr="2005 -Current"
59 and 121
limit 124 to yr="2005 -Current"
limit 58 to yr="2005 - 2022"
9 and 58
limit 127 to yr="2005 - 2022"
121 and 128
116 and 121
limit 130 to yr="2005 -Current"

Søk i PsychInfo på utsatthet og selvmordsproblematikk:

Database: APA PsycInfo <1806 to June Week 1 2021>
Search Strategy:

-
- 1 Suicide/ or Suicide, Completed/ or Suicide, Attempted/ or Suicide, Assisted/
(35399)
 - 2 self-harm.mp. or Self-Injurious Behavior/ (8947)
 - 3 deliberate self-harm.mp. or Self-Injurious Behavior/ (5569)
 - 4 non-suicidal self-harm.mp. or Suicidal Ideation/ (10100)
 - 5 suicidal thoughts.mp. (3047)
 - 6 suicidal*.mp. (37670)
 - 7 parasuicide.mp. (607)
 - 8 self-mutilation.mp. or Self Mutilation/ (2294)
 - 9 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 (60678)
 - 10 Workplace Violence/ or Intimate Partner Violence/ or Domestic Violence/ or
Ethnic Violence/ or Violence/ (53304)
 - 11 abuse.mp. or Elder Abuse/ or Physical Abuse/ or Child Abuse, Sexual/ (172796)
 - 12 domestic abuse.mp. (813)
 - 13 dating violence.mp. (1852)
 - 14 dating abuse.mp. (174)
 - 15 physical violence.mp. or Physical Abuse/ (8494)

Vedlegg 2 – Søkestrategi

- 16 psychological abuse.mp. or Emotional Abuse/ (3611)
- 17 psychological violence.mp. (488)
- 18 emotional violence.mp. (232)
- 19 sexual* abuse.mp. (29890)
- 20 sexual* violence.mp. (5134)
- 21 interpersonal abuse.mp. (74)
- 22 interpersonal violence.mp. (2361)
- 23 parental abuse.mp. (225)
- 24 parental violence.mp. (353)
- 25 caregiver abuse.mp. (43)
- 26 caregiver violence.mp. (9)
- 27 elder violence.mp. (3)
- 28 Incest/ (2594)
- 29 childhood sexual abuse.mp. (5262)
- 30 Rape/ (5740)
- 31 Sex Offenses/ or sexual assault.mp. (15448)
- 32 murder.mp. or Homicide/ (10648)
- 33 murder-suicide.mp. (162)
- 34 homicide-suicide.mp. (339)
- 35 filicide.mp. (339)
- 36 filicide-suicide.mp. (33)
- 37 femicide.mp. (160)
- 38 femicide-suicide.mp. (6)
- 39 school violence.mp. (2865)
- 40 school-shooting.mp. (233)
- 41 hate crime.mp. (533)
- 42 Bullying/ (8957)
- 43 Cyberbullying/ (1932)
- 44 perpetrator.mp. (5987)
- 45 perpetration.mp. (4340)
- 46 offend*.mp. (47939)
- 47 violent offending.mp. (744)
- 48 batterer.mp. (806)
- 49 rapist.mp. or Pedophilia/ (2064)
- 50 combat.mp. (15140)
- 51 attack.mp. (18964)
- 52 community violence.mp. (1936)
- 53 political violence.mp. (1370)
- 54 mass murder.mp. (487)
- 55 war atrocities.mp. (29)
- 56 Genocide/ (1123)
- 57 Torture/ or Terrorism/ or acts of terror.mp. (9208)
- 58 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 (313129)
- 59 9 and 58 (11076)
- 60 limit 59 to (abstracts and "review articles" and yr="2005 -Current") [Limit not valid in APA PsycInfo; records were retained] (7498)
- 61 Intimate Partner Violence/ or Domestic Violence/ or Violence/ (52554)

Vedlegg 2 – Søkestrategi

- 62 dating violence.mp. (1852)
- 63 physical violence.mp. or Physical Abuse/ (8494)
- 64 dating abuse.mp. (174)
- 65 Physical Abuse/ (6050)
- 66 Elder Abuse/ or elder violence.mp. (1762)
- 67 caregiver violence.mp. (9)
- 68 caregiver abuse.mp. (43)
- 69 parental violence.mp. (353)
- 70 parental abuse.mp. (225)
- 71 interpersonal violence.mp. (2361)
- 72 interpersonal abuse.mp. (74)
- 73 emotional violence.mp. (232)
- 74 Emotional Abuse/ (2759)
- 75 sexual abuse.mp. or Sex Offenses/ (39035)
- 76 sexual violence.mp. (5057)
- 77 maltreatment.mp. or Child Abuse, Sexual/ (13044)
- 78 neglect.mp. (24792)
- 79 sexual exploitation.mp. (1104)
- 80 Child Abuse, Sexual/ or childhood sexual abuse.mp. (5262)
- 81 Incest/ (2594)
- 82 sexual assault.mp. (7073)
- 83 Rape/ (5740)
- 84 battering.mp. (1251)
- 85 Cyberbullying/ or Bullying/ (10414)
- 86 cybervictimization.mp. (191)
- 87 ostracization.mp. (27)
- 88 ostracizing.mp. (66)
- 89 school violence.mp. (2865)
- 90 Workplace Violence/ (935)
- 91 community violence.mp. (1936)
- 92 political violence.mp. (1370)
- 93 mass murder.mp. (487)
- 94 war atrocities.mp. (29)
- 95 Homicide/ or Genocide/ (7860)
- 96 Ethnic Cleansing/ (0)
- 97 displacement.mp. (9417)
- 98 forced displacement.mp. (180)
- 99 Refugees/ or forced migration.mp. (6964)
- 100 Racism/ or racist violence.mp. (8532)
- 101 Torture/ (1332)
- 102 Terrorism/ or terror victim*.mp. (8009)
- 103 trauma.mp. (81211)
- 104 Stress Disorders, Post-Traumatic/ or complex ptsd.mp. (721)
- 105 Survivors/ (14490)
- 106 victims.mp. (38992)
- 107 Military Personnel/ or combat.mp. or Veterans/ (34021)
- 108 victimization.mp. (30942)
- 109 traumatic stress.mp. (18657)
- 110 retraumatization.mp. (239)
- 111 polytraumatization.mp. (14)

Vedlegg 2 - Søkestrategi

- 112 revictimization.mp. (812)
- 113 polyvictimization.mp. (212)
- 114 hate crime victimization.mp. (47)
- 115 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 (298586)
- 116 9 and 115 (11470)
- 117 limit 59 to yr="2005 -Current" (7498)
- 118 systematic review*.mp. (35514)
- 119 meta analysis.mp. or exp Meta Analysis/ (34061)
- 120 meta-analysis.mp. or exp Meta Analysis/ (34061)
- 121 118 or 119 or 120 (60083)
- 122 116 and 121 (203)
- 123 limit 122 to yr="2005 -Current" (196)
- 124 59 and 121 (188)
- 125 limit 124 to yr="2005 -Current" (180)
- 126 Suicide/ or Suicide, Completed/ or Suicide, Attempted/ or Suicide, Assisted/ (35399)
- 127 self-harm.mp. or Self-Injurious Behavior/ (8947)
- 128 deliberate self-harm.mp. or Self-Injurious Behavior/ (5569)
- 129 non-suicidal self-harm.mp. or Suicidal Ideation/ (10100)
- 130 suicidal thoughts.mp. (3047)
- 131 suicidal*.mp. (37670)
- 132 parasuicide.mp. (607)
- 133 self-mutilation.mp. or Self Mutilation/ (2294)
- 134 126 or 127 or 128 or 129 or 130 or 131 or 132 or 133 (60678)
- 135 Workplace Violence/ or Intimate Partner Violence/ or Domestic Violence/ or Ethnic Violence/ or Violence/ (53304)
- 136 abuse.mp. or Elder Abuse/ or Physical Abuse/ or Child Abuse, Sexual/ (172796)
- 137 domestic abuse.mp. (813)
- 138 dating violence.mp. (1852)
- 139 dating abuse.mp. (174)
- 140 physical violence.mp. or Physical Abuse/ (8494)
- 141 psychological abuse.mp. or Emotional Abuse/ (3611)
- 142 psychological violence.mp. (488)
- 143 emotional violence.mp. (232)
- 144 sexual* abuse.mp. (29890)
- 145 sexual* violence.mp. (5134)
- 146 interpersonal abuse.mp. (74)
- 147 interpersonal violence.mp. (2361)
- 148 parental abuse.mp. (225)
- 149 parental violence.mp. (353)
- 150 caregiver abuse.mp. (43)
- 151 caregiver violence.mp. (9)
- 152 elder violence.mp. (3)
- 153 Incest/ (2594)
- 154 childhood sexual abuse.mp. (5262)
- 155 Rape/ (5740)
- 156 Sex Offenses/ or sexual assault.mp. (15448)

Vedlegg 2 - Søkestrategi

- 157 murder.mp. or Homicide/ (10648)
- 158 murder-suicide.mp. (162)
- 159 homicide-suicide.mp. (339)
- 160 filicide.mp. (339)
- 161 filicide-suicide.mp. (33)
- 162 femicide.mp. (160)
- 163 femicide-suicide.mp. (6)
- 164 school violence.mp. (2865)
- 165 school-shooting.mp. (233)
- 166 hate crime.mp. (533)
- 167 Bullying/ (8957)
- 168 Cyberbullying/ (1932)
- 169 perpetrator.mp. (5987)
- 170 perpetration.mp. (4340)
- 171 offend*.mp. (47939)
- 172 violent offending.mp. (744)
- 173 batterer.mp. (806)
- 174 rapist.mp. or Pedophilia/ (2064)
- 175 combat.mp. (15140)
- 176 attack.mp. (18964)
- 177 community violence.mp. (1936)
- 178 political violence.mp. (1370)
- 179 mass murder.mp. (487)
- 180 war atrocities.mp. (29)
- 181 Genocide/ (1123)
- 182 Torture/ or Terrorism/ or acts of terror.mp. (9208)
- 183 135 or 136 or 137 or 138 or 139 or 140 or 141 or 142 or 143 or 144 or 145 or 146 or 147 or 148 or 149 or 150 or 151 or 152 or 153 or 154 or 155 or 156 or 157 or 158 or 159 or 160 or 161 or 162 or 163 or 164 or 165 or 166 or 167 or 168 or 169 or 170 or 171 or 172 or 173 or 174 or 175 or 176 or 177 or 178 or 179 or 180 or 181 or 182 (313129)
- 184 134 and 183 (11076)
- 185 limit 184 to (abstracts and "review articles" and yr="2005 -Current") [Limit not valid in APA PsycInfo; records were retained] (7498)
- 186 Intimate Partner Violence/ or Domestic Violence/ or Violence/ (52554)
- 187 dating violence.mp. (1852)
- 188 physical violence.mp. or Physical Abuse/ (8494)
- 189 dating abuse.mp. (174)
- 190 Physical Abuse/ (6050)
- 191 Elder Abuse/ or elder violence.mp. (1762)
- 192 caregiver violence.mp. (9)
- 193 caregiver abuse.mp. (43)
- 194 parental violence.mp. (353)
- 195 parental abuse.mp. (225)
- 196 interpersonal violence.mp. (2361)
- 197 interpersonal abuse.mp. (74)
- 198 emotional violence.mp. (232)
- 199 Emotional Abuse/ (2759)
- 200 sexual abuse.mp. or Sex Offenses/ (39035)
- 201 sexual violence.mp. (5057)
- 202 maltreatment.mp. or Child Abuse, Sexual/ (13044)

Vedlegg 2 - Søkestrategi

- 203 neglect.mp. (24792)
- 204 sexual exploitation.mp. (1104)
- 205 Child Abuse, Sexual/ or childhood sexual abuse.mp. (5262)
- 206 Incest/ (2594)
- 207 sexual assault.mp. (7073)
- 208 Rape/ (5740)
- 209 battering.mp. (1251)
- 210 Cyberbullying/ or Bullying/ (10414)
- 211 cybervictimization.mp. (191)
- 212 ostracization.mp. (27)
- 213 ostracizing.mp. (66)
- 214 school violence.mp. (2865)
- 215 Workplace Violence/ (935)
- 216 community violence.mp. (1936)
- 217 political violence.mp. (1370)
- 218 mass murder.mp. (487)
- 219 war atrocities.mp. (29)
- 220 Homicide/ or Genocide/ (7860)
- 221 Ethnic Cleansing/ (0)
- 222 displacement.mp. (9417)
- 223 forced displacement.mp. (180)
- 224 Refugees/ or forced migration.mp. (6964)
- 225 Racism/ or racist violence.mp. (8532)
- 226 Torture/ (1332)
- 227 Terrorism/ or terror victim*.mp. (8009)
- 228 trauma.mp. (81211)
- 229 Stress Disorders, Post-Traumatic/ or complex ptsd.mp. (721)
- 230 Survivors/ (14490)
- 231 victims.mp. (38992)
- 232 Military Personnel/ or combat.mp. or Veterans/ (34021)
- 233 victimization.mp. (30942)
- 234 traumatic stress.mp. (18657)
- 235 retraumatization.mp. (239)
- 236 polytraumatization.mp. (14)
- 237 revictimization.mp. (812)
- 238 polyvictimization.mp. (212)
- 239 hate crime victimization.mp. (47)
- 240 186 or 187 or 188 or 189 or 190 or 191 or 192 or 193 or 194 or 195 or 196 or 197
or 198 or 199 or 200 or 201 or 202 or 203 or 204 or 205 or 206 or 207 or 208 or 209 or
210 or 211 or 212 or 213 or 214 or 215 or 216 or 217 or 218 or 219 or 220 or 221 or 222
or 223 or 224 or 225 or 226 or 227 or 228 or 229 or 230 or 231 or 232 or 233 or 234 or
235 or 236 or 237 or 238 or 239 (298586)
- 241 134 and 240 (11470)
- 242 "Systematic Review"/ (609)
- 243 Meta-Analysis/ (5023)
- 244 242 or 243 (5535)
- 245 241 and 244 (8)
- 246 limit 245 to yr="2005 -Current" (7)
- 247 184 and 244 (7)
- 248 limit 247 to yr="2005 -Current" (4)

Vedlegg 2 – Søkestrategi

- 249 Suicide/ or Suicide, Completed/ or Suicide, Attempted/ or Suicide, Assisted/
(35399)
- 250 self-harm.mp. or Self-Injurious Behavior/ (8947)
- 251 deliberate self-harm.mp. or Self-Injurious Behavior/ (5569)
- 252 non-suicidal self-harm.mp. or Suicidal Ideation/ (10100)
- 253 suicidal thoughts.mp. (3047)
- 254 suicidal*.mp. (37670)
- 255 parasuicide.mp. (607)
- 256 self-mutilation.mp. or Self Mutilation/ (2294)
- 257 249 or 250 or 251 or 252 or 253 or 254 or 255 or 256 (60678)
- 258 Workplace Violence/ or Intimate Partner Violence/ or Domestic Violence/ or
Ethnic Violence/ or Violence/ (53304)
- 259 abuse.mp. or Elder Abuse/ or Physical Abuse/ or Child Abuse, Sexual/ (172796)
- 260 domestic abuse.mp. (813)
- 261 dating violence.mp. (1852)
- 262 dating abuse.mp. (174)
- 263 physical violence.mp. or Physical Abuse/ (8494)
- 264 psychological abuse.mp. or Emotional Abuse/ (3611)
- 265 psychological violence.mp. (488)
- 266 emotional violence.mp. (232)
- 267 sexual* abuse.mp. (29890)
- 268 sexual* violence.mp. (5134)
- 269 interpersonal abuse.mp. (74)
- 270 interpersonal violence.mp. (2361)
- 271 parental abuse.mp. (225)
- 272 parental violence.mp. (353)
- 273 caregiver abuse.mp. (43)
- 274 caregiver violence.mp. (9)
- 275 elder violence.mp. (3)
- 276 Incest/ (2594)
- 277 childhood sexual abuse.mp. (5262)
- 278 Rape/ (5740)
- 279 Sex Offenses/ or sexual assault.mp. (15448)
- 280 murder.mp. or Homicide/ (10648)
- 281 murder-suicide.mp. (162)
- 282 homicide-suicide.mp. (339)
- 283 filicide.mp. (339)
- 284 filicide-suicide.mp. (33)
- 285 femicide.mp. (160)
- 286 femicide-suicide.mp. (6)
- 287 school violence.mp. (2865)
- 288 school-shooting.mp. (233)
- 289 hate crime.mp. (533)
- 290 Bullying/ (8957)
- 291 Cyberbullying/ (1932)
- 292 perpetrator.mp. (5987)
- 293 perpetration.mp. (4340)
- 294 offend*.mp. (47939)
- 295 violent offending.mp. (744)
- 296 batterer.mp. (806)

Vedlegg 2 - Søkestrategi

- 297 rapist.mp. or Pedophilia/ (2064)
- 298 combat.mp. (15140)
- 299 attack.mp. (18964)
- 300 community violence.mp. (1936)
- 301 political violence.mp. (1370)
- 302 mass murder.mp. (487)
- 303 war atrocities.mp. (29)
- 304 Genocide/ (1123)
- 305 Torture/ or Terrorism/ or acts of terror.mp. (9208)
- 306 258 or 259 or 260 or 261 or 262 or 263 or 264 or 265 or 266 or 267 or 268 or 269 or 270 or 271 or 272 or 273 or 274 or 275 or 276 or 277 or 278 or 279 or 280 or 281 or 282 or 283 or 284 or 285 or 286 or 287 or 288 or 289 or 290 or 291 or 292 or 293 or 294 or 295 or 296 or 297 or 298 or 299 or 300 or 301 or 302 or 303 or 304 or 305 (313129)
- 307 257 and 306 (11076)
- 308 limit 307 to (abstracts and "review articles" and yr="2005 -Current") [Limit not valid in APA PsycInfo; records were retained] (7498)
- 309 Intimate Partner Violence/ or Domestic Violence/ or Violence/ (52554)
- 310 dating violence.mp. (1852)
- 311 physical violence.mp. or Physical Abuse/ (8494)
- 312 dating abuse.mp. (174)
- 313 Physical Abuse/ (6050)
- 314 Elder Abuse/ or elder violence.mp. (1762)
- 315 caregiver violence.mp. (9)
- 316 caregiver abuse.mp. (43)
- 317 parental violence.mp. (353)
- 318 parental abuse.mp. (225)
- 319 interpersonal violence.mp. (2361)
- 320 interpersonal abuse.mp. (74)
- 321 emotional violence.mp. (232)
- 322 Emotional Abuse/ (2759)
- 323 sexual abuse.mp. or Sex Offenses/ (39035)
- 324 sexual violence.mp. (5057)
- 325 maltreatment.mp. or Child Abuse, Sexual/ (13044)
- 326 neglect.mp. (24792)
- 327 sexual exploitation.mp. (1104)
- 328 Child Abuse, Sexual/ or childhood sexual abuse.mp. (5262)
- 329 Incest/ (2594)
- 330 sexual assault.mp. (7073)
- 331 Rape/ (5740)
- 332 battering.mp. (1251)
- 333 Cyberbullying/ or Bullying/ (10414)
- 334 cybervictimization.mp. (191)
- 335 ostracization.mp. (27)
- 336 ostracizing.mp. (66)
- 337 school violence.mp. (2865)
- 338 Workplace Violence/ (935)
- 339 community violence.mp. (1936)
- 340 political violence.mp. (1370)
- 341 mass murder.mp. (487)

Vedlegg 2 - Søkestrategi

- 342 war atrocities.mp. (29)
- 343 Homicide/ or Genocide/ (7860)
- 344 Ethnic Cleansing/ (0)
- 345 displacement.mp. (9417)
- 346 forced displacement.mp. (180)
- 347 Refugees/ or forced migration.mp. (6964)
- 348 Racism/ or racist violence.mp. (8532)
- 349 Torture/ (1332)
- 350 Terrorism/ or terror victim*.mp. (8009)
- 351 trauma.mp. (81211)
- 352 Stress Disorders, Post-Traumatic/ or complex ptsd.mp. (721)
- 353 Survivors/ (14490)
- 354 victims.mp. (38992)
- 355 Military Personnel/ or combat.mp. or Veterans/ (34021)
- 356 victimization.mp. (30942)
- 357 traumatic stress.mp. (18657)
- 358 retraumatization.mp. (239)
- 359 polytraumatization.mp. (14)
- 360 revictimization.mp. (812)
- 361 polyvictimization.mp. (212)
- 362 hate crime victimization.mp. (47)
- 363 309 or 310 or 311 or 312 or 313 or 314 or 315 or 316 or 317 or 318 or 319 or 320 or 321 or 322 or 323 or 324 or 325 or 326 or 327 or 328 or 329 or 330 or 331 or 332 or 333 or 334 or 335 or 336 or 337 or 338 or 339 or 340 or 341 or 342 or 343 or 344 or 345 or 346 or 347 or 348 or 349 or 350 or 351 or 352 or 353 or 354 or 355 or 356 or 357 or 358 or 359 or 360 or 361 or 362 (298586)
- 364 257 and 363 (11470)
- 365 limit 307 to yr="2005 -Current" (7498)
- 366 systematic review*.mp. (35514)
- 367 meta analysis.mp. or exp Meta Analysis/ (34061)
- 368 meta-analysis.mp. or exp Meta Analysis/ (34061)
- 369 366 or 367 or 368 (60083)
- 370 364 and 369 (203)
- 371 limit 370 to yr="2005 -Current" (196)
- 372 307 and 369 (188)
- 373 limit 372 to yr="2005 -Current" (180)

Søk i PsychInfo på utøvelse og selvmordsproblematikk:

Database: APA PsycInfo <1806 to June Week 1 2021>

Search Strategy:

-
- 1 Suicide/ or Suicide, Completed/ or Suicide, Attempted/ or Suicide, Assisted/ (35399)
 - 2 self-harm.mp. or Self-Injurious Behavior/ (8947)
 - 3 deliberate self-harm.mp. or Self-Injurious Behavior/ (5569)
 - 4 non-suicidal self-harm.mp. or Suicidal Ideation/ (10100)
 - 5 suicidal thoughts.mp. (3047)
 - 6 suicidal*.mp. (37670)

Vedlegg 2 – Søkestrategi

- 7 parasuicide.mp. (607)
- 8 self-mutilation.mp. or Self Mutilation/ (2294)
- 9 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 (60678)
- 10 Workplace Violence/ or Intimate Partner Violence/ or Domestic Violence/ or Ethnic Violence/ or Violence/ (53304)
- 11 abuse.mp. or Elder Abuse/ or Physical Abuse/ or Child Abuse, Sexual/ (172796)
- 12 domestic abuse.mp. (813)
- 13 dating violence.mp. (1852)
- 14 dating abuse.mp. (174)
- 15 physical violence.mp. or Physical Abuse/ (8494)
- 16 psychological abuse.mp. or Emotional Abuse/ (3611)
- 17 psychological violence.mp. (488)
- 18 emotional violence.mp. (232)
- 19 sexual* abuse.mp. (29890)
- 20 sexual* violence.mp. (5134)
- 21 interpersonal abuse.mp. (74)
- 22 interpersonal violence.mp. (2361)
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- 24 parental violence.mp. (353)
- 25 caregiver abuse.mp. (43)
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- 28 Incest/ (2594)
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- 30 Rape/ (5740)
- 31 Sex Offenses/ or sexual assault.mp. (15448)
- 32 murder.mp. or Homicide/ (10648)
- 33 murder-suicide.mp. (162)
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- 35 filicide.mp. (339)
- 36 filicide-suicide.mp. (33)
- 37 femicide.mp. (160)
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- 40 school-shooting.mp. (233)
- 41 hate crime.mp. (533)
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- 44 perpetrator.mp. (5987)
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- 46 offend*.mp. (47939)
- 47 violent offending.mp. (744)
- 48 batterer.mp. (806)
- 49 rapist.mp. or Pedophilia/ (2064)
- 50 combat.mp. (15140)
- 51 attack.mp. (18964)
- 52 community violence.mp. (1936)

Vedlegg 2 - Søkestrategi

- 53 political violence.mp. (1370)
- 54 mass murder.mp. (487)
- 55 war atrocities.mp. (29)
- 56 Genocide/ (1123)
- 57 Torture/ or Terrorism/ or acts of terror.mp. (9208)
- 58 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 (313129)
- 59 9 and 58 (11076)
- 60 limit 59 to (abstracts and "review articles" and yr="2005 -Current") [Limit not valid in APA PsycInfo; records were retained] (7498)
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- 63 physical violence.mp. or Physical Abuse/ (8494)
- 64 dating abuse.mp. (174)
- 65 Physical Abuse/ (6050)
- 66 Elder Abuse/ or elder violence.mp. (1762)
- 67 caregiver violence.mp. (9)
- 68 caregiver abuse.mp. (43)
- 69 parental violence.mp. (353)
- 70 parental abuse.mp. (225)
- 71 interpersonal violence.mp. (2361)
- 72 interpersonal abuse.mp. (74)
- 73 emotional violence.mp. (232)
- 74 Emotional Abuse/ (2759)
- 75 sexual abuse.mp. or Sex Offenses/ (39035)
- 76 sexual violence.mp. (5057)
- 77 maltreatment.mp. or Child Abuse, Sexual/ (13044)
- 78 neglect.mp. (24792)
- 79 sexual exploitation.mp. (1104)
- 80 Child Abuse, Sexual/ or childhood sexual abuse.mp. (5262)
- 81 Incest/ (2594)
- 82 sexual assault.mp. (7073)
- 83 Rape/ (5740)
- 84 battering.mp. (1251)
- 85 Cyberbullying/ or Bullying/ (10414)
- 86 cybervictimization.mp. (191)
- 87 ostracization.mp. (27)
- 88 ostracizing.mp. (66)
- 89 school violence.mp. (2865)
- 90 Workplace Violence/ (935)
- 91 community violence.mp. (1936)
- 92 political violence.mp. (1370)
- 93 mass murder.mp. (487)
- 94 war atrocities.mp. (29)
- 95 Homicide/ or Genocide/ (7860)

Vedlegg 2 - Søkestrategi

- 96 Ethnic Cleansing/ (0)
- 97 displacement.mp. (9417)
- 98 forced displacement.mp. (180)
- 99 Refugees/ or forced migration.mp. (6964)
- 100 Racism/ or racist violence.mp. (8532)
- 101 Torture/ (1332)
- 102 Terrorism/ or terror victim*.mp. (8009)
- 103 trauma.mp. (81211)
- 104 Stress Disorders, Post-Traumatic/ or complex ptsd.mp. (721)
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- 110 retraumatization.mp. (239)
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- 112 revictimization.mp. (812)
- 113 polyvictimization.mp. (212)
- 114 hate crime victimization.mp. (47)
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- 116 9 and 115 (11470)
- 117 exp "Systematic Review"/ or systematic review.mp. (32771)
- 118 meta analysis.mp. or exp Meta Analysis/ (34061)
- 119 117 or 118 (57795)
- 120 116 and 119 (202)
- 121 limit 120 to yr="2005 -Current" (195)

Nettskjema for eksklusjon av artikler

Dette nettskjemaet ble brukt for å vurdere artikler til eksklusjon i prosjektet **Selvmondsproblematikk blant utsatte for og utøvere av vold og overgrep: En systematisk gjennomgang av oversiktsartikler**, NSSF og NKVTS januar 2022.

Her svarte reviewerne på når de ønsket at, eller var usikre på om, en artikkel skulle ekskluderes. De innsendte forslagene ble så sett gjennom og vurdert av andre reviewere i gruppen.

Eksklusjon - Omfang av selvmordsproblematikk blant utsatte og utøvere av vold og overgrep

Obligatoriske felter er merket med stjerne *

Hva heter du (fornavn og etternavn)? *

Artikkelnummer, forsteforfatter og årstall *

Er formålet med studien å undersøke omfanget av selvmordsproblematikk blant utsatte og utøvere av vold og overgrep?

Ja

Nei

Uklart

Eksponeringsvariabler: Utsatthet for og/eller utøvelse av vold/overgrep

Ja

Nei

Uklart

Vedlegg 3 – Nettskjema for eksklusjon side2/2

Utfallsmål: Selvmord, selvmordsforsøk, selvmordstanker, selvmordsatferd, selvskading

Ja

Nei

Uklart

Har studien et klart formulert forskningsspørsmål innenfor temaet?

Ja

Nei

Usikker

Er det beskrevet et spesifikt forskningsspørsmål og klare inklusjonskriterier?

Ja

Nei

Uklart

Er det foretatt et systematisk litteratursøk i flere relevante databaser og er tidsperioden for søket beskrevet?

Ja

Nei

Uklart

Har du andre kommentarer eller potensielle grunner til eksklusjon?

Din beslutning *

Studien bør ekskluderes

Jeg er usikker

