

# From Trauma to Suicidal Thoughts: Understanding Adolescent Vulnerability

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## ABSTRACT

**Background:** Adolescent suicidal ideation is an emerging mental health concern in sub-Saharan Africa, where multiple psychosocial stressors heighten vulnerability.

**Objective:** Therefore, this study examined the contribution of traumatic experiences to suicidal ideation among in-school adolescents.

**Methods:** A cross-sectional descriptive design was used to survey 355 senior high school students (male and female) across six secondary schools, selected through stratified random sampling from the Lagos State Schools. Descriptive statistics and regression modeling were applied at a 0.05 significance level.

**Results:** Academic stress emerged as the most severe traumatic experience among participants ( $M = 1.27$ ,  $SD = 0.93$ ), with notably higher prevalence observed in private school settings compared to public institutions. Other adverse experiences, including physical abuse ( $M = 0.65$ ,  $SD = 0.96$ ), sexual abuse ( $M = 0.40$ ,  $SD = 0.77$ ), and bereavement ( $M = 0.57$ ,  $SD = 0.77$ ), were reported at comparatively mild levels across the sample. Suicidal ideation indicators were generally low to mild overall, with the highest endorsement rates observed for hopelessness ( $M = 0.68$ ) and farewell wishes ( $M = 0.82$ ). Regression analysis confirmed that cumulative traumatic experiences significantly predicted suicidal ideation outcomes ( $R = 0.337$ ,  $R^2 = 0.113$ ,  $F(1, 319) = 40.819$ ,  $p < 0.001$ ), collectively explaining 11.3% of the variance in suicidal thoughts. These findings underscore the substantial role of academic pressure in youth mental health outcomes.

**Conclusions:** Traumatic experiences, though modest in effect, remain significant predictors of adolescent suicidality. Preventive strategies should prioritize trauma-informed care, early detection of abuse and stress in schools, and strengthened psychosocial support through families, NGOs, and faith-based organizations.

**Key words:** Trauma, Adolescent, Suicidal ideation, In-school adolescent

## INTRODUCTION

Adolescence is a critical developmental period characterized by rapid changes in the body, mind, emotions, and social interactions, which simultaneously increase vulnerability to mental health issues (Sequeira et al., 2022). In sub-Saharan Africa (SSA), where adolescents comprise over 25% of the population, factors such as poverty,

violence, and disrupted social structures exacerbate trauma exposure and its negative mental health consequences (Sequeira et al., 2022). Targeted interventions are urgently needed, as recent estimates indicate that among teenagers in the region, prevalence rates for depression, PTSD, and suicidal ideation stand at 20.8%, 26.9%, and 21.5%, respectively (Mabrouk et al., 2022).

Trauma is defined as psychological impairment that exceeds an individual's coping capacity, extending beyond mere exposure to traumatic events (Lancet Psychiatry, 2022). It impacts identity, memory, psychological control, and self-concept, often resulting from abuse, grief, violence, or prolonged deprivation (Lancet Psychiatry, 2022; Aboagye et al., 2022). Meta-analytic research indicates that complex or recurring trauma severely damages self-concept (Salami et al., 2024). Furthermore, Olorunlambe and Adeniyi (2025) assert that trauma influences suicidality through multiple pathways: directly triggering suicidal behaviors, indirectly via PTSD, depression, and anxiety, and indirectly through shared vulnerabilities such as poverty and adverse family circumstances. In SSA, suicidal behaviors have also been linked to factors including bullying, cannabis use, loneliness, and inadequate parental supervision (Quarshie et al., 2023; Aboagye et al., 2022).

While there are records of adolescent suicide attempts in Lagos State—a region known for its talented youth—accurate reporting is obscured by mental health stigma, which also impedes prompt care. To date, no comprehensive investigation has examined the link between traumatic events and suicide ideation, planning, or attempts among teenagers in this specific area. To address this gap, the current study investigates the relationship between traumatic events and suicide ideation among in-school adolescents in Alimosho. Grounded in a conceptual framework that views trauma as a precursor, the study explores pathways leading to suicidal ideation through social isolation, depressive symptoms, and a diminished self-concept. By elucidating these mechanisms, the study aims to assist educators, mental health professionals, policymakers, and community organizations in developing trauma-informed, culturally appropriate interventions to reduce teenage suicidality in Lagos State.

### **Theory-Based Interventions in Adolescent Suicidality (Trauma-Linked)**

While many adolescents who are contemplating suicide hide their thoughts, others display signs including despair, increased substance use, risky conduct, panic attacks, and difficulty focussing (Franklin et al., 2024; Klonsky et al., 2021). Another typical reaction that frequently reflects the internalisation of traumatic stress is social disengagement and isolation (Hill et al., 2023). Therefore, to reduce these risks and foster resilience, early and trauma-informed treatments are crucial (WHO, 2023; Osafo et al., 2022). Four modern theories of suicide offer a conceptual framework for comprehending how stressful events increase adolescents' susceptibility:

#### **Interpersonal Theory of Suicide (IPTS)**

The IPTS highlights that suicidal want only develops into suicide behaviour when a person gains the power to hurt themselves, and that perceived burdensomeness and thwarted belongingness are antecedents to suicidal desire (Joiner et al., 2020; Ma et al., 2021). Feelings of alienation and worthlessness are directly fuelled by trauma, especially abuse, neglect, or parental bereavement, which exacerbates the interpersonal impairments described in the model. Additionally, repeated harsh exposure may accelerate learnt skill by reducing fear of pain and death.

#### **Integrated Motivational–Volitional Model (IMV)**

According to the IMV, trauma is a key motivator during the motivational stage. Feelings of helplessness and confinement brought on by violent, bereavement, or academic stress might intensify suicide thoughts (Dhingra et al., 2023). By impairing problem-solving skills, boosting impulsivity, and influencing contextual factors (such as exposure to risky situations) that permit efforts at self-regulation, trauma also serves as a facilitator during the volitional phase.

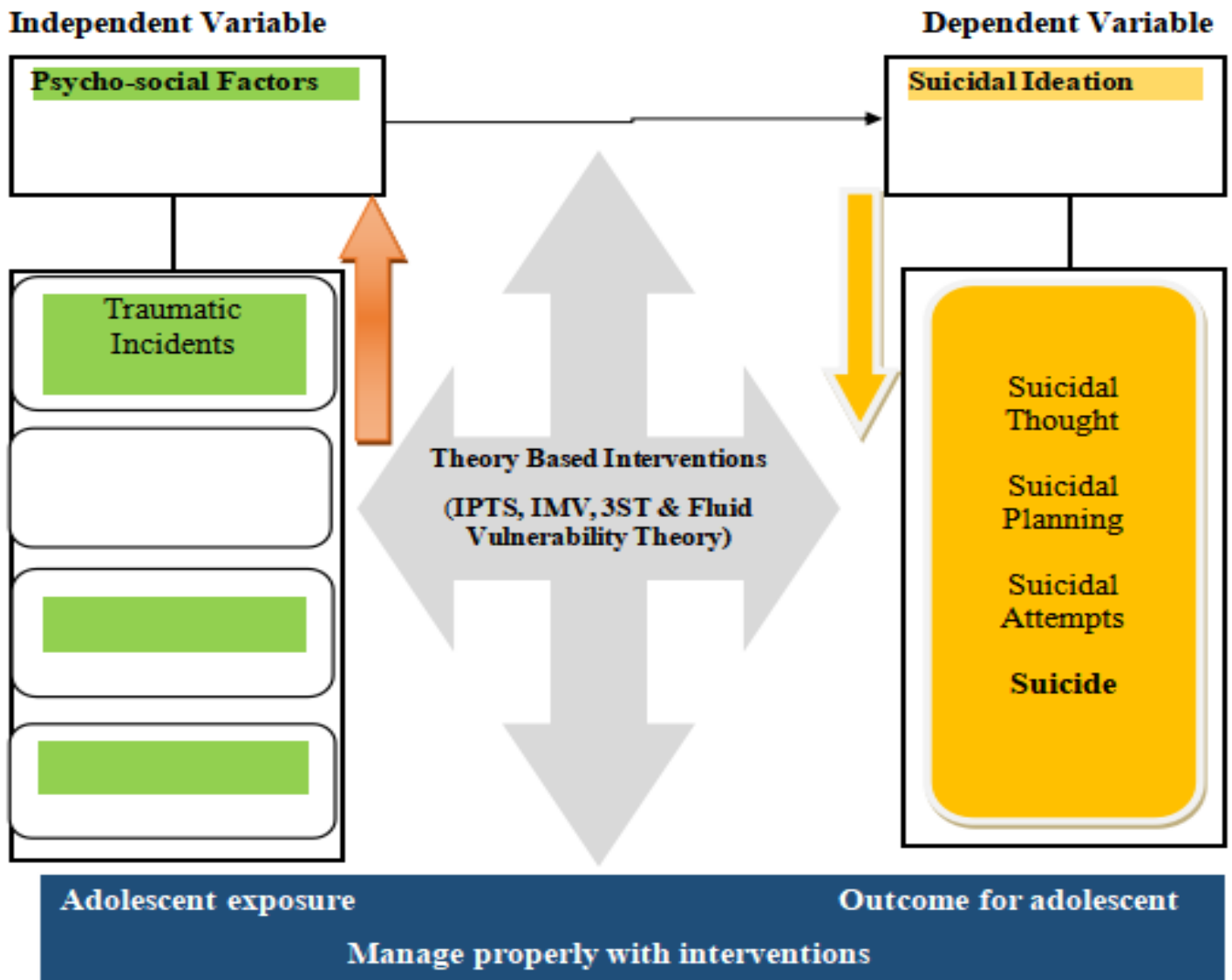
#### **Three-Step Theory (3ST)**

The 3ST states that when psychological suffering surpasses a person's feeling of belonging, suicidal thoughts occur (Klonsky & May, 2019; Rasmussen et al., 2022). Trauma exacerbates this imbalance: stigma and isolation

diminish perceived connectivity, while long-term abuse, bullying, or loss intensify psychological suffering. The threshold for harmful levels of ideation is passed when protective relationships are undermined by trauma.

### Fluid Vulnerability Theory (FVT)

According to the FVT, situational stresses and baseline vulnerabilities combine dynamically to produce suicidality (Bryan & Rudd, 2022). Adolescents who have experienced trauma, especially chronic or complicated trauma, develop a baseline susceptibility that makes them more susceptible to stresses in the future. For young people who have experienced trauma, even little social or academic stress might lead to suicide thoughts. Trauma survivors may alternate between stable and acute crises due to fluctuating susceptibility, which emphasises the significance of ongoing, adaptive treatment.



**Figure 1. Theoretical Framework for Tackling Connection between Trauma Suicidal Thoughts (Source: Researcher, 2025)**

### Synthesis.

Trauma is consistently identified in all of these frameworks as a direct and indirect cause of adolescent suicidality. It weakens one's sense of self, intensifies psychological suffering, creates a sense of helplessness and alienation, and enhances one's capacity for self-harm. Therefore, theory-driven therapies will enrich healing processes and focus on relationship restoration, resilience development, environmental safety, and symptom alleviation. The consciousness of red flags make self and professional management or interventions of suicidal thoughts easy to handle among adolescents.

## METHODOLOGY

### Research Design

The study adopted a cross-sectional descriptive design for the survey. This implies that no variables were manipulated. The study is therefore the ex-post facto type where data would be collected after the events have already taken place. In this study, the events as mentioned relate to traumatic incidents and suicidal ideation.

### Population of the Study

The study population comprised all secondary schools in Alimosho Local Government Area (LGA) of Lagos State. According to data obtained by the researcher from the Lagos State Ministry of Education's Zonal Education Office in Alimosho, there are a total of sixty (60) government-owned senior secondary schools and one hundred and forty (140) privately owned secondary schools in Alimosho LGA (Lagos Schools Online, 2023). All these institutions are registered and approved by the Lagos State Ministry of Education (Lagos Schools Online, 2023). The total student population across these schools was estimated at 28,199. Of this figure, 18,016 students were between the ages of 14–17 years (Trend Analysis of Students Enrolment (2014/2015 – 2018/2019 Session) in Public Senior Secondary Schools; State Education Management Information System (SEMIS) Committee, 2019). For private schools, an average of 150 students per school in Senior Secondary (SSS) classes was estimated, yielding approximately 21,000 students across the 140 private institutions. Consequently, the study focused on senior secondary schools with an estimated combined population of approximately 10,000 students. The research specifically targeted adolescent students in the senior section (SS1–SS3) of these schools. These students were selected because they are presumed to have greater maturity and experience compared to their counterparts in the junior section. Additionally, they possess sufficient educational background to comprehend and complete the questionnaires effectively.

### Sample Size determination

The sample size for the study was derived using the Taro Yamane sample size determination formula (Yamani, 1967). The formula assumed a 95% confidence level and 5% Precision or Error level. Thus, the formula is:

$$n = N / [1 + N (e)^2]$$

Where:

n = sample size

N = population size (9961), and

e = precision level (0.05)

$$\begin{aligned} \text{While sample size for students} &= 9961 / [1 + 9961(0.05)^2] \\ &= 9961 / 24.905 \\ &= 399.96 \text{ or approximately } 400 \end{aligned}$$

Consequently, the computed sample size of the study is shown as follows:

School	Total Number	Population
Public	3	200
Private	3	200

In this study, researchers to identify six senior secondary schools within Alimosho Local Government Area, from which 400 male and female adolescent students were subsequently selected. The primary focus was on

participants between 14 and 17 years old, as this bracket aligns with the typical age distribution for students in Senior Secondary School levels 1 through 3 (SSS1–SSS3). This age range falls within the World Health Organization's definition of adolescence (10–19 years), positioning the 14–17 cohort as the central adolescent demographic within formal schooling environments. Nevertheless, the Nigerian education system presents certain practical complexities. Factors such as variations in initial school enrollment age, instances of grade repetition, or delays in academic advancement can lead to students falling outside the standard 14–17 window while still occupying senior secondary class positions. To maintain the integrity of the study's scope, the researchers adopted an inclusive criterion: any student registered in SSS1–SSS3 was eligible for participation regardless of whether they were under 14 or over 17. This approach ensured that all participants remained representative of the intended school-based population under investigation.

### **Sampling Techniques and how bias was addressed**

The study employed a mult-stage stratified random sampling technique to ensure adequate representation of the target population. Stratification was based on school type (public and private) and class level (SSS1, SSS2, and SSS3).

**Stage 1- School Selection:** All senior secondary schools in Alimosho Local Government Area were first stratified into public and private schools. From each stratum, three schools were randomly selected, resulting in a total of six schools (3 public and 3 private) included in the study.

**Stage 2-Class-Level Selection:** Within each selected school, the study focused on students in Senior Secondary School classes (SSS1, SSS2, and SSS3) to capture adolescents within the senior secondary education level.

**Stage 3- Student Selection:** From each class level, approximately 23 students were selected, yielding about 69 students per school. Selection was based on students' availability and willingness to participate, as well as provision of consent. The final number per school varied slightly depending on participation at the time of data collection.

**Bias Control:** Potential sampling bias was minimized by using stratification across school types and class levels, which ensured representation of different educational environments and academic stages within the study area.

### **Instrument and quantitative variables**

The analysis used several quantitative items to derive the summed score of traumatic experiences, and the Traumatic experiences and suicidal ideation were measured using structured questionnaire items included in the Psycho-social Determinants of Suicidal Ideation (PDSI) instrument. The analysis used quantitative items to derive summed scores for traumatic experiences and suicidal ideation, which were treated as continuous variables to preserve statistical power and capture the full range of variation in responses. The traumatic experience scale consisted of 8 items (Items 1–8) assessing exposure to adverse or distressing experiences such as abuse, academic stress, loss of loved ones, and self-harm thoughts related to adversity. Responses were measured on a 4-point Likert scale (0–3) indicating increasing levels of agreement. The internal consistency reliability of this scale in the present study was Cronbach's  $\alpha = 0.76$ , indicating acceptable reliability. The suicidal ideation scale consisted of 7 items (Items 1–7) assessing thoughts, feelings, and tendencies related to suicide (considering taking one's life, expressing farewell wishes, feelings of hopelessness, or perceiving life as not worth living). Items were rated on a 4-point Likert scale (0–3) representing increasing intensity of suicidal ideation. The scale demonstrated acceptable internal consistency with Cronbach's  $\alpha = 0.74$ . Both scales were adapted from previously used measures in adolescent mental health research, with modifications to ensure contextual relevance for Nigerian secondary school students. The summed scores of the items were used for inferential statistical analysis. For descriptive interpretation, trauma scores were further categorised into low, moderate, and high exposure levels to facilitate comparison across school types (public and private).

### **Method of Data Collection and Analysis**

Questionnaire tool was selected as instrument were used to collect data for the study. The essence was to ensure that large sample of students are sampled and at the same time ensure privacy which in-debt (oral) interview

offers limited confidentiality due to need to record interview sessions. A pilot study was conducted with 10 students in Alimosho LGA to pre-test the questionnaire, after which minor changes were made to simplify some words to match the students' reading ability. For any data gathering procedure through questionnaire, content validity was considered an important technique available to the researcher.

Before selecting participants, the purpose of the study was explicitly described to them, and they were informed that the major goal was to detect collective reactions rather than individual replies. It was also made clear to them that they did not need to write their names on the questionnaire, and that completion of the questionnaire was entirely voluntary, with the assurance that the information gathered and the names of the schools would be treated with the utmost confidentiality and used solely for research purposes. The participants made use of their classrooms and the teachers were not involved in the classroom during the filling of the questionnaire. The questionnaire administration and collection were done based on the days allowed by each of the selected schools. The questionnaires were examined to ensure completion with consideration for attritions.

The study adopted the use of descriptive and inferential statistics to analyse the data collected. Specifically, the simple percentage analysis was used to examine the data gathered regarding the respondents' demographic data while regression analysis was adopted to test the hypotheses at 0.05 significance or error margin. These tools are features of Statistical Package for Social Science (SPSS) version 23 software which was adequate for this study.

### Ethical Consideration

This study was carried out in consideration of the ethical standard of Babcock University Health Research Ethics Committee (BUHREC). To ensure the anonymity of the respondents, the researcher ensured that names and other personal details that could be traced back to the respondents were not sought for or documented anywhere in the study. Furthermore, in the course of carrying out the study, the researcher ensured that substantive efforts were put in place to safeguard the confidentiality of data collected as well as protection of the identities of the respondents. The researcher also educated the respondents to obtain their voluntary and self-willing cooperation.

## RESULTS

From 400 initially approached, 355 remained after cleaning (180 private, 175 public). Eligible participants: 254 (71.5%). Follow-up completed by 146 males and 187 females; non-responses reduced sample size across both school types, affecting overall analysis. The result showed mild level of traumatic experience at a score of 0.24 on a maximum scale point of 3 due to contemplation ending their life based on any health challenge. The situation across school's types revealed that more (0.36) of the public-school respondents have more contemplation ending their life based on any health challenge compare to private school respondents (0.14). Among traumatic experiences, academic difficulties and stress emerged as the strongest contributor to suicidal ideation, particularly among private school students. Additionally, physical/sexual abuse and bereavement played significant roles in shaping adolescents' vulnerability to suicidal thoughts. These findings highlight the intersection of school pressure, adverse life experiences, and grief as potent psychosocial determinants of adolescent suicidality (Table 1).

**Table 1. Ttraumatic experiences among in-school in private and public schools**

		Private		Public		Total	
		$\bar{X} \pm \text{Std.}$	Remark	$\bar{X} \pm \text{Std.}$	Remark	$\bar{X} \pm \text{Std.}$	Remark
1.	I feel like ending my life because of my health challenge	.14 (.35)	Mild	.36(.64)	Mild	.24(.52)	Mild
2.	Academic difficulties and stress make me tired of life	1.50 (.98)	Moderately Severe	1.02(.80)	Mild	1.27(.93)	Moderately Severe
3.	I have been physically abused by someone and feel life does not worth living	.39(.66)	Mild	.93(1.13)	Mild/ Close To Moderate	.65(.96)	Mild

4.	I have been sexually abused by someone and feel life does not worth living	.31(.70)	Mild	.49(.83)	Mild	.40(.77)	Mild
5.	Someone in my family committed suicide so I feel it is the best thing to do	.06(.23)	Mild	.18(.38)	Mild	.11(.32)	Mild
6.	I have injured or cut myself in order to take my life because of my adversities	.29(.69)	Mild	.56(.93)	Mild	.42(.82)	Mild
7.	I have thought of taking poison or harm myself to end my life because of my bitter life experiences	.54(.96)	Mild	.51(.79)	Mild	.53(.88)	Mild
8.	I lost a loved one and since then life does not worth living again	.50(.81)	Mild	.64(.71)	Mild	.57(.77)	Mild

\*Note: On a maximum scale point of 3 for each item

The overall level of Suicidal Ideation is low at a score of 4.18 on a 21 maximum scale point. From the responses obtained, it is obvious that a very few numbers of the students have considered taking their own life (0.52), and further analysis revealed that 19.9 percent of respondents have considered taking their own life. It also goes to show that an equally large percentage have not consciously thought of committing suicide (0.44) while very few have unconsciously thought of suicide (0.70).

The results similarly showed that about 0.58 have sometimes spoken to people about suicide, 0.68 felt hopeless and resigned to fate, 0.82 felt to express farewell wishes to loved ones, 0.48 felt guilty and had feeling that life is not worth living. When these scores are compared across school type, The private schools showed a lower suicidal ideation such as considering to take one's own life (0.47), conscious thought of suicide (0.42), unconscious thought of suicide (0.54), talking to people about suicide (0.38), feeling hopeless and resigning to fate (0.55), guilt (0.46) and wishes to express farewell to this life (0.44). This goes to show a larger proportion of the students have a more positive approach to life. More analysis using categorical variables (see Table 2) derived from suicidal ideations which was formerly a continuous variable and demographic characteristic of respondents

**Table 2. Suicidal Ideation responses**

Items on suicidal ideation		Suicide ideation total score on a scale of 0,1,2 and 3					
		Private		Public		Total	
		Score	Remark	Score	Remark	Score	Remark
1.	I have considered taking my own life	0.47	Low (mild)	.56	Low (mild)	0.52	Low (mild)
2.	I consciously think of suicide	0.42	Very low (mild)	.47	Low (mild)	0.44	Very low (mild)
3.	I unconsciously think of suicide	0.54	Low (mild)	.87	Low (mild)	0.70	Low (mild)
4.	I sometimes talk to people about suicide	0.38	Very low (mild)	.79	Low (mild)	0.58	Low (mild)
5.	I feel hopeless and resign to fate	0.55	Low (mild)	.82	Low (mild)	0.68	Low (mild)

6.	I feel to express farewell wishes to loved ones	0.44	Very low	1.23	Moderate severe	0.82	Low (mild)
7.	I feel guilty and have a sense that life is not worth living	0.46	Low (mild)	.50	Very low (mild)	0.48	Low (mild)

Maximum score for each item is 3 based on four scales coded as 0,1,2, and 3 while the maximum score of overall total of Suicidal Ideation = 21 (7 items with four scales coded as 0,1,2, and 3)..

**H<sub>0</sub>: Traumatic incidents do not control suicidal ideation among in-school adolescents in Alimosho LGA of Lagos State**

The regression analysis examined whether traumatic experiences significantly predict suicidal ideation among in-school adolescents. The standardized correlation coefficient ( $R = 0.337$ ) indicates a positive but weak relationship between traumatic incidents and suicidal ideation. Despite the modest correlation strength, the  $R^2$  value of 0.113 shows that traumatic experiences explain approximately 11.3% of the variance in suicidal ideation among respondents. The model's ANOVA output yielded a statistically significant result ( $F(1,319) = 40.819$ ,  $p < 0.001$ ), confirming that traumatic experiences are a significant predictor of suicidal ideation (Table 3). This finding suggests that as exposure to traumatic events increases, so does the likelihood of suicidal thoughts among adolescents, even though other factors (such as family support, socio-economic context, peer relationships) also contribute substantially to suicidal ideation beyond trauma alone. Given that the probability value ( $p < 0.05$ ) is significant, the null hypothesis ( $H_{02}$ ) is rejected. The study therefore concludes that traumatic incidents significantly predict suicidal ideation among in-school adolescents in Alimosho LGA, Lagos State.

**Table 3. Regression Analysis of Traumatic Incidents as a Predictor of Suicidal Ideation**

Model Summary					ANOVA				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Source	Sum of Squares	df	Mean Square	F
1	0.337 <sup>a</sup>	0.113	0.111	3.77619	Regression	582.061	1	582.061	40.82*
					Residual	4548.818	319	14.260	
					Total	5130.879	320		

\* $p < 0.001$

a. Predictors: (Constant), Total Traumatic Experiences

b. Dependent Variable: Total Suicidal Ideation

**DISCUSSION**

This study highlights that while most students reported only mild traumatic experiences, public secondary schools had a higher proportion of adolescents with traumatic exposures compared to private schools. The regression results showed that traumatic experiences significantly influenced suicidal ideation, accounting for 11% of the variation ( $p < 0.05$ ). This finding underscores that trauma remains a critical psychosocial risk factor for suicidality among adolescents. Consistent with recent evidence, exposure to violence, emotional and sexual abuse, neglect, and other adverse childhood experiences (ACEs) have been strongly associated with suicidal behaviors (Berardelli et al., 2022; Yao et al., 2023). These findings affirm the global consensus that trauma during adolescence exerts lasting psychological effects that increase vulnerability to self-harm and suicide (Chang et al., 2024).

In this study, academic difficulties and stress emerged as the most prominent traumatic experiences predisposing adolescents to suicidal ideation, particularly in private schools where academic expectations are typically higher. This aligns with recent global and African-based studies linking examination pressure, excessive academic workload, and competitive schooling environments to elevated risks of suicidal behaviors (Okechukwu et al.,

2022; Weber et al., 2020). Although physical and sexual abuse were reported at relatively mild levels, their presence supports evidence that childhood maltreatment has enduring effects on emotional regulation, depressive symptoms, and suicide risk (Berardelli et al., 2022; Yao et al., 2023). Bereavement also emerged as a contributor to suicidal ideation, consistent with reports that traumatic grief and parental loss during adolescence significantly elevate suicidal vulnerability (Weber et al., 2020; Chang et al., 2024). Taken together, these results demonstrate that Nigerian adolescents are exposed to multiple overlapping risk factors—including academic stress, abuse, and bereavement—which converge to reinforce suicidal ideation in the absence of adequate support systems.

It is important to recognize that the impact of trauma is not uniform across adolescents. Individual differences in resilience, coping resources, and social support shape how trauma translates into suicidality. In this study, some adolescents in public schools reported mild suicidal thoughts linked to health-related challenges, while those in private schools demonstrated higher distress linked to academic stress. This finding reflects the argument that the interpretation of trauma, as well as the adolescent's adaptive capacity, plays a central role in shaping outcomes (Okechukwu et al., 2022). Indeed, posttraumatic stress disorder (PTSD) and comorbid conditions such as anxiety and depression remain prevalent in school settings and are linked to impaired academic performance and suicidal behaviors (Yao et al., 2023; Weber et al., 2020). Excessive academic demands may exacerbate these vulnerabilities, compounding past traumatic exposures to trigger suicidal ideation.

Addressing these findings requires adopting a trauma-informed approach to adolescent mental health in Nigerian schools. Trauma-sensitive educational policies should be embedded within schools, with teachers, counsellors, and administrators trained to recognize and appropriately respond to trauma-related distress (McConnico et al., 2020). School-based psychosocial support—through structured counselling, peer mentorship, and stress management programs—can provide safe coping outlets for adolescents facing academic and personal challenges (Osei-Tutu et al., 2022). Beyond the school environment, building resilience demands partnerships with parents, community organizations, NGOs, and faith-based institutions, as stigma around mental health continues to limit help-seeking behavior (Gureje et al., 2019; Mutiso et al., 2021). Strengthening community and institutional support systems will reduce adolescents' vulnerability by mitigating the negative effects of trauma, fostering adaptive coping, and enhancing protective factors.

### **Theory-Based Interventions in Adolescent Suicidality (Trauma-Linked) and its Implications**

According to the theoretical framework (Figure 1), organised treatments can slow the progression of suicide thoughts in adolescents, whereas psycho-social factors—especially traumatic events—have an impact. The shift from teenage trauma exposure to possible adverse consequences, including suicidal ideation, planning, attempts, and death by suicide, is highlighted by this paradigm. While many adolescents who are contemplating suicide hide their thoughts, others display signs including despair, increased substance use, risky conduct, panic attacks, and difficulty focussing (Klonsky & May, 2019; Franklin, Ribeiro & Fox, 2024). Another typical reaction that frequently reflects the internalisation of traumatic stress is social disengagement and isolation (Hill & Pettit, 2023). Nonetheless, proactive treatment and prevention are made possible by the combination of theory-based therapies, namely the Interpersonal Theory of Suicide (IPTS), Integrated Motivational-Volitional Model (IMV), Three-Step Theory (3ST), and Fluid Vulnerability Theory. Therefore, to reduce these risks and foster resilience, early and trauma-informed treatments are crucial (Osafo, Akotia & Hjelmeland, 2022; World Health Organization, 2023). Some modern theories of suicide offer a conceptual framework for comprehending how stressful events or traumatic experiences increase adolescents' susceptibility.

Practically speaking, the IPTS emphasises the value of school-based initiatives and peer support networks in lowering perceived burdensomeness and boosting belongingness (Joiner et al., 2020; Ma et al., 2021). The IMV emphasises the importance of motivational processes and suggests that escalation into volitional acts can be avoided by promptly identifying despondency and entrapment (Dhingra et al., 2023). Similar to this, the 3ST emphasises therapies that target psychological suffering and despair as the primary causes of suicidality, implying that mindfulness training, trauma-informed therapy, and resilience-building initiatives may lessen susceptibility (Klonsky et al., 2021).

Lastly, because vulnerability varies and can be retriggered by stresses even after initial recovery, the Fluid Vulnerability Theory promotes continuous monitoring of adolescents at risk (Bryan & Rudd, 2022). From a

conceptual standpoint, this framework emphasises how crucial it is to incorporate suicide prevention within Nigerian educational institutions and community structures. While culturally appropriate interventions, such as faith-based partnerships, can close resilience gaps made worse by stigma and inadequate support networks, school counsellors, teachers, and non-governmental organisations can act as first responders in identifying distress (Osafo et al., 2022; WHO, 2023). Therefore, this model provides useful strategies for reducing teenage suicidality in low-resource settings in addition to advancing theoretical debate.

## CONCLUSION

This study shows that traumatic events have a substantial impact on suicide thoughts among teenagers enrolled in school, although being less potent than depression. The most prominent traumatic element was found to be academic stress, which was followed by experiences of abuse and loss. This highlights the intricate relationship between grieving, unfavourable life events, and scholastic pressure in determining teenage susceptibility. Trauma is still a significant factor that cannot be disregarded, even if depression accounted for a greater percentage of the variation in suicide thoughts. These results underline the critical need for organised preventative interventions that address systemic deficiencies in psychological support, build resilience in families and schools, and integrate trauma-informed treatment. Policymakers, educators, and medical experts may create integrated initiatives that reduce the risk of suicide and promote healthy developmental trajectories for Nigerian adolescents by addressing depression and trauma at the same time.

## Author(S) Declaration

We, the undersigned authors, hereby declare that:

**Ethical Approval:** This study was conducted in accordance with the ethical standards of the Babcock University Health Research Ethics Committee (BUHREC) and the principles of the Declaration of Helsinki. Ethical approval was obtained from the Research Ethics Committee of BUHREC. Written informed consent was obtained from all participants and their guardians before participation.

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**Conflict of Interest:** The author(s) declare that there are no conflicts of interest regarding the publication of this article.

**Originality:** This research work is our original work and has not been submitted for publication elsewhere, in whole or in part.

**Authorship Contribution:** All persons who have made substantial contributions to the work reported in this manuscript are named as co-authors. Each author has participated sufficiently in the work to take public responsibility for appropriate portions of the content.

**Data Availability:** The data supporting the findings of this study are available from the corresponding author upon reasonable request.

**Plagiarism:** This manuscript has been checked for plagiarism and contains no plagiarized material. All sources used have been appropriately cited and acknowledged.

**Corresponding Author:** The corresponding author is responsible for communication regarding this manuscript and ensures that all co-authors have reviewed and approved the final version.

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