

Traumatic Life Events, Frustration and Suicidal Risks Among Undergraduate Students of Universities in Makurdi, Nigeria

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<https://doi.org/10.56201/ijssmr.vol.12no9.2026.pg784.801>

Abstract

The increasing incidence of suicidal behaviours among university students has become a major public health concern. To this end, this study examined the influence of traumatic life events and frustration on suicidal risks among undergraduate students of universities in Makurdi, Nigeria. A cross-sectional survey design was adopted for the study and sampled three hundred and eighty-one (381) undergraduates from two (2) universities in Makurdi whose ages were between 18 to 44 years with a mean age of 30.03(SD=2.17) years. Data were collected using Traumatic Life Events Questionnaire (TLEQ), Frustration Discomfort Scale (FDS), and The Columbia-Suicide Severity Rating Scale (C-SSRS). Three hypotheses were formulated and tested using simple linear regression analysis and multiple linear regression analysis. Findings revealed that traumatic life events significantly predicted suicidal risks among undergraduate students of universities in Makurdi, Nigeria. Also, frustration significantly influenced suicidal risks among the study population. Furthermore, traumatic life events and frustration jointly made a significant influence on suicidal risks among undergraduate students. The study therefore concluded that traumatic life events and frustration are significant influencers of suicidal risks among undergraduate students. The study recommends among others that, professional counsellors, clinical psychologists and mental health practitioners should organize periodic workshops and psychoeducational programmes aimed at helping undergraduate students develop healthy coping strategies for managing frustration, emotional distress, and other psychological challenges associated with university life.

Introduction

Suicidal behaviours continue to pose a serious public health challenge, with responses often hindered by stigma and reluctance to address the issue. Suicidal risk is best conceptualized as a continuum ranging from passive death wishes and active suicidal ideation to suicide planning, attempts, and death by suicide. Suicide remains a major cause of mortality among young people, being the second most common cause of mortality among people aged 15 to 29 globally (Fonseca-Pedrero et al., 2020) and among people aged 10 to 24 in many countries (WHO, 2023). Suicidal behaviour therefore requires a stepwise differentiation, ranging from suicidal ideation and threats to attempts, with death by suicide representing the most serious manifestation (Pedreira, 2019; APA, 2023). Although most suicide attempts do not result in death, they are associated with serious injury, pain and suffering, and an increased likelihood of subsequent attempts (Espandian et al., 2020). Suicidal behaviours may also intensify adolescents' broader mental health difficulties, producing considerable psychological suffering and dysfunction. Evidence from different populations indicated prevalence of suicidal behaviours among young people and university students. Choi and Bae (2020) reported that 8.5% of youths and adolescents had attempted suicide more than once in their lifetime, with participants reporting different methods, including physical injury. Among university students

in Ethiopia, suicidal behaviour was reported at 19.9%, with mental distress, family history of mental illness, and substance use identified as important correlates. Students experiencing mental distress had twice the odds of suicidal thoughts, while those with a family history of mental illness were three times more likely to report suicidal ideation. Khat chewing and alcohol use were also associated with increased likelihood of suicidal ideation (Dachew et al., 2018). In Ghana, Owusu-Ansah et al. (2020) reported a lifetime prevalence of suicide attempts of 6.3% among university students, while 15.2% reported suicidal ideation and almost one-quarter reported death wishes. Approximately 7% had made clear suicide plans, 23.8% of those who had attempted suicide had done so more than once, and 25.0% reported repeated suicidal ideation during the previous year. In Bangladesh, Rahman et al. (2022) found that 13.8% of university students reported suicidal ideation during the previous 12 months, with lower socioeconomic status, traumatic experiences, family history of suicide, and depression identified as associated factors. Evidence from Nigeria similarly indicates a substantial burden. Iweama et al. (2024), among undergraduate students recruited from universities, colleges of education and polytechnics in Adamawa Central Senatorial Zone, Adamawa State, reported a prevalence of suicidal behaviours of 34.9%, with depression, hopelessness and perceived burdensomeness identified as possible risk factors. Oladeji et al. (2021) reported suicidal ideation among adolescents ranging from 6.1% to 22.9% and suicide attempts from 3% to 12.5%, with sexual abuse, family dysfunction and food insecurity identified as important risk factors. Among adults, lifetime rates of suicidal ideation, suicide plans and attempts were 3.2%, 1.0% and 0.7%, respectively, while among older adults the corresponding rates were 4.0%, 0.7% and 0.2%. These findings demonstrate that suicidal behaviour is not restricted to a single developmental period and is influenced by psychological, social and environmental circumstances. Traumatic life experiences constitute important risk factors for suicidal behaviour (Silva et al., 2018). Although most individuals experience at least one traumatic event during their lifetime (Kessler et al., 2017; Thordardottir et al., 2015), many adjust and recover from the emotional strain associated with trauma. However, some individuals experience persistent psychological difficulties that may progress to suicidal risk. Among adolescents, physical and sexual abuse, family conflict and inadequate social support have been identified as significant risk factors for suicidal behaviours across genders (Carballo et al., 2020). Previous stressful life events may explain approximately 10–15% of the variance in suicidal behaviour (Fjeldsted et al., 2020), while childhood abuse has consistently been associated with subsequent self-harming behaviours (Szlyk, 2020; Orozco et al., 2018). Psychological trauma is therefore relevant not only because of the objective occurrence of traumatic events but also because of how individuals perceive and respond to those experiences. Evidence among adults indicates that, during depressive episodes, subjective perceptions of stressful life events may be more strongly related to suicidal behaviours than the objective number of stressful events experienced (Szlyk, 2020). Adolescence and emerging adulthood are particularly important periods because daily stressors such as poor academic performance, school dropout, acute stress and poor quality of life may become significant stressful experiences that increase vulnerability to self-harming behaviours (Orozco et al., 2018; Balazs et al., 2018). Trauma-related psychopathology is also associated with suicidality. Ford and Gomez (2015) and Panagioti et al. (2015) reported links between post-traumatic stress disorder following trauma and suicidality, although the level of risk can vary according to the type of traumatic event (Kessler et al., 2017). Adverse and traumatic childhood experiences have similarly been associated with increased risks of suicidal ideation and attempts (Afifi et al., 2016). Non-interpersonal traumatic experiences, including the loss of a loved one, may also increase the risk of self-injury, suicide attempts and suicide (Dworkin et al., 2022). Yoo et al. (2018), for example, reported suicidal ideation or attempts among 27.25% of individuals

exposed to sexual assault compared with 9.37% among those without such experiences. Despite this evidence, knowledge regarding how specific types of traumatic events predict suicidality remains limited, particularly with respect to gender.

Frustration represents another psychological construct relevant to suicidal behaviour. It is a negative emotional state that occurs when individuals perceive obstruction in achieving personal goals, needs or expectations. Among university students, frustration may arise from academic overload, poor academic performance, financial hardship, unclear personal goals, interpersonal conflicts, limited coping resources and perceived lack of control over life circumstances. When these frustrations accumulate in the absence of adequate coping mechanisms or social support, students may perceive their circumstances as unbearable, thereby increasing vulnerability to suicidal risk (Uyann, 2022). Iweama et al. (2024) similarly indicated that students experiencing frustration arising from academic failure, unmet aspirations and emotional disappointment report higher levels of suicidal ideation. International evidence further suggests that frustration intolerance, emotional dysregulation and persistent feelings of defeat are associated with suicidal thoughts among university students (Rexrode et al., 2021; Mortier et al., 2022).

Statement of The Problem

Suicidal risk among undergraduate students has become a mental health concern in Nigeria and worldwide. It reflects serious psychological distress and may adversely affect students' academic engagement, concentration, motivation, social relationships and overall well-being. The problem is particularly important among undergraduates because late adolescence and young adulthood involve major developmental, academic and social challenges that may exceed students' coping capacities. Traumatic life events such as childhood abuse, sexual assault, domestic violence, parental loss, neglect and community violence may increase vulnerability to suicidal risk by contributing to helplessness, emotional dysregulation, intrusive memories and social isolation. Similarly, persistent frustration arising from academic difficulties, unmet goals, financial hardship, relationship problems and institutional pressures may produce emotional exhaustion, irritability and feelings of being trapped or unable to cope, thereby increasing suicidal vulnerability. Despite these challenges, access to adequate mental-health support and early identification services remains limited in many Nigerian universities. Students experiencing trauma and persistent frustration may therefore suffer without timely psychological assistance. Although previous studies have linked traumatic experiences and frustration with suicidal behaviour, empirical evidence on their combined contribution to suicidal risk among undergraduate students in Makurdi remains limited. This gap necessitates an investigation of traumatic life events and frustration as factors associated with suicidal risk among undergraduate students in Makurdi, Nigeria.

Literature Review

Traumatic Life Events and Suicidal Risks

Eshun et al. (2025) investigated the relationship between childhood traumatic experiences and suicidal ideations among university students in Ghana. The research utilised a correlational design. Data were collected from a sample of 226 university students using the Childhood Traumatic Events Scale (CTES) and the Beck Scale for Suicide Ideation (BSSI). The data was analysed using Pearson correlation and descriptive statistics. Descriptive statistics revealed that majority of students (83.6%) reported moderate levels of suicidal ideation, with females ($M=8.83$, $SD=8.13$) significantly higher than males ($M=6.72$, $SD=6.24$), as confirmed by an independent samples t-test. A positive, significant relationship between childhood traumatic experiences and suicidal ideation was found, supporting the notion that childhood trauma is a

key predictor of suicidal thoughts. The findings suggest that both childhood trauma and mental health conditions like anxiety and depression contribute significantly to suicidal ideation among university students. These results highlight the need for gender-sensitive and trauma-informed interventions to support mental health, reduce suicidal ideation, and address the psychological impact of childhood trauma. Zhao et al. (2015) summarized risk factors for suicidal ideation, planning, and attempts among college students through a review and meta-analysis. The study systematically searched six electronic databases from inception to May 18, 2024, to identify longitudinal studies of factors associated with suicidal ideation, planning, and attempts among college students. The effect sizes of the risk factors were pooled using a random effects model. Based on the results of the meta-analysis, we developed a risk prediction model for suicidal ideation among college students. Thirty-three studies involving 193,517 college students were included. The study identified 18 risk factors, such as sexual orientation and traumatic experiences, and identified two protective factors, namely, social support and positive coping. Suicidal ideation is considered an important precursor to suicide. The study developed a predictive model for suicidal ideation with the results of the meta-analysis. The review demonstrated the importance of several risk and protective factors for suicidal ideation, planning, and attempts among college students. A predictive model was developed based on the results of this meta-analysis, thus providing novel insights for translating evidence into clinical practice. Howarth et al. (2020) examined the prospective relationship between stressful life events and subsequent suicidal ideation and behaviours. Five databases were searched from inception to April 2019. Eligible studies included observational, quantitative longitudinal cohort studies with adult or adolescent samples. A random-effects meta-analysis model was used to examine the prospective relationship between stressful life events and subsequent suicidal ideation and behaviours. Sub-group analyses examined moderating factors. Eight studies were identified in the systematic review, and seven studies comprising 2,639 participants were included in the meta-analysis. Six studies investigated suicidal ideation and one investigated suicidal behaviours. Stressful life events were associated with 37% higher odds of subsequently reported suicidal ideation and behaviours combined, and a 45% increased risk for suicidal ideation. This association was stronger in males, young adults, and studies with shorter term follow-up. Stressful life events were shown to increase the risk of subsequently reported suicidal ideation and behaviours. These findings suggested that the experience of stressful life events should be incorporated into clinical suicide risk assessments and suicide interventions could include a component on developing resilience and adaptive coping to stressful life events. Beristianos et al. (2016) determined the association between trauma exposure and suicidal ideation in a nationally representative ethnically diverse sample of adults. The study included 14,866 White, Hispanic, Black and Asian participants 18 years and older involved in the Collaborate Psychiatric Epidemiology Surveys (2001-2003), comprised of three nationally representative studies (NCS-R, NSAL, and NLAAS). Lifetime history of suicidal ideation as assessed in the World Health Organization's World Mental Health Survey Initiative version of the Composite International Diagnostic Interview (WMH-CIDI). Of the 81% respondents who reported being exposed to trauma as assessed in the WMH-CIDI, 12.1% endorsed lifetime suicidal ideation. Additionally, of the 19% who did not report trauma, 1.1% endorsed lifetime suicidal ideation. Fully adjusted, multivariable logistic regression models revealed two traumas consistently associated with significantly higher odds for suicidal ideation across all four racial groups examined: Assaultive/interpersonal violence and child maltreatment. Asians, in particular, had the highest likelihood for suicidal ideation in both trauma categories, with a near threefold increased odds for assaultive/interpersonal violence exposure and nearly ninefold increased odds for child maltreatment exposure. Suicidal ideation in racially/ethnically diverse American adults is strongly associated with

assaultive/interpersonal violence and child maltreatment, independent of PTSD, MDD, and substance use. Findings highlight the need for monitoring of suicidal behavior following assaultive/interpersonal trauma and child maltreatment, regardless of the presence of a psychiatric disorder.

Frustration and Suicidal Risks

Umanhonlen and Animasahun (2025) investigated the influence of social frustration, gender, and social support on suicidal ideation among in-school adolescents in Ibadan, Nigeria. Using a descriptive survey design, the study was conducted across three randomly selected public secondary schools in Ibadan North, Ibadan Southwest, and Ibadan North-East Local Government Areas. A total of 300 adolescents were purposively selected based on high volumes of respondents from each school, after screening. Data was collected using the Suicidal Ideation Scale for Adolescents, the Social Frustration Scale, and the Social Support Scale. Descriptive statistics, Pearson correlation, and multiple regression analysis were used to analyse the data. The findings revealed that social frustration significantly predicted suicidal ideation, while social support had a protective effect, reducing the likelihood of suicidal thoughts. Gender did not have a significant influence on suicidal ideation. The regression model demonstrated that social frustration and social support were significant predictors of suicidal ideation, while gender did not contribute significantly. The study highlighted the need for targeted interventions that address social frustration and promote social support among adolescents, as these factors play crucial roles in mental health outcomes. The limitations of the study included its cross-sectional design, reliance on self-reported data, and limited sample size. Future research should adopt longitudinal designs and consider additional influencing factors such as family dynamics and peer relationships to gain a more comprehensive understanding of suicidal ideation among adolescents.

Nieto-Casado (2024) tested an integrative model linking experiences of need frustration and need satisfaction with suicidal ideation through a risk-enhancing (via anxious-depressive symptoms) and a risk-reducing pathway (via positive cognitions) in adolescents. The generalizability of the model based on the clinical status of the participants was also explored. A matched sample of referred ($n = 210$) and non-referred ($n = 210$) adolescents aged between 12 and 17 years old completed self-report measures of psychological need-based experiences, suicidal ideation, positive cognitions, and anxious-depressive symptoms. Structural equation modeling was used to explore the proposed model. Mediation analysis showed that need frustration was positively associated with suicidal ideation through anxious-depressive symptoms, while need satisfaction was negatively associated with suicidal ideation through positive cognitions. Invariance analysis pointed to limited differences in the model associations as a function of clinical status. These findings suggested the relevance of consider need frustration and need satisfaction in explaining suicidal ideation. The integration of risk and protective factors and the study of the generalizability of the data across the clinical status of adolescents provide preliminary implications for the development of interventions to prevent suicidal ideation.

Okechukwu et al. (2022) examined the moderating roles of coping and resilience in the relationship between academic stress and suicidal ideation. The study used a cross-sectional design to sample 505 participants (329 males and 176 females) from three southern Nigerian universities. Participants who willingly indicated their participatory consent were administered a paper self-report questionnaire containing the Lakaev Academic Stress Response Scale (LASRS), Scale for Suicidal Ideation (SSI), Brief COPE (B-COPE), and Resilience Scale (RS-14). Hierarchical regression analysis was used to test the hypotheses of the study. Academic stress was found to be positively associated with suicidal ideation, whereas resilience was found to be negatively associated with suicidal ideation. Suicidal ideation had no significant correlation with adaptive coping style,

but it did have a significant correlation with maladaptive coping ($r = .15$; $p = .001$). The regression-based PROCESS macro showed that academic stress was a significant predictor of coping. Academic stress was positively associated with suicidal ideation at low or moderate levels of adaptive coping styles. At high levels of adaptive coping styles, the association between academic stress and suicidal ideation was not significant. However, resilience negatively predicted suicidal ideation with academic stress showing a positive association with suicidal ideation at low and moderate levels of resilience, but for those with high resilience, academic stress was not associated with suicidal ideation. It is therefore recommended that educational administrators, policy makers, lecturers, teachers, and tutors incorporate courses, teachings, and sessions that foster as well as inculcate resilience and efficient coping skills in pupils and students.

Traumatic Life Events, Frustration and Suicidal Risks

Yarar et al. (2022) investigated gender differences in the impact of childhood trauma and current trait anger on suicide risk, in a group of young Turkish adults. The study hypothesized that trait anger would mediate the association between childhood trauma and suicide risk, independently of gender. Participants were 589 university students (84.3% women) aged 18–34 years ($M = 21.43$, $SD = 1.82$). Gender group differences in suicide risk, history of childhood trauma, and trait anger as well as possible covariates (i.e., self-rated socio-economic status and academic performance) were assessed. Possible predictors of suicide risk in gender groups were examined. The role of trait anger as a mediator of the relationship between childhood trauma and suicide risk was also examined. Results showed that men reported a higher suicide risk, history of childhood trauma, and trait anger than women. Early childhood trauma and current trait anger scores were significant predictors of suicide risk in both gender groups. Trait anger significantly mediated the relationship between early trauma history and risk for suicide, independently of gender. Study findings support early reports of the effects of childhood trauma and trait anger on suicide risk. It was suggested that preventive interventions for suicidal behavior and monitoring risk groups with aggressive tendencies and childhood trauma history may be important. Fjeldsted (2020) investigated the association of childhood trauma and current stressful life events with suicidal behavior and improve identification of suicidality in psychiatric outpatients. The Childhood Trauma Questionnaire (CTQ), the Stressful Life Events (SLE) questionnaire, and the Suicide Behaviors Questionnaire-Revised (SBQ-R) were administered to 103 psychiatric outpatients (77% women). We employed binary logistic regression analysis to estimate the statistical risk of suicide attempt for patients being exposed to childhood trauma and the influence of recent stressful life events. A ROC-analysis was used to estimate the ability of CTQ to predict suicidal behavior. A substantial association between suicidal behavior and severe childhood trauma was found ($OR = 3.68$), whereas no significant association was found for recent stressful life events. The result was tested against possible confounding demographic factors (sex, age, job status, educational level and marital status). Childhood trauma was found to explain around 15% of the total variance in suicidality. The findings partially supported our hypothesis that childhood traumas (but not recent stressful life events) may play a substantial role in suicidality, and therefore assessment of childhood trauma may contribute to the detection of suicidal behavior in a psychiatric outpatient population. However, longitudinal research and replication in other populations are warranted for more conclusive findings. Gawęda et al. (2019) investigated the interplay between childhood trauma, cognitive biases, psychotic-like experiences (PLEs) and depression in predicting suicidal behaviors in a non-clinical sample of young adults. 3495 young adults were recruited to an online Computer Assisted Web Interview. The study used the Prodromal Questionnaire (PQ-16) to assess PLEs. Childhood trauma was assessed with the Traumatic Experience Checklist

(TEC, three items) and Childhood Experience of Care and Abuse Questionnaire (CECA.Q, three items). Cognitive biases were assessed with a short version of the Davos Assessment of Cognitive Biases Scale (DACOBS). Suicidality, psychiatric diagnoses, and substance use were screened with a self-report questionnaire. Results indicated that childhood trauma, as well as PLEs, was associated with an approximately five-fold increased risk of suicidal thoughts and plans as well as suicide attempts. Participants with depression were six times more likely to endorse suicidal behaviors. Path analysis revealed that PLEs, depression and cognitive biases are significant mediators of the relationship between trauma and suicidal behaviors. The model explained 44.6% of the variance in lifetime suicidality. It was concluded that cognitive biases, PLEs, and depression partially mediate the relationship between childhood trauma and suicidal behaviors. The interplay between distal and proximal markers should be recognized and become part of clinical screening and therapeutic strategies for preventing risk of suicidality.

Hypotheses

The study was guided by the following hypotheses.

- i. There will be a significant influence of traumatic life events on suicidal risks among undergraduate students of universities in Makurdi, Nigeria.
- ii. Frustration will significantly influence suicidal risks among undergraduate students of universities in Makurdi, Nigeria.
- iii. Traumatic life event and frustration will jointly influence suicidal risks significantly among undergraduate students of universities in Makurdi, Nigeria.

Method

Design

This study adopted a cross-sectional survey design. A cross-sectional survey designs do not manipulate variables but offer the opportunity for data to be drawn across numerous samples at one point in time. This type of design was considered appropriate because it allows for the collection of data from a large sample of undergraduates at a single point in time and as well, the variables under cannot be manipulated.

Population

The total number of undergraduate students from Joseph Sarwuan Tarka was 18, 204 (Directorate of Information and Communication Technology, 2025) while that from Rev. Fr. Moses Orshio Adasu University was 25, 848 (Management Information System Unit; Directorate of ICT, 2025). This gives a total of 44, 052 students for the 2024/2025 academic session of the two institutions. However, not all the departments in these institutions were sampled, therefore the total number of students in the selected departments in Joseph Sarwuan Tarka University are 2800 while that from Rev. Fr. Moses Orshio Adasu University are 7604. This gives a total population used as 10404.

Sample Size Determination

The sample for this study was determined using the Krejcie and Morgan's (1970) sample determination formula. The formula is illustrated below;

$$S = \frac{X^2 NP(1-p)}{d^2(N-1) + X^2 P(1-P)}$$

Where;

S= required sample size

X = value (i.e. 1.96 for 95% confidence level)

N = population size

P = population proportion (expressed as a decimal)

d = degree of accuracy assigned to be 0.5 i.e. (5% expressed as a proportion of the margin of error)

therefore, the working is shown below;

$$\begin{aligned}
 &= \frac{1.96^2 \times 44052 \times 0.5(1 - 0.5)}{0.05^2(44052 - 1) + 1.96^2 \times 0.5(1 - 0.5)} \\
 &= \frac{3.84 \times 44052 \times 0.25}{0.0025 \times 44051 + 3.84 \times 0.25} \\
 &= \frac{42289.92}{110.1275 + 0.96} \\
 &= \frac{42289.92}{111.0875} \\
 &= 380.6
 \end{aligned}$$

$$S \approx 381$$

Therefore, based on the sample size determination formula, a sample of 381 students were used for the study.

Sampling Technique

This study employed a multi-stage sampling technique. This technique involved selection of participants in stages using smaller sampling units at each stage. At the first stage, proportionate sampling was adopted to ascertain the number of participants to be sampled from each of the two institutions. The sample size for the study was 381 and out of this number, 102.5 were sampled from Joseph Sarwuan Tarka University while 278.5 students were sampled from Rev. Fr. Moses Orshio Adasu University with respect to the selected departments. The sampling was drawn as illustrated below;

$$\text{Joseph Sarwuan Tarka University } \frac{2800}{10404} \times \frac{381}{1} = 102.5$$

$$\text{Rev. Fr. Moses Orshio Adasu University } \frac{7604}{10404} \times \frac{381}{1} = 278.5$$

In the selection of colleges, faculties and departments, the researcher used simple random sampling technique. This was done using balloting by writing the names of the colleges/faculties of the institutions on pieces of papers with Yes/No inscription, squeezed and dropped in a container. The colleges/faculties picked with the inscription of yes were selected for consideration. The same process was done in the selection of departments from each of the faculties selected. A research assistant was asked to pick randomly from the pool of squeezed papers. Each department chosen was considered for the selection of participants. Finally, proportionate sampling was used to ascertain the number of participants to be drawn from each department while accidental sampling (google form and physical contact) was used to sample students across the departments selected in the study.

The proportionate calculation is shown below;

Joseph Sarwuan Tarka University:

Animal Production	-	$\frac{383}{2800} \times \frac{102.5}{1} = 14.02 \approx 14.0$
Home Economics Education	-	$\frac{198}{2800} \times \frac{102.5}{1} = 7.24 \approx 7.2$
Electrical and Electronic Engineering	-	$\frac{388}{2800} \times \frac{102.5}{1} = 14.20 \approx 14.2$
Agribusiness Management	-	$\frac{200}{2800} \times \frac{102.5}{1} = 7.32 \approx 7.3$
Crop and Soil Science	-	$\frac{200}{2800} \times \frac{102.5}{1} = 7.32 \approx 7.3$
Biochemistry	-	$\frac{237}{2800} \times \frac{102.5}{1} = 8.67 \approx 8.7$
Pre-Primary Science	-	$\frac{171}{2800} \times \frac{102.5}{1} = 6.25 \approx 6.3$

Food Science and Technology	-	$\frac{181}{2800} \times \frac{102.5}{1} = 6.62 \approx 6.6$
Forestry	-	$\frac{381}{2800} \times \frac{102.5}{1} = 13.94 \approx 13.9$
Mathematics/Computer Science	-	$\frac{461}{2800} \times \frac{102.5}{1} = 16.87 \approx 16.8$

Therefore, 102.5 students will be sampled from Joseph Sarwuan Tarka University Makurdi.

Rev. Fr. Moses Orshio Adasu University Makurdi

History	-	$\frac{323}{7604} \times \frac{278.5}{1} = 11.83 \approx 11.8$
Human Physiology	-	$\frac{561}{7604} \times \frac{278.5}{1} = 20.54 \approx 20.5$
Communication	-	$\frac{3606}{7604} \times \frac{278.5}{1} = 132.07 \approx 132.1$
Educational Management	-	$\frac{101}{7604} \times \frac{278.5}{1} = 3.69 \approx 3.7$
Geography	-	$\frac{230}{7604} \times \frac{278.5}{1} = 8.42 \approx 8.4$
LL.B (Law)	-	$\frac{810}{7604} \times \frac{278.5}{1} = 29.66 \approx 29.7$
Finance	-	$\frac{202}{7604} \times \frac{278.5}{1} = 7.39 \approx 7.4$
Pharmacy	-	$\frac{47}{7604} \times \frac{278.5}{1} = 1.72 \approx 1.7$
Biological Science	-	$\frac{481}{7604} \times \frac{278.5}{1} = 17.61 \approx 17.6$
Political Science	-	$\frac{1177}{7604} \times \frac{278.5}{1} = 43.10 \approx 43.1$
Home Education	-	$\frac{66}{7604} \times \frac{278.5}{1} = 2.41 \approx 2.4$

Thus, 278.5 students will be sampled from Rev. Fr. Moses Orshio Adasu University Makurdi.

Participants

The participants for the study comprised of 381 undergraduate students which were sampled from two (2) universities (Joseph Sarwuan Tarka University and Rev. Fr. Moses Orshio Adasu University) all in Makurdi-Nigeria. Their ages ranged between 18 to 44 years with a mean age of 30.03 years (SD = 2.17). The distribution of participants by department revealed that 14 (3.7%) were from Animal Production, 7 (1.8%) were from Home Economics Education, 14 (3.7%) were from Electrical and Electronic Engineering, 7 (1.8%) were from Agribusiness Management, 7 (1.8%) were from Crop and Soil Science, 9 (2.4%) were from Biochemistry, 6 (1.6%) were from Pre-Primary Science, 6 (1.6%) were from Food Science and Technology, 13 (3.4%) were from Forestry, 16 (4.2%) were from Mathematics/Computer Science, 12 (3.1%) were from History, 20 (5.2%) were from Human Physiology, 132 (34.6%) were from Communication, 4 (1.0%) were from Educational Management, 8 (2.1%) were from Geography, 28 (7.3%) were from LL.B (Law), 7 (1.8%) were from Finance, 2 (0.5%) were from Pharmacy, 17 (4.5%) were from Biological Science, 48 (12.6%) were from Political Science, while 4 (1.0%) were from Home Education. Furthermore, the results showed that 102 (26.8%) participants were from Joseph Sarwuan Tarka University, Makurdi (JOSTUM), while 279 (73.2%) were from Rev. Fr. Moses Orshio Adasu University, Makurdi (MOAUM).

Instruments

Traumatic Life Events Questionnaire (TLEQ): Traumatic Life Events Questionnaire (TLEQ) is a comprehensive self-report instrument developed by Kubany et al. (2000) to assess lifetime exposure to traumatic life events in accordance with DSM-based trauma definitions. The scale consists of 23 core items, some versions of the TLEQ include follow-up questions that assess the frequency, age of occurrence, and perceived threat to life or physical integrity,

thereby allowing for a nuanced assessment of cumulative and chronic trauma exposure. Responses on the TLEQ are primarily structured in a Likert-type frequency format, typically ranging from 0 (Never) to 5 (More than five times), depending on the event type. For certain items, respondents indicate whether the event occurred and how many times it happened, rather than rating agreement or intensity. Higher scores reflect greater exposure to traumatic life events. The instrument demonstrated strong reliability and validity across diverse populations. Kubany et al. (2000) reported excellent test–retest reliability, with coefficients ranging from .86 to .89, indicating high stability of reported trauma exposure over time.

Frustration Discomfort Scale (FDS-28): This scale was developed by Harrington (2005b) and consists of 28 items. Participants are asked to rate the strength with which they hold certain beliefs on a 5-point Likert-type scale (1 = absent, 2= mild, 3= moderate, 4= strong, 5= Very strong). The scale has four subscales (emotional intolerance, entitlement, Discomfort intolerance, and achievement) with seven items in each scale. reliability and validity studies were reported for both student and clinical samples (Harrington, 2005b); Cronbach’s alpha was .94 for the full scale, .88 for discomfort intolerance, .85 for entitlement, .87 for emotional intolerance, and .84 for the achievement frustration. The subscales showed unique relationships with specific psychological problems, and evidence of convergent and divergent validity.

The Columbia–Suicide Severity Rating Scale (C-SSRS): The Columbia–Suicide Severity Rating Scale (C-SSRS) is a structured suicidal risk assessment instrument developed by Posner et al. (2011) at Columbia University in collaboration with the University of Pennsylvania and was formally introduced in 2011. The scale was designed to address longstanding limitations in suicide assessment by providing a standardized, operationalized and clinical sensitive measure capable of distinguishing varying levels of suicidal ideation and behaviour across different populations and settings. The scale is comprised of several versions (screeners, short form, and full baseline version), but all versions assess the same core domains. The full baseline version, which is mostly described in academic literature, contains approximately 18 core items organized into four major sections: severity of suicidal ideation, intensity of suicidal ideation, suicidal behavior, and lethality of attempts. The severity of suicidal ideation section consists of five hierarchical items, ranging from a passive wish to be dead to active suicidal ideation with specific plan and intent. The intensity of ideation section further explores characteristics such as frequency, duration, controllability, deterrents, and reasons for ideation. The suicidal behavior section assesses actual attempts, interrupted attempts, aborted attempts, and preparatory acts, while the lethality section evaluates the medical seriousness of suicide attempts. The C-SSRS does not use a traditional Likert-type scale (e.g., strongly agree to strongly disagree). Instead, most items are scored using dichotomous (Yes/No) responses, ordinal severity ratings, or clinician-rated categorical judgments. For example, suicidal ideation severity is rated on an ordinal scale from 1 to 5, reflecting increasing clinical severity, while intensity characteristics are rated on graded response options (e.g., frequency from “less than once a week” to “many times each day”). The psychometric properties of the C-SSRS indicated an excellent inter-rater reliability with coefficients of 0.90 which indicate strong consistency between trained assessors. The scale also shows high test–retest reliability which support its temporal stability when suicidal status remains unchanged.

Procedure

This study was carried out among undergraduate students of universities in Makurdi metropolis, precisely Joseph Sarwuan Tarka University and Rev. Fr. Moses Orshio Adasu University. The researcher obtained letters of introduction from the Head, Department of

Psychology Rev. Fr. Moses Orshio Adasu University, Makurdi and were submitted to the Registrars of the above-named institutions to obtain approval to collect data among undergraduate students. In line with the ethical guidelines of research in Psychology, the consent of students was sought before the administration of questionnaire was carried out. The researcher recruited and trained research assistants in each of the department selected to help administer questionnaires among students. Students were contact in lecture halls while waiting for lectures, others in students' relaxation parks and hostels. The researcher administered three hundred and eighty-five (385) copies questionnaire to undergraduate students. An interval of forty-five (45) minutes were given to each participant to respond and return the questionnaire. In the end, three hundred eighty-three (383) were returned while three hundred and eighty-one (381) were considered for data analysis.

Data Analysis

The data for this study was analyzed using both descriptive and inferential statistics. The researcher used descriptive statistics including frequencies and simple percentages, mean and standard deviation to summarize data on the demographic characteristics of respondents. On the other hand, Multiple linear regression analysis was used in testing hypothesis one, simple linear regression analysis was used in testing hypothesis two and standard multiple regression analysis was used in testing hypothesis three. The analytical process was conducted using Statistical Package for Social Sciences (SPSS) Version 25.

Results

Hypothesis I: This hypothesis stated that traumatic life events will significantly influence suicidal risks among undergraduate students of universities in Makurdi, Nigeria. The result was tested using simple linear regression analysis and the result is presented in table 1.

Table 1: Simple linear regression analysis showing the influence of traumatic life events on suicidal risks among undergraduate students of universities in Makurdi, Nigeria

Variables	R	R ²	df	F	β	t	Sig.
Constant	.777	.604	1,379	57.224		41.147	.000
Traumatic life events					.777	24.025	.000

The result presented in Table 1 revealed that traumatic life events significantly influenced suicidal risks among undergraduate students of universities in Makurdi, Nigeria [$R = .777$, $R^2 = .604$, $F(1,379) = 57.224$; $p < .01$]. The result further indicated that traumatic life events accounted for 60.4% of the variance in suicidal risks among undergraduate students. This means that traumatic life events are significant determinants of suicidal risks among undergraduate students. This indicates that as scores on traumatic life events increase, suicidal risks increase and vice versa. Based on this finding, hypothesis one was retained.

Hypothesis II: This hypothesis stated that frustration will not significantly influence suicidal risks among undergraduate students of universities in Makurdi, Nigeria. The hypothesis is tested using simple linear regression analysis and the result is presented in table 2.

Table 2: Simple linear regression analysis showing the influence of frustration on suicidal risks among undergraduate students of universities in Makurdi, Nigeria

Variables	R	R ²	df	F	β	t	Sig.
Constant	.382	.146	1,379	64.748		9.644	.000
Frustration					.382	8.047	.000

The result presented in Table 2 revealed that frustration significantly influenced suicidal risks among undergraduate students of universities in Makurdi, Nigeria [$R = .382$, $R^2 = .146$, $F(1,379) = 64.748$; $p < .01$]. The result further indicated that frustration accounted for 14.6% of the variance in suicidal risks among undergraduate students. This means that an increase in frustration will result in an increase in suicidal risks among undergraduate students, while a decrease in frustration will result in a decrease in suicidal risks. Based on this finding, hypothesis two was retained.

Hypothesis III: Hypothesis three of this study stated that traumatic life events and frustration will jointly influence suicidal risks significantly among undergraduate students of universities in Makurdi, Nigeria. The result is tested using standard multiple regression analysis and it is presented in in table 3.

Table 3: Standard multiple regression analysis showing the joint influence of traumatic life events and frustration on suicidal risks among undergraduate students of universities in Makurdi, Nigeria

Variables	R	R ²	df	F	β	t	Sig.
Constant	.854	.730	2,378	59.814		33.269	.000
Traumatic Life Events					.764	28.560	.000
Frustration					.355	13.265	.000

The result presented in Table 3 indicated that traumatic life events and frustration jointly influenced suicidal risks significantly among undergraduate students of universities in Makurdi, Nigeria [$R = .854$, $R^2 = .730$, $F(2,378) = 509.814$; $p < .01$]. The result further indicated that traumatic life events and frustration jointly accounted for 73.0% of the variance in suicidal risks among undergraduate students. The result also indicated that traumatic life events ($\beta = -.764$, $t = -28.560$; $p < .01$) made the highest independent contribution to changes in suicidal risks among undergraduate students, while frustration ($\beta = .355$, $t = 13.265$; $p < .01$) also made a significant independent contribution to the model. This means that traumatic life events and frustration are significant predictors of suicidal risks among undergraduate students. Based on this finding, hypothesis three was retained.

Discussion

The first hypothesis stated that there would be a significant influence of traumatic life events on suicidal risks among undergraduate students of universities in Makurdi, Nigeria. The finding revealed that traumatic life events significantly influenced suicidal risks among undergraduate students. This implies that traumatic life events are important determinants of suicidal risks among university students. Students who experience traumatic events such as the loss of loved ones, physical or emotional abuse, serious accidents, family instability, violence, or other adverse life experiences are more likely to develop suicidal thoughts and behaviours. Exposure to such traumatic experiences may overwhelm students' coping abilities, resulting in hopelessness, emotional distress, and an increased tendency toward suicidal risks. Although the regression coefficient was negative due to the coding of the study variables, the result clearly indicates that traumatic life events significantly predict suicidal risks among undergraduate students. The present finding is consistent with the study of Eshun et al. (2025) who found a significant positive relationship between childhood traumatic experiences and suicidal ideation among university students in Ghana. The authors concluded that traumatic experiences constitute a major predictor of suicidal thoughts and recommended trauma-informed interventions to improve students' mental health. Similarly, Arias et al. (2025) reported that childhood trauma, particularly emotional abuse, significantly predicted suicidal ideation, suicide attempts and non-suicidal self-injury among adolescents in Spain. Depression

and emotional abuse emerged as major predictors of suicidal behaviour. The finding also corroborates the meta-analysis conducted by Zhao et al. (2025) which identified traumatic experiences as one of the major risk factors associated with suicidal ideation, planning and attempts among college students. The review emphasized that traumatic experiences significantly increase the likelihood of suicidal behaviour among university students. Likewise, Howarth et al. (2020) found that stressful life events significantly increased the risk of subsequent suicidal ideation and suicidal behaviours among adolescents and adults. Their meta-analysis demonstrated that individuals exposed to stressful life events were substantially more likely to report suicidal thoughts than those without such experiences. Furthermore, Beristianos et al. (2016) reported that exposure to traumatic events, especially assaultive violence and childhood maltreatment, significantly increased the likelihood of suicidal ideation across different racial groups. The researchers recommended routine monitoring of suicide risk among individuals with histories of traumatic experiences. The second hypothesis stated that frustration would significantly influence suicidal risks among undergraduate students of universities in Makurdi, Nigeria. The finding revealed that frustration significantly influenced suicidal risks among undergraduate students. This implies that frustration is an important psychological factor associated with suicidal risk among university students. Frustration may arise when students are unable to achieve important goals or satisfy personal needs because of academic difficulties, financial challenges, interpersonal problems and other life pressures. Persistent frustration may produce emotional distress, hopelessness, helplessness and feelings of being unable to cope, thereby increasing vulnerability to suicidal thoughts and behaviours. The finding therefore suggests that undergraduate students experiencing higher levels of frustration may be more vulnerable to suicidal risk than those experiencing lower levels of frustration. The present finding is supported by Umanhonlen and Animasahun (2025), who investigated the influence of social frustration, gender and social support on suicidal ideation among in-school adolescents in Ibadan, Nigeria. Using a sample of 300 adolescents and measures of suicidal ideation, social frustration and social support, the researchers found that social frustration significantly predicted suicidal ideation, while social support had a protective effect. The finding is relevant to the present study because it demonstrates that frustration constitutes a significant psychological factor in suicidal vulnerability within the Nigerian context. Similarly, Rahman and Rifat (2024) examined depression, career frustration and suicidal tendencies among students from two public universities in Bangladesh using mixed methods involving 350 students and 10 case studies. Their findings showed that depression and career frustration were associated with suicidal tendencies among university students. This supports the present finding by demonstrating that frustration arising from difficulties surrounding students' academic and career aspirations may contribute to suicidal outcomes. The finding is further supported by Nieto-Casado et al. (2024), who examined the relationship between psychological need frustration and suicidal ideation among adolescents. Using structural equation modelling, they found that need frustration was positively associated with suicidal ideation through anxious-depressive symptoms, whereas need satisfaction was associated with reduced suicidal ideation through positive cognitions. This suggests that when important psychological needs remain frustrated, the resulting emotional difficulties may increase vulnerability to suicidal thoughts. The present finding also agrees with Okechukwu et al. (2022), who examined the relationship between academic stress and suicidal ideation among students in three southern Nigerian universities. Their findings showed that academic stress was positively associated with suicidal ideation, while resilience was negatively associated with suicidal ideation. They further found that the relationship between academic stress and suicidal ideation was weaker among students with higher levels of adaptive coping and resilience. Although the study examined academic stress rather than frustration directly, its

findings support the present result by showing that persistent academic pressures and difficulties coping with them can increase students' vulnerability to suicidal ideation.

The third hypothesis stated that traumatic life events and frustration will jointly influence suicidal risks significantly among undergraduate students of universities in Makurdi, Nigeria. The finding revealed that traumatic life events and frustration jointly influenced suicidal risks significantly among undergraduate students. This implies that exposure to traumatic experiences combined with persistent frustration may constitute an important psychological vulnerability to suicidal risk. Students who experience traumatic events may subsequently encounter emotional difficulties, while continuing academic, financial, interpersonal or personal frustrations may further intensify their psychological distress. The combined burden of traumatic experiences and frustration may therefore reduce effective coping and increase vulnerability to suicidal thoughts and behaviours. The present finding is supported by Yarar et al. (2022), who investigated the effects of childhood trauma and current trait anger on suicide risk among 589 university students in Turkey. The study found that childhood trauma and trait anger were significant predictors of suicide risk, while trait anger significantly mediated the relationship between childhood trauma and suicide risk. The findings demonstrate that the effects of traumatic experiences may be intensified through negative emotional states, supporting the present finding that traumatic experiences and adverse emotional conditions can jointly contribute to suicidal vulnerability. Similarly, Fjeldsted (2020) examined childhood trauma and current stressful life events in relation to suicidal behaviour among psychiatric outpatients. The study found a substantial association between severe childhood trauma and suicidal behaviour, with an odds ratio of 3.68, and childhood trauma explained approximately 15% of the variance in suicidality. Although recent stressful life events were not significantly associated with suicidal behaviour in that study, the findings provide evidence that traumatic experiences can constitute an important independent source of suicidal vulnerability. The finding is further supported by Gawęda et al. (2019), who examined the interplay between childhood trauma, cognitive biases, psychotic-like experiences and depression in predicting suicidal behaviours among 3,495 young adults. Their findings showed that childhood trauma was associated with an approximately five-fold increased risk of suicidal thoughts, plans and attempts. Depression and other psychological factors also contributed to the relationship between trauma and suicidal behaviours, with the overall model explaining 44.6% of the variance in lifetime suicidality. This supports the present finding by showing that traumatic experiences may interact with subsequent psychological difficulties to increase suicidal vulnerability. Their findings demonstrated that students exposed to greater stress were more vulnerable to suicidal ideation when adaptive coping and resilience were low. Although the study did not directly examine traumatic life events, it provides relevant evidence that ongoing stressful or frustrating circumstances can compound psychological vulnerability and contribute to suicidal outcomes among Nigerian university students.

Conclusion

Based on the findings obtained from the test of the hypotheses, it was concluded that traumatic life events are a significant determinant of suicidal risks among undergraduate students of universities in Makurdi, Nigeria, indicating that exposure to adverse and distressing life experiences increases students' vulnerability to suicidal thoughts and behaviours. Similarly, frustration was found to significantly influence suicidal risks, suggesting that students who experience persistent frustration are more likely to develop suicidal tendencies. Furthermore, the study established that traumatic life events and frustration jointly influenced suicidal risks significantly among undergraduate students. This finding demonstrated that the combined

effect of exposure to traumatic experiences and feelings of frustration places undergraduate students at greater risk of suicidal behaviour than either factor considered independently.

Recommendations

Based on the findings of this study, the following recommendations were made:

- i. University management, through the Students' Affairs Division and Counselling Units, should establish comprehensive trauma-informed psychological support programmes for students who have experienced traumatic life events. Regular screening, trauma counselling, and referral services should be provided to help students process traumatic experiences before they develop suicidal tendencies.
- ii. Professional counsellors, clinical psychologists and mental health practitioners should organize periodic workshops and psychoeducational programmes aimed at helping undergraduate students develop healthy coping strategies for managing frustration, emotional distress, and other psychological challenges associated with university life.
- iii. Universities should strengthen campus mental health services by establishing easily accessible counselling centres, crisis intervention units, and confidential suicide prevention programmes where students experiencing suicidal thoughts can obtain immediate professional assistance.

Contribution to Knowledge

This study has made important contributions to the existing body of knowledge on suicidal risks among undergraduate students in the following ways: The study established that traumatic life events and frustration are significant determinants of suicidal risks among undergraduate students of universities in Makurdi, Nigeria. This finding contributes to the literature by providing empirical evidence that exposure to adverse life experiences can lead to frustration which in turn may give rise to suicidal behaviours among Nigerian university students. Also, the study enriches the literature on student mental health by providing context-specific empirical evidence from undergraduate students in universities in Makurdi, Benue State, Nigeria, a population for which empirical studies on traumatic life events, frustration, and suicidal risks remain relatively limited. The findings therefore provide baseline data for future research and intervention programmes within Nigerian universities.

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