



# Risk Factors for Adolescent Suicide

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Research Brief  
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## Introduction

Suicide is currently the third leading cause of death for youth between the ages of 15 and 24, and each year, nearly 4,600 youth ages 10 to 24 commit suicide<sup>3</sup>. Even more troubling, for every completed suicide among youth ages 15 to 24, there are between 100 and 200 suicide attempts<sup>6</sup>. In fact, a nationally representative survey of youth conducted in 2011 found that 15.8% of high school students seriously contemplated suicide in the last year, 12.8% had made a plan to commit suicide, 7.8% had attempted suicide at least once, and 2.4% received medical care for an injury sustained during a suicide attempt<sup>4</sup>. These troubling statistics point to a serious problem for youth today.

## Research Findings

Overt suicidal behaviors may serve as a potential warning sign to family, friends, teachers, and mental health professionals<sup>18</sup>. Talking about suicide, or wishing one was dead, giving away one's prized possessions, engaging in self-destructive behaviors (with or without suicidal intent), writing a will, sharing a desire to commit suicide on social media, or overtly threatening to commit suicide to family, peer, or other adults are only a few examples of suicidal behavior. However, it is important to remember not all adolescents who commit suicide display these behaviors and not all adolescents who engage in these behaviors are suicidal<sup>19</sup>.



Research suggests that a variety of factors are associated with the increased risk of suicidal behaviors among adolescents. Adolescents that experience or are exposed to more than one risk factor, are at an increased risk for engaging in suicidal behaviors<sup>17</sup>. Risk factors associated with suicidal ideation include biological, environmental, and psychological factors.

### Biological Risk Factors

Biological factors associated with suicidal behaviors among youth include gender, ethnicity, and sexual orientation. Although female adolescents report higher rates of depression, anxiety, suicidal thoughts, ideations, and suicide attempts, males are four times more likely to die because of suicide<sup>3</sup>. One explanation for this contradiction is that males tend to use more lethal means to commit suicide (such as firearms), whereas females choose methods that are more responsive to medical interventions (such as drug overdose or poisoning)<sup>3</sup>.

Ethnicity can also play a role in suicide risk among adolescents. Youth between the ages of 15 and 34 who identify as Native American or Alaskan Natives have a rate of suicide 2.4 times higher than the national average, and suicide is the second leading cause of death among this group<sup>3</sup>. In 2011, a nationally representative sample of high school students

showed that Hispanic adolescents reported attempting suicide more often than African American and White students, 13.5% versus 8.8% and 7.9%, respectively<sup>4</sup>. Issues of immigration status and acculturative stress have also been related to suicidal ideation amongst Latinas, who report higher levels of suicide attempts than their African-American or White peers<sup>15</sup>. However, the rate of adolescent suicide among African-American male youth saw an increase early in the decade<sup>28</sup>. Unfortunately, most suicide intervention and prevention programs are based upon the known risk factors for Caucasians due to their higher rate of suicide in the past. However, researchers are now beginning to investigate potential risk factors that may be unique to other ethnic groups<sup>7,28</sup>.

Research has also found an association between sexual orientation and suicidality. In particular, suicidal thoughts and attempts are higher among gay and bisexual males than their heterosexual counterparts, especially during adolescence<sup>6,21</sup>.

This, in part, may be due to the increased risk of parental and peer rejection of those who identify as gay or bisexual as well as the social stigma and victimization this group faces<sup>5</sup>. Females who identify as lesbian or bisexual, however, do not seem to engage in suicidal behaviors at higher rates than heterosexual females. This may be due to the fact the female roles in society allow for more variation than do male roles of masculinity<sup>21</sup> (see also BRIEF).

### Biological Risk Factors for Adolescent Suicide

- Being female (increased suicidal behaviors)
- Being male (increased suicide fatality)
- Being Native American, Alaska Native, or Hispanic/Latino

### Environmental Risk Factors

A stressful life event often occurs before a suicide attempt for adolescents<sup>26</sup>. Although not the cause of suicide, these events may make an adolescent feel more vulnerable, contribute to a feeling of hopelessness and despair, or cause the adolescent to become overwhelmed or act impulsively. Relationship breakups, parental divorce, death of a loved one, military deployment of a parent, academic failure, and physical/sexual child abuse are events often cited as occurring prior to a suicide attempt<sup>13,16</sup>.

### Environmental Risk Factors for Adolescent Suicide

- Family stress and conflict
- Poor social skills
- Low self-concept

Although these situations are experienced by most adolescents at some point, research suggests that many of these negative life stressors in combination with a psychiatric disorder can greatly contribute to suicide risk and behaviors<sup>25</sup>.

Still, several environmental factors can serve to protect youth. For instance, positive parental relationships are one of the most consistent protective factors<sup>13</sup>. In addition, adolescents who attempted suicide describe their families as stressful, unsupportive, highly conflicted, and

emotionally distant<sup>14</sup>. Adolescents who are more connected and supported by their family have a lower risk of engaging in suicidal behaviors<sup>13</sup>.

Peer relationships and school environment also seem to play a role in adolescent suicide. During adolescence, the primary attachment shifts from parental figures to peers<sup>19</sup>. These relationships can impact youth in a variety of ways. Having poor social skills, low self-concept and social self-concept, and feeling rejected or isolated by peers can serve as a risk factor for adolescents<sup>19</sup>. This may be particularly true for females who tend to look to peers for support.

Finally, recent studies have started investigating the impact of technology on adolescent suicide risk. It has long been recognized that media coverage on suicide can lead to suicide clusters (an excess number of suicides or attempts than would be expected in a particular community at a particular time)<sup>8</sup>. It is estimated that up to 13% of adolescent suicides occur in clusters for youth between the ages of 15 and 24<sup>8</sup>. Further, the internet can provide youth with information about how to commit suicide successfully and may even encourage youth to commit suicide<sup>1</sup>. However, the internet also allows youth to access information about where and how to get help<sup>1</sup>. More research is needed to fully understand technology's impact on adolescent suicide.

### Psychological Risk Factors

Mental health problems and psychiatric disorders are known to be a risk factor for suicidal behavior among adolescents. In one study, Shaffer and Craft (1999) found that over 90% of adolescents who committed suicide had suffered from one or more psychiatric disorders (such as anxiety, depression, post-traumatic stress disorder, or schizophrenia). Such psychiatric disorders place youth at an increased risk of suicide, but any combination of these disorders can increase the risk of suicide substantially. Depression is the most common disorder associated with adolescent suicide and suicidal behaviors, and often co-exists with other diagnosed disorders<sup>26</sup>. For example, prior suicide attempts by the adolescent increase the chances of subsequent suicidal behaviors and death<sup>3</sup>.

Research also shows that adolescents who engage in suicidal behaviors tend to behave more aggressively and impulsively, lack positive coping and problem solving skills, feel less supported by family and friends, and have a general feeling of hopelessness<sup>6,22,23,27</sup>. Although many of these behaviors can be associated with a psychiatric diagnosis, it may be important to assess for these behaviors among adolescents independent of a psychiatric diagnosis.

Substance abuse also impacts rates of adolescent suicide. Groves, Stanley, and Sher (2007) found that while under the influence of alcohol, adolescent girls were three times more

#### Psychological Risk Factors for Adolescent Suicide

- Mental health problems and diagnosed psychiatric disorders
- Poor coping skills
- Substance use/abuse

likely to attempt suicide. For males, the risk was even higher, making a suicide attempt 17 times more likely when alcohol was involved. The combination of mental health problems and substance use may be even more dangerous. Particularly among males, the existence of conduct disorder, substance abuse and depression can be fatal. Limiting youth's access to drugs and alcohol can deter rates of adolescent suicide<sup>25</sup>.

### Future Directions for the Field

Most literature on adolescent suicide addresses the potential risk factors and demographics of youth who engage in suicidal behaviors. Although this is helpful and provides a solid foundation for understanding suicide and designing effective interventions, it can over simplify the complexities of suicide. This approach may also exclude other high-risk adolescents who do not fit the general profile of a suicidal adolescent. Further, more research that looks at potential protective factors is needed. Little research has considered how we can protect adolescents from engaging in suicidal behaviors. Instead, the focus has been on risk factors. This limits the effectiveness of our ability to assess, recognize, and intervene in adolescent suicide. Finally, the field needs to continue investigating the impact of the media and social networks on suicide. With adolescents' growing technological intelligence and the advancements of technology, misuses of online or technological outlets may dramatically increase. Although youth have more access to helpful information, they also have access to information that could increase their chances of attempting and completing a suicide.

### Implications

Implications of these research findings should be considered at several levels of context, including youth, parents and family.

#### Youth

- Awareness of potential risk factors and suicidal behaviors may help youth identify their peers who are at risk for suicide.
- Seeking help – or encouraging a friend to do so – may be particularly important for adolescents who may be struggling with a mental health issue.

#### Parents and Family

- Parents should seek to be appropriately involved, close, and supportive of their adolescents.
- It is critical that parents talk to their kids about suicide in a loving, trusting, nonjudgmental way and be knowledgeable about available resources in their community.
- Identifying and limiting access to potential suicidal risk factors such as drugs, alcohol, and firearms may help reduce the risk of suicide.

Additionally, implications of research findings should be considered at the community and school levels.

## School

- Creating an inclusive and supportive school environment could serve as a protective factor for at-risk youth.
- Talking about suicide with students, parents, and teachers is important in order to assess at-risk suicidal adolescents and increase knowledge about suicide risk.

## Community

- Communities at large should foster awareness that suicide is a problem in every community and is preventable.
- Providing access to mental health resources in every community is critical.

## In Practice

There are several recommendations for programs and policies that derive from this review:

### Policies

- Policies that limit access to guns can help decrease suicide risk.
- Mandating suicide education as a requirement of schools curriculum can help provide students skills to address suicide risk in themselves and their peers.
- School policies regulating adolescent internet access at school and restricting pro-suicide sites while promoting resources and access to suicide-prevention resources is important to help prevent suicide.

### Programs

- Suicide interventions should focus on all adolescents, not only those considered to be high-risk.
- Educating teachers, faculty, and peers of the warning signs and risk factors associated with suicide may help identify suicidal adolescents earlier.
- Including parent-adolescent relationship components could help protect adolescents given the importance of positive parental relationships in suicide prevention.

## Summary

Adolescent suicide is the third leading cause of death for youth ages 15-24. This statistic is disheartening given the fact that suicide is a preventable act. Parents, peers, schools, communities, and policy makers should be aware of potential environmental, biological, and psychological risk factors. Technology may also play a vital role in suicide rates among adolescents. Researchers should continue to investigate potential protective factors in order to develop effective suicide prevention and intervention programs.

## Additional Resources



**National Suicide Prevention Lifeline:** 1-800-273-TALK or visit <http://www.suicidepreventionlifeline.org/>



**American Association of Suicidology:** <http://www.suicidology.org/home>



**Centers for Disease Control and Prevention, National Center for Injury Prevention and Control:** <http://www.cdc.gov/ViolencePrevention/suicide/index.html>

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