

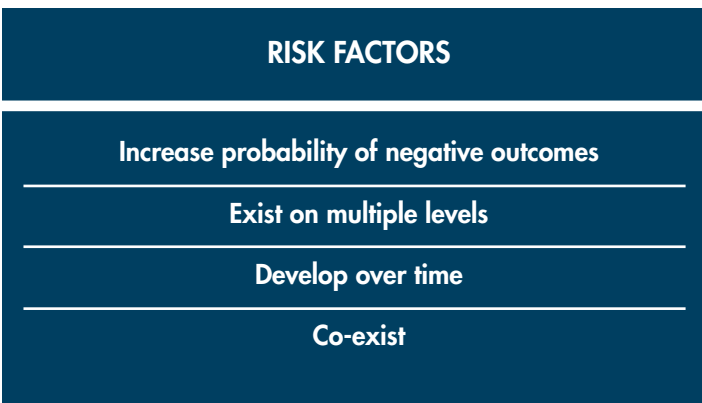


# THE NASW SHIFT PROJECT: SUICIDE PREVENTION FOR ADOLESCENT GIRLS

## RISK FACTORS

Suicide is the culmination of a series of complex interactions involving socio-cultural, bio-psychosocial, and environmental components, often called risk factors.

Suicide risk factors encompass a broad range of circumstances, situations, and events that increase a person's susceptibility to suicide or suicidal behavior.



### RISK FACTORS ASSOCIATED WITH ADOLESCENT SUICIDE AMONG TEEN GIRLS INCLUDE:

#### Bio-psychosocial

- Psychiatric disorders/co-morbid psychiatric disorders
- Externalizing behaviors (i.e., delinquent and aggressive behaviors)
- History of suicide attempt(s)
- Alcohol and substance abuse
- Family history of suicide

#### Socio-cultural

- Negative social interactions with family
- Barriers to mental health services
- Stressful life events, including loss of relationship and violence
- Lack of social support or isolation

#### Environmental

- Access to firearms or other lethal means
- Suicide clusters

#### Additional Factors

- Sexual orientation/Youth who identify as GLBT
- Bullying
- Race

It is important to highlight that several of the risk factors identified here can and do co-occur in many suicidal adolescent girls. For example, research suggests a higher probability of suicide among adolescent girls who present with a combination of depression and externalizing behaviors, such as delinquency and aggression.

It is also important to note that risk factors do not cause suicide. Simply stated, they increase one's potential for suicide and suicidal behaviors.

Of the identified risk factors, research supports the strongest correlations for suicide among adolescent girls with:

- Psychiatric disorders, namely depression
- Externalizing behaviors
- Alcohol and/or substance abuse
- Negative social exchanges with family

Not accounting for gender differences, there is also a strong correlation between

- Adolescent suicide and prior suicide attempts.

Other risk factors may often co-occur with these five variables, or they may exist as independent variables. The extent of either in contributing to adolescent suicide among teen girls has not been widely researched.





## BIO-PSYCHOSOCIAL RISK FACTORS

### Psychiatric disorders

Several studies on adolescent suicide have found that, among teenage girls who successfully committed suicide, nearly 50 percent had at least one psychiatric disorder present at the time of death. Across the board, the psychiatric disorder found to have the strongest correlation between adolescent girls and suicide is depression or other mood disorder, accounting for more than 50 percent of suicide among this population.

The Diagnostic Statistical Manual of Mental Health Disorders—Fourth Edition (DSM–IV) classifies mood disorders as major depression, dysthymia, and bipolar disorder. Of the three, major depressive disorder has been found to represent the most significant risk factor for adolescent girls and suicide. This finding is in no way intended to suggest that teenage girls diagnosed or presenting with symptoms of dysthymia or bipolar disorder should not be considered “at-risk” for suicide.

Even in cases where depressive symptoms do not meet the threshold for a clinical diagnosis of depression, there still remains an increased risk for attempting suicide. This would suggest that any teenage girl who presents with symptoms of depression for more than two to four weeks should be assessed, on some level, for threat of harm to self.

Another finding worth noting here is a significant association between depression and “romantic” breakup as a risk factor for suicide, particularly among teenage girls with lower levels of depression. Girls with higher levels of depression are believed to be at increased risk for suicide regardless of additional stressors.

Other stressful events with significant findings for increased suicide risk among teenage girls include: violence or being physically assaulted and being arrested or involved with juvenile justice.

Other psychiatric disorders found to have relevant correlations for suicide and suicidal behaviors among

teenage girls, whether as comorbid psychiatric disorders or as independent risk factors, include:

- Eating disorders, namely anorexia
- Anxiety
- Post-traumatic stress disorder (PTSD)

Further research is indicated to determine the extent to which co-occurring psychiatric symptoms contribute to suicide or suicide behaviors independent of depression or with the presence of depressive symptoms.

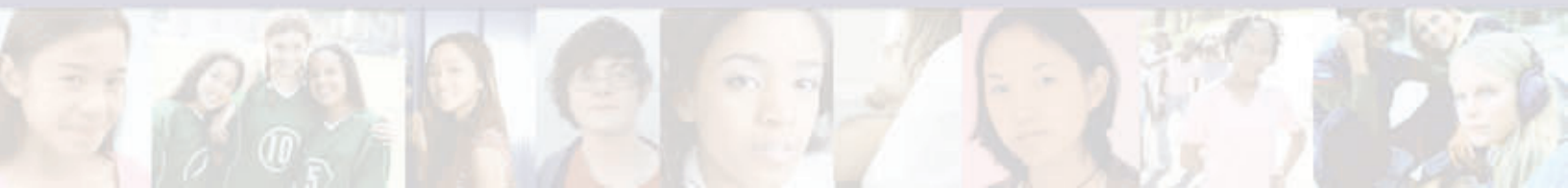
### Externalizing behaviors

When accounting for depression, externalizing or disruptive behaviors, such as aggression, opposition, and delinquency may stand alone as a “unique” risk factor for suicide in teenage girls. However, externalizing behaviors (and/or substance abuse) are often present in combination with depression in more than half of suicide completions involving teenage girls. Externalizing behaviors are often viewed as psychological problems directed outward toward other persons or property, and may actually be an external expression of depression. Consequently, the presence of depression and externalizing behaviors in completed suicides among teenage girls is not striking.

### Alcohol and substance abuse

Similar to disruptive behaviors, a combination of depression and substance abuse is associated with a high percentage of suicides among teenage girls. Adolescents abuse alcohol and drugs for numerous reasons, including pressure from peers, to reduce stress, and to feel grown up. However, teenage girls suffering from depression or depressive symptoms may use alcohol or other drugs to “self-medicate” or feel better, even if just temporary. This combination of depression and substance abuse, independent of other known risk factors, increases the potential for suicide among teenage girls.

The presence of alcohol or substance abuse should also be viewed as a warning sign.





### **Family history of suicide**

Having a close relative, such as a parent, sibling, aunt, uncle, or grandparent, who committed suicide increases the risk for (adolescent) suicide. Research is inconclusive for gender differences.

Research is also inconclusive as to whether or not there is a genetic predisposition to suicide or to a specific psychiatric disorder, such as depression, known to have a higher potential towards suicide. Further research in this area is indicated. Findings do exist that suggest the loss of a close friend can be a suicide risk factor, especially in teenage girls with underlying depression.

### **History of suicide attempt(s)**

Gender differences in prior suicide attempts have not been widely studied and therefore data on adolescent girls is limited. However, the overall risk remains significant for adolescents, not accounting for gender differences.

A single prior adolescent suicide attempt can increase the risk of future attempts by 25 to 50 percent. While a prior suicide attempt cannot be changed, it is a more visible risk factor, and can alert others to increased suicide risk following stressful situations, such as a break-up, act of violence, or court involvement.

## **SOCIO-CULTURAL FACTORS**

### **Negative social interactions with family**

Family dysfunction, in general, tends to be more prevalent among adolescents with one or more psychiatric disorders. For adolescents with depression—known to be more prevalent among adolescent girls than adolescent boys—the presence of family dysfunction increases the risk for suicide or suicidal behaviors, including ideations.

One pattern that seems to be consistent among dysfunctional families is poor or reduced communication among members, especially between parent(s) and teenage children. However, it is not clear just how much poor communication contributes to suicide among teen girls.

In younger adolescent girls who experience negative social interactions with family there is a higher prevalence for suicidal “ideations” than in older teenage girls from similar families. This is found to be higher for Caucasian families.

### **Barriers to mental health services**

One of the reasons suicide is difficult to prevent is the presence of barriers to mental health services. These barriers have often included disparities in the diagnosis and treatment of depression among certain racial or ethnic groups, including African Americans and other persons of color.

Studies have found that African Americans, including adolescents/adolescent girls, are less likely to receive treatment when suffering from depressive symptoms, and are also less likely to be referred for psychotropic medications used to treat depression. Further, African American and other ethnic adolescents are less likely than Caucasian adolescents to have health insurance, which further diminishes their capacity to access health care and mental health services.

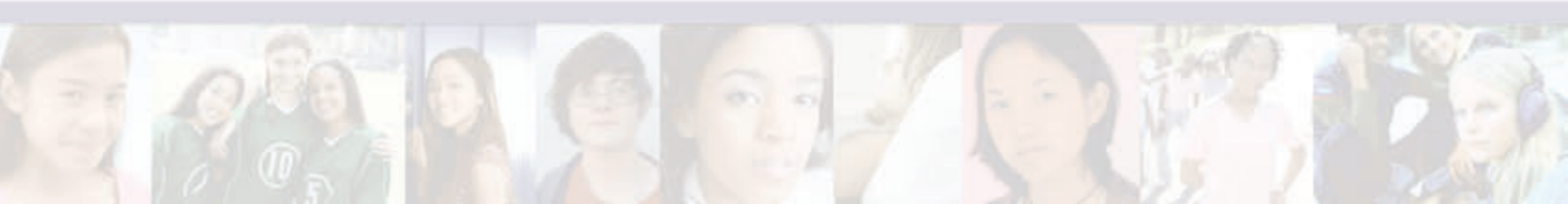
### **Stressful life events, including loss of relationship and violence**

Adolescent girls who attempt suicide experience (or perceive themselves to experience) more stressful events than adolescent girls who do not attempt suicide. The primary stressful life events include:

- Experiencing loss or termination of a relationship
- Being attacked or assaulted
- Being arrested or having other involvement with the court system

Stressful life events such as these are more likely to increase the risk for suicide when they co-occur with a low level of depression.

Finally, suicide often follows a stressful event, such as a relationship break-up or other personal loss, disciplinary action, or a court appearance. As with a history of prior suicide attempts, the occurrence of stressful life events should trigger an alert for adolescent girls with underlying depression.





### **Lack of social support or isolation**

Feeling isolated from others, including family and peers, can be a risk factor for suicide among teenage girls. As with several other factors, social isolation is increasingly of concern in adolescent girls with underlying depression or depressive symptoms.

Isolation may also present as a warning sign in suicidal adolescent girls.

## **ENVIRONMENTAL FACTORS**

### **Access to firearms or other lethal means**

Having access to firearms and other lethal means of suicide represent an increased risk for harm in the presence of multiple risk factors, as opposed to being the sole or primary risk factor for suicide. However, given the impulsive nature of adolescence, guns and other lethal means should be restricted.

### **Suicide clusters**

The presence of a suicide cluster involving adolescents is more likely to occur following an “initial public suicide,” typically in a high school or community setting. Research shows that, on average, teenage suicide clusters will most typically result in the death of three to seven teenagers over a period of three to nine months. Adolescent suicide clusters have not been widely studied and thus gender-specific data is limited.

## **ADDITIONAL FACTORS:**

### **Sexual orientation/Youth who identify as GLBT**

Adolescents who identify as lesbian, gay, bi-sexual, and/or transgender (LGBT) have disproportionately higher rates of suicidal behavior than non-LGBT adolescents. In addition to the above factors, LGBT adolescents are also linked to these additional risk factors:

- Gender non-conformity
- Early sexual debut

An earlier study on sexual orientation and suicide risk found that suicide attempts were twice as likely for non-heterosexual adolescent girls than for heterosexual

girls. The same study found a correlation among sexual orientation, suicidal behaviors, drug use, and patterns of violence/victimization; however, the differences between heterosexual and non-heterosexual girls was non-specific or rather lacked significance. Further research on sexual orientation and adolescent suicide is indicated to determine whether or not there are definitive factors associated with increased suicide risk among non-heterosexual girls.

### **Bullying**

Research on the bullying-suicide connection fluctuates between conclusive and inconclusive findings that bullying increases the risk for suicide in children and adolescents. What is consistent throughout multiple studies is that bullying harms children’s mental health and may lead to depression and anxiety disorders.

Youth who are bullied also tend to have thoughts of suicide, particularly those who are bullied beginning at young ages. One report suggests that to “confirm a definitive link [between bullying and suicide], researchers would have to rule out the possibility that some unknown factor makes certain children more susceptible to both bullying and suicide.”

In the absence of a solid connection between the two variables, adolescent girls who are bullied should be assessed for known risk factors associated with suicide to identify potential threats for harm.

### **Race as a Risk Factor**

Overall, non-Hispanic White girls have the highest rates for suicide, followed by American Indian and Alaskan Natives. However, American Indian and Alaskan Natives comprise a much smaller percentage of the overall American population. For this population, suicide happens to be the second leading cause of death.

Subsequently, the adolescent suicide rates among Native American and Alaskan Native adolescent girls are alarming. Risk factors similar to those for the overall (or general) adolescent female population have been found to be associated with adolescent suicide for Native American and Alaskan Native girls, but with





slightly higher rates for substance abuse and physical and sexual abuse.

Conversely, non-Hispanic Blacks, Asian and Pacific Islander, and Hispanic girls tend to experience lower rates of suicide. However, the most current data available through the Centers for Disease Control and Prevention (CDC) suggest a rapid increase in teen suicide among Hispanic girls over a brief period of time. Data from other sources, including a recent study out of Fordham University Graduate School of Social Services, show higher rates of suicide attempts among Hispanic adolescent girls.

The Fordham study suggests a lack of mutuality in the mother/daughter relationship as a leading risk factor for suicide among Hispanic teenage girls. In the study, Hispanic teenage girls who perceived their mothers were interested, involved, respectful, patient, receptive, and understanding were less likely to attempt suicide.

Another risk factor found to be specifically associated with this population included poor coping and problem-solving skills.

