



## Youth Suicidal Behavior — Fact Sheet

### Prevention of Youth Suicides and Suicidal Behavior

Youth suicidal behavior is a significant national problem. The extent of suicidal behavior — including thoughts of and plans for suicide, nonfatal suicide attempts, and suicide deaths — is shown below. Yet, as with so many public health problems, youth suicide is often preventable. Saving young lives at risk involves a diverse range of interventions including effective assessment and treatment of those with mental disorders, promotion of help-seeking, early detection of and support for youth in crisis, preventive training in life skills, and reduction of access to lethal means.

### Data and demographics – USA Suicides

The following data are for 2007, for youth aged 10 to 24:

- NUMBER OF SUICIDES: 4,320 died by suicide
- LEADING CAUSE OF DEATH: Suicide was the third leading cause of death for 10- to 24-year-olds.
- SUICIDE RATES: Rates of suicide are highest for older youth. For youth aged 20 to 24, 12.5 per 100,000 youth died by suicide. For youth aged 15 to 19, 6.9 per 100,000 died, while for youth aged 10 to 14 less than one per 100,000 died.
- GENDER: Male youth die by suicide five times more frequently than female youth.
- RACE: Native American/Alaska Native youth have the highest rate with 14.8 suicides per 100,000. White youth are next highest with 7.3 deaths per 100,000.
- METHODS: The majority of youth who died by suicide used firearms (45 percent of deaths). Suffocation was the second most commonly used method (38 percent).

(Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. [cited March 2011]. Available from [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars) )

### Data – Suicide thoughts, plans, and attempts

The national Youth Risk Behavior Survey found that among high school students:

- 6.3 percent self-reported having attempted suicide one or more times in the previous 12 months. Attempts were reported more frequently by female students (8.1 percent vs. 4.6 percent for males) and Hispanic females reported attempts more than other racial and ethnic groups (11.1 percent).
- 1.9 percent reported having made a suicide attempt in the previous 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- 10.9 percent reported having made a plan for a suicide attempt in the previous 12 months.
- 13.8 percent reported having seriously considered attempting suicide in the previous 12 months.

(Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance – United States, 2009*. Surveillance Summaries, June 4, 2010. *MMWR* 2010; 59 (No. SS-5).)

High school student reports of suicide attempts decreased from 2001 to 2009, and reports of serious suicide attempts decreased from 2003 to 2009. (Centers for Disease Control and Prevention, Adolescent and School Health, Youth Risk Behavior Surveillance System  
[http://www.cdc.gov/healthyyouth/yrbs/pdf/us\\_suicide\\_trend\\_yrbs.pdf](http://www.cdc.gov/healthyyouth/yrbs/pdf/us_suicide_trend_yrbs.pdf))

Rates of nonfatal attempts and ideation have been found to be higher among youth who are in alternative schools. (Grunbaum et al. Youth risk behavior surveillance — National alternative high school Youth Risk Behavior Survey, United States, 1998. In CDC Surveillance Summaries, *MMWR* 1999; 48(No. SS-7):1-44.)

### **Risk and Protective Factors for Youth Suicide**

Risk factors are characteristics and other variables associated through research with those who engage in suicidal behavior versus those who do not. Protective factors are characteristics or variables associated with youth not engaging suicidal behavior. Risk factors do not establish a cause of suicidal behavior, they only describe an association. The following list is not complete, but shows the most important factors.

Risk factors:

- Mental illness and substance abuse (Brent et al., *J Am Acad Child Adol Psych*, 1999. Fleischmann et al., *Am J Orthopsych*, 2005)
- Previous suicide attempts (Beautrais, *SLTB*, 2004)
- Firearms in the household (Brent et al., *J Am Acad Child Adol Psych*, 1999)
- Nonsuicidal self injury (Nock et al., *Psychi Res*, 2006)
- Exposure to friend's or family member's suicidal behavior (Borowsky et al., *Pediatrics*, 2001)
- Low self-esteem (Resnick et al., *JAMA*, 1997)

Protective factors:

- Family connectedness and school connectedness (Kaminski et al., *J Youth Adol*, 2010)
- Reduced access to firearms (Grossman et al., *JAMA*, 2005)
- Safe schools (Eisenberg et al., *J Ped*, 2007)
- Academic achievement (Borowsky et al., *Pediatrics*, 2001)
- Self-esteem (Sharaf et al., *JCAPN*, 2009)

### **Important Resources for Suicide Prevention**

American Association of Suicidology resources

Warning Signs of Suicide at <http://www.suicidology.org/web/guest/stats-and-tools/warning-signs>

Risk Factors for Suicide and other suicide prevention fact sheets at  
<http://www.suicidology.org/web/guest/stats-and-tools/fact-sheets>

National Suicide Prevention Lifeline is a free, 24-hour hotline available to anyone in suicidal crisis or distress. Call 1-800-273-TALK (8255). Learn more at <http://www.suicidepreventionlifeline.org/>

*American Association of Suicidology is the oldest national organization devoted to understanding and preventing suicide. The Association leads advances in suicide prevention science and programs through research, education, training, development of standards, dissemination of accurate information, and survivor support services. Our members include researchers, prevention practitioners, and survivors from all over the world. Learn more at [www.suicidology.org](http://www.suicidology.org)*