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African American Child Suicides: A Vulnerable Population

Jennifer Weniger*, Sonya Young and Christine Hernandez

Associate Proffesor, School of Behavioral Health, Loma Linda University, USA

***Corresponding author:** Weniger J, Associate Professor, School of Behavioral Health, Loma Linda University, USA, Tel: 909-558-1900; E-mail: JWeniger@llu.edu

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Abstract

Suicide among African-American children is a growing concern within the United States with rapid increases in the rates of suicide for African American children reported over the past 20 years (CDC, 2016). Although risk factors for suicide among African American adolescents are known, the risk factor for suicide specific to the African American preadolescents remains largely unknown. There is a paucity of literature that takes into consideration the specific risk and protective factors for this ethnic group. This study examined the demographic characteristics and clinical presentations among African American children under the age of 12 who had been admitted into a psychiatric hospital for suicidal ideation, a suicide plan, and/or a suicide attempt. The results from our analysis demonstrated that almost half of the children had a history of out of home placement, more than half of the children had a family member with mental illness, a third of the children had a family member who engaged in substance abuse, and nearly half of the children had experienced abuse or neglect. Other results included a slightly higher prevalence of males than females, and mood disorders were the primary diagnosis given. In addition, more than half of the children identified with a religious or spiritual belief. These results represent areas of vulnerability for the African American preadolescent population, and increase knowledge about risk and protective factors for this population These findings also suggest potential targets for prevention and intervention in an effort to increase positive outcomes for this at-risk population.

Keywords: African American; Suicide; Children; Preadolescent

1. Introduction

Suicides for black children ages 0-12 increased at a higher rate than any other ethnic group from 2010-2016 including White, American Indians/Alaskan Natives, Hispanic and Asian/Pacific Islander [1]. Due to this increase, it is evident that African American preadolescent children are considered a vulnerable group for suicide risk. However, there is a paucity of information regarding the clinical and demographic variables associated with this at-risk group. This article will provide clinical and demographic information regarding preadolescent African American youth who struggled with suicide ideation or suicide attempts. Suicide continues to be the second leading cause of death among youth in the United States [2]. Suicide deaths among 10 to 14 year olds significantly increased from 2006 to 2014, and is now as common as motor vehicle accidents as a cause of death for this age group [3]. Suicide rates in the United States have traditionally been higher among

white then black individuals across all age groups [4]. However, during 2010-2016, there was a 0.11 increase per 100,000 in suicides for black children, followed by the 2nd highest increase 0.10 per 100,000 in suicides for white children. In 2016, black children had a rate of suicide of 0.33 per 100,000 which was the highest rate of any ethnic group [1]. The second highest rate of suicide was white children of 0.22 per 100,000 [1]. And, the lowest rate of suicide was with Asian/Pacific Islander children 0.06 per 100,000 [1].

It is important to consider the combination of age and ethnicity when considering African American children as a vulnerable population with suicide risk. Bridge et al., [4] noted that among children ages 5 to 12 black children had a significantly higher incidence of suicide than white children. However, from 13 to 17 years old the suicide rate among black adolescents was 50% lower than white adolescents. This data shows a distinct difference in suicide rates among African American preadolescent children versus adolescents. This pattern was duplicated when analyzed by gender [4].

In fact, the pattern of alarmingly high suicide rates among black children can be identified going back 20 years. In 1999, black children had the highest suicide rate per ethnic group at 0.15 per 100,000 [1]. Unfortunately, this upward trend in black child suicide has continued throughout the past two decades with little attention to understand causality and prevention [1]. In 2002, Willis, Coombs, Cockerham and Frison [5] noted that the gap between African American and White suicide was closing and offered a theoretical model based upon the inability of institutions to offer protection to African Americans from psychological distress. They offered a postmodern and macro-level model to explain the increase among African American males. However, there was no analysis presented for young children. The few studies that have examined risk factors for African American adolescent suicide suggested depression, delinquency, poor family support, and substance use [6]. Protective factors against African American adolescent suicide were noted to be family cohesion, positive religious coping, family support, and negative attitudes toward suicide [6].

The risk and protective factors for African American children under age 12 remains largely unknown. There are many known risk factors for adolescent suicide which include a family history of suicide, being a victim of sexual or physical abuse, parental psychopathology, parental divorce, access to fatal methods, barriers to treatment, suicide contagion, history of mental illness, hopelessness, impulsive or aggressive traits, physical illness, and isolation [7]. Some risk factors for African American adolescent suicide are also known. Among African American adolescents, depression has been consistently linked to suicidal behaviors [8,9]. Spann and colleagues [10] found a significant relationship between depression and suicidal behaviors among African American adolescents. Similarly, hopelessness and depression were found to be risk factors for suicidal ideation and attempts among African American adolescents [6]. In a study of African American adolescents, violence in the home, history of being bullied, abuse, and risk-taking behaviors were found to increase the likelihood of suicidal ideation [8]. In addition, aggressive behavior in preadolescence was found to predict adolescent/young adult suicide attempts [9].

Protective factors for African American adolescent suicidal behavior are also known. In a study of African American adolescents, collaborative religious coping was significantly related to increased reasons for living [6]. A significant relationship between orthodoxy and perceived risk of suicide was also found among the African American adolescent population [11]. Similarly, African American adolescents belonging to a spiritual community were significantly less likely to

report suicidal ideation [8].Peer and family support are also indicated as protective factors for suicidality among African American adolescents. Matlin, Molock, and Tebes [12] found a significant positive relationship between increased family support and peer support and decreased suicidality, including suicidal ideation and suicide attempts, among African American adolescents. Within this same study, the significant relationship between symptoms of depression and suicidality was found to be moderated by peer support and community connectedness [12]. It is unclear if the known risk and protective factors for suicidality among the African American adolescent population apply to African American preadolescents. The lack of literature regarding risk and protective factors specific to African American preadolescent children represents a distinct need for future research endeavours in an effort to better inform assessment, prevention, and intervention among this at-risk population.

2. Method

This research study aimed to examine the demographic characteristics and clinical presentation for African American children under age 12 who were admitted into a psychiatric unit. A retrospective chart analysis was conducted on pediatric inpatient admissions (N=1521) between 2013 and 2017 at a locked psychiatric hospital in Southern California. The data extrapolated from the charts for analysis was de-identified. The data was coded and entered into SPSS 22.0 for analysis. A five percent validity check was done after data entry to ensure accuracy of coding. The inclusion criteria were suicide ideation, suicide plan or suicide attempt, and identification as African American. The review included de-identified demographic and clinical information from the psychosocial assessment, psychiatric evaluation, suicide risk assessment, and substance use evaluation. The sample consisted of 92 African American children under age 12, which represented 6.05% of the participants in the data set.

3. Results

The average age of the children was 10.9 years old (M=10.9, SD=1.7). The average grade level was 5.2 (M=5.2, SD=1.8). Nearly 74% identified as African American, and the remaining children were multi-ethnic (African American and another identified ethnicity). The participant's gender was 54.3% male, and 45.7% female (see TABLE 1).

TABLE 1. **Participant Age, Grade, and Ethnicity.**

Variable	**%**	**SD**
Age (M)	10.9	1.7
Grade (M)	5.2	1.8
Ethnicity (%)		
AA	73.9	
Multiethnic	13.5	
AA & Caucasian	1	
AA & Other	9	
Unknown	2.6	
Male	54.3	
Female	45.7	

The participant's sexual orientation was gathered and 91.3% reported to be heterosexual, 3.3% asexual, 2.2% LGBTQ, and 3.3% unknown (see TABLE 2).

TABLE 2. **Participant Gender and Sexual Orientation.**

Variable	%
Heterosexual	91.3
Asexual	3.3
LGBTQ	2.2
Unknown	3.2

The participants religious faith, and/ or spiritual preference was assessed and 55.4% reported to be Christian, 1.1% Jewish, 4.3% other, 28.3% none, 1.1% spiritual, and 9.8% unknown (see TABLE 3).

TABLE 3. **Participant Religion, Faith, and/or Spiritual Belief System.**

Variable	**%**
Christian	55.4
Judaism	1.1
Other	4.3
None	28.3
Spiritual	1.1
Unknown	9.8

The degree of suicidal behavior was examined as either admitted due to a current suicide attempt 17%, or admitted due to suicide ideation 13%, admitted due to suicide ideation with a plan 25%, or admitted with suicide ideation, plan, and a history of attempts 62% (see TABLE 4).

TABLE 4. **Participant Degree of Suicidal Behavior.**

Variable	**%**
Current Suicide Attempt	17
Suicidal Ideation	13
Suicidal Ideation & Suicide Plan	25
Suicidal Ideation, Plan, & Attempt(s)	62

The participant's history of adverse childhood experiences was assessed in order to understand the percentage of children who have been victims of sexual abuse, physical abuse, neglect, or victims of poly abuse (see TABLE 5).

TABLE 5. **Participant Abuse and Neglect History.**

Variable	**%**
Sexual	6.5
Physical	21.7
Emotional/ Verbal	1.1
Emotional/ Verbal and Physical	6.5
Physical and Sexual	3.3
Physical, Sexual, & Neglect	2.2
Emotional/ Verbal, Physical, & Neglect	1.1
Unknown Abuse Type	6.5
None	35.9
Unknown	15.2

The participant's family factors were examined to understand the percentage of African American children who were exposed to domestic violence, 26.1%, those who had a family member with mental illness 65.2%, a family member who committed suicide 18.5%, and a family member who had substance use addiction 35.9% (see **Table 6**).

TABLE 6. **Participant Family Factors.**

Variable	**%**
Past/Current Domestic Violence	26.1
Family History:	
Mental Illness	65.2
Suicide	18.5
Substance Abuse	35.9

The participant's history was assessed to understand if the children had experienced a major life change such as out of home placement or adoption. 41.3% of the children had a history of placement outside their birth home, and 15.2% of the children were adopted (see TABLE 7).

TABLE 7. **Participant History.**

Variable	**%**
History of Placement	41.3
History of Adoption	15.2

The participant's diagnosis was assessed to understand comorbid mental illness with suicide risk. 64.1% of the children were diagnosed with a mood disorder either Major Depression or Bipolar Depression, followed by 2.2% diagnosed with Major Depression with Psychotic Features (see TABLE 8).

TABLE 8. **Participant Reported Primary Diagnosis.**

Variable	**%**
MDD/Bipolar/Mood Disorder	64.1
MDD & Psychosis	2.2
IED	3.3
ADHD & IED	1.1
MDD & IED	1.1
ODD	1.1
ADHD, ODD, & PTSD	1.1
Unknown	26.0

4. Discussion

The results of this retrospective chart analysis allow us to better understand the demographic and clinical presentation of African American children in Southern California who have been admitted to an inpatient facility due to suicide ideation, plan, or behaviour. This analysis demonstrated that almost half of these children have been in an out of home placement, and more than half of these children have a family member with mental illness, a third had a family member with a substance use addiction, and approximately half of these children have suffered from a form of abuse or neglect. This indicates a specific vulnerability for the African American child population.

Placement outside of the home has been indicated as a risk factor for suicide among children [13]. In a study of children under the age of 12 who had died of suicide, only 32.8% were living with intact biological families [13]. This same study also found a high prevalence of transitions in living arrangements, such as out of home placement, among children who had completed suicide [13].

Family history of mental illness and family history of substance abuse have been found to increase risk for suicide among preadolescent children [14-16]. Both abuse and neglect have also been found to significantly predict suicidal behavior, including suicidal ideation, suicide plans, and suicide attempts, among children under the age of 14 [17,18]. Further, in a study of children between the ages of 10 and 14, 34.4% of children who had died by suicide had a history of being a victim of abuse [15].

There were slightly higher African American boy admissions than there were for young girls. This is consistent with similar findings indicating male gender as a risk factor for suicide [13,16] and inconsistent with literature pointing to female gender as a risk factor for suicide [19,20] or indicating no gender differences [21,22].

More than half of the children identified with some type of religious or spiritual belief, which has been found to reduce risk for suicide among adolescents and has been indicated as a protective factor for risk of suicide among African American youth in particular [11,23,24]. In addition, the primary diagnosis given was mood disorders. This is similar to other studies, which have found higher rates of depression and depressive symptoms among children with suicidal behaviors than those without [25,26]. However, it is important to note that there are very limited diagnostic options in the DSM-5 for individuals with suicidal behavior, which may have impacted our results.

5. Recommendations

Results from the study demonstrate a need for African-American children and their families to receive more educational resources and support from intervening agencies. There is a need to provide early intervention, suicide education and prevention, with African American children who are removed from their home. In addition, families who provide placement care for African-American children need educational resources and support from agencies in order to mitigate risk factors of child suicide. A significant portion of these children were likely victims of abuse, and or neglect, and early prevention efforts need to help these children who have been removed from their primary caregivers.

There is a need to provide children with age- appropriate education about mental illness and substance abuse, and how this can impact interpersonal relationships, and family dynamics. Such educational information can help provide the child with an understanding of relationship dynamics and can inform their own personal decisions. In a recent study, comparisons were evaluated between elementary school-aged children and prior adolescent suicides [27]. Black male children were the most common to complete suicide [27]. Furthermore, children who completed suicide were likely to be having difficulties with family and peer relationships and had a diagnosis of ADD or ADHD [27]. There is a need for African-American children to receive age-appropriate educational information about coping with mental illness and navigating relationship dynamics. In addition, there is a need to provide mental health services to these children who have been victims of adverse childhood experiences through evidenced based and empirically supported methods such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Attachment, Regulation, and Competency (ARC) model [28].

Without proper diagnosis, children could receive treatment that is ineffective for their symptomology. There is a need for correct diagnosis of mental illness and behavioral conditions in children who are struggling with suicide. Racial and ethnic disparities may occur when youth are diagnosed due to cultural factors such as how minority children express symptoms of mental illness [29]. It is of the upmost importance that clinicians are culturally competent when assessing African-American children and their symptoms of mental illness in order to provide an accurate diagnosis for treatment. In addition, there is a need to promote faith as a plausible protective factor among African American youth.

Our research has demonstrated that there is a need for society as a whole and service providing institutions to acknowledge the problem of child suicide in the African American community in our country. This issue must be brought to the forefront of our nation's attention. Service providing institutions are responsible for providing culturally appropriate resources to children and families in need. Interventions should vary from micro and macro levels such as early identification of risk, individual and family therapy, prevention programs at schools, churches, and communities. For example, research from authors Lamis, Wilson, King and Kaslow [30] indicated that social support such as family and peer support can help alleviate

the negative outcomes on social functioning for African-American children who have experienced abuse. Providing such interventions for the social support network can be a protective factor for the African American child in order to prevent suicide.

Appendix A. Child Suicide Death Rates by Race (Ages 0-12).

Year	White	Black	American Indian/ Alaska Native	Asian/ Pacific Islander	Hispanic
1998	0.15	0.11	0.72	0.1	0.07
1999	0.12	0.15	0	0	0.08
2000	0.18	0.13	0.27	0.09	0.11
2001	0.12	0.24	0.26	0	0.11
2002	0.17	0.16	0.39	0	0.12
2003	0.12	0.19	0.26	0	0.14
2004	0.12	0.2	0.38	0.08	0.11
2005	0.12	0.26	0.49	0.08	0.10
2006	0.1	0.17	0.24	0.04	0.07
2007	0.09	0.21	0.11	0.04	0.07
2008	0.07	0.23	0	0.07	0.05
2009	0.13	0.24	0.21	0.17	0.12
2010	0.12	0.22	0.2	0.03	0.12
2011	0.12	0.22	0.3	0.1	0.15
2012	0.12	0.25	0.4	0.13	0.07
2013	0.18	0.26	0.3	0.16	0.18
2014	0.2	0.35	0.4	0.06	0.15
2015	0.17	0.29	0.2	0.15	0.13
2016	0.22	0.33	0.5	0.06	0.16

Note. Rates per 100,000

Appendix B

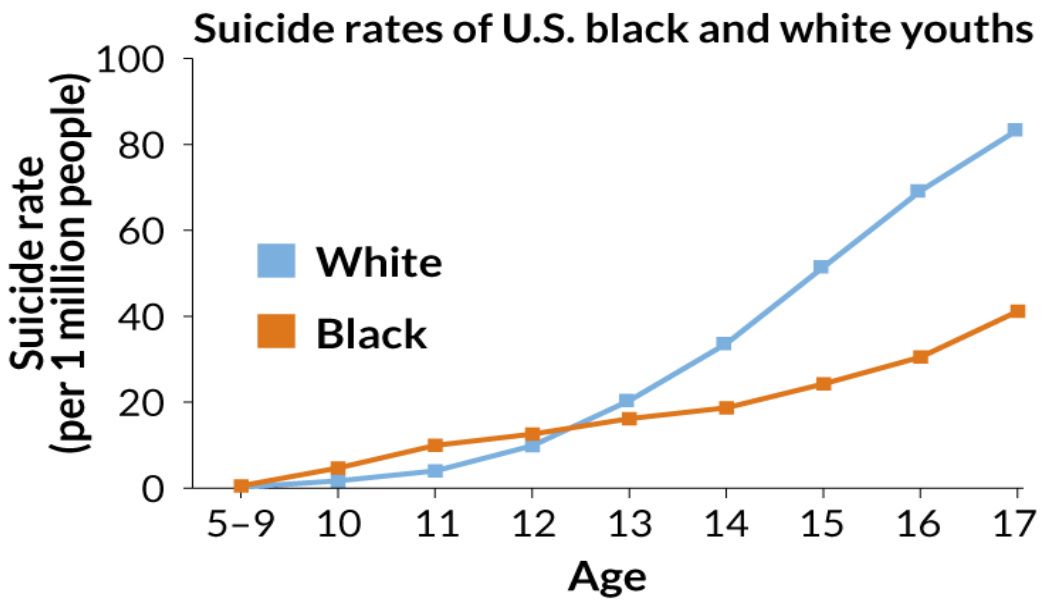

FIG. 1. **Suicide Rates of U.S. Black and White Youths. Adapted from Bridge et al. [4].**

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