

# Youth Suicide Prevention: Risk & Protective Factors

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## General Risk & Protective Factors

(These apply to all youth-the lists aren't exhaustive)

### Protective Factors

**Individuals:** social and coping skills, supportive friends, the ability to distract themselves and/or to self-soothe

**Family:** adults who spend time and listen, reasonable boundaries and reasonable expectations, acceptance

**School:** adults who pay attention and have clear expectations; clubs, sports, network of friends, counselors and caregivers

**Community:** plentiful opportunities for meaningful work and safe play, adequate mental health resources

What is important about protective factors is that one thing could make an enormous difference. It is not necessary to have each slot full to ensure safety for the young person.

### Risk Factors

**Biological Clues:** family history of mental illness including depression, puberty, cognitive impairments, disability, chronic illness, substance abuse, anxiety, mood disorders and conduct disorder

**Sociological:** contagion, peer pressure, family conflicts, drug and alcohol abuse, other abuse, academic pressures; expectations of school, family and self; break-up in a relationship, interpersonal losses, legal or disciplinary issues, bullying/harassment, negative social environment, victimization experiences

**Psychological:** negative self-talk like "I'm no good" or "I am not worthy"; poor distress tolerance, poor resiliency, poor interpersonal problem-solving, black and white thinking, previous suicide attempt

**Existential:** failure to see the good in the world, hopelessness: "What's the point - it's not going to change"

# Specific High Risk Groups

(Risk & Protective Factors that apply to particular groups of youth)

## GLBTQ Youth

### Protective Factors (in addition to others...)

**Individuals:** knowledge of GLBT issues, aware of & Condemns heterosexism & discrimination, models appreciation for ALL youth, maintains confidentiality, positive messaging from faith community

**Families:** unconditional support of child's identity, access to safe health care, ensure that school is safe & welcoming, educate self about issues facing child, let's child take lead in coming out process, seeks resources for GLBT issues, appropriate response to issues if they come up

**Service Providers:** explicit policies that prohibit ALL discrimination, trains all staff about GLBT issues, offer programs for ALL types of families, establishes a welcoming environment; all forms inclusive, staff/volunteers representative of GLBT community

**Schools:** welcoming environment, obvious safe zone/peer based support programs (GSA), trains all staff about GLBT issues, curricula is inclusive of GLBT issues & people, staff are representative; easily available & accurate information, inclusive forms, appropriate response to bullying/harassment (especially biased based), condemn heterosexism/homophobic remarks, positive reactions to youth coming out, GSA (gay straight alliance) or other GLBT supportive organization, teacher/staff identified as GLBT friendly, GLBT inclusive policies, clear/explicit anti-bullying/harassment policies that are inclusive of GLBTQ identity, GLBT friendly resources and that are easily accessible, GLBT youth drop in centers

### Risk Factors (in addition to others...)

**Sociological:** societal reaction to sexual orientation/gender identity, negative school climate for GLBT youth, gender nonconformity, coming out: early or not coming out to anyone, homophobia/transphobia, heterosexism, lack of access to gay/trans friendly services, rejection by family & peers, negative coming out experience, rejection by faith community

**Psychological:** internalized homophobia/transphobia, internal conflict

**Existential:** fear that situation will never improve for GLBT individuals

## Native American Youth

### Protective Factors (in addition to others...)

**Individuals:** spirituality (i.e., ceremonies, sweats, pow wows), participating in the Canoe Journey, being of service, positive friendships and activities, discussing problems with family and friends, emotional health, Native American liaisons in schools

**Families:** family support/attachment

**Service Providers:** access to medical and mental health care

**Schools:** caring adults

## **Risk Factors (in addition to others...)** Native American Youth—continued

**Warning signs:** arrest history, diagnosis of conduct disorder or substance abuse disorder, gang involvement, history of special education, out of school suspension, out of home placement, involvement in tribal court, fired from a job, death among family and friends, intense dating break-up, previous suicide attempt, fight or harassment incident, dropping out of school

**Sociological:** substance abuse, racial discrimination, family history of drug abuse, history of abuse-sexual and physical, alcohol abuse by youth, low social support, exposure to suicidal behavior by friends and family, trauma (historical and contemporary), violence, stigma, community breakdown

**Psychological:** depression, health concerns, and impulsivity

## Homeless Youth

### **Protective Factors (in addition to others...)**

**Individuals:** being homeless in the youth's own hometown if identified as protective factor for heterosexual youth, self-reliance, feelings of self-worth, positive motivation, reliance on spirituality, good connections with other people, positive coping skills, high self esteem, strong social involvement, secure attachment

### **Risk Factors (in addition to others...)**

**Sociological:** violence, sexual exploitation, substance abuse, risky sexual behavior (survival sex, unprotected sex, and prostitution), inaccessible safe medical care (especially important for transgender youth), and victimization (rape, robbery, etc...) — GLBTQ homeless youth experience twice the rate of sexual victimization as their straight peers, being homeless in the youth's home town is a risk factor for GLBTQ homeless youth, loneliness, some youth coming out of foster care experience rejection by peers on the street

**Psychological:** elevated rates of mental illness

## Youth Involved in Juvenile Justice

### **Protective Factors (in addition to others...)**

Safe housing for suicidal youth, proper training for all staff, clear suicide prevention policies/protocols, avoid isolation of youth suspected of suicidal thoughts — including not isolating youth in their room, proper intake screening, increased communication between all players (arresting officer, caseworker, family etc...), high level of supervision, restrict lethal means

### **Risk Factors (in addition to others...)**

History of abuse (both as victim & perpetrator)-sexual, emotional, and physical; individual history of substance abuse, room confinement, major affective disorder, borderline personality disorder, parents with affectionless bonding styles (boys), major life events (court appointment, death of family member), poor social connections, instability (girls), younger age (girls), not living with biological parent before detention, suicidal behavior of friend (boys), anger, failure in the program, fear of waiver to adult facility or more secure placement, sentencing, threats & intimidation of others in facility, newly admitted, housing unit set-up, length of stay in facility (long stay increases risk), isolation or segregation in unit, dehumanizing aspects of confinement, authoritarian atmosphere, staff (turn-over, insensitive, etc.), disappointment/receipt of bad news (no visit/bad visit, phone call, etc.), change in programming (revocation, new charges, program failure, loss of privileges)

# Youth in Foster Care

## **Protective Factors (in addition to others...)**

Education and training of foster parents to recognize, monitor, and respond appropriately to the signs and symptoms of depression and suicidality, systematic training of front line child welfare and juvenile services staff, stable placement (lower placement change rate), access to education services while in care, access to therapeutic services

## **Risk Factors (in addition to others...)**

Trauma, the process of being removed from family, placement changes, disruption, family abuse/neglect, emotional disorders, if transition out of foster care to homelessness-some experience rejection by peers on the street, turning 18/transitioning out of system, decreased support (lose medical coupons etc...) due to transition out of system, lack of sibling support due to separation etc.

## **Data gathered from the following studies/research**

Hayes, Lindsay Characteristics of Juvenile Suicide in Confinement. OJDDP: Juvenile Justice Bulletin. February, 2009

Hirsh, Jameson. Reasons for Living in Homosexual and Heterosexual Young Adults. Suicide Research 243-248, 1998

Mace, Khalsa, Crumley, & Aarons. In Harm's Way: A Primer in Detention Suicide Prevention. July, 2003

Eisenberg & Resnick. Suicidality among gay, lesbian and bisexual youth: The role of protective factors. Journal of Adolescent Health, 39(5), 662-668 2006

## **Available on the web**

Suicide Prevention Resource Center website: [sprc.org](http://www.sprc.org)

<http://www.sprc.org/library/srisk.pdf> A good list of general risk & protective factors

[http://www.sprc.org/library/AAS\\_GLB\\_T\\_Youth\\_SP\\_2008.pdf](http://www.sprc.org/library/AAS_GLB_T_Youth_SP_2008.pdf) A great report on suicide prevention with a focus on GLBTQ youth

General information on:

Native Americans <http://www.sprc.org/library/ai.an.facts.pdf>

African Americans <http://www.sprc.org/library/black.am.facts.pdf>

<http://www.chdi.org/publications.php?category=juvenile-justice> Please look for Endangered Youth: A Report on Suicide Among Adolescents Involved with the Child Welfare and Juvenile (Jan 2006)

<http://sitemaker.umich.edu/joseph.p.gone/files/suicide.pdf> A report on Suicidality amongst Native American Youth

<http://sswr.confex.com/sswr/2007/techprogram/P7119.HTM> Executive Summary to a report looking at homeless youth