

# Bibliography for Risk and Resilience: Suicide and Marginalized Youth

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Barnett, A. P., Molock, S. D., Nieves-Lugo, K., & Zea, M. C. (2019). Anti-LGBT victimization, fear of violence at school, and suicide risk among adolescents. *Psychology of Sexual Orientation and Gender Diversity, 6*(1), 88–95. <https://doi.org/10.1037/sgd0000309>

We investigated whether strengths of the relationships between anti-lesbian, gay, bisexual, and transgender (LGBT) victimization, fear of violence at school, and suicide risk differ by sexual orientation among a predominantly ethnic minority sample of adolescents. Using the 2012 District of Columbia Youth Risk Behavior Survey high school data set, we performed a 4-stage, stepwise logistic regression for suicide attempts, suicidal ideation, and suicide planning. First, we tested the independent variables, sexual orientation and anti-LGBT victimization. Second, we added an anti-LGBT victimization by sexual orientation interaction term. Third, we tested the independent variable, fear of violence at school, in an additive model. Fourth, we added a fear of violence at school by sexual orientation interaction term. In Model 1, sexual orientation and anti-LGBT victimization were both significantly associated with each suicide risk behavior. In Model 2, the anti-LGBT victimization by sexual orientation interaction term was not significant for any of the dependent variables. In Model 3, fear of violence at school was significantly associated with each suicide risk behavior. In Model 4, the fear of violence at school by sexual orientation interaction term was not significant for suicide attempts or suicidal ideation but was significant for suicide planning in the direction opposite to our hypotheses. Anti-LGBT victimization, sexual orientation, and fear of violence at school were associated with suicidal ideation, suicide planning, and suicide attempts. The strength of the association between fear of violence at school and suicide planning was weaker for sexual minority adolescents than for heterosexual adolescents. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Bridge, J. A., Asti, L., Horowitz, L. M., Greenhouse, J. B., Fontanella, C. A., Sheftall, A. H., ... Campo, J. V. (2015). Suicide Trends Among Elementary School-Aged Children in the United States From 1993 to 2012. *JAMA Pediatrics, 169*(7), 673–677. <https://doi.org/10.1001/jamapediatrics.2015.0465>

**IMPORTANCE:** Suicide is a leading cause of death among school-aged children younger than 12 years but little is known about the epidemiology of suicide in this age group. **OBJECTIVE:** To describe trends in suicide among US children younger than 12 years by sociodemographic group and method of death. **DESIGN, SETTING, AND PARTICIPANTS:** Period trend analysis of national mortality data on suicide in children aged 5 to 11 years in the United States from January 1, 1993, to December 31, 2012. Data were analyzed per 5-year periods, between 1993 to 1997 and 2008 to 2012. **MAIN OUTCOMES AND MEASURES:** Number of suicide deaths and crude suicide rates. Period trends in rates of suicide were estimated using negative binomial regression incidence rate ratios (IRRs). **RESULTS:** The overall suicide rate among children aged 5 to 11 years remained stable between 1993 to 1997 and 2008 to 2012 (from 1.18 to 1.09 per 1 million; IRR = 0.96; 95% CI, 0.90-1.03). However, the suicide rate increased significantly in black children (from 1.36 to 2.54 per 1 million; IRR = 1.27; 95% CI, 1.11-1.45) and decreased in white children (from 1.14 to 0.77 per 1 million; IRR = 0.86; 95% CI, 0.79-0.94). The overall firearm suicide rate (IRR = 0.69; 95% CI, 0.57-0.85) and firearm suicide rate among white boys (IRR = 0.72; 95% CI,

0.59-0.88) decreased significantly during the study. The rate of suicide by hanging/suffocation increased significantly in black boys (IRR = 1.35; 95% CI, 1.14-1.61), although the overall change in suicide rates by hanging/suffocation or other suicide methods did not change during the study. CONCLUSIONS AND RELEVANCE: The stable overall suicide rate in school-aged children in the United States during 20 years of study obscured a significant increase in suicide incidence in black children and a significant decrease in suicide incidence among white children. Findings highlight a potential racial disparity that warrants attention. Further studies are needed to monitor these emerging trends and identify risk, protective, and precipitating factors relevant to suicide prevention efforts in children younger than 12 years.

Bridge, J. A., Horowitz, L. M., Fontanella, C. A., Sheftall, A. H., Greenhouse, J., Kelleher, K. J., & Campo, J. V. (2018). Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015. *JAMA Pediatrics*. <https://doi.org/10.1001/jamapediatrics.2018.0399>

This study compares age-specific rates of suicide between black and white youths using data from the Web-based Injury Statistics Query and Reporting System (WISQARS) of the Centers for Disease Control and Prevention.

Britton, P. C., Van Orden, K. A., Hirsch, J. K., & Williams, G. C. (2014). Basic Psychological Needs, Suicidal Ideation, and Risk for Suicidal Behavior in Young Adults. *Suicide & Life-Threatening Behavior*. <https://doi.org/10.1111/sltb.12074>

Associations between the satisfaction of basic psychological needs of autonomy, competence, and relatedness with current suicidal ideation and risk for suicidal behavior were examined. Two logistic regressions were conducted with a cross-sectional database of 440 university students to examine the association of need satisfaction with suicidal ideation and risk for suicidal behavior, while controlling for demographics and depressive symptoms. Suicidal ideation was reported by 15% of participants and 18% were found to be at risk for suicidal behavior. A one standard deviation increase in need satisfaction reduced the odds of suicidal ideation by 53%, OR (95% CI) = 0.47 (0.33-0.67), and the odds of being at risk for suicidal behavior by 50%, OR (95% CI) = 0.50 (0.37-0.69). Young adults whose basic psychological needs are met may be less likely to consider suicide and engage in suicidal behavior. Prospective research is needed to confirm these associations.

Bryan, A., & Mayock, P. (2017). Supporting LGBT Lives? Complicating the suicide consensus in LGBT mental health research. *Sexualities*, 20(1-2), 65-85.

This article locates itself within an emergent, counter-discursive body of scholarship that is critical of universalizing depictions portraying queer-identified or LGBT youth as vulnerable and "at-risk" of a range of negative mental health outcomes, including self-harm and suicidality. Drawing on key findings from a large-scale, mixed-methods study exploring the mental health and well-being of LGBT people, we seek to contribute to the development of a more expansive understanding of LGBT lives by demonstrating the diverse ways people engage with their sexuality and gender identity and illuminating the complex meanings that those LGBT people who have experienced psychological and suicidal distress ascribe to their feelings, thoughts and actions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Centers for Disease Control and Prevention. (2018). *Web-based Injury Statistics Query and Reporting System (WISQARS) (Fatal Injury Reports, 1999-2016, for National, Regional, and States [RESTRICTED])*. National Center for Injury Prevention and Control. Retrieved from <http://webappa.cdc.gov/cgi-bin/broker.exe>

Chu, C., Buchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., ... Joiner, T. E. (2017). The Interpersonal Theory of Suicide: A Systematic Review and Meta-Analysis of a Decade of Cross-National Research. *Psychological Bulletin*. <https://doi.org/10.1037/bul0000123>

Over the past decade, the interpersonal theory of suicide has contributed to substantial advances in the scientific and clinical understanding of suicide and related conditions. The interpersonal theory of suicide posits that suicidal desire emerges when individuals experience intractable feelings of perceived burdensomeness and thwarted belongingness and near-lethal or lethal suicidal behavior occurs in the presence of suicidal desire and capability for suicide. A growing number of studies have tested these posited pathways in various samples; however, these findings have yet to be evaluated meta-analytically. This paper aimed to (a) conduct a systematic review of the unpublished and published, peer-reviewed literature examining the relationship between interpersonal theory constructs and suicidal thoughts and behaviors, (b) conduct meta-analyses testing the interpersonal theory hypotheses, and (c) evaluate the influence of various moderators on these relationships. Four electronic bibliographic databases were searched through the end of March, 2016: PubMed, Medline, PsycINFO, and Web of Science. Hypothesis-driven meta-analyses using random effects models were conducted using 122 distinct unpublished and published samples. Findings supported the interpersonal theory: the interaction between thwarted belongingness and perceived burdensomeness was significantly associated with suicidal ideation; and the interaction between thwarted belongingness, perceived burdensomeness, and capability for suicide was significantly related to a greater number of prior suicide attempts. However, effect sizes for these interactions were modest. Alternative configurations of theory variables were similarly useful for predicting suicide risk as theory-consistent pathways. We conclude with limitations and recommendations for the interpersonal theory as a framework for understanding the suicidal spectrum.

Davis, B., Royne Stafford, M. B., & Pullig, C. (2014). How Gay–Straight Alliance Groups Mitigate the Relationship Between Gay-Bias Victimization and Adolescent Suicide Attempts. *Journal of the American Academy of Child & Adolescent Psychiatry*, *53*(12), 1271-1278.e1. <https://doi.org/10.1016/j.jaac.2014.09.010>

**Objective** We examined the relationships between victimization from being bullied, suicide, hopelessness, and the presence of a Gay–Straight Alliance (GSA) on a school campus. **Method** We analyzed data from the California Healthy Kids Survey from 2005 to 2007 using hierarchical modeling. **Results** We found that gay-bias (versus non–gay-bias) victimization is meaningfully connected with the inwardly destructive behavior of attempted suicide among adolescents. We also found that hopelessness helps explain associations between gay-bias victimization and suicide attempts and that the presence of a GSA club on a school’s campus attenuates significant connections between gay-bias victimization and suicide attempts by reducing hopelessness. **Conclusion** Gay-bias victims are more likely than other victims to attempt suicide while also feeling more hopeless. The presence of a GSA on campus may help to reduce the attempted suicide and hopelessness associated with gay-bias victimization.

Erbacher, T. A., & Singer, J. B. (2018). Suicide risk monitoring: The missing piece in suicide risk assessment. *Contemporary School Psychology, 22*(2), 186–194. <https://doi.org/10.1007/s40688-017-0164-8>

Suicide is the second leading cause of death among youth aged 10–25 years and approximately 1-in-6 adolescents reported serious suicidal ideation in the past year. Schools are a unique environment in which to identify and respond to youth suicide risk. Although there are screening tools for identifying which youth are at risk and assessment measures for establishing the severity of suicide risk, an essential aspect of risk management is excluded: monitoring youth suicide risk. It is likely that this gap exists because most of the development and research on screening and assessment is in settings such as outpatient mental health clinics or hospitals where routine monitoring is difficult. The Suicide Risk Monitoring Tool (SMT) was developed so that school mental health professionals could quickly track changes in youth already identified at-risk for suicide, including youth who are assessed but remain in school, or those who are re-entering school after a hospitalization. The SMT includes factors known to correlate with youth suicide risk. This paper will review the research on suicide screening and risk assessment, identify and describe the empirical and theoretical basis for the SMT, relate monitoring to the comprehensive risk assessment within a school's overall framework for suicide risk assessment procedures, and provide a detailed case study that demonstrates how the SMT can be used with students in a school setting. Implications for research and practice are included.

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York: Routledge.

Gallagher, M. L., & Miller, A. B. (2018). Suicidal Thoughts and Behavior in Children and Adolescents: An Ecological Model of Resilience. *Adolescent Research Review, 3*(2), 123–154. <https://doi.org/10.1007/s40894-017-0066-z>

There has been increasing interest in the identification of factors that promote resilience to suicidal thoughts and behaviors in high-risk youth. The present review summarizes and critiques the current literature on protective factors that promote resilience to suicidal thoughts and behaviors in those children and adolescents who are at high risk for these outcomes. In contrast to earlier work on this topic, which primarily focused on internal, psychological protective factors, the current review articulates an ecological model of resilience in youth that spans multiple domains, including the individual, parents, family, friends, peers, school, community, and culture. This model encompasses individual assets such as problem-solving ability and emotion regulation as well as ecological resources such as parent–child relationship quality, family functioning, peer acceptance, supportive school climate, and engagement in meaningful activities and interests. The present review suggests that future research on resilience to suicidality in youth may benefit from taking a multi-dimensional approach that is grounded in current theories on suicidal thoughts and behavior. The results also suggest that suicide prevention and intervention programs for youth may benefit from a domain-spanning approach that helps teens to enhance their connection to friends, family, and community while teaching them vital internal coping skills.

Miller, C. A. (2012). *This is How it Feels: A Memoir - Attempting Suicide and Finding Life*. CreateSpace Independent Publishing Platform.

At twenty-years-old, Craig Miller attempted suicide. He sat on the edge of a bed and swallowed two hundred and fifty pills, never imagining that a note he wrote to himself fourteen years earlier would save his life. That note simply read, "Don't ever forget how this feels." From the time he was six-years-old, Craig lived his life by those words. He believed that if he needed to remember the feelings behind his life's most significant events, then there must be a reason why they happened. And for three extraordinary days following his suicide attempt, as he lay in the Intensive Care Unit floating in and out of consciousness, he found those reasons. He relived days from his childhood when his only friend became his assailant. He relived years of building a troubled relationship with God. He remembered when the pain of his life's tragedies finally caught up to him and he became the victim of severe obsessive compulsive disorder, relentless anxiety, and devastating irrational fear. After each memory, he awoke to the blurred reality of his suicide attempt. The struggle to fight his childhood assailant became a battle with doctors who worked to restrain him. The pain from a fist to his nose became the sting of a tube as it was pushed down his throat. And the memory of freezing alone on a cold winter night became the reality of a dark, lonely hospital room. But after each memory ended, Craig was left with the feeling that remained from reliving it. He felt the imprint it left within him- the deep desire to love, the desperate need to change, and the fiery will to fight. Craig Miller lay in a hospital bed for three days while his body fought for life, but his soul stood undecided on the threshold of existence. He relived the most pivotal moments of his life and saw himself from an entirely new perspective. He learned that God does not punish, and that love, no matter how bad it hurts, is worth it. He learned that compassion is to see the hurt in the eyes of another, no matter how bad we hurt ourselves. He learned that living in the darkness of mental illness can be one of the most powerful paths to self-discovery. And he learned that life, no matter how hard it gets, is worth living.

Sheftall, A. H., Asti, L., Horowitz, L. M., Felts, A., Fontanella, C. A., Campo, J. V., & Bridge, J. A. (2016). Suicide in Elementary School-Aged Children and Early Adolescents. *Pediatrics*, *138*(4), e20160436. <https://doi.org/10.1542/peds.2016-0436>

**BACKGROUND AND OBJECTIVES:** Suicide in elementary school-aged children is not well studied, despite a recent increase in the suicide rate among US black children. The objectives of this study were to describe characteristics and precipitating circumstances of suicide in elementary school-aged children relative to early adolescent decedents and identify potential within-group racial differences. **METHODS:** We analyzed National Violent Death Reporting System (NVDRS) surveillance data capturing suicide deaths from 2003 to 2012 for 17 US states. Participants included all suicide decedents aged 5 to 14 years (N = 693). Age group comparisons (5–11 years and 12–14 years) were conducted by using the  $\chi^2$  test or Fisher's exact test, as appropriate. **RESULTS:** Compared with early adolescents who died by suicide, children who died by suicide were more commonly male, black, died by hanging/strangulation/suffocation, and died at home. Children who died by suicide more often experienced relationship problems with family members/friends (60.3% vs 46.0%; P = .02) and less often experienced boyfriend/girlfriend problems (0% vs 16.0%; P < .001) or left a suicide note (7.7% vs 30.2%; P < .001). Among suicide decedents with known mental health problems (n = 210), childhood decedents more often experienced attention-deficit disorder with or without hyperactivity (59.3% vs 29.0%; P = .002) and less often experienced depression/dysthymia (33.3% vs 65.6%; P = .001) compared with early adolescent decedents. **CONCLUSIONS:** These findings raise questions about impulsive responding to psychosocial adversity in younger suicide decedents, and they suggest a need for both common and developmentally-specific suicide prevention

strategies during the elementary school–aged and early adolescent years. Further research should investigate factors associated with the recent increase in suicide rates among black children.

Singer, J. B., Erbacher, T. A., & Rosen, P. (2018). School-based suicide prevention: A framework for evidence-based practice. *School Mental Health*, 1–18. <https://doi.org/10.1007/s12310-018-9245-8>

Suicide is the second leading cause of death among youth aged 10–25 years, and approximately one in six adolescents reported serious suicidal ideation in the past year (Centers for Disease Control and Prevention [CDC] in Web-based Injury Statistics Query and Reporting System (WISQARS). <http://webappa.cdc.gov/cgi-bin/broker.exe>, 2017). Schools are a unique environment in which to identify and respond to youth suicide risk, yet the research base for school-based suicide prevention programs is limited due to challenges with implementation and evaluation. The purpose of this article is to review best practice approaches and existing empirical support for school-based suicide prevention and to present a framework for how these efforts can be embedded within multi-tiered systems of support (MTSS). In line with the Substance Abuse and Mental Health Services Administration [SAMHSA] (Preventing suicide: a toolkit for high schools. <https://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>, 2012) framework for suicide prevention in schools, the article overviews existing programs for student education, staff training, and screening, noting where these programs may be situated across tiers of intervention. This is followed by a review of school-related outcomes of existing suicide prevention programs, which highlights the limitations of existing research. Because there are only two school-based prevention programs with evidence for reducing suicide risk in students, the authors encourage school staff to implement best practice recommendations in collaboration with school mental health professionals who can provide ongoing evaluation of program effectiveness, as well as with researchers who are able to design and conduct outcome studies addressing the limitations of current research. Findings also underscore the need for greater integration of suicide prevention programming with existing school initiatives such as MTSS, which aligns with a growing focus in the field of suicide prevention on “upstream approaches.”

Szlyk, H. S., Gulbas, L., & Zayas, L. (n.d.). “I Just Kept It to Myself”: The Shaping of Latina Suicidality Through Gendered Oppression, Silence, and Violence. *Family Process*, 0(0). <https://doi.org/10.1111/famp.12384>

Suicide is a critical issue among Latina youth. In this study, we use family case analysis to explore how gendered oppression, silencing, and violence shape suicidal behaviors among a sample of Latina daughters (n = 10), and their parents. For comparison, we include family narratives from Latina adolescents with no histories of suicide attempts (n = 10). Results suggest how secrets and silence, as indicative of gendered oppression, may catalyze a suicide attempt. The risks are particularly salient when daughter and mother both have experienced violence that conflicts with gendered cultural scripts. Findings highlight the importance of parental engagement and exploration of histories of violence in the treatment of Latina suicide attempters. Future research should incorporate the risk factors of gendered oppression and violence to better understand the development of suicidality among Latina women.

Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual Research Review: What is resilience within the social ecology of human development?: Resilience in the social ecology of human development. *Journal of Child Psychology and Psychiatry*, 54(4), 348–366. <https://doi.org/10.1111/jcpp.12025>

**Background:** The development of Bronfenbrenner’s bio-social-ecological systems model of human development parallels advances made to the theory of resilience that progressively moved from a more individual (micro) focus on traits to a multisystemic understanding of person–environment reciprocal processes. **Methods:** This review uses Bronfenbrenner’s model and Ungar’s social-ecological interpretation of four decades of research on resilience to discuss the results of a purposeful selection of studies of resilience that have been done in different contexts and cultures. **Results:** An ecological model of resilience can, and indeed has been shown to help researchers of resilience to conceptualize the child’s social and physical ecologies, from caregivers to neighbourhoods, that account for both proximal and distal factors that predict successful development under adversity. Three principles emerged from this review that inform a bio-social-ecological interpretation of resilience: equifinality (there are many proximal processes that can lead to many different, but equally viable, expressions of human development associated with well-being); differential impact (the nature of the risks children face, their perceptions of the resources available to mitigate those risks and the quality of the resources that are accessible make proximal processes more or less influential to children’s development); and contextual and cultural moderation (different contexts and cultures provide access to different processes associated with resilience as it is defined locally). **Conclusion:** As this review shows, using this multisystemic social-ecological theory of resilience can inform a deeper understanding of the processes that contribute to positive development under stress. It can also offer practitioners and policy makers a broader perspective on principles for the design and implementation of effective interventions.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, 117(2), 575–600. <https://doi.org/10.1037/a0018697>

Youth Online: High School YRBS - Home Page | DASH | CDC. (n.d.). Retrieved September 28, 2018, from <https://nccd.cdc.gov/youthonline/App/Default.aspx>