Teen Suicidal Behavior

A Survey of Oregon High School Students, 1997

Published September 1998 / ISSN 1520-5681 Prepared by: David Hopkins Desktop Publishing by: Melissa Grace Franklin

Acknowledgments: Many people reviewed and otherwise contributed to this report, including Tammis Alexander, Linda Duke, David Fleming, M.D., Joyce Grant-Worley, Elinor Hall, Grant Higginson, M.D., Tina Kent, David Lane, Phyllis Mason, Andy Osborn, Cathy Riddell, Ken Rosenberg, M.D., and Jill Skrezyna.

Appendix C

RISKY BEHAVIOR AND THE HOME ENVIRONMENT

"I smoke crack and Nobody cares for Me!"

Although some suicidal youth come from loving supportive families, more often the absence of a nurturing environment puts adolescents at increased risk of self-destructive behavior. ⁵⁸ Many suicidal children experience difficulties with their families that leads them to doubt their self-worth, resulting in their feeling unwanted, misunderstood, and unloved. Too often parents and other adults criticize the child instead of the behavior. ³²

"Because my life is my life, It is the only one I have, and will ever have because I am not a superstitious . . . who is scared to die. Let me be sad, let me not care"

Low and Andrews summarized the studies of families whose children were suicidal: "Families of suicidal adolescents have been characterized as chronically disorganized, chaotic and unstable with higher prevalences of family break-up, violence and suicidal tendencies . . . Parents of suicidal adolescents have shown a greater prevalence of drug and alcohol abuse, chronic psychiatric illness, especially affective disorders . . . Suicidal adolescents have also experienced a higher incidence of physical and sexual abuse in their families." They further noted that "interactions among families of suicidal children and adolescents have shown that high levels of hostility, rejection, and disapproval are directed towards the suicidal youth, with concurrent withdrawal of support, leaving adolescent children feeling `expendable' to the family." ⁶³

"Survey-ask about family life-that's where most problems begin-lots of teen's parents are drunk everyday of their life-mine are-that's where my probs are-we fight everyday because my dad is constantly drunk."

Four questions in the YRBS provide insight into the student's home environment. One, cigarette smoking in the household, is probably a surrogate measure for other factors (e.g., parental income and education). Three other questions relate to the home environment and level of social support available from adults: physical abuse, sexual abuse, ⁶⁴ and the number of adults that the student can go to to discuss problems. The presence of these four risk factors is strongly related to a spectrum of risky behaviors, including suicidal behavior (Table C-1)

Oregon Health Division 1 of 2

"Many of my friends suffer from either depression, family problems, or other problems. We do not feel that there is anywhere to go for counseling or other treatment without tellin our parents, for fear of rising more problems. I think that in our school, Counselors should be more available without concent of parents."

Not surprisingly, the poorer the student's environment and life experiences, the greater the likelihood that he or she engaged in self-destructive behavior. Students who: a) lived in a home exposed to second-hand tobacco smoke, b) who had no caring adults they could go to for advice, and c) who had been both sexually and physically abused were *24 times* more likely to attempt suicide than were those who lived in a smoke-free house, had at least two adults they could talk to, and who had not been sexually or physically abused. For five of the characteristics shown in Table C-1, the odds of an adolescent engaging in risky behavior were *48 or more times* greater for those in the poorest environment compared to those in the more favorable environment: 1) treatment for a suicide attempt was reported 48 times more frequently; 2) heavy cocaine use was 49 times more common; 3) binge drinking was 62 times more prevalent; 4) both heavy cigarette smoking and 5) multiple pregnancies were reported more than 100 times more often (Figure C-1).

"It all starts in the home, not in the school."

Oregon Health Division 2 of 2