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Risk and Protective Factors linked to Suicidal Behaviour in Adolescents: A Review of the Literature

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Abstract:

Suicidal behavior among adolescents is serious and prevalent problems in almost every country that warrant considerable attention. While a variety of factors have been linked to suicidal behavior, only few studies have examined most commonly associated factors among adolescents population. As suicide is preventable therefore it is important to recognize the strongest and most consistently reported risk and protective factors of adolescents' suicidal behavior in forming effective intervention policy. This paper will provide an overview of adolescents' suicidal behaviour as it relates to parents, teachers, and counselors, detailing risk and protective factors, and opportunities for prevention and treatment.

Keywords: Suicidal Behavior, Adolescents, Risk Factors, Protective Factors

1. Introduction

The prevalence of suicidal behavior is found across all age groups in the general population, however, suicidal behavior among adolescents have long been regarded as serious social problems. Therefore, suicide prevention is one of the fundamental necessities in every society. For the last several decades, researchers have been trying to understand the mystery of human suicide and suicidal ideation empirically. According to Gutierrez et al. (2000, as cited in Gutierrez, 2006), the combination of risk and protective factors affecting each adolescent and best determines the probability of engaging in suicide-related behaviours at any given time. Gutierrez further cited that, at times when the risk factors are stronger, the individual is more attracted to death and pears more suicidal. An increase in protective factors or a decrease in risk factors may fairly rapidly tip the scales toward more attraction for life and the appearance of being less suicidal (Orbach, 1989, 1997, as cited in Gutierrez, 2006).

2. Concept of Suicidal Behaviour

Suicidality includes all forms of self-destructive thoughts and behaviours. Reynolds (1988) and James and Gilliland (2001) conceptualized suicidal behaviour is as a progressive continuum of behavior progressing from suicidal ideation to suicide attempts and eventually to the most serious form of behaviour, namely completed suicide. Similarly, suicidal behaviour is viewed as an umbrella term describing various behaviours such as suicidal ideation (thoughts and cognitions about suicide), suicide attempts (attempting to inflict harm on one's own self) and completed suicide, namely successful acts aimed at ending one's own life (Schlebusch, 2005; Shea, 1998; World Health Organization [WHO], 2000).

3. Facts and the Current Situation of Adolescents' Attempted Suicide:

The incidence and pattern of adolescent suicide varies around the world. According to Anderson and Smith (2003), suicide is the third leading cause of death for Americans aged 18–24. According to McClure (2000), in UK, suicide is the third most frequent cause of death in the 15–44 year age group. In India, a report of the latest edition of National Crime Records Bureau (2012) reported that of the 135445 completed suicides that reportedly occurred in 2012, around 34.6% suicide victims were youths in the age group of 15-29 years. Mayer and Ziaian (2002, as cited in Colucci, 2006) and Vijayakumar (2005, cited in Colucci, 2006) highlighted different suicide patterns in Asian compared to Western countries. Particularly, the age distribution and male to female ratio are different that is, rates are highest in the elderly in Western countries, but in young people in Asia. In the former, the male to female ratio is greater at 3(or more):1 whereas in the latter the ratio is smaller at 2:1, with some countries like India showing a very similar ratio (1.4:1) and China showing higher suicide in women (Vijayakumar, 2005, as cited in Colucci, 2006).

4. Risk and Protective Factors

It is extremely difficult to predicting who, how and when someone will attempt suicide. Although, majority of studies related to suicidal behaviour have explored only one end of suicidality continuum that is risk factors and ignored the other end of suicidality (i.e., protective factors), However, suicide phenomena may be multidimensional (Perkins & Hartless, 2002), and knowing risk and protective factors in adolescents lives can provide greater impetus in the development of preventative programs against suicidal

behaviour. Interventions are more effective when the focus is given simultaneously on both factors, that is increasing or strengthening protective factors at the same time with reducing risk factors, as compare to focusing on only risk factors alone (Bryan & Rudd, 2006). According to Henriksson (1996), suicide is a multidetermined act which has numerous biological, psychosocial, social, cultural and situational contributory factors behind it. Given that there is a large and ever-expanding body of literature on risk and protective factors for suicidal behaviors, in this paper a summary of only the strongest and most consistently reported factors among adolescents will be provided.

4.1. Risk Factors

Risk factors are those conditions or factors that influence an individual to engage and possessing in suicidal behavior behaviors. There are variety of well known risk factor which is closely related to suicidal behaviour, such as psychiatric disorders and pathological environment (Hawton & Heeringen, 2000). Aside for these some of the important risk factors related to suicidal behavior among adolescent are described as follows:

4.1.1 Depression

Depression is one of the major contributing factors to suicidal behavior among adolescents (De Man, 1999; Eskin et al., 2007; Fleming et al., 2007) and it is the universal risk factor across countries and cultures. More recently, by using data from the 2010 Minnesota Student Survey, Taliaferro and Muehlenkamp (2014) found that apart from other factor depressive symptoms emerged as important risk factors to distinguish youth who reported suicidal ideation or behavior from those without a history of suicidality.

4.1.2. Hopelessness

According to Fritsch et al. (2000), hopelessness in contrast to helpfulness appears to be a risk factor for suicidal behaviour as it can lead to an overall negative sense of self in almost all life domains. Hopelessness is shown to be another important risk factor for adolescent suicidal behaviour (Bridge, Goldstein, & Brent, 2006; Eaton et al., 2011; Taliaferro & Muehlenkamp, 2014).

4.1.3. Stressful life events

A large number of studies found that adolescents who attempted suicide were more likely to have experienced numerous stressful life events such as interpersonal difficulties, conflicts, or losses, and environmental consequences- for example disciplinary action or legal problems (Adams et al., 1994; Beautrais, Joyce, & Mulder, 1997; Gould et al., 1996). Recently a study showed that negative life events were associated with greater levels of suicidal ideation and attempts in students (Rowe et al., 2013).

4.1.4. Academic Pressures

Academic pressure by parents and teachers, which is also one of the main stressors among adolescents, is strongly related to adolescent suicidal behavior. Studies showed that academic pressure has often to be a source of stress leading to suicidal behaviours among the adolescents in USA (Shagle & Barber, 1995), Japan (Iga, 1981), Korea (Juon et al., 1994), and Mainland China (Greenberger et al., 2000).

4.1.5. Feeling of loneliness and isolation

Several studies have reported that feeling of loneliness and isolation is risk factors for suicidal behaviour among adolescents (Roberts, Roberts, & Chen, 1998). Stravynski and Boyer (2001) found in their study that loneliness was linked to suicidal ideation and parasuicide in the samples of high school students, college students, and a general population sample. Miller et al. (1992) conducted a controlled study and compared 15 suicidal adolescents, 14 age-matched psychiatric controls and 14 age-matched normal controls. One of the several significant findings they found that suicidal samples rated their families as the least cohesive and most rigid among the 3 groups, suggesting that suicidal behaviour might occur when isolation was experienced within an inflexible family system. In a very recent cross-sectional study conducted by Randall et al. (2014), among sampled data of 2,690 adolescents-obtained from the Global School-based Health Survey conducted in Benin in 2009, found that apart from other factors loneliness and lack of parental support were independently related to the suicidal ideation and multiple suicide attempts.

4.1.6. Childhood Physical and Sexual Abuse

Childhood sexual abuse is another well-documented risk factor for suicidal behaviour. Beautrais, Joyce and Mulder (1996) conducted a study and found that adolescents and young adults who made medically serious suicide attempts were 6.5 times more likely to have histories of sexual abuse than case-control subject in the community. Pillai, Andrews, and Patel (2009) conducted a cross-sectional study of 3662 youth (16–24 years) from rural and urban communities in Goa, India. They found that suicidal behaviour was associated with physical abuse at home, female gender, not attending school or college, independent decision making, premarital sex, life time experience of sexual abuse and probable common mental disorders (CMD).

4.1.7. Alcohol and Substance Abuse

Alcohol and Substance Abuse is an important risk factor that affected adolescents' suicidal behavior. Several studies indicate that suicidal ideation is positively associated with alcohol and substance abuse (Makhija, 2007; Makhija & Sher, 2007; Parks et al., 2006). By using retrospective review of hospital records of adolescents who admitted for a suicide attempt, Withers and Kaplan (1987) found that the majority of attempters had used alcohol or drugs prior to the year of suicide attempt. Recently, research

finding by Delfabbro, Winefield and Winefield (2013) suggested that the presence of substance use in teenagers is a potentially useful indicator of elevated suicide risk and that many of the social problems commonly associated with suicidality are likely to be mediated by negative affective states.

4.1.8. Previous Attempt

Previous suicide attempt have been shown to be associated with most suicide among adolescents (Grossman, 1992; Shaffer et al., 1996). Similarly, studies show that Previous suicide ideation and behavior is the strongest predictor of suicide completion (Fergusson, Woodward, & Horwood, 2000; Pfeffer, Jiang, & Kakuma, 2000). In a recent study among nationally representative stratified sample of U.S. high school students, Nanayakkara et al. (2013) found that the greatest risk for future suicide attempts (relative risk = 3.3) was attributable to an attempt in the preceding year, after controlling for preexisting and current depression and exposure (exposure to suicide was next highest relative risk of suicide attempt 3.2).

4.1.9. Suicide of family member or a friend and classmate

Studies found that exposure to suicidal threats and behaviours in family members and friends is likely to be associated with higher risk of suicidal behaviour among adolescents (Ramsay & Bagley, 1985) regardless of depression levels (Nanayakkara et al., 2013). Similarly, Pfeffer et al. (1979) showed that children of suicidal parents are more likely to engage in suicidal behaviour themselves. In a recent study (Swanson & Colman, 2013), it was found that exposure to a schoolmate's suicide was associated with suicidal ideation and attempt among Canadian youth (aged 12-17 years). According to Bolger et al. (1989), theories proposed by Freud (1955, as cited in Bolger et al., 1989) and Bowlby (1969, cited in Bolger et al., 1989) have linked the loss of loved one to the onset of depression and thus, indirectly related to increased risk of suicide. Bolger et al. (1989) also said that, one way that exposure to death may increase the risk of suicidal thoughts is by making the concept of death and its possibilities as an escape from pain more salient in the child's mind. Furthermore, young children may believe death provides a way to rejoining a loved one who has died.

4.1.10. Anger and Aggressive Behavior

Results from a number of studies have found that anger and aggressive behavior have been closely linked to suicidal behavior in adolescents (Lehner & Overholser, 1994), with many suicide attempters reporting intense feelings of anger and rage immediately preceding their suicide attempt (Velting, Rathus, & Miller, 2000). In a recent study conducted by Abel et al. (2012) showed that apart from other factors aggressive behaviour were significant correlates of suicidal ideation among Jamaican youth.

4.1.11. Bullying and Victimization

Bullying which is a form of verbal and physical violence and conceptualized as the ongoing physical or emotional victimization of a person by another person or group of people. Bullying is shown to be another important risk factor of suicide among adolescents (Klomek et al., 2009). Kim, Koh and Leventhal (2005) found that students who were involved in school bullying, especially victim-perpetrators, had significantly higher risks for suicide ideation and suicidal behavior when compared with individuals who were not involved in school bullying. Recently, Borowsky, Taliaferro, and McMorris (2013) conducted a study among youth involved in verbal and social bullying a majority of youth who reported a history of self-harm behavior in the past year reported thinking about or attempting suicide among all three groups of youth involved in bullying (perpetrators only, victims only, and bully victims).

4.1.12. Ineffective problem-solving skills and/or coping skills

According to Shneidman (1996), "The common purpose of suicide is to seek a solution. Suicide is not a random act. It is never done without purpose. It is a way out of a problem, a dilemma, a bind, a difficulty, a crisis, an unbearable situation" (p. 130). Speckens and Hawton (2005), in a review of adolescent studies, showed that in many studies suicidal adolescents have more social problem-solving deficits than do nonsuicidal adolescents, but many of these differences appear to be accounted for (mediated) by depression and hopelessness. Schotte and Clum (1982), while examining a model of suicide behaviour in a group of college-aged suicide ideators, found that poor problem solvers under high stress were found to be significantly higher on suicide intent than any other group.

4.1.13. High levels of perfectionism with excessive self-scrutiny

Perfectionism is the heightened self-expectations, which may be difficult to achieve and probably lead the suicidal behavior among students (Donaldson, Spirito & Farnett, 2000; Halgin & Leahy, 1989). Another more similar risk factor of suicide is 'socially prescribed perfectionism', which is defined as "an interpersonal dimension involving perceptions of one's need and ability to meet the standards and expectations imposed by others" (p. 216; Hewitt et al., 2006). Boerges, Spirito and Donaldson (1998) revealed that socially prescribed perfectionism was the predictor of wish to die, which is a primary factor for the suicide attempt among adolescents.

4.1.14. Few Reasons for living

Another risk factor of adolescent suicidal behavior is few good reasons for living. Linehan et al. (1983) proposed that individuals who have suicidal ideation and who attempted suicide, lack reasons for living when facing life adversity. Hirsch and Ellis (1996) found that having reasons for living to be a protective factor that reduces the suicidal thoughts and actions among college students.

4.1.15. Presence of a firearm and lethal method in the home

Risk of adolescent suicide is greater if there is a gun or other lethal method (e.g., knife, drugs etc.) are available in the home (Grossman et al., 2005). Brent et al. (1988) found in their study that presence of firearms in the home to be more common among adolescents who die by suicide than by adolescents hospitalized for suicidality.

4.1.16. Gender

Although, the result of different studies about whether being a male or female is a risk factor of suicide, is contradictory, and varies from culture to culture and country to country. Most of the data showed that females are more likely to attempt suicide whereas males are more likely to succeed. Cheng and Lee (2000) showed that a higher number of males than females committing suicide overall. Similarly, Langhinrichsen-Rohling et al., (1998) conducted a study among high school students, found that male students were engaged in more suicide-related behaviours, but gender differences were not found for hopelessness or depressive symptoms. According to Moscicki (1999), females are more likely to attempt suicide than are males, while males are up to four times more likely to die by suicide. Thus, the association between adolescents' suicidal behaviour and gender is paradoxical.

4.1.17. Low socioeconomic status, living in poverty and low parental education

Low income which is a indicator of low socioeconomic status (SES) was also found to be an important risk factor for suicide especially in males (Qin et al. 2003). Different studies conducted in England, Scotland and New Zealand showed that low childhood SES has been found to be a risk factor for suicides or suicide attempts (Fergusson et al. 1995, Neeleman et al. 1998, Riordan et al. 2006). In a more recent study, Page et al. (2013), found in their result that, lower Socio-economic position (SEP) during childhood is associated with the subsequent risk of self-harm with suicidal intent in adolescence. This association is stronger in those experiencing consistently lower SEP. They also found that adolescents of parents reporting consistently low income levels during childhood were approximately 1.5 times more likely to engage in self harm than those never to report low income. Some studies also showed that adolescents whose parents have low level of education are more likely to engage in suicidal behaviours (Tang et al., 2009).

4.2. Protective Factors

Protective factors conceptualized as those factors that decrease the probability of an outcome (suicidal behavior) in the presence of elevated risk. In other words, protective factors refer to those factors that make suicidal behaviours less likely to occur, such as having a reason for living and attitudes about life and death (Osman et al., 2003). It is seen in everyday life that not all individuals who are exposed to risk factors develop suicidal behaviors, which means that there are certain protective or buffering factors that act to mitigate the effects of exposure of individuals to risk factors. Therefore, these protective factors act to counter the adverse effects or moderate the impact of risk factors. Some of the important protective factors for suicidal behavior among adolescent are described as follows:

4.2.1. Family support

The family is the central resource of support for adolescents worldwide, and positive parenting style acts as a protective factor by enhancing the general well-being of adolescents (Larson, Wilson & Mortimer, 2002). Evans, Hawton and Rodham (2004) showed that good communication and understanding in the family, family harmony and cohesion and spending quality time with the family are considered protective factors. George (2005) found that lack of social support and problems in their relationship with their parents, teachers and peers contributed to an increased tendency towards suicidal ideation among of adolescent learners. Cho and Haslam (2010) conducted a study, among Korean born high school students residing in the US., and found that that parental support is particularly protective for suicide among immigrant adolescents.

4.2.2. Friends / Peers and Significant others Support

Positive peer experiences was identified as a buffering effect against suicidal behaviour among high school learners (Sebate, 1999), Studies showed that close supportive friendships (Bearman & Moody, 2004) and connections to nonparental adults (Eisenberg & Resnick, 2006; Fleming et al., 2007) protect against suicidality among youth. Esposito and Clum (2003) found in a study that suicidal youth were have lower perceived social support from families, teachers, or friends than their nonsuicidal peers.

4.2.3. High Self-esteem

High self-esteem or positive self-image is a personal factor which protect individual from suicidal behaviour. Mashego et al. (2003) found that a high level of self-esteem among adolescents act as a protector against suicidal behaviour. In contrast, low self-esteem which is closely linked to low self-worth and feelings of inferiority are likely to be significantly associated with increased suicidal ideation and attempt among youth (Goodwin & Marušič, 2003). Similarly, Overholser et al. (1995) found that Individuals with low self-esteem, tend to have a negative view of themselves and feel they are incompetent and unworthy and suicidal tendencies generally increase, and vice versa.

4.2.4. An optimistic outlook / positive future thinking

Dispositional optimism is defined as individuals' stable, generalized expectation that they will experience good things in life (Scheier & Carver, 1985). Many studies have shown hope and optimism is potential protective factors against suicidality among students (Hirsch & Conner, 2006; O'Connor et al., 2009). Hirsch, Conner, and Duberstein (2007) found that optimism was inversely associated with suicide ideation even after controlling for age, gender, depressive symptoms, and hopelessness.

4.2.5. self-efficacy

A key protective factor for adolescents' suicidality is self efficacy. If one feels that able to cope successfully or able to manage emotional reactions, then the threat of suicide will be decrease. Singh and Tanu (2007) in their study found that there was a significant negative relationship between self efficacy and suicidal ideation among students. Low self-efficacy, as suggested by Dieserud et al. (2001) in their study, was a concealed factor weakening interpersonal problem-solving abilities, causing the person to feel inefficient in problem-solving and thus leading to suicide attempts. Similarly, a negative correlation between the self-efficacy scale in coping with depression and suicidal thoughts scale was found by Perraud et al. (2006).

4.2.6. Spirituality, Religious beliefs and religious practice

Religiosity can be defined as the state of feeling connected to a particular religion or religious belief in a higher power (i.e., God) is an important protective factor against suicidality. Youths who are highly religious are more optimistic and believe that they can overcome obstacles and are therefore less prone to suicidal behavior. Recently, Shaheen et al. (2014) conducted a among university students and found that there was a significant negative correlation between scores of overall spirituality (Spiritual Well-Being Scale, Paloutzian & Ellison, 1982) and its sub-scales i.e. Religious Well-Being and the Existential Well-Being to suicidal ideation. Their results suggest that spirituality, religious beliefs and religious practice/or prayer is associated with decreased suicidality and important protector against suicidal behaviour among adolescents. Colucci and Martin (2008) suggested that suicidal behavior is related to only some aspect of religiosity/spirituality such as importance of religion and sense of connectedness.

4.2.7. Academic achievement

A number of studies suggest that academic achievement emerged as important protective factors against suicidality among adolescents (Borowsky, Ireland & Resnick, 2001; Taliaferro & Muehlenkamp, 2014; Ulusoy & Demir, 2005). In contrast, studies showed that poor self-reported academic performance and failing academic performance was associated with increased likelihood of suicidal ideation and attempt among adolescents (Hesketh, Ding, & Jenkins, 2002; Richardson et al., 2005).

On the basis of above literature review a summary is presented in the following given table (Table 1), which should help health-care professionals, counselors, parents and teachers, in understanding the factors related to suicidal behavior among adolescents and implications for preventing suicide in practice.

Risk Factors	Protective Factors	Recommended Foci for Intervention
Having depression or other mental illness, alcohol and substance abuse, or a history of suicide attempts	Having good physical and mental health and fitness	Diagnostic understanding and earlier treatment of adolescents by clinician. The reasons underlying psychological disorder need to be viewed and understood from the adolescent's perspective.
Academic Pressures and low academic achievement	Good Academic Achievement	Realistic expectations and feeling valued as a person irrespective of academic performance
Low level of family, peers, and Significant others Support; feeling of loneliness isolation and social withdrawal	Good social support and social network. High level of Family, Peers, and Significant others Support	Increase strong connection, support and acceptance by family and peers; and obtaining help from others (relevant adults / teachers / professionals). Develop social skills and enable to establish relationships
High level of aggressive behavior	Low level of Aggressive Behavior	Taking responsibility (apologizing, not blaming others); express anger assertively; skill to manage and tolerate stress and frustration
Bullying and victimization	Absence of bullying and victimization	Increase efforts to prevent bullying in schools
Ineffective problem-solving skills and/or coping skills	good problem-solving skills and good coping and adaptive skills	Training of problem-solving skills and stress management
Low self-esteem	High self-esteem/self acceptance	Teach positive self-image and enhancing self-esteem/self acceptance and confidence
Pessimistic outlook	Optimistic outlook	Train students to develop hope/goal and positive future thinking
Fewer reasons for living	Many reasons for living	Exploring reasons for living

Presence of a firearm and lethal method in the home	Absence of a firearm and lethal method in the home	Public awareness and education about safe storage of firearm and reducing (or removing) access to the means of committing suicide
Low socioeconomic status and living in poverty	Good socioeconomic status	Economic security
Suicide of family member or a friend and classmate	No family or friend history of suicide attempt	Targeted interventions toward adolescents closest to the decedent
Low level of spirituality; poor religious commitment	High level of spirituality; Strong religious faith and commitment	Spiritual connection / religious association

Table 1: Risk and Protective Factors with recommended Intervention for Adolescent Suicidal Behavior

5. Conclusion

The review of empirical literature presented in this paper suggests that a wide range of different risk and protective factors are related to suicidal behavior among adolescents. Although, according to report of Centers for Disease Control and Prevention (2010) the importance of risk and protective factors can vary by age, gender, and ethnicity. Therefore, prevention and intervention of suicide should be based on the application of knowing risk factors with adequate use of protective factors and according to the adolescents' demographic, situation and culture. A multidimensional approach is urgently needed to prevent adolescent suicidal behavior. Different programs are needed to reduce risk factors and enhancing protective factors to help adolescents to face their specific factors.

6. References

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