

Child Maltreatment and Suicide For Clinicians

Did you know? Children who experience maltreatment are more likely to have thoughts about suicide.

- Suicide is the second leading cause of death for teens and young adults.
- For youth ages 14-18, 18.8% have "seriously considered" suicide, while 8.9% have made a suicide attempt.²
- These rates may be even higher for youth who have experienced maltreatment. In one study of preteens who were maltreated and in the foster care system, 26% had a history of suicidality.³
- Additionally, suicidal ideation, attempts, and death among youth of color have been increasing dramatically. For example, rates of suicidal ideation and attempts among Black youth ages 14-18 increased continually between 2009 and 2019. Over the past 20 years, the rate of suicide among Black youth has also steadily increased, most notably among those age 15-17 (annual increase of 4.9%).^{2,4}



Why are children and teenagers with maltreatment exposure more likely to think about suicide?

The research points to a few directions:

- · Feeling like a burden and a sense they don't belong
- Psychological pain
- "Internalizing" thought patterns
- Lack of social support, access to mental health services, and selfcompassion
- Not confident about solving problems
- Unable to re-think situations

Research also shows risk and protective factors can increase or decrease youths' likelihood of having suicidal ideation and suicide attempts.

- Stress and conflict in personal relationships with friends and parents can lead maltreated youth to consider and attempt suicide.
- However, maltreated youth who experience warm and supportive reactions after sharing about experiences of abuse are less likely to consider and attempt suicide.

Importantly, accessing mental health services can decreases risk for suicide attempts specifically for youth with maltreatment exposure.



How can we help?

Clinicians, here are some ways you can do this:

Involve the family in therapy to support the whole family system. More information on these kinds of interventions and programs can be found on these TRANSFORM Fact Sheets: 1. Improving The Mental, Behavioral And Emotional Health For Kids Involved With The Child Welfare System and 2. Child Maltreatment and Relationships in Childhood

Provide caregivers with coaching around validating youth emotions. This helps youth to identify and trust their own emotions.

Work with youth to build healthy, effective distress tolerance and emotion regulation skills to help them cope with trauma reminders. Take time to support youth in practicing how to use effective coping skills so that they build "muscle memory" for coping in the face of distress or strong negative emotions.

Help youth who have experienced abuse and neglect build supportive and healthy relationships with peers and adults. Strengthening these connections can help youth to feel more comfortable and willing to seek help from adults when needed and give a sense of belonging and purpose in their lives.

Focusing on building positive emotions and identifying things that give youth a sense of meaning and purpose can help them to separate themselves from suicidal thoughts. Youth who have experienced abuse and neglect may have difficulty seeing themselves as a whole person with strengths. Negative thoughts about their experiences can lead to feelings of worthlessness, and suicidal thinking can get in the way of seeing that life is worth living.

References:

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- 2. Ivey-Stephenson, AZ, Demissie, Z, Crosby, AE, et al. Suicidal ideation and behaviors among high school students youth risk behavior survey, United States, 2019. Morbidity and Mortality Weekly Report Supplement. 2020;69(1):47–55.
- 3. Taussig, HN, Harpin, SB, Maguire, SA. Suicidality among preadolescent maltreated children in foster care. Child Maltreatment. 2014;19(1):17–26.
- 4. Sheftall, AH, Vakil, F, Ruch, DA, Boyd, R C, Lindsey, MA, Bridge, J. A. Black youth suicide: investigation of current trends and precipitating circumstances. Journal of the American Academy of Child & Adolescent Psychiatry. 2022;61(5), 662-675.









