

## Child Maltreatment and Suicide

For Healthcare Workers &  
Child Serving Agencies

**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.<sup>1</sup>
- For youth ages 14-18, 18.8% have “seriously considered” suicide, while 8.9% have made a suicide attempt.<sup>2</sup>
- 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.<sup>3</sup>
- 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%).<sup>2,4</sup>



### 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 self-compassion
- 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 decrease risk for suicide attempts specifically for youth with maltreatment exposure.**



# How can we help?

**Healthcare workers and child serving agencies, here are some ways you can do this:**

Use a trauma-informed lens when working with youth and families. This is important for helping youth feel comfortable in your professional space and willing to communicate with you as needed. When spaces are not trauma-informed, youth may feel that they are not understood or that accessing services is hopeless. Click below for resources offered by the CDC and SAMHSA to learn more.



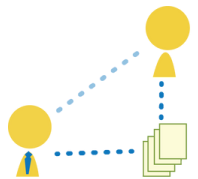
## 6 Guiding Principles To A Trauma-Informed Approach

### Concept of Trauma and Guidance for a Trauma-Informed Approach

Use trauma-informed approaches when responding to mental health emergency calls. This is particularly important for youth with histories of abuse and neglect who are in distress. Accessing mental health services is crucial for decreasing risk for suicide, especially during times of crisis.



Screen for suicide risk, especially in the health care setting. One study shows approximately 77% of children and teenagers who died by suicide saw a health care provider within the year before death. The Columbia Suicide Severity Rating Scale is a free tool that can be used for risk identification and triage.



### Columbia-Suicide Severity Rating Scale (C-SSRS)

#### References:

1. Centers for Disease Control and Prevention (CDC). CDC WONDER: Underlying cause of death, 1999–2019. Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>
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.