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Implications of National Suicide Trends for Social Work Practice with Black Youth

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Abstract

Although homicide is the leading cause of death for African-Americans aged 15–24, suicide is silently claiming the lives of many African-American youth, males in particular. Given the disproportionate number of African-American adolescents in many of the primary human service institutions, it is important to increase social workers' understanding of the nature and trends in self-destructive behaviors of this population. This paper presents the descriptive epidemiological trend data on African-American adolescent suicide completion and parasuicidal behavior, reviews current explanatory hypotheses, highlights important risk and protective factors, and outlines several culturally-congruent practice guidelines for working with suicidal African-Americans adolescents.

Keywords

Black youth; Suicidal behavior; Clinical practice; Suicide

Introduction

In their practice, social workers will be faced with the pressing public health problem of adolescent suicide. Suicide is the third leading cause of death for young people 15–24 years old (Anderson & Smith, 2003). Although homicide is the leading cause of death for African-Americans aged 15–24, suicide is silently claiming the lives of many African-American youth, males in particular (Centers for Disease Control and Prevention, 1998; Joe & Kaplan, 2001). Social workers traditionally serve at-risk African-American children and youth in the child welfare, education, juvenile justice, and other human services institutions (Addams, 1909; Hepworth & Larsen, 1993; Robbins, Chatterjee, & Canda, 1998). However, the empirical social work practice literature on suicidal African-American adolescents is woefully inadequate. Moreover, given the disproportionate number of African-American adolescents in many of the primary human service institutions, it is important to increase social workers' understanding of the nature and trends in self-destructive behaviors of this population.

In this paper, I present the descriptive epidemiological trend data on suicide completion and parasuicidal behavior of African-American adolescents, as well as review the known suicide risk and protective factors for this population. I explore theoretical hypotheses for suicidality among this population, and present a self-destructive behavior perspective for consideration, when developing more culturally congruent practice guidelines for working with suicidal African-Americans adolescents. I also update social workers on what is currently known about African-American adolescent suicidal behavior and give clear implications for social work practice.

Trends In Black Youth Suicidal Behavior

In recent years, suicide has emerged as a crucial public health issue for African-Americans, particularly youth (U.S. Public Health Service, 2000). Suicide is now the third leading cause of death among 15- to 24-year-old African-Americans (Anderson & Smith, 2003); see Figure 1). In 2002, the year for which we have the most recent data, the adjusted suicide rate for African-American males and females aged 15–24 was 11.26 and 1.66 per 100,000 populations, respectively. In comparison to their White counterparts, African-American suicide rates have been historically stable and relatively low. However, between 1980 and 1995, the suicide rate among African-American youth more than doubled, exhibiting a 126% increase among those aged 15–19 and a 233% increase among those aged 10–14, compared to 19% and 120% for Whites, respectively (Centers for Disease Control and Prevention, 1998). Males between the ages of 15 and 24 are approximately six times more likely than females to complete suicide. From 1979 to 1997, the rate of suicide completion for female adolescents remained flat, i.e. well below 2.0 per 100,00 individuals (Joe & Kaplan, 2001). Joe and Kaplan (2001) found the steepest increase in the rate of suicide was for adolescent males aged 15–19 years. They attribute the changes in suicide trends among African-American adolescents to increasing use of firearms among males to complete suicides; for suicides in the 15- to 19-year-old group alone, firearms accounted for 70% of all suicides among African-American males (Joe & Kaplan, 2002). They found that during the 19-year period examined, the firearm suicide rates among African-American males increased by 132% for those aged 15–19 and by 24% for those in the 20–24 years age group. Despite these alarming statistics and increased attention from the public health community, very little is known about what has caused the rise in fatal suicidal behavior among young African-Americans (Figure 2).

Similarly, there were important changes in the trends in non-fatal suicidal behavior, such as attempted suicide among this population, particularly for males (Joe & Marcus, 2003). According to data from the Centers for Disease Control and Prevention (CDC), in 2003, the prevalence rates of attempted suicides were higher among older African-American (8.4%) and Latino (10.6%) high school students than their White (6.9%) peers (CDC, 2004a). The prevalence of having considered or attempting suicide is higher among females, regardless of ethnicity. For instance, among African-Americans, more female adolescents (9%) report attempting suicide than males (7.7%). However, a trend analysis of suicidal behavior for four race-sex groups, using CDC Youth Risk Behavior Surveillance data, reveals that there was a significant marked rise in the rate of suicide attempts by males (Joe & Marcus, 2003). In contrast, there were no statistically significant changes in suicide attempts among African-American females or among White adolescents of either gender. Analyzing the trend data, reveal that during the period 1991–2003, among males, the prevalence rate for attempted suicide increased from 3.2% in 1991 to 7.7% in 2003 for African-Americans (141% increase) and from 3.0% to 3.7% among Whites (23.3% increase). During the same period, among females, the prevalence rate for attempted suicide decreased 17% among African-American females and increased 29% among Whites (Centers for Disease Control and Prevention, 2004b).

These statistics reflect a dramatic increase in the rates of suicidality among African-American youth. Clearly, African-American youth are engaging in higher levels of fatal and non-fatal suicidal behavior. Despite these rates, the suicide phenomenon within the African-American community remains relatively unexplored and, hence, poorly understood (Joe & Kaplan, 2001). Consequently, difficulty arises in any attempt to reach empirical conclusions about factors that are relevant to suicide among African-Americans. Research is needed to determine the reasons for the increase in suicidal behavior among African-American adolescents, particularly males, who appear to be most at risk for a suicide-related death. Information gained

from such studies can further national efforts to develop suicide prevention policy and interventions for this high-risk group.

Risk Factor Literature

The empirical literature on African-American suicide or suicidal behavior is inadequate for designing primary or secondary interventions. Why were previous generations of African-Americans able to endure centuries of epic cruelty and manage to avoid succumbing to hopelessness and depression, while recent generations experience higher rates of suicide among the young? Beyond age and gender, researchers are unable to provide a more detailed profile of the African-American adolescent most at risk for suicide completion, which limits efforts to design preventative interventions.

Nonetheless, researchers have identified important risk and protective factors. The few studies that have examined suicidality among African-American adolescents have identified depression, delinquent behavior, lack of family support, history of abuse, and, in a few cases, substance abuse as risk factors (Hernandez, Lodico, & DiClemente, 1993; King, Raskin, Gdowski, Butkus, & Pipari, 1990; Morano, Cisler, & Lemerond, 1993; Negron, Piacentini, Graae, Davies, & Shaffer, 1997; Summerville, Abbate, Siegel, Serravezza, & Kaslow, 1992). However, most of this research has focused on female suicide attempters, and none has looked at the risk factors for African-American male adolescents who attempt and complete suicide.

Regarding protective factors for African-American youth, Gibbs (1988) cited strong kinship ties and social support. Others have found that family support and cohesive families protected African-American college students from suicidal ideation and depression (Harris & Molock, 2000; Kimbrough, Molock, & Walton, 1996). While no one has examined the role of cultural identity in preventing suicidal behaviors in African-Americans, several have found that adolescents with positive ethnic identity are less prone to dysphoric affect, academic problems, and are less likely to be sexually active (Charlot-Swiley, 1998). If social workers and public health leaders want to reduce the incidence of suicide in the African-American community, it is important to focus on those factors that may serve as buffers against suicide, not just on the risks these youths face.

Plausible Explanations And Hypotheses Of Black Suicide

Frameworks for understanding the more recent patterns of fatal and non-fatal suicidal behavior among younger African-Americans remain speculative. Scholars have pointed to several psychosocial risk factors, including: frustration, rage, despair, alienation, fatalistic behavior, social deprivation, and immense social stress associated with unemployment, racism, and poverty; family disorganization (Davis, 1980b; Hendin, 1969); external restraint and status integration (Davis, 1980a; Gibbs & Martin, 1964; Henry & Short, 1954; Maris, 1969); the breakdown in traditional social institutions, such as the church, family, and schools (Davis, 1980a, 1982; Gibbs, 1988; Smith & Carter, 1986); migration (Davis, 1980a; Prudhomme, 1938); and living in northern or urban areas, substance abuse, mental disorders, homosexuality (Rotherman-Borus, Hunter, & Rosario, 1994), and delinquency (Gibbs, 1997). Status integration hypothesis—namely, assimilation and acculturation into mainstream culture frameworks, based on Durkheim's work (1951)—are the most prominent explanations for changes in the rates of suicide completion among African-Americans (Gibbs, 1988; Henry & Short, 1954; Maris, 1969; Prudhomme, 1938). There is moderate, yet inconclusive, evidence to support this hypothesis for young African-Americans' suicidal behavior (Burr, Hartman, & Matteson, 1999; Gould, Fisher, Parides, Flory, & Shaffer, 1996; Watt & Sharp, 2002).

Despite the breadth of explanations, empirical evidence has insufficiently explained the rise in suicide completion, particularly in firearm-related suicide among young African-Americans.

Moreover, changes in the patterns of African-American suicidality cannot be accounted for by a single sociological, pharmacological, or psychological explanation; rather, a multi-level approach may prove more effective. Human behavior theories to explain stressors and health risk behaviors are abundant and many offer important concepts for explaining many risk factors associated with maladaptive behaviors. However, single theoretical approaches, like those mentioned above, do not account for the complex relationship between suicide and African-American social or cultural beliefs about suicide, phenomenological and historical experiences with physical and psychological strain, unique expression of depressive symptomology, and mental health service use history or involvement in other high-risk behaviors (Davis, 1982; Gibbs, 1988; Poussaint & Alexander, 2000). Instead, the recent increase in suicide risk for young African-Americans is best explained from a historical, phenomenological, generational, gendered, and a multi-level perspective (Joe, 2003). Similarly, suicidal behavior among this populations might best be addressed from a multi-problem behavior perspective (Poussaint & Alexander, 2000).

Focus On Self-Destructive Behaviors

A self-destructive behavior perspective reflects a shift away from studying single problem behaviors toward focusing on multiple problem behaviors linked together by common risk factors (Joe, 2003). Furthermore, it highlights the importance of examining the interplay between individual, social, environmental, cultural, and psychological factors that are commonly associated in influencing multiple forms of negative health risk behaviors among African-American youths. Indeed, a self-destructive behavior perspective may be more accurate in describing the prevalence of suicide among this population or the many problems behaviors that share similar self-injurious risk and precipitating factors as suicide.

The concept *self-destructive behavior*, as used in this discussion, refers to externalizing behaviors of adolescents in which the resultant fatal physical harm to them is a priori—an expected, accepted, or intentional outcome. Self-destructive behaviors differ from thrill-seeking behaviors; in the latter case, adolescents accept the possibility that physical harm could result from their actions, rather than intend or expect such an outcome. Behaviors that could be considered self-destructive range from those for which the risk of fatality tend to be distal, such as substance use, to behaviors that pose a more immediate and lethal health threat, such as suicidal behavior.

An emphasis on the self-destructive nature of young African-Americans' risky externalizing behaviors allows for an examination of shared risk association between multiple unhealthy behaviors among this population. Researchers have argued that effective prevention programs must consider the multiplicity and interrelatedness that exist among various maladaptive behaviors predicated by common risk factors (Seifer, Sameroff, Dickstein, Keitner, & Miller, 1996). To date, researchers have only paid limited attention to the shared association of multiple risky health behaviors at the individual level and to the testing of strategies to prevent or reduce multiple problem behaviors among African-American youths. In addition, a focus on self-destructive behaviors is a potentially more effective perspective for designing interventions that target culturally taboo behaviors and health outcomes, such as suicide.

Shifting the focus away from preventing suicide toward a focus on self-destructive behaviors could avoid many of the religious and cultural stigmas of suicide and may find greater support within the African-American community, thus making it easier to engage the community in discussions about suicide prevention and in preventative interventions. Early's (1992) unique study of religion and suicide found that African-Americans express a combined religious condemnatory belief and secular attitude about suicide as a mortal sin, and define it as a "white thing" that is foreign to African-American culture. In addition, African-Americans tend to draw

a fine, yet important, distinction between suicide and other self-destructive behaviors such as drug abuse and drinking (Early, 1992; Poussaint & Alexander, 2000), and tend to be more forgiving of self-destructive behaviors than suicide. Thus, preventative interventions that are focused more on self-destructive behaviors might be more likely to find support among the African-American community and to be successful in reducing African-American adolescents risk for suicide as well as other forms of self-destructive behaviors.

Practice Implications

The recent Surgeon's General *Call to Action to Prevent Suicide* (U.S. Public Health Service, 2000) and the Institute of Medicine report, *Reducing Suicide* (2002), draws attention to the importance of training mental health professionals capable of developing suicide prevention and treatment services for African-Americans and other minority groups. Specific recommendations for social work practice are limited by the lack of scientifically tested interventions for African-Americans. Nevertheless, when considered in light of the trends and patterns presented above and within the context self-destructive behavior perspective, suicide prevention programs targeting young African-American males appear to be warranted. Social workers must overcome a major barrier to prevention efforts—specifically, the belief among many African-Americans, particularly adults, that suicide does not occur among this population—social workers must adopt a more palatable approach to suicide prevention by focusing on self-destructive behaviors. The pervasive social stigma associated with suicide and psychiatric illness in African-American communities is a significant barrier to designing effective preventative interventions for this population (Poussaint & Alexander, 2000) and to engaging the black community in efforts to increase suicide awareness. A recent study reports that African-Americans are less accepting of suicide than European Americans, a finding attributed to their more orthodox religious beliefs (Neeleman, Wessely, & Lewis, 1998). The same normative and religious belief that African-Americans hold about suicide, which could serve as a possible protective factor, is also a potential barrier to community support of suicide interventions, given the clear descriptive evidence that suicide does occur more frequently than previously considered. To address this problem, greater emphasis should be placed on targeting multiple forms of self-destructive behaviors, while encouraging families and communities to engage in mental wellness promotion, prevention, and increased mental health services.

Social workers should also focus on the socio-cultural and gendered differences in the expression of depression and or suicidal intent among this population (e.g., youths who are verbally abusive, report somatic symptoms, have conflicting relations with peers, and act out in school). These behaviors may signal feelings of alienation, hopelessness, and despair among African-American youths, which often result in confrontations with the police and entry into the juvenile justice system. Interventions focusing on family attachment (such as child-parent bonding) and the development of more nurturing psychosocial environments for African-American youths may also prove valuable in reducing the risks associated with suicidal behavior (Stack, 1996; Summerville, Kaslow, Abbate, & Cronan, 1994). In addition, social workers must also consider macro-level strategies to combat the strain many young African-American adolescents experience, when macro-structural barriers are limiting opportunities for their individual success. Efforts must be initiated to reduce maladaptive coping strategies and the internal blaming that occurs among African-American adolescents that result from the low presence of effective developmental support intuitions. There is considerable evidence that psychosocial interventions (e.g., cognitive behavioral therapy) altering the coping strategies and behavioral and normative beliefs of suicidal adolescents have resulted in reduced risk (Evans et al., 1999; Guthrie et al., 2001; Linehan, Heard, & Armstrong, 1991). Social worker must do more to reduce the excessive self-blaming and negative attributional style that occur among African-American adolescent, which increases their risk for suicide. For example, borrowing from an intervention approach used by child abuse advocates, having an adult say,

“It is not your fault,” as a part of a process to helping African-American adolescents identifying what about their experiences are the results of factors that are within or beyond their individual control. This may be an effective strategy for helping African-American adolescents make sense of their stressful developmental experiences, while reducing their sense of failure and most important experiences of depression and hopelessness, which are major risk factors for suicidal behavior.

Involve Community Resources

Religious institutions and other community-based organizations, as well as institutions developed by the African-American community, may be more acceptable resources than municipal agencies for conducting preventive interventions, including psychological screening for illness associated with suicide and for depression and substance abuse, in particular. Thus social workers can facilitate collaborations between their institutions and more traditional community resources. For instance, resources can be made available through joint social work and community initiatives that focus on reducing the stigma of psychiatric service use among African-Americans while increasing access to mental health services in poor communities. The author suggests the development of targeted preventive efforts to increase the level of awareness regarding suicide in the juvenile justice system, in schools, in youth service and recreational centers (e.g., Boys and Girls Club), in churches and local organizations, and among other community members who are frequently in contact with young African-American men. Furthermore, the training of natural supports in the community to recognize the signs and symptoms of suicide risk, particularly depression, is recommended.

Ask about Guns

Furthermore, it is essential to address the availability of firearms as a pivotal risk factor among suicidal African-American male adolescents. Although it is not possible to draw more definitive causal links from the current research on African-American firearm suicide, the connection between firearm possession and suicides is well-documented (see, for example, Kaplan & Geling, 1998; see, for example, Kellermann et al., 1992). Therefore, social workers and health professionals need to conduct probing histories of the availability of firearms with their depressed and suicidal African-American adolescent patients. For prevention purposes, parents and caring adults should be encouraged to remove firearms from the home. As a sound practice, it is easier to remove the physical agent of potential self-inflicted injury than to modify risk-taking behavior (Boyd & Moscicki, 1986).

Consider Primary Prevention

Early preventive interventions with young children must also become an integral part of more coordinated suicide prevention efforts with this ethnic population. For example, children can benefit from stress-management techniques that seek to impart more traditional African-American religious values and increase a child's sense of ethnic identification and social connectedness. Social work practice efforts can target boys who are at the greatest risk, particularly those who are in dysfunctional families or abusive circumstances, who are sexual and gender minorities, and who have histories of mental illness. Early prevention initiatives for young African-Americans must also incorporate youth development activities that mitigate the adverse effect of poverty and assist their healthy transition from childhood to adulthood.

Conclusion

In summary, in this paper evidence is presented to contradict conventional beliefs that African-Americans do not engage in serious suicidal behavior (Early, 1992), which can potentially cause many to misinterpret self-destructive behaviors among this population. Therefore, it is important to inform social work practitioners of the epidemiological trend in suicidal behavior

of African-American adolescents, because too often suicidal behavior goes unrecognized. Social workers, like physicians, have a significant role to play in the national strategy to prevent suicide. In addition, like physicians, many social workers have little incentive to take active steps to become skilled in suicide assessment or treatment. Social workers should be skilled in talking with African-American clients about the risk characteristics for suicide, providing interventions for those at imminent risk for the expression of suicidal behavior, and referring clients for expert assessment and treatment. Among the critical concerns for social workers are: (1) the ability to recognize conditions that enhance the probability that an attempted suicide will occur, (2) the knowledge and skills to intervene to prevent serious suicidal behavior, and (3) training in adequate and effective treatment techniques. Suicide prevention efforts involving social workers, targeted at African-Americans should be tested with the most rigorous scientific approaches appropriate and should be comprehensive enough to address the complex dynamics of African-American suicidal behaviors. In addition, clinical prevention trials should be developed and monitored closely for potentially adverse effects of interventions or the increased awareness among African-Americans of suicidal behaviors. Future research will also have to explore social workers efficacy and challenges related to practice with African-Americans adolescent engaging in self-destructive behaviors.

References

- Addams, J. *The spirit of youth and the city streets*. Chicago: University of Illinois; 1909.
- Anderson, RN.; Smith, BL. *Deaths: Leading causes for 2001* (No. Vol. 52, No. 9). Hyattsville, Maryland: National Center for Health Statistics; 2003.
- Boyd JH, Moscicki EK. Firearm and youth suicide. *American Journal of Public Health* 1986;76:1240–1242. [PubMed: 3752329]
- Burr JA, Hartman JT, Matteson DW. Black suicide in U.S. metropolitan areas: An examination of the racial inequality and social integration-regulation hypotheses. *Social Forces* 1999;77:1049–1081.
- Centers for Disease Control and Prevention. *Suicide among African-American youths—United States, 1980–1995. Morbidity and Mortality Weekly Report* 1998;47:193–196.
- Centers for Disease Control and Prevention. *Youth risk behavior surveillance—United States, 2003* (No. 53 (No. SS-2)). Atlanta, Georgia: Centers for Disease Control and Prevention; 2004a.
- Centers for Disease Control and Prevention. *Youth risk behavior surveillance* (Online). 2004b. Retrieved June to December, 2004, from <http://www.cdc.gov/Healthy-Youth/YRBS/data/index.htm#FILE>
- Charlot-Swiley, D. *Improving the socio-emotional functioning of African American girls: An investigation based on culturally and gender specific intervention programs*. Paper presented at the Annual Conference of the Association of Black Psychologists; Atlanta, GA. 1998.
- Davis RA. Black suicide and the relational system: Theoretical and empirical implications of communal and family ties. *Research in Race and Ethnic Relations* 1980a;2:43–71.
- Davis RA. Suicide among young blacks: Trends and perspectives. *Phylon* 1980b;43:223–229.
- Davis RA. Black suicide and social support system: An overview and some implications for mental health practitioners. *Phylon* 1982;43:307–314. [PubMed: 11632713]
- Durkheim, E. *Suicide*. Glencoe, IL: Free Press; 1951.
- Early, KE. *Religion and suicide in the African-American community*. CT: Westport: Greenwood Press; 1992.
- Evans K, Tyrer P, Catalan J, Schmidt U, Davidson K, Dent J, et al. Manual-assisted cognitive-behavior therapy (MACT): a randomized controlled trial of a brief intervention with bibliotherapy in the treatment of recurrent deliberate self-harm. *Psychological Medicine* 1999;29(1):19–25. [PubMed: 10077290]
- Gibbs, JP.; Martin, WT. *Status integration and suicide*. Oregon: Eugene: University of Oregon Press; 1964.
- Gibbs JT. Conceptual, methodological, and structural issues in black youth suicide: Implications of assessment and early intervention. *Suicide and Life-Threatening Behavior* 1988;18:73–89. [PubMed: 3388472]

- Gibbs JT. African-American suicide: A cultural paradox. *Suicide and Life-Threatening Behavior* 1997;27:68–79. [PubMed: 9112725]
- Gould MS, Fisher P, Parides M, Flory M, Shaffer D. Psychosocial risk factors of child and adolescent completed suicide. *Archives of General Psychiatry* 1996;53:1155–1162. [PubMed: 8956682]
- Guthrie E, Kapur N, Mackway-Jones K, Chew-Graham C, Moorey J, Mendel E, et al. Randomised controlled trial of brief psychological intervention after deliberate self poisoning. *British Medical Journal* 2001;323(7305):135–138. [PubMed: 11463679]
- Harris TL, Molock SD. Cultural orientation, family cohesion and family support in suicide ideation and depression among African-American college students. *Suicide and Life-Threatening Behavior* 2000;30:341–353. [PubMed: 11210059]
- Hendin, H. *Black suicide*. New York: Basic Books; 1969.
- Henry, AF.; Short, JF. *Suicide and homicide*. Glencoe: Free Press; 1954.
- Hepworth, DH.; Larsen, JA. *Direct social work practice: Theory and skills*. Pacific Grove: Calif: Brooks/Cole; 1993.
- Hernandez JT, Lodico M, DiClemente RJ. The effects of child abuse and race on risk-taking in male adolescents. *Journal of the National Medical Association* 1993;85(8):593–597. [PubMed: 8371280]
- Goldsmith, SK.; Pellmar, TC.; Kleinman, AM.; Bunney, WE., editors. *Reducing suicide: A national imperative*. Washington: National Academy Press; 2002. Institute of Medicine.
- Joe, S. Implications of focusing on black youth self-destructive behaviors instead of suicide when designing preventative interventions. In: Romer, D., editor. *Reducing adolescent risk: Toward an integrated approach* (pp. Thousand Oaks, California: SAGE Publications; 2003. p. 325–332.
- Joe S, Kaplan MS. Suicide among African American men. *Suicide and Life-Threatening Behavior* 2001;31(1):106–121. [PubMed: 11326755]
- Joe S, Kaplan MS. Firearm-related suicide among young African-American males. *Psychiatric Services* 2002;53(3):332–334. [PubMed: 11875228]
- Joe S, Marcus SM. Trends by race and gender in suicide attempts among U.S. adolescents, 1991–2001. *Psychiatric Services* 2003;54(4):454. [PubMed: 12663832]
- Kaplan MS, Geling O. Firearm suicides and homicides in the United States: Regional variations and patterns of gun ownership. *Social Science and Medicine* 1998;46:1227–1233. [PubMed: 9572612]
- Kellermann AL, Rivera FP, Somes G, Reay D, Francisco J, Banton JG, Prodzinski J, et al. Suicide in the home in relation to gun ownership. *New England Journal of Medicine* 1992;327:467–472. [PubMed: 1308093]
- Kimbrough RM, Molock SD, Walton K. Perception of social support, acculturation, depression, and suicidal ideation among African American college students at predominantly black and predominantly white universities. *Journal of Negro Education* 1996;65(3):295–307.
- King CA, Raskin A, Gdowski CL, Butkus M, Opipari L. Psychosocial factors associated with urban adolescent female suicide attempts. *Journal of the American Academy of Child and Adolescent Psychiatry* 1990;29:289–294. [PubMed: 2324070]
- Linehan MM, Heard HL, Armstrong HE. Naturalistic follow-up of a behavioral treatment for chronically parasuicidal borderline patients. *Archives of General Psychiatry* 1991;50(12):971–974.
- Maris, RW. *Social forces in urban suicide*. Homewood: Dorsey; 1969.
- Morano CD, Cisler RA, Lemerond J. Risk factors for adolescent suicidal behavior: Loss, insufficient familial support, and hopelessness. *Adolescence* 1993;28:851–865. [PubMed: 8266839]
- Neeleman J, Wessely S, Lewis G. Suicide acceptability in African- and white Americans: The role of religion. *Journal of Nervous & Mental Disease* 1998;186(1):12–16. [PubMed: 9457142]
- Negron R, Piacentini J, Graae F, Davies M, Shaffer D. Microanalysis of adolescent suicide attempters and ideators during the acute suicide episode. *Journal of the American Academy of Child and Adolescent Psychiatry* 1997;36(11):1512–1519. [PubMed: 9394935]
- Poussaint, AF.; Alexander, A. *Lay my burden down*. Boston: Beacon Press; 2000.
- Prudhomme C. The problem of suicide in the American Negro. *Psychoanalytic Review* 1938;25:187–204.372–391
- Robbins, SP.; Chatterjee, P.; Canda, ER. *Contemporary human behavior: A critical perspective for social work*. Boston: Ayllyn and Bacon; 1998.

- Rotherman-Borus MJ, Hunter J, Rosario M. Suicidal behavior and gayrelated stress among gay and bisexual male adolescents. *Journal of Adolescent Research* 1994;9:498–508.
- Seifer R, Sameroff A, Dickstein S, Keitner G, Miller I. Parental psychopathology, multiple contextual risks, and one-year outcomes in children. *Journal of Clinical Child Psychology* 1996;25(4):423–435.
- Smith JA, Carter JH. Suicide and black adolescents: A medical dilemma. *Journal of the National Medical Association* 1986;78:1061–1064. [PubMed: 3491906]
- Stack S. Gender and suicide risk among artists: A multivariate analysis. *Suicide and Life-Threatening Behavior* 1996;26(4):374–379. [PubMed: 9014267]
- Summerville MB, Abbate MF, Siegel AM, Serravezza J, Kaslow NJ. Psychopathology in urban female minority adolescents with suicide attempts. *Journal of the American Academy of Child and Adolescent Psychiatry* 1992;31:663–668. [PubMed: 1644729]
- Summerville MB, Kaslow NJ, Abbate MF, Cronan S. Psychopathology, family functioning, cognitive style in urban adolescents with suicide attempts. *Journal of Abnormal Child Psychology* 1994;22:221–235. [PubMed: 8064030]
- U.S. Public Health Service. The surgeon general's call to action to prevent suicide, 1999. Washington: U. S. Public Health Service; 2000.
- Watt TT, Sharp SF. Race differences in strains associated with suicidal behavior among adolescents. *Youth and Society* 2002;34(2):232–256.

FIGURE 1.
Suicide rates for black and white men aged 15–24 between 1979 and 2002

FIGURE 2.
Racial trends in suicide attempts among U.S. adolescents, 1991–2003