

# Adolescent Suicide Attempts

## INTRODUCTION

During 1995, 43 of Oregon's youth (under age 20) committed suicide. The youngest was 12 years old. At the same time, no fewer than 753 non-fatal suicide attempts were made by Oregon adolescents.<sup>1</sup>

Suicide by adolescents has caused increasing concern both nationally and in Oregon. In 1987, the Oregon legislature created a law (ORS 441.750) mandating that hospitals treating a child age 17 or younger for injuries resulting from a suicide attempt report the attempt to the Oregon Health Division. The law became effective in January 1988; it also requires that the patient be referred for counseling.

## SUICIDE TRENDS

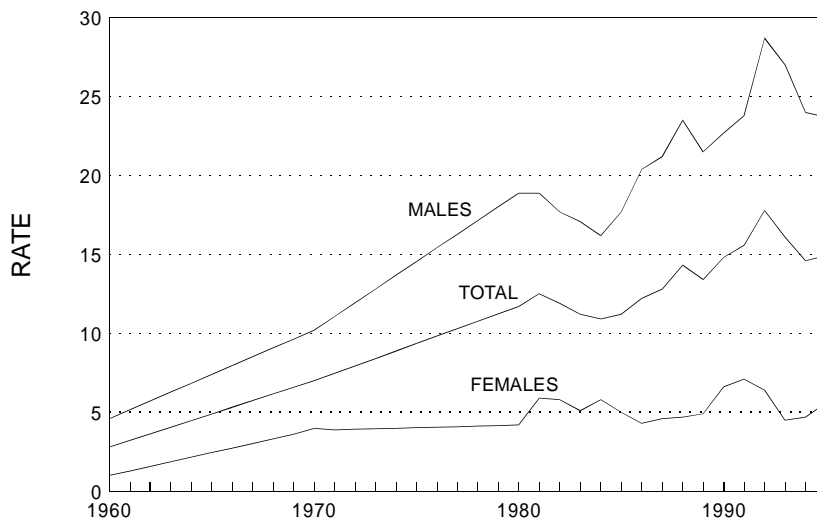
Over the past few decades the suicide death rate among teenagers has risen dramatically, especially among males. Although the rate has declined since the early 1990s, it is unclear whether this represents a cessation of the long-term upward trend or random statistical variation. Nonetheless, during 1993-1995, Oregonians 15-19 years old were 5.3 times more likely to commit suicide than were their counterparts during 1959-1961. The suicide death rate among males increased over that time from 4.6 to 23.7 per 100,000; among females, it increased from 1.0 to 5.6. For both sexes combined, the rate increased from 2.8 to 14.9. However, these rates are based on relatively few events and therefore subject to considerable random statistical variation. This is especially true of the rates for females. Figure 8-1 illustrates the variable nature of suicide rates for 15-19 year-old Oregonians during recent years.

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***During 1993-1995 the suicide rate for Oregonians 15-19 years old was five times higher than during 1959-1961.***

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FIGURE 8-1. SUICIDE RATES FOR 15- TO 19-YEAR-OLDS, 1959-61, 1969-71, 1979-81, AND THREE-YEAR MOVING AVERAGES, 1981-95, OREGON RESIDENTS



Note: Because population data by age and sex are not available for the 1960s and 1970s, rates for these years, other than those based on decennial census data, have been interpolated. Therefore, variations within 10-year periods prior to 1980 are not apparent. Rates are per 100,000 population for the groups at risk.

### SUICIDE ATTEMPT TRENDS

For the first time since 1990, the number of reported suicide attempts declined, from 773 in 1994 to 753 in 1995. However, it is unclear whether this represents a true decline in the number of attempts or poorer reporting by hospitals.

The Oregon system identifies only attempters with injuries severe enough to require emergency care at a hospital; consequently, the number of events reported must be considered a minimum. Additionally, not all attempts that should have been reported by hospitals actually were; some large hospitals are known to substantially under-report the number of events. [Table 8-20]. The magnitude of the undercount is, unfortunately, not known. The Technical Notes section in Appendix B describes the methodology and limitations of the data.

NUMBER OF ATTEMPTS BY YEAR AND SEX			
YEAR	TOTAL	MALE	FEMALE
1988	648	110	535
1989	624	120	499
1990	526	118	406
1991	577	124	453
1992	685	141	544
1993	723	113	610
1994	773	187	586
1995	753	150	603

ATTEMPTERS OF UNKNOWN SEX ARE INCLUDED IN THE TOTAL.

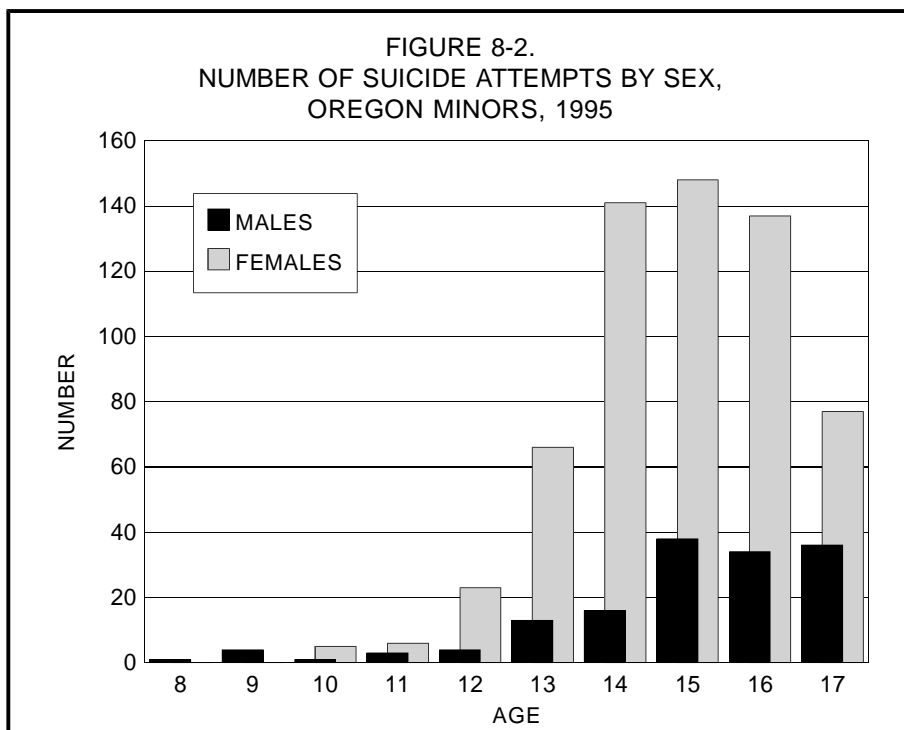
### AGE

The youngest child to attempt suicide was a boy just eight years old who was motivated by problems at school. Forty-seven attempts by preteens were reported (see sidebar), just one less than the previous year. Attempts by teens decreased 2.7 percent. As in years past, 15- to 17-year-olds accounted for nearly two-thirds (62%) of all attempts among Oregon minors. [Figure 8-2].

NUMBER OF ATTEMPTS BY AGE AND SEX			
AGE	TOTAL	MALE	FEMALE
8	1	1	0
9	4	4	0
10	6	1	5
11	9	3	6
12	27	4	23
13	79	13	66
14	157	16	141
15	186	38	148
16	171	34	137
17	113	36	77

### SEX

Girls were far more likely to attempt suicide than were boys; four-fifths (80%) of all attempts were by girls. All of the decrease in the number of reported attempts during 1995 occurred among males. [Table 8-2]. Although girls more often made attempts, attempts by males more often



resulted in death. During 1995, the completion rate for males less than 18 years of age was 12.8 percent compared to just 0.8 percent for females in this age group. Overall, 5.4 percent of the reported attempts ended in death. Four-fifths (81%) of suicides by teens and preteens during 1995 were committed by males.

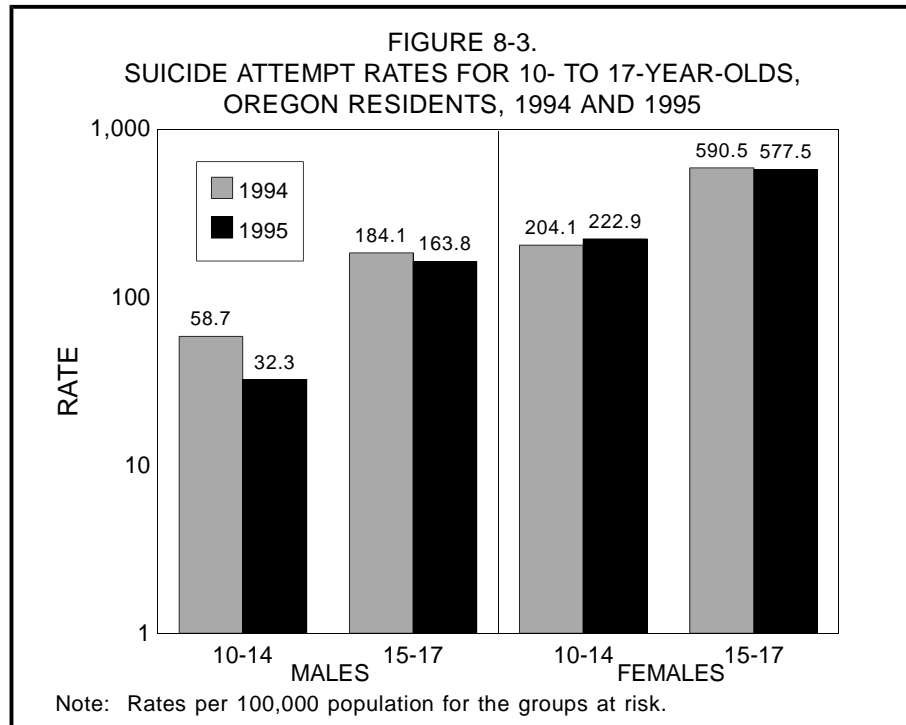
**RACE**

Almost a threefold difference existed in the reported suicide attempt rates during 1988-92 by racial/ethnic group.<sup>2</sup> At 307.6 per 100,000 population (10- to 17-year-olds), African American adolescents were significantly more likely than whites (190.1) to make an attempt. American Indian youth were less likely than either of these groups to make an attempt (177.8), but Asians (118.1) and Hispanics (120.7) had the lowest recorded rates. The attempt rates for all of the minority groups, except American Indians, were statistically significantly different compared to the attempt rate for whites. See the recently released report, *Multicultural Health: Mortality Patterns by Race and Ethnicity, Oregon, 1986-1994*, for analysis of suicide deaths of all ages by race/ethnicity.

NUMBER OF ATTEMPTS		
RACE	1995	1994
WHITE	645	666
AFRICAN AMERICAN	20	24
INDIAN	8	13
CHINESE	0	0
JAPANESE	0	0
HAWAIIAN	0	0
FILIPINO	1	0
OTHER ASIAN AND PACIFIC ISLANDERS	12	11
HISPANIC	33	30
NOT STATED	34	29

**HOUSEHOLD SITUATION**

Attempters were only slightly more likely to live with both natural parents (28%) as they were to live with their mother only (26%). Ranking third were adolescents living with a parent and stepparent (13%). The proportion of attempters living with both parents or mother only decreased with the age of the attempter. [Table 8-3]. Adolescents living under government supervision were most likely to have made



SUICIDES BY OREGONIANS UNDER AGE 20, BY YEAR AND COUNTY OF RESIDENCE			
COUNTY	1992	1993	1994
<b>TOTAL</b>	40	33	37
BAKER	1	-	1
BENTON	1	-	1
CLACKAMAS	2	4	5
CLATSOP	-	1	-
COLUMBIA	-	-	1
COOS	1	2	-
CROOK	-	-	-
CURRY	-	-	-
DESCHUTES	2	1	1
DOUGLAS	5	3	2
GILLIAM	-	-	-
GRANT	-	-	-
HARNEY	1	-	-
HOOD RIVER	-	1	1
JACKSON	-	1	-
JEFFERSON	-	-	-
JOSEPHINE	-	1	-
KLAMATH	-	2	1
LAKE	1	1	1
LANE	5	1	1
LINCOLN	-	1	1
LINN	-	-	2
MALHEUR	-	-	-
MARION	3	1	6
MORROW	-	-	-
MULTNOMAH	7	4	7
POLK	-	1	1
SHERMAN	-	-	1
TILLAMOOK	1	-	-
UMATILLA	1	1	2
UNION	-	1	-
WALLOWA	-	-	-
WASCO	1	-	1
WASHINGTON	5	4	-
WHEELER	-	1	-
YAMHILL	3	1	-

- QUANTITY IS ZERO.

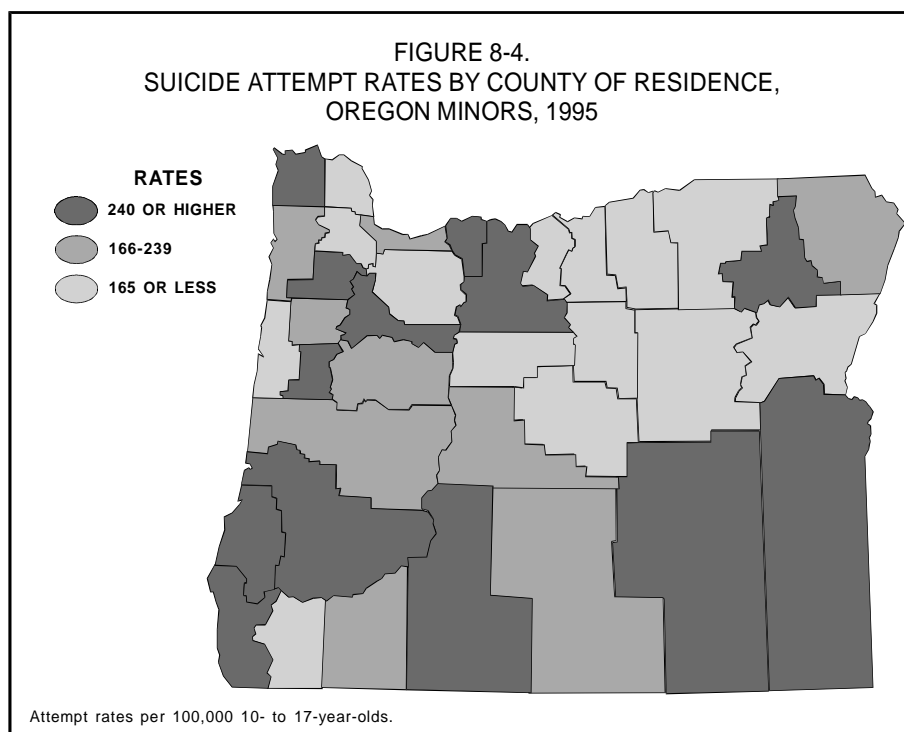
prior attempts; 55 percent had done so. The family situation was unknown in 8.8 percent of the cases.

## GEOGRAPHIC DISTRIBUTION

While the suicide attempt rate for the state was 214.4 per 100,000 (10- to 17-year-olds), the rates for individual counties were highly variable. [Figure 8-4.]. During 1995, among counties with ten or more attempts, the highest rates were reported from two Willamette Valley counties, Yamhill and Marion. In three counties no attempts were reported; all were east of the Cascade Range and had small populations. [Table 8-4]. Some counties with larger populations reported few attempts, suggesting that not all hospitals are complying with the law, or that adolescent attempters in rural areas may be treated in clinics or doctors' offices (in which case attempt reporting is not required). Table 8-20 lists the number of reports by hospital since reporting became mandatory in 1988.

## PLACE OF ATTEMPT

Most (73%) of the attempts were made in the adolescent's own home while 5.7 percent were made in another's home. Girls were more likely than boys to make the attempt at home, 74 percent compared to 68 percent. [Table 8-5]. Schools were the site of just 2.3 percent of the attempts. Because the place was not reported in 10.9 percent of the attempts, the above percentages are somewhat lower than the "true" proportions.



## MONTH AND DAY OF ATTEMPT

As in past years, the summer school vacation months continued to be the season of lowest risk. Seventeen percent of the suicide attempts occurred from June through August. Attempts occurred most often during the winter (32%). By day of the week, suicide attempts occurred with the least frequency on Fridays (12% of all attempts). Suicidal behavior was most pronounced early in the school week with the largest proportion of attempts occurring on Mondays and Tuesdays (16% on each day).

## REPEAT ATTEMPTS

Nearly one in three (31%) attempts were by adolescents who were reported to have made prior attempts during the previous five years. This is a minimum figure since the prior attempt status was unknown in 27 percent of the cases. Girls were more likely to have made prior attempts; 32 percent had done so compared to 25 percent of boys. [Table 8-6]. Because a single adolescent may make multiple attempts during any one year, it should be remembered that references to the number or proportion of attempters with a given characteristic may be influenced by repeated attempts of a single individual.

## METHOD

Adolescents used many methods in their attempts, but ingestion of drugs accounted for the vast majority (76%). Nearly half of the 572 drug-related cases involved analgesics (47%); aspirin and acetaminophen were most commonly used. (The latter is of particular concern because many adolescents are unaware of its potential long-term toxic effects and lethality.) Most of the other attempts involving drugs (184) were with combinations of drugs or of drugs with alcohol. Cutting and piercing injuries were the second most common method of attempt, accounting for 7.7 percent of the cases; nearly all of these were lacerations of the wrists. The category "other" in Table 8-7 includes mostly attempts by multiple methods. The majority involved poisoning, usually with drugs, combined with laceration of the wrists. Uncommon methods, such as attempted electrocution with a hair dryer in a bathtub, are also included here.

The method chosen varied with the sex of the attempter. [Table 8-7]. Eight in ten (79%) of the attempts by girls involved drugs compared to six in ten (63%) of those by boys. [Figure 8-5]. Boys were more likely than girls to choose suffocation and hanging, 9.3 percent compared to 1.5 percent. Boys were also more likely than girls to inflict cutting/piercing injuries and to use firearms.

As with gender, the method varied with the age of the attempter. Preteens were more likely to attempt to suffocate/hang themselves and to jump from a high place. Older attempters more often poisoned or cut themselves. [Table 8-8].

Regionally, adolescents living east of the cascade range were most apt to use poisons in their attempts and least apt to cut themselves. [Table 8-9].

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***Suicide attempts were made most often at the beginning of the school week.***

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***Eight of every ten attempts were made with drugs.***

***Seven of every ten suicides were committed with guns.***

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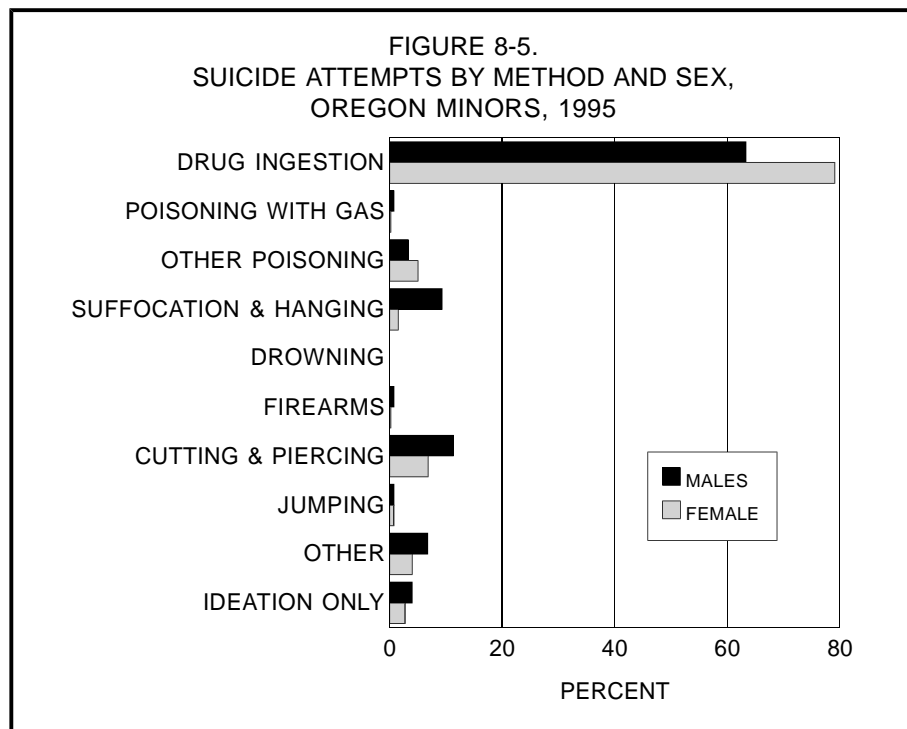
Adolescents making their first attempt were more likely to ingest drugs compared to those making a repeat attempt, 85 percent compared to 68 percent. [Table 8-10].

Although most attempts involved ingestion of drugs, they only infrequently resulted in death. Conversely, the highest proportion of attempts made by adolescents that resulted in death involved guns. During 1995, 65 percent of all suicides by Oregonians teenaged or younger were committed with guns. Only two attempts with guns did not result in death.

### PATIENT STATUS

Half of the reported attempts (50%) were of such seriousness that the attempter was hospitalized; this figure includes attempters who were transferred to another institution for specialized care. [Table 8-11]. Males were more likely to be admitted as inpatients, 61 percent compared to 47 percent of females. Youngsters making their first attempt were least likely to be hospitalized; just 48 percent were compared to 57 percent of those who had made three or more prior attempts.

Certain methods were more likely than others to result in hospitalization. Of the categories with at least ten events, attempts involving hanging or suffocation most often resulted in hospitalization; 70 percent of attempters using these methods were hospitalized. [Table 8-12]. By comparison 41 percent of the attempts involving cutting led to hospitalization. Almost six in ten (59%) of the “other” cases required hospitalization. These most often involved poisoning in combination with lacerations. Also included in this category are other potentially lethal methods such as running in front of traffic. In most fatal attempts, the death occurred out-of-hospital.



### SEVERITY OF INJURIES

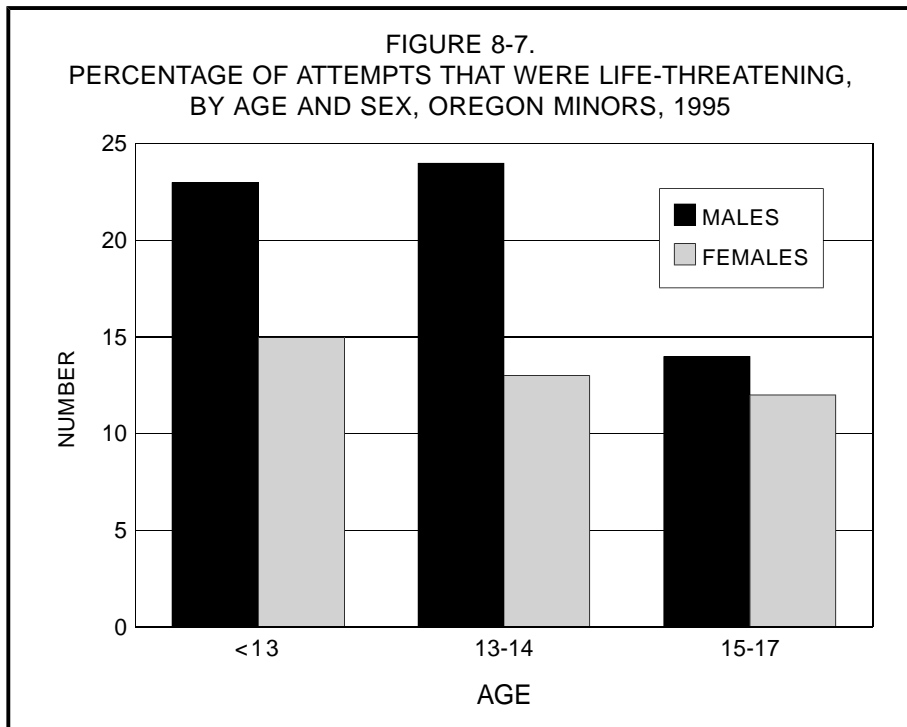
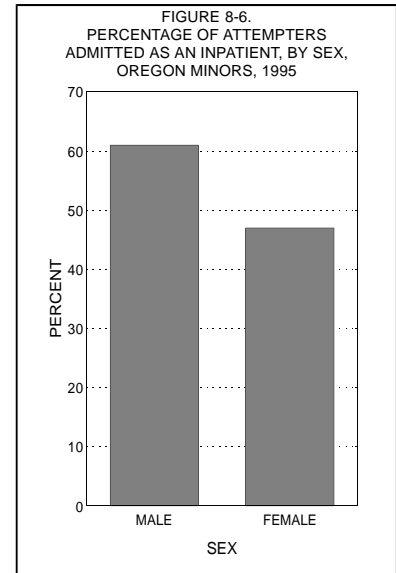
One in seven (13%) of the attempts were definitely life-threatening; another 42 percent were possibly life-threatening. Attempts by boys, especially those 14 or younger, were more often definitely or possibly life-threatening. [Table 8-13]. Some attempt methods were clearly riskier than others. Among those attempters who survived long enough to receive hospital care, suffocation and hanging attempts proved most dangerous (among the methods with at least 10 attempts). However, most fatal attempts were made with guns and death occurred before the adolescent could be transported to the hospital. Cutting and piercing injuries were least likely to be life-threatening. [Table 8-14].

### SUICIDAL INTENT

Not all suicide attempts were made with death as a goal. Some may have been made with a desire to resolve a difficult conflict, indicate an intolerable living situation, or elicit sympathy or guilt.

The intent of the attempters was unknown in half (49%) of the cases but at least one in five (21%) of the attempters were believed to have tried to kill themselves. Males and preteens were most likely to have tried to end their lives. [Table 8-15].

Among the methods with at least 10 attempts, attempters who tried to hang or suffocate themselves were most likely to have had death as a goal. [Table 8-16]. Most of the attempts in this category involved hanging. Those attempters inflicting cutting injuries were least likely to have tried to kill themselves. Some adolescents misjudged the potential lethality of the method they used; one-third



(33%) of those who did not attempt to kill themselves made attempts that possibly or certainly put their lives at risk while 15 percent of attempters whose goal was death did not use life-threatening means.

The number of previous attempts was linked to the adolescents' intent; while 21 percent of those who had not made a prior attempt sought death, 36 percent of those who had made at least three prior attempts did so.

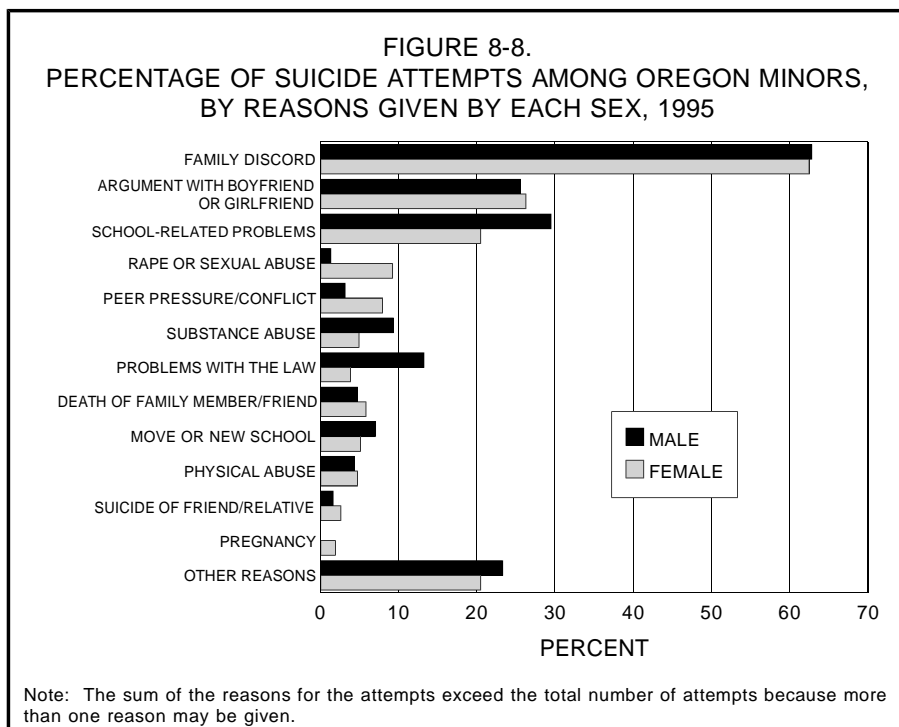
Attempters who were definitely trying to kill themselves were most likely to be admitted as inpatients: 72 percent compared to 55 percent of suicide ideators and 26 percent of those who did not attempt to kill themselves. (Suicide ideation is the expression of suicidal thought; no actual attempt is made.)

### RECENT PERSONAL EVENTS

A suicide attempt may be triggered by a variety of personal crises. The report form allows one or more events leading to the attempt to be recorded.

Lack of social supports is a common thread among adolescents who attempt suicide, especially those who cite multiple reasons. One teenage girl, for example, was depressed and suicidal as a consequence of family discord, sexual and physical abuse, and reported being propositioned by her mother's boyfriend. Fewer than one-third of all attempters lived with both natural parents. The most commonly reported reasons follow in order of frequency:

**Family discord** was the most common cause of attempted suicide. Six in ten (63%) Oregon minors said this prompted their attempts. [Table 8-17].<sup>3</sup> It was mentioned most often by 13- and 14-year-olds. [Figure 8-8]. Children attempting suicide who lived with their father





only were more likely to report family discord than those living with both natural parents, 88 percent compared to 58 percent. Family discord was mentioned by all of the 10 Asian and Pacific Islanders, the highest proportion by race; 60 percent of whites said discord was a cause. Attempters living in the tri-county (Clackamas, Multnomah, and Washington) area were more likely (66%) to report discord than others (61%).

**An argument or breakup with a boyfriend or girlfriend** was the second leading cause (26%). Older attempters were far more likely to give this as a reason than were their younger counterparts, but there was little difference by gender. Tri-county adolescents more often gave this as a reason than did those living east of the Cascades, 30 percent versus 23 percent.

**School-related problems** (e.g., performance, truancy) were ranked third and was cited by one in five (22%) attempters. Boys were more likely to report school-related problems than were girls, 30 percent compared to 21 percent. Preteens were almost twice as likely to report this reason than were attempters 15 or older. [Figure 8-9]. Not surprisingly, school-related problems were least frequently reported during June through August.

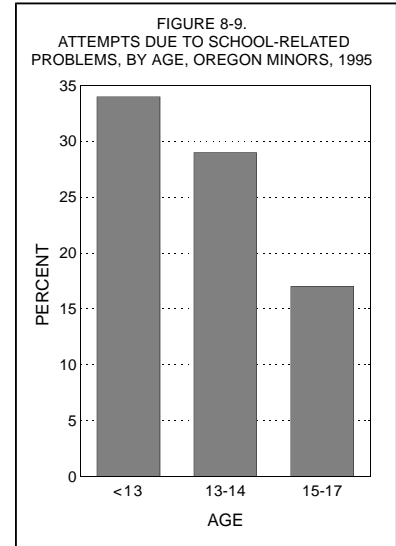
**Sexual abuse or rape** was cited by 8.9 percent of the attempters. It was reported three times more often among females than males, 10.3 percent versus 3.1 percent. Half (51%) of attempters reporting sexual abuse or rape had made previous attempts (compared to 32 percent of those who did not report it). Most often, the rape or sexual abuse was reportedly committed by fathers and uncles.

**Peer pressure or conflict** was identified as a cause by 6.9 percent of attempters. This was given as a reason more often by females and preteens. It was more common among tri-county youth (10%) than those living east of the Cascades (3.6%). Peer pressure, like school-related problems, was mentioned least often during June-August.

**Substance abuse** was linked to 5.7 percent of the attempts. It was listed almost twice as often by males as by females, 9.3 percent compared to 4.9 percent. Substance abuse was most common (by living situation) among attempters who were homeless (20%) or lived with a parent step-parent (12%); just 2.8 percent of attempters living with both natural parents reported substance abuse. Barbiturates, alcohol, and marijuana were most often mentioned. Attempters living in the Portland tri-county area were more likely to mention substance abuse than were those living elsewhere in Oregon, 7.9 percent versus 4.6 percent.

**Encounters with the legal system** were mentioned by 5.6 percent of the attempters. Shoplifting was most common but also reported were arson and other felonies. Males were over three times as likely to attempt suicide for this reason.

**The death of a family member or friend** prompted 5.6 percent of the attempts. Females were a little more likely to state that this was a reason for their attempt, as were preteens.




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***Half of all suicide attempters who had been raped or sexually abused made multiple suicide attempts.***

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**A move or attendance at a new school** was cited by 5.4 percent of the attempters with males somewhat more likely to do so than females. Preteens were most likely to report this as the cause of their attempt.

**Physical abuse** was reported in 4.4 percent of the attempts. Preteens gave this as a reason most often, but there was little difference by gender. Tri-county attempters were twice as likely to report physical abuse as were others, 6.6 percent compared to 3.2 percent. Physically abused children were most likely to have definitely tried to kill themselves. [Table 8-19]. They were also most likely to be admitted as an in-patient (79% versus 50% for all other reasons) and to have made prior attempts (59% versus 30% for all other reasons).

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***Physically abused children were most likely to have tried to kill themselves.***

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**A suicide or attempted suicide by a family member or friend** prompted 2.4 percent of the attempts. Thirteen and 14 year old attempters reported this as a reason more often than their younger or older counterparts.

**Concern about pregnancy** prompted 1.5 percent of the attempts. All of the attempters were female and all but two were 15 or older. Suicide attempts for this reason were most often definitely or possibly life-threatening, 70 percent compared to 55 percent for all other reasons. [Table 8-18].

Same-sex sexual orientation is generally accepted as a related underlying cause of teen suicide. The issue is difficult to study under the current reporting system because of a lack of comparison data. Moreover, even if information on sexual orientation were requested on the reporting form, its validity would be highly questionable; many teens would be unlikely to respond truthfully, if at all. Nevertheless, the risk is one that those providing health care to these teens must consider.

**Other** reasons given included: gang involvement, parental drug abuse, employment problems, abandonment, illness of family members or self, eviction, and falsely accusing an uncle (who was subsequently jailed) of rape. One 13-year-old said her father wished she were a boy. Another reported that her father told her to "Go hang yourself and get out of my life."

## **CONCLUSIONS**

Although teen suicide rates are not as high as those for most older Oregonians, they have trended upward for more than three decades.

Health care professionals, parents, and others need to be aware that the changing social milieu is prompting more adolescents to consider suicide as an option. Without intervention, a failed suicide attempt may be followed by an attempt that results in death.

1. Beginning in 1995, two new questions were added to the suicide attempt report form. The first asks whether the attempt would have been life-threatening without treatment. The second asks whether the patient was definitely trying to kill himself/herself. In the past it was not always possible to identify suicide ideators and they were not included in the data; the new form makes this possible. Twenty-two ideation episodes were reported by hospitals. Had they not been reported, the number of attempts would have totaled 731. References to suicide attempters in this document include treated suicide ideators.
2. Because population data by race and age is available only for census years (e.g., 1990), more current attempt rates cannot be calculated.
3. The reasons for suicide attempts were reported for 88 percent of the attempts. The percentages here include only attempts for which the reasons were known.