

# Youth Suicide Attempts

## INTRODUCTION

Youth suicide has been a persistent problem among the state's youth. During 1999, 738 suicide attempts were reported among Oregon youth 17 and younger, or about two per day. (See Suicide Attempt Trends, below for changes in methodology.)

The Oregon system identifies only attempts by youth with injuries severe enough to require emergency care at a hospital; consequently the number of events reported must be considered a minimum. The Technical Notes section in Appendix B describes the methodology and limitations of the data.

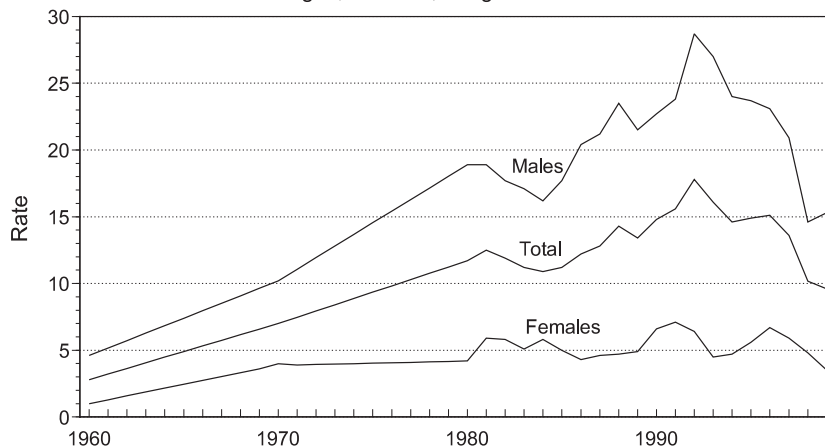
The proportion of youth described with a specified characteristic is based on only those cases with known values; that is, attempts in the "not stated" categories are excluded before the percentages are calculated. In most cases, this makes relatively little difference in the calculated percentages.

***The suicide rate for Oregonians ages 15-19 has fallen to a level not seen since the 1970s.***

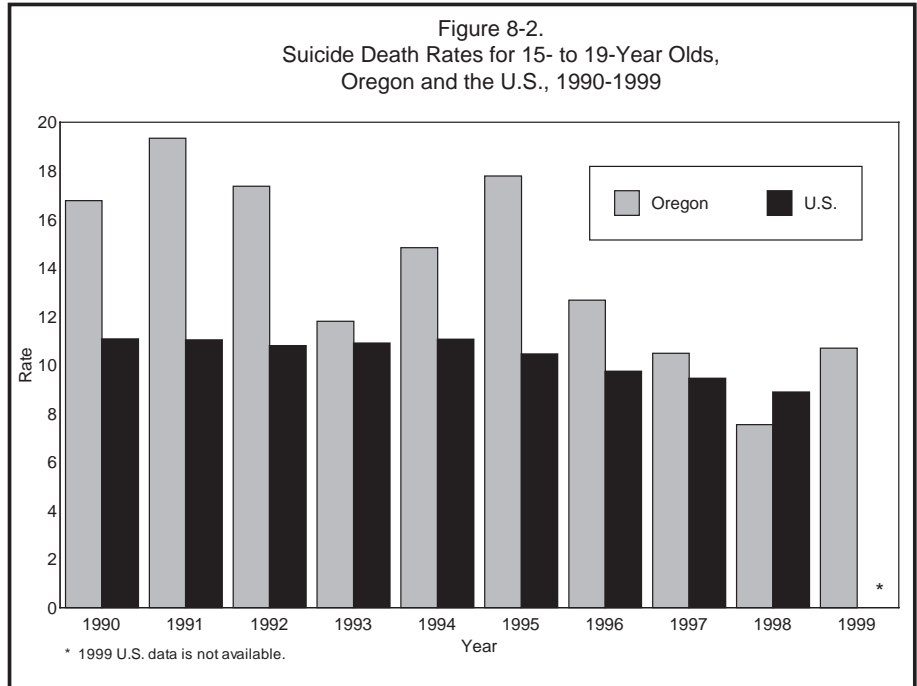
## SUICIDE DEATH TRENDS

During the 1960s, '70s, and '80s, the suicide death rate rose dramatically, especially among males. [Figure 8-1]. Most of the 1990s were, however, characterized by a declining three-year moving average. At the cusp of the new millennium the number of youth suicides increased for the first time since 1995; in 1999, 29 youth age 19 and younger died by suicide compared to 26 in 1998.

Figure 8-1.  
Suicide Rates for 15- to 19-Year-Olds, 1959-61,  
1969-71, 1979-81, and Three-Year Moving  
Averages, 1981-99, 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.



**Percentage of 1999 attempts with guns that were fatal: 80.**

During 1997-1999, Oregonians 15-19 years old were 3.4 times more likely to die by suicide than were their counterparts during 1959-1961. The suicide death rate among males increased over that time from 4.6 to 15.3 per 100,000; among females, it increased from 1.0 to 3.5. For both sexes combined, the rate increased from 2.8 to 9.6.

Oregon's youth suicide rate has historically been higher than the nation's. [Figure 8-2].

While most suicide deaths occur at home, some youth who are transported to ERs will die in the hospital. The risk of death is increased by the lethality of the method, the degree of injury that is self-inflicted, the time elapsed between injury and treatment, and access to medical care.

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
1996	778	163	615
1997	736	151	585
1998	761	190	571
1999*	738	180	558

Attempters of unknown sex are included in the total.  
\* Excludes suicide ideators.

**SUICIDE ATTEMPT TRENDS**

The Oregon suicide reporting system identifies only those suicide attempts among youth 17 or younger who sought care at a hospital and for whom a report was filed. Because reporting by hospital can vary from year-to-year, caution should be used when interpreting youth suicide attempt rates over time, particularly by county. See the Technical Notes section in Appendix B for additional information on methodology.

**GENDER**

Girls were far more likely to attempt suicide than were boys; three-fourths (75.6%) of all attempts were by young females. [Table 8-2].

**AGE**

The youngest reported suicide attempt occurred in a six year old male. He reported family discord and rape/sexual abuse. Fifty-two attempts by preteens were reported. [Table 8-2]. Attempts by 13- to 14-year-olds numbered 196 and those by 15- to 17-year-olds totaled 490. As in years past, 15- to 17-year-olds accounted for two-thirds (66.4%) of the total suicide attempts. [Figure 8-3].

**RACE**

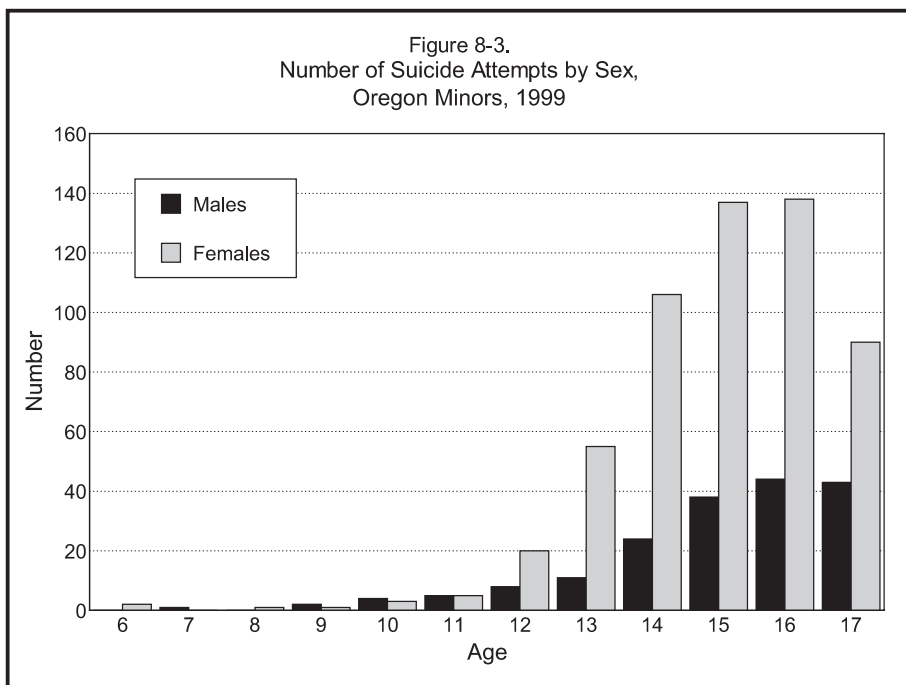
The number of suicide attempts by race/ethnicity are shown in the sidebar to the right. Reflecting the racial/ethnic composition of the state, most attempters were white.

**HOUSEHOLD SITUATION**

Among youth who were reported to have attempted suicide, the largest group (35.9%) lived with both parents. Ranking second were youth living with their mother only (28.9%) while 11.6 percent lived with a parent and stepparent. [Table 8-3]. Attempts involving youth living under government supervision (e.g., in an institution or foster home) accounted for 8.9 percent of all attempts. These youth more often cited three or more reasons for their attempt, 36.7 percent did so versus 20.6 percent of attempters overall. The former were also most likely to have made prior attempts.

***The youngest youth for whom a suicide attempt was reported was a six year old boy who experienced family discord and had been sexually abused.***

Number of Attempts		
Race	1999	1998
White	622	683
African American	21	15
Indian	7	15
Chinese	0	0
Japanese	0	0
Hawaiian	0	0
Filipino	1	0
Other Asian and Pacific Islanders	11	14
Hispanic	38	20
Not Stated	38	14



## GEOGRAPHIC DISTRIBUTION

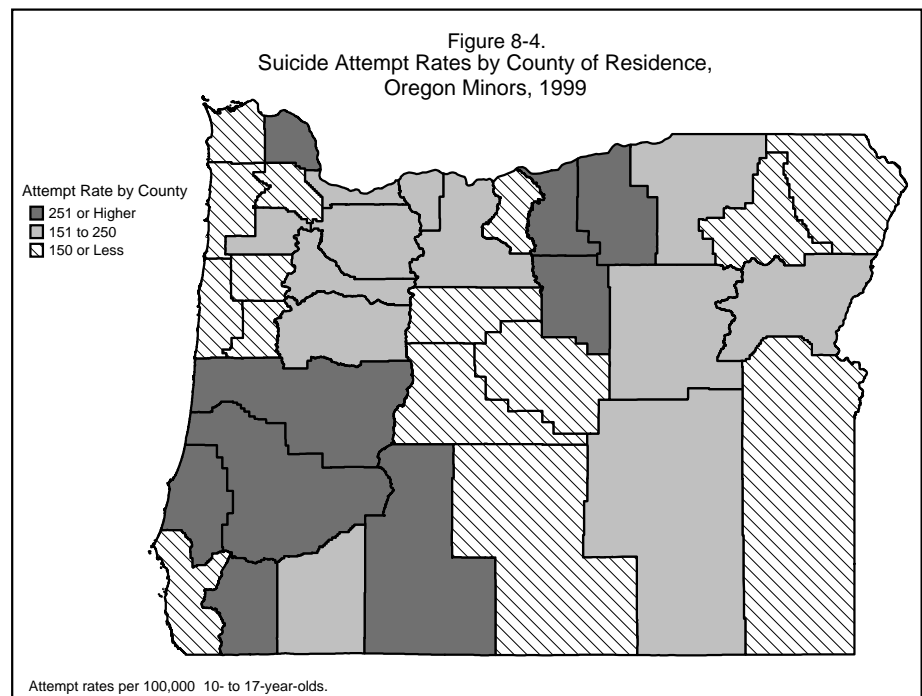
While the suicide attempt rate for the state was 192.4 per 100,000 (10- to 17-year-olds), the rates for individual counties varied widely. [Figure 8-4]. During 1999, among counties with 10 or more attempts, the three highest rates were reported from Douglas (394.6) Columbia (302.4), and Coos (298.0) counties. [Table 8-4]. No attempts were reported for adolescents in three counties: Curry, Jefferson, and Sherman. Table 8-15 lists the number of reports by hospital since reporting became mandatory in 1988. The *Oregon Health Trends* (No. 57) article "Youth Suicide: Results from the 1999 YRBS" lists multi-year suicide death rates by county. It is available on the web at: <http://www.ohd.hr.state.or.us/chs/oht.htm>.

## PLACE OF ATTEMPT

Most (80.2%) of the attempts were made in the adolescent's own home while an additional 3.9 percent were made in another's home. [Table 8-5]. Schools were the site of just 3.5 percent of the attempts.

## MONTH AND DATE OF ATTEMPT

As in past years, the summer school vacation months continued to be the season of lowest risk, and spring the season of greatest risk; 22.2 percent of the suicide attempts occurred from June through August, but half-again as many suicide attempts were reported during March through May (30.4%). About 24 percent of the attempts occurred during



each of the two remaining quarters. By weekday, Mondays, as usual, posed the greatest risk (16.8% of all attempts) and Saturdays the least (10.3%). For further information on temporal trends, see *Suicide and Suicidal Thoughts*, also published by this office.

**PAST ATTEMPTS**

Almost as many suicide attempts were by youths who reported past attempts as were by those who had not (44.8% vs. 55.2%). There was little overall difference by gender, except that males were more likely to have made at least two prior attempts. [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 attempts with a given characteristic may be influenced by repeated attempts of a single individual.

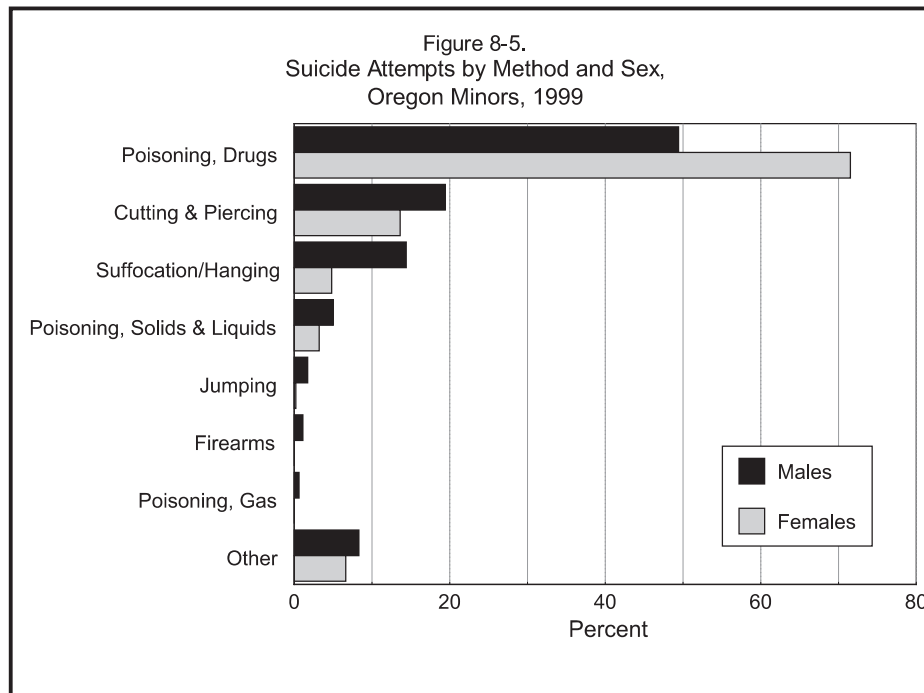
**METHOD**

Adolescents used many methods in their attempts, but ingestion of drugs accounted for the majority (66.1%). Girls were especially likely to use this method; 71.5 percent did so compared to 49.4 percent of boys. [Figure 8-5]. Two-fifths (42.2%) of the 488 drug-related cases involved analgesics; 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 were with combinations of drugs or of drugs with alcohol. Cutting and piercing

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***Suicide attempts occurred most often during the spring.***

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

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injuries were the second most common method of attempt, accounting for 15.0 percent of the cases; nearly all of these were lacerations of the wrists. The third single most common method was suffocation and hanging (7.2%). The category "other" in Table 8-7 includes mostly attempts by multiple methods; the majority involved poisoning, usually with drugs, combined with lacerations of the wrists. Uncommon methods, such as jumping from a man-made structure and stepping in front of a moving motor vehicle, are also included here.

Table 8-8 shows that youth making repeat attempts are more likely to use more violent methods (although not necessarily more lethal methods). While the percentage of attempts resulting from medication overdoses declined from 76.0 percent for those with no previous attempts to 52.4 percent of those with a prior attempt, attempts by suffocation and hanging increased from 5.5 percent to 10.8 percent and attempts by cutting and piercing increased from 7.8 percent to 22.4 percent.

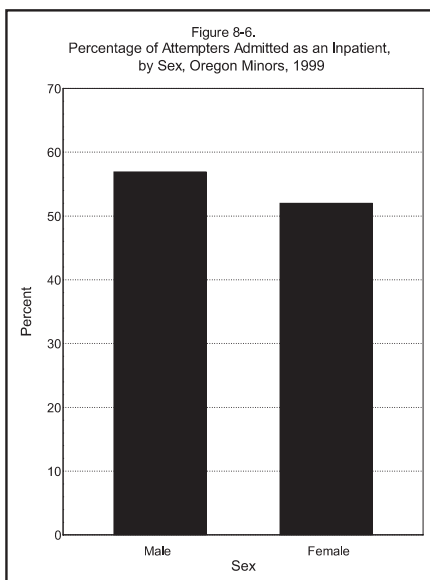
## ADMISSION STATUS

More than one-half (52.8%) of youth treated in a hospital for an attempt were admitted as an inpatient. [Table 8-9]. Males were marginally more likely to be admitted as inpatients, 55.4 percent vs. 52.0 percent of females. [Figure 8-6]. And, contrary to commonly held belief, preteens were more likely to inflict injuries that required hospitalization than were their older counterparts, although in some cases it may be the circumstances leading to the attempt rather than the nature of the injuries themselves that led to inpatient admission.

Certain methods were more likely than others to result in hospitalization. Among the categories involving a single action (and with at least 10 events), attempts by suffocation and hanging were about three times more likely to lead to hospital admission than to treatment on an outpatient basis. [Table 8-10]. (Deaths resulting from gunshot injuries usually occur at the injury site, not in the hospital.) Attempts by "other" methods (most commonly both poisoning and lacerations of the wrists) were a little over twice as likely to result in admission as an inpatient.

## RECENT PERSONAL EVENTS

A suicide attempt may be triggered by a variety of personal crises. [Figure 8-7]. The report form allows one or more events leading to the attempt to be recorded. For example one 16-year-old girl reported family discord, physical abuse, and rape/sexual abuse as well as other reasons.



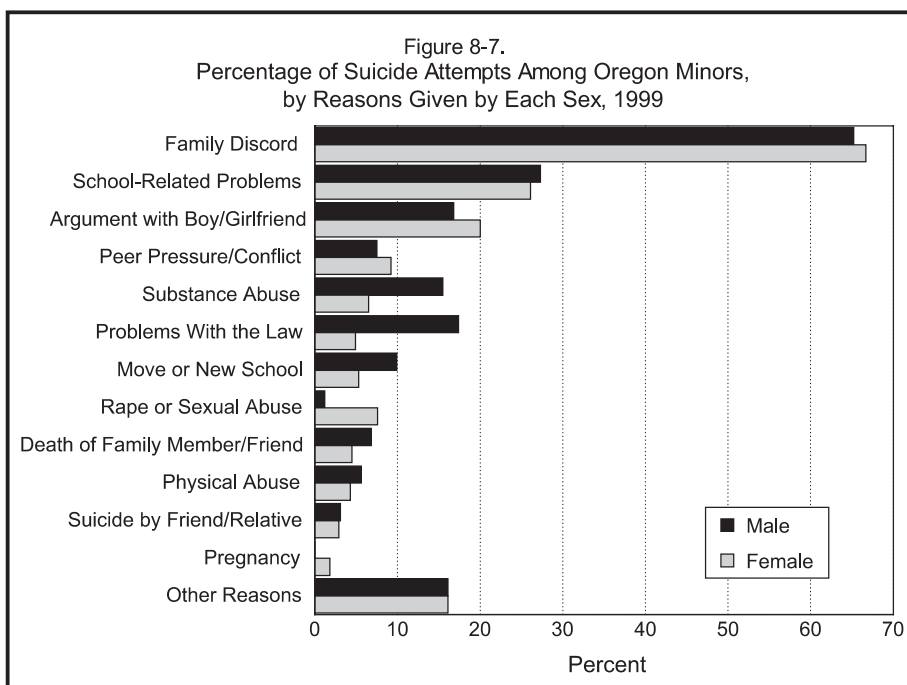
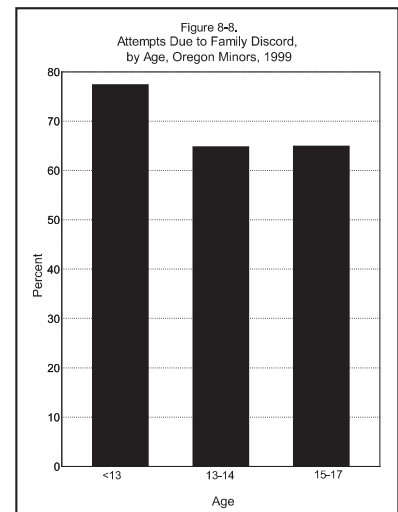
Lack of social support is a common thread among adolescents who attempt suicide, especially among those who cite multiple reasons. Only about one in three of these youth lived with both natural parents. The most commonly reported reasons follow in order by frequency:

**Family discord** was the most common factor associated with a suicide attempt. Nearly two-thirds (66.3%) of Oregon minors reported discord as a precipitating event. [Table 8-11]. There was little difference by gender, but family discord was mentioned most often by the youngest youth. [Figure 8-8].

**School-related problems** (e.g., performance, truancy) were cited by 26.4 percent of youth treated for a suicide attempt. Boys were marginally more likely to report school-related problems than were females, 27.3 percent vs. 26.1 percent. Although these problems were previously most common among preteens, during 1999 no clear trend was apparent.

**An argument or breakup with a boyfriend or girlfriend** was the third most common reason given for a suicide attempt and was more common, although not greatly so, among girls (20.0% vs. 16.8% for boys). While only infrequently cited by preteens (one in 25 attempts), it was far more common among 15- to 17-year-olds (one in four attempts).

**Peer pressure/conflict**, ranking fourth, was cited by 8.8 percent of attempters. At 9.2 percent, females were more likely to identify this as a reason for their attempt than were males (7.5%). Older youth were least likely to report peer pressure. It was also one of the two reasons least likely to be associated with previous attempts. [Table 8-12].



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***Family discord was the most frequently cited reason for suicide attempts.***

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**Substance abuse** was the fifth most commonly cited reason and was listed on 8.6 percent of the attempt reports. It was reported more than twice as often by males than females (15.5% vs. 6.5%). Unlike peer pressure, it was mentioned least often by preteens and most often among 15- to 17-year-olds. The youth who mentioned substance abuse during evaluation were second only to those mentioning physical abuse in their likelihood of being admitted as an inpatient; 86.0 percent were versus 53.8 percent of all youth who made attempts. [Table 8-13].

**Problems with the law** were reported by 7.9 percent of all youth, with males three times more likely to report this reason than were females (17.4% vs. 4.9%). There was little difference by age group.

**A move or attendance at a new school** was given as a reason by 6.4 percent of youth who were reported to have made attempts. Males were nearly twice as likely as females to give this reason (9.9% vs. 5.3%) while preteens mentioned this almost twice as often as did 15- to 17-year-olds (10.2% vs. 5.7%).

**Rape or sexual abuse** was a factor in 6.1 percent of attempts overall, but in 7.6 percent of female attempts compared to just 1.2 percent of male attempts. It was most commonly reported by 15- to 17-year-olds.

**The death of a family member or friend** was associated with 5.1 percent of attempts, and was more common among males than females (6.8% vs. 4.5%). There was no clear trend by age group.

**Physical abuse** was reported in fewer than one in twenty attempts (4.6%). Males were more likely than females to report this (5.6% vs. 4.3%). By age, preteens were more likely to report physical abuse than were 15 to 17-year-olds (8.2% vs. 3.2%). Adolescents giving this reason were most likely to have made prior attempts (75.0% vs. 44.4% overall) and nearly all children reporting physical abuse were admitted for inpatient care, 93.5 percent versus 53.8 percent of all attempts.

**Suicidal behavior by a friend or relative** was associated with about one in 33 (3.0%) of all adolescent suicide attempts. It was most common among preteens. Adolescents who reported that a friend or relative attempted or completed suicide were least likely to have made prior attempts; 33.3 percent had made prior attempts compared to 44.4 percent of all attempts.

**Pregnancy** was rarely associated with reported attempts; it was listed in just 1.3 percent of attempts by females with the frequency greatest among 15- to 17-year-olds.



**Other** risk factors were noted, including parental drug abuse, gang involvement, employment problems, illness of family members or self, abandonment, and eviction.

**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 given the environment in which the information is usually collected; a substantial portion of teens would be unlikely to respond accurately. Nevertheless, the risk is one that health care providers must consider.

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***Youth reporting physical abuse were most likely to have made prior attempts and most likely to be admitted as an inpatient.***

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### **DATA SUMMARY**

- Suicide attempts were reported more often for females than males.
- The number of reported attempts peaked for youth ages 15-16.
- Most attempts occurred in the youth's own home.
- Attempts were reported most often during the spring months and on Mondays.
- The majority of attempts were made with drugs and other substances.
- Youth who attempted suicide were about equally likely to be treated and released as to be admitted as an inpatient.
- Most youth reported that family discord was a factor in their attempt.