

# Rising Suicide Rates: The Disproportionate Effect on Youth and Adolescents in the Child Welfare System

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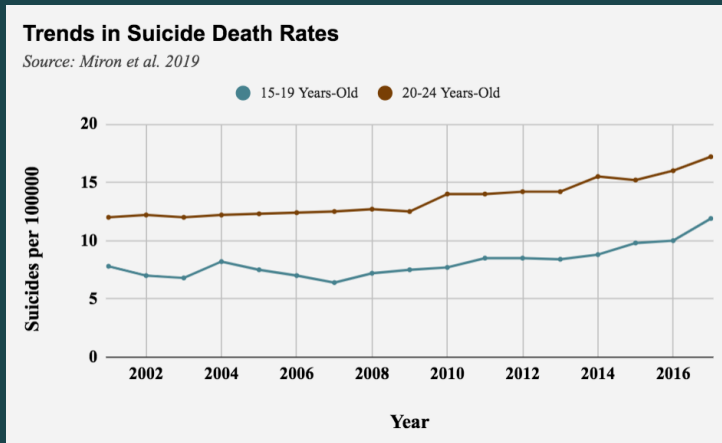
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## Identifying the Issue

In the United States, we are currently facing the highest rates of suicide that we have since the year 2000. From 2000 to 2016, there has been a 30% increase in the rate of suicide (Miron et al. 2019). Though this trend can be observed in our society as a whole, data on suicide rates for adolescents is especially concerning. For both genders between the ages of 15 and 24, patterns show that a slower increase was present between the years of 2000 and 2010, followed by a more drastic increase beginning in 2010 and continuing into present day (Miron et al. 2019).



## The Child Welfare System

This is the term that is used to describe the numerous systems and organizations that work together to promote the wellbeing and safety of children. The system provides resources to families to help safely support and care for their children, as well as helps children who are placed outside of their home achieve permanency and success (Child Welfare Information Gateway 2016). Initial

interaction with the system begins with a report of child maltreatment, or if parents can no longer care for their children due to reasons such as death, incarceration, or other forms of institutionalization (Child Welfare Information Gateway 2016).

## Suicide and the System

Youth involved with the Child Welfare System have rates of suicide and suicidal ideation that are 3 to 4 times higher than the general population for those of the same age (Brown 2020).

These youth also have associated rates of depression and other severe mental illnesses that are around 2 times that of their peers of the same age who have had no involvement with the Child Welfare System (Bronsard 2016). This is an issue that the community should care about because youth in the care of the system are supported by their local communities. If community members are not aware of the struggles that these youth face, they will be unaware of how to advocate for change. Because youth involved with the system have a history of stressful life experiences, it should be a community effort to ensure that the experience of traumatic events does not perpetuate into the system.

In-home care is when children remain placed in their homes with their families, where they receive in-home supports and services. Out-of-home care places youth into the care of family or foster care, and sometimes into group homes (Child Welfare Information Gateway 2016).

## Social Stress Theory

Thoits (2017) outlines the main concepts of Social Stress Theory as below:

- Stressors can be defined as "unusually unpleasant environmental stimuli" that result in bodily wear and tear. Stressors decrease psychological wellbeing
- Major life changes are associated with increased rates of psychological distress
- The ongoing experience of difficulties can be referred to as "chronic strains" and are also associated with increased psychological distress
- Psychological distress is also a result of uncontrollable, unexpected, and traumatic events

## Stress Theory and The System

Social Stress Theory concludes that the experience of stressors and traumatic life events leads to decreased mental health and wellbeing (Thoits 2017). Because we know that placement into the care of, or involvement with, the Child Welfare System results after an initial report of child maltreatment, it can be concluded that experience with the Child Welfare System increases rates of suicide and suicidal ideation, as well as other mental illnesses, because of the increased experience of stressors and traumatic life events that individuals involved with the system have experienced prior to, and sometimes after, their entry into the system. Social Stress Theory also poses that social supports and other coping mechanisms and resources act as a buffering effect in the relationship between stressors and mental wellbeing (Thoits 2017).

This relationship can help explain the increased rate of suicide that exists for youth and adolescents involved with the system. Because youth who are involved with the system are experiencing events that are stressful and traumatic, many of these events cause social supports and mechanisms to decline. Youth many also not have access to other forms of formal or informal supports due to a failure of the system to provide adequate resources (Braciszewski 2012). Common stressors are discussed below as specific risk factors for youth and adolescents involved with the system.

## Identifying Risk Factors

Perkins and Hartless (2002) studied ecological risk-factor models to determine what the risk factors for suicide are for all youth and adolescents. Ecological risk-factor models look at factors and experiences at multiple levels of ones social ecology, such as individual, familial, and extra-familial factors (Perkins & Hartless 2002). Perkins and Hartless (2002) identified the below 7 risk factors (as well as one extra for boys) to be most highly correlated with suicide risk and ideation:

1 **Age**

2 **Family Support**

3 **Physical Abuse**

4 **Sexual Abuse**

5 **Alcohol Use**

6 **Hard Drug Use**

7 **Hopelessness**

**School Climate**

(In, addition, for boys only)

### "Child Maltreatment"

As defined by the Child Welfare Information Gateway (2016), child maltreatment is:

"Serious harm caused to children by parents or primary caregivers, such as extended family members or babysitters." Child maltreatment can also be any harm that occurs that the caregiver is aware of, or any harm that the caregiver does not intervene to stop.

Child maltreatment can include but is not limited to:

- ~ Neglect
- ~ Physical Abuse
- ~ Sexual Abuse
- ~ Emotional Abuse

## Cumulative Risk

To understand how these risks impact youth and adolescents involved with the Child Welfare System, it is important to understand cumulative risk. Cumulative risk states that suicide risk and ideation increases as youth experience increased exposure to stressors throughout their social ecology (Perkins & Hartless 2002). In simpler terms, as youth experience more and more of these identified stressors in conjunction with each other, their risk for psychological distress and suicide increases. The seven main stressors, in addition to school climate, are discussed below, with specific regards to how youth involved with the system experience these stressors. Note that it is not only the isolated experience of one of these factors that increases the risk of suicide, but rather the continual experience of more than one of these factors that leads to increased suicide risk.

### 1 Age

There is limited research specifically regarding age in relation to foster youth and adolescents. Prior research has shown, though, that older adolescents, aged 20 to 24, have higher rates of suicide than younger adolescents aged 15 to 19 (Miron et al. 2019). When we think about youth involved with the welfare system who are part of the 20- to 24-year-old group, those who have not reached permanency, meaning they did not return to their families or were not adopted, are also at a higher risk of other factors such as homelessness, sexual abuse, substance use, or lack of support, that subsequently increase their risk of suicide (Euser et al. 2012; Salazar et al. 2011; Shim-Pelayo & Pedro 2018). For these reasons, individuals who are older, especially those who have not reached permanency, are at an increased risk of suicide.

### 2 Family Support

There are multiple reasons regarding family support that lead to youth and adolescents involved with the system experiencing increased risk of suicide. When youth are placed in out-of-home care and removed from their parent's home, they no longer have access to parental supports (Anderson 2011). Placement in out-of-home care often results in continual movement between homes (Shim-Pelayo & Pedro 2018). Continual movement increases the likelihood that these individuals will build solid relationships with their foster parents, thus decreasing the level of familial support further. Salazar and colleagues (2011) find that general perceived social support can buffer the relationship of stressors on mental health. This means that foster youth's continual experience with movement in the system decreases their chance of building positive relationships in general, which also further increases their risk of suicide.

### 3 4 Physical Abuse and Sexual Abuse

Youth who are involved with the Child Welfare System have a history of child maltreatment. In many cases, child maltreatment can mean child abuse, this can take many forms including physical or sexual abuse. Because these are two of the identified factors that increase suicide risk, we can see how youth involved with the system are at an increased risk of this factor. For those who are placed in out of home care, rates of child abuse are significantly higher than what they are for the general population (Euser et al. 2012). Because of the increased risk of experiencing abuse, both before and during involvement with the system, this is a risk factor of suicide that specifically impacts youth and adolescents involved with the Child Welfare System.

## 5 6 Alcohol Use and Hard Drug Use

Alcohol and hard drug use are two factors that increase suicide risk, and youth and adolescents who are involved with the system have been seen to be more likely to engage in substance use than youth in the general population (Shim-Pelayo & Pedro 2018). Not only are youth in the system more likely to engage in substance use, but they have also been seen to start using alcohol and marijuana an average of one and a half years earlier than their peers (Braciszewski 2012). Braciszewski (2012) also found that youth in Child Welfare placements use hard drugs at rates much higher than youth in the general population, and that foster youth have higher rates of substance use disorders. These actions increase their suicide risk.

## 7 Hopelessness

Hopelessness is an appropriate and common response to many of the experiences that youth involved with the system face on a daily basis, such as the ones above and many more. The general experience of risk and trauma experienced by those in the system leads to increased feelings of hopelessness (Perkins & Hartless 2002).

## School Climate

Specifically for boys, school climate is heavily related to suicide risk. Reasons that youth in the system have negative experiences with school include continual movement in the system that leads to many school changes, decreasing social ties and supports at school, as well as the fact that school employees often fail or wait too long to obtain school records, decreasing the individuals quality of schooling (Shim-Pelayo & Pedro 2018).

The factors listed above are most certainly not all inclusive of the risks that youth and adolescents involved in the Child Welfare System face. Though these are the factors that research has shown to be the most highly correlated with suicide risk. Further, research discussed above demonstrated why individuals involved with the system are more susceptible to experiencing these risks. Using the framework of cumulative risk and acknowledging that youth and adolescents in the system experience multiple of these factors throughout their adolescent lives, we can then apply what we know from Social Stress Theory to understand that youth involved with the Child Welfare System have increased rates of suicide and suicidal ideation due to their increased experience of multiple stressors.

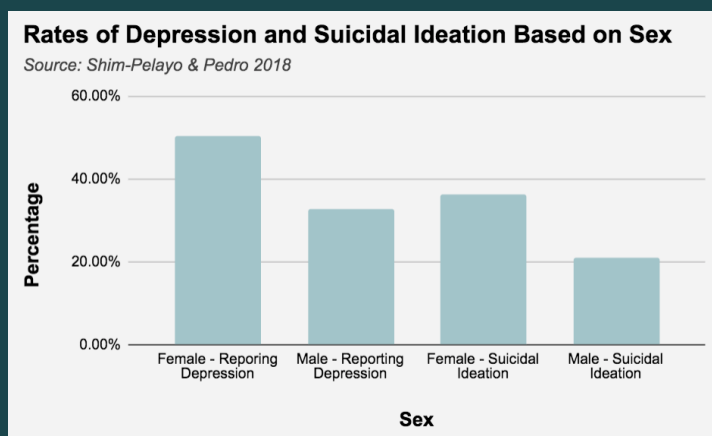
## Social Distribution: Who's at Risk?

Based on variation of societal experiences and identity markers, some groups of individuals are exposed to the above risk factors at higher rates than others, thus increasing the suicide risk for these groups. Some of the factors that cause variation in the distribution of suicide risk across youth and adolescents involved in the system are gender, type of placement, race/ethnicity, and sexuality. When looking at how these factors impact suicide risk for individuals involved with the system, we should also note how cumulative effect plays into the relationship.

## 1 Sex

Research shows that out of the identified risk factors by Perkins and Hartless (2002), female youth and adolescents are further impacted by alcohol use and physical and sexual abuse, and that males are more susceptible to the impacts of school climate. Euser and colleagues (2002) demonstrate another gender variation, pointing to the fact female's involved in the system are

at increased risk of abuse than their male counterparts are. Overall, female youth report higher levels of depression and suicidal ideation than males (Shim-Pelayo & Pedro 2018). This data is presented in the chart to the right.



## 2 Type of Placement

Youth and adolescents who are placed in out-of-home care are those at the highest risk of suicide (Brown 2020). Youth who are removed from their homes are at a significantly higher risk of experiencing low parental support, one of Perkins and Hartless' (2002) identified risk factors. Youth placed in out-of-home care can also experience low levels of support from foster parents and caregivers, as well as decreased social supports resulting from movement within the system. The decreased supports that youth in out-of-home placements experience not only from family, but also from other relationships, can significantly increase their risk of suicidal ideation (Thoits 2017). Youth in out-of-home care are also more likely to experience sexual and physical abuse than those placed in care that is in-home (Euser et al. 2012). The experience of abuse in combination with decreased familial and social support contributes to the increased risk of suicide observed for this group of individuals.

## 3 Race/Ethnicity

Overarching data from research on race and ethnicity's role in the relationship between child welfare involvement and suicide risk shows that youth who belong to racial/ethnic minorities are overrepresented in the system, but that they do not seem to be at an increased suicide risk when compared to their White peers. Foster youth that are White have been seen to be up to 3 times more likely to report feelings of hopelessness than their Black peers (Shim-Pelayo & Pedro 2018). For youth identifying as Black, Asian/Pacific Islander, multiracial, American Indian, or Latino in the system, rates of depression and suicidal ideation are lower than that for White youth (Shim-Pelayo & Pedro 2018). Research demonstrated that overrepresentation of youth belonging to racial/ethnic minorities was not associated with increased rates of depression or suicidal ideation. Some researchers theorize that this trend occurs because the effects of race/ethnicity and associated stressors on mental health is greater than that of the effects of being involved with the system. This does not mean that youth belonging to racial/ethnic minority groups are not at risk in the system, because they are, but rather researchers see these youth to be at risk before their entrance to the system, and the stressors that they experience as youth involved with the Child Welfare system do not appear to increase their risk any further (Shim-Pelayo & Pedro 2019; Stewart 2016).

## 4 Sexuality

LGBTQ youth experience unique risks when compared to their peers. These youth and adolescents report high rates of homelessness resulting from low family support. Many LGBTQ youth have such low levels of family support that they are kicked out of their homes, thus creating situations in which they become involved with the Child Welfare System (Forge et al. 2018). LGBTQ youth also experience rates of abuse 1.2 times higher for physical abuse and nearly 4 times higher for sexual abuse (Forge et al. 2018). Due to the high rates of homelessness across this group of youth and adolescents, low rates of social support and high rates of substance use are also reported (Forge et al. 2018). Because LGBTQ youth experience such severe familial rejection, familial support, one of the seven risk factors, is exceptionally low for this group of individuals, subsequently increasing their suicide risk. This factor in combination with the fact that these youth and adolescents also experience increased rates of abuse and substance use significantly increases their risk of suicide.

### Quick Summary

Youth and adolescents involved with the Child Welfare System have rates of suicide and suicidal ideation up to 4 times higher than those of the same age who have no involvement with the system. These elevated suicide rates can be attributed to the increased experience of risk factors that are highly correlated with suicide risk that those involved with the system often face. The reason that youth and adolescents in the system are at an increased risk to these factors is because (a) the general nature of experiencing maltreatment in the first place is stressful and traumatic, and (b) once involvement in the system begins, there are inadequate systems in place that fail to prevent further experience of risks. Though these experiences are widespread across the system, as demonstrated above, there are specific subgroups of youth and adolescents who may have further increased suicide risk based on how their personal identities impact and intersect with their experiences within the system. The experience of these risk factors does not exist within a vacuum, they are caused and influenced by institutional and social structures which are discussed below.

### Society's Response

The general public is not aware of the ways in which youth involved in the Child Welfare System continue to experience abuse and trauma after entry, or of the inadequate mental health care that these youth receive. Society is uneducated on how trauma persists into the system and does not end upon entry. Because of this, there is generally poor social response to this issue. We cannot expect individuals to respond to an issue that they are not aware is occurring. Societal norms, such as how we perceive "deviant" behavior also impacts youth and adolescents in the system.

Throughout my research, it was stated over and over again that communities are unaware of the struggles that youth and adolescents involved in the system face. Both state and local governments can play a role in educating the public about the issues that have been highlighted above (Child Welfare Information Gateway 2016). Community members play a large role in the care and advocacy for those involved in the system, and without proper education, community members will not know what to advocate for, or how to help those failed by the system.

To improve societies response to the issue at hand we need to enact the following changes:

- 1 - Increase general understanding and knowledge of how suicide is an issue that is perpetuated within the Child Welfare System
- 2 - Work within the system to create new policy and standards of care that actively support the mental wellbeing of youth and adolescents in the system



## The Role of Social and Institutional Structures and Recommended Policy

### The Issue

The institutional failure to prioritize mental health care, along with the social failure to address behaviors as symptoms of mental wellbeing, leads to the denial of youth and adolescent's right to access to mental health care. Brown (2020) outlines policy suggestions that increase access to and funding for mental health care within the system, as well as increases the understanding of behavior that may accompany suicidal ideation.

- Mental health care and treatment is viewed as a low priority concern, and thus is not available or funded (Brown 2020).
- Poor social response leads to symptoms and warning signs of suicide and depression being overlooked by care givers and professionals (Braciszewski 2012). Due to social cues of what "normal" behavior is, often times these symptoms of mental illness are viewed as deviant, leading to juvenile justice involvement, not mental health care (Lee 2016).

### The Policy

- Incorporate universal mental health screenings into the child welfare system; this currently does not happen. In turn, this requires an increase in funding of the Child Welfare System's budget for mental health care (Brown 2020).
- There needs to be improvements to the training that case workers and social workers currently receive in order to include more fundamental understandings of mental health, including comprehensive education on how warning signs present (Brown 2020).

There is an institutional failure to place youth into environments that foster support and promote mental wellbeing. Suicide risk can increase significantly due solely on placement type. Perkins and Hartless' (2002) findings that suicide risk occurs at all levels of social ecology brings to light a flaw in the current policy that fails to address social ecology when placing youth. Brown's (2020) policy recommendation of universal screenings should be used to determine how well of a fit a placement is for the youth on an individual basis.

- The type of placement that youth receive impacts their suicide risk, meaning that there is a systematic failure to place individuals into environments that foster mental wellbeing and success.

- When making decisions regarding placement, the history of the individual should be considered from all levels of social ecology, ensuring that youth are not placed into environments that perpetuate the experience of risks that they are already susceptible to (Perkins & Hartless 2002).



- For example, placement into a group home is associated with rates of suicidal ideation more than 7 times higher than youth who are placed in-home (Anderson 2011).

- Strict monitoring of the youths environment following placement should occur by routinely assessing mental health (Brown 2020) to ensure that appropriate relationships exist, and that the individual is benefiting from their placement.

The third major institutional failure can be seen in the high rates of trauma and the continual experience of risk that occurs within the Child Welfare System. Policies should be put into place to prevent the further experience of trauma, thus reducing the experience of risks that lead to increased suicidal ideation. These policies are described below.

- The Child Welfare System fails to reduce the exposure to risk factors for suicide, rather, those involved continue to experience risks and trauma once involvement with the system has began (Euser et al. 2013).
- 40% of youth experience maltreatment within the system (Salazar et al. 2011)
- Rates of abuse for youth and adolescents in out-of-home and in-home placements does not decline after system involvement. Further, some studies suggest that abuse continues once a child is removed from the home at rates higher than they experienced prior to removal (Euser et al. 2013).
- Trauma informed practices should be used any time a professional is working with youth and adolescents within the system. As research has shown, most youth involved with the system experience trauma. Failing to acknowledge how these experience impact youth in the system only produces further trauma (Forge et al. 2018).
- Risk factors should be addressed simultaneously, focusing on how the intersection of all levels of social ecology impacts youths experience in the system (Perkins & Hartless 2002).
- Foster parents, group home facilitators, and any other individual involved with the Child Welfare System should be required to go through extensive background checks (Euser et al, 2013).
- Protocol should be put into place to make welfare checks more thorough and effective to prevent the experience of further trauma within the system (Euser et al. 2013).

## Conclusion

In sum, those who are involved with the Child Welfare System have rates of suicide and suicidal ideation significantly higher than youth and adolescents in the general public. These rates can be attributed to their increased exposure to stressors that increase the risk of suicide. Though not all youth in the system are impacted equally, some are more at risk than others due to identity markers and personal experiences leading to increased exposure to stressors. These risks result from an institutional failure to address how risks impact youth before entering the system, as well as after entry. As noted on the pages above, many policy changes can be enacted to decrease the exposure to stressors and trauma within the system which would then decrease the risk of suicide for youth and adolescents in the system. As noted on the pages above, many policy changes can be enacted to decrease the exposure to stressors and trauma within the system which would then decrease the risk of suicide for youth and adolescents in the system.

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