FAMILIAL RISK FACTORS FOR ADOLESCENT SUICIDE*

A Case-Control Study1

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1. INTRODUCTION

In the search for risk factors for adolescent suicide, many investigators have posited that familial contributions to suicidal risk are among the most potent. This view has included that of the “expendable child,” in which the family environment is so strife-laden and rejecting that the child commits suicide (1). Others have noted high rates of parent-child discord in adolescent suicide attempters and completers, and have frequently cited such occurrences as precipitants for suicide and suicidal behavior (2–6). Factors affecting the quality of the family environment such as those of parental loss, separation, and divorce have been cited as contributors to suicidal risk (4,5,7). Still other lines of research have suggested that among the most potent risk factors for adolescent suicide and suicidal behavior are parental psychopathology and family history of suicidal behavior (8–12). Clearly, these views are not mutually exclusive or conclusive. However, their emphases differ sufficiently, so that an understanding of the relative contributions of these different components of familial risk could have important implications for the formulation of a hierarchy of prevention strategies.

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Previous studies of familial risk factors in adolescent suicide have been few and only two have been controlled (11,12). Shafii et al. (11), in a comparison of 20 suicide victims and 17 close friends, found higher rates of parental “emotional problems,” “parental absence,” and abuse. Shaffer et al. (12) noted higher rates of suicide and suicidal behavior in the families of suicide victims compared to those of community controls. Neither study reported on rates of parental psychopathology, nor were multiple familial and non-familial risk factors examined simultaneously.

Controlled studies of suicide attempters have noted the role of parental loss, parental psychopathology, and family discord. Garfinkel et al. (7), in a consecutive series of suicide attempters matched to non-suicidal admissions to an urban emergency department, found that the former had higher familial rates of substance abuse and suicidal behavior, as well as an increased frequency of parental loss or separation. In a community sample, Kashani et al. (13) found that the parents of suicidal ideators, compared to non-ideators, showed a greater prevalence of psychiatric symptomatology. Joffe et al. (14), reporting from the Ontario Child Health Study, found that suicidal ideation and attempts in 12–16 year olds were related to parental conditions of criminality, psychopathology, substance abuse, as well as overall family dysfunction. In a school-based survey, Hibbard et al. (15) found that sexual and physical abuse were frequent accompaniments of adolescent suicidality. Studies of clinically referred suicide attempters contrasted to non-suicidal psychiatric controls have found increased intrafamilial discord and decreased familial support associated with youthful suicidal behavior (5,6,16,17).

To address these issues, we report on a comparison of a consecutive series of 67 adolescent suicide victims and 67 demographically matched community controls. On the basis of our previous work, and a review of the literature, we hypothesized that suicide completers, compared to community controls, would show:

1. greater familial loading for affective disorder, conduct/antisocial disorder, substance abuse, and suicidal behavior.
2. greater number of familial stressors, including parent-child discord, loss and separation, physical and sexual abuse, and residential instability.
3. lower likelihood to be living with both biologic parents. However, we also hypothesized that family constellation would be related to parental psychopathology and increased number of life stressors, and that familial loading for psychopathology would be more closely associated with suicide than family constellation.

2. MATERIAL AND METHODS

2.1. Cases

The suicide completer sample was drawn from a consecutive series of adolescent suicide victims over a period from July 1986 to August 1990 in the 28 counties of Western Pennsylvania, and has been described in other reports (18). This is a new sample and does not overlap with our previous study (3). The greatest number of suicides came from Allegheny County (35.8%), an area that includes Pittsburgh and its suburbs, and is much more densely populated than the other counties in Western Pennsylvania. Only families of adolescents aged 19 and under who received a definite verdict of suicide were identified for study. The families of the suicide victims were contacted by mail three months after