

RISK FACTORS

DEMOGRAPHIC INFORMATION AND COMMON SINGLE PREDICTORS FOR PERSONS WHO MAY HAVE SUSCEPTABILITY TOWARDS SUICIDE

There is no “one type of suicidal person.” Often, a combination of variables may place a person at risk.

Note: Risk factors contribute to the potential for suicidal risk to emerge. Concerned persons should pay particular attention to Warning Signs, which are behavioral, verbal or mood-related cues that risk is imminent.

FEATURES	MANIFESTATIONS	COMMENTS
Age	Suicide rises with age. For white males, the older he is, the more at risk he is. Risk peaks at about age 50 in females.	White males over 65 have a suicide rate 4 times that of the national average.
Gender	More males complete suicide. More females attempt suicide but do not complete.	Males choose more lethal means.
Ethnicity	More whites commit suicide than persons of color.	Statistics show an increase in young African-American males, ages 15-24.
Loss	The more irrevocable the loss, the greater the risk.	Suicide is associated with an accumulation of losses throughout life.
Substance Abuse	Alcohol increases the risk of completed suicide.	Drug abuse is correlated with more attempts.
Mental illness	Prior psychiatric hospitalization increases level of risk.	It is estimated that 1/3 of all completed suicides have a diagnosable depressive illness.
Physical illness	Sudden onset of a serious illness or chronic conditions with poor prognosis and/or intense pain indicates greatly increased risk.	Illness generally places a strain on defenses and coping skills, thus increasing risk.
Downward economic mobility	Unemployment, frequent job changes, direction of reduced status or reduced earnings increases risk.	Consider how one’s identity is impacted by these setbacks.
Urban vs. Rural settings	Urban areas have higher numbers of suicide, but per capita, rural settings have higher incidence.	Rural areas may struggle to have adequate resources for mental health service delivery.
Marital/ relationship disruption, divorce, widowhood, loss of love affair	The more final the change, the greater the risk.	Marriage is protection for males. Women survive better without a mate than do men.
Previous attempts	Prior attempts are considered high risk.	The more lethal the earlier attempts, the greater the rate of subsequent completed suicide.
History of family or close friends with attempts or completions	Presence of loved ones with attempts or completions increases risk.	“Modeling” of behavior plants the seed that suicide is an established or even accepted way of coping.
A “death trend”	Accumulation of losses and deaths	What meaning do the losses have?
History of physical or sexual abuse	Self-concept, themes of vulnerability, post-traumatic stress, etc., complicate one’s hardiness for coping.	History of abuse reduces chances for self-empathy
Absence of a support system	Lack of resources and social support is correlated with completed suicide.	Consider how capable he/she is of developing new resources

COMMON SINGLE PREDICTORS OF SUICIDE

1. Major depressive illness, affective disorder
2. Alcoholism, drug abuse
3. Suicide ideation, talk, preparation
4. Prior suicide attempts
5. Use of lethal methods to attempt suicide (especially guns)
6. Isolation, living alone, loss of support, rejection
7. Hopelessness, cognitive rigidity
8. Being an older, white male
9. Modeling, history of suicide in the family
10. Work problems, unemployment, occupational issues
11. Marital and sexual problems, family pathology
12. Stress, negative life events
13. Anger, aggression, impulsivity
14. Physical illness
15. Repetition and “comorbidity” of factors # 1-14 above

Original source: Maris, R. W. (1992f). Overview of the study of suicide assessment and prediction. In R. W. Maris, A. L. Berman, J.T. Maltzberger, & R. I. Yufit (Eds.), *The Assessment and Prediction of Suicide*. pp. 3-22. New York: Guilford Press.