



Child Suicide, Family Environment, and Economic Crisis

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Suicide among children is considered to be a rare event, although it is still one of the leading causes of death in children younger than 15 years of age worldwide (Pelkonen & Marttunen, 2003; Vajani, Annest, Crosby, Alexander, & Mille, 2007). Compared to other age groups, the prevalence of suicide in children is more likely to be underestimated (Beautrais, 2001; Crepeau-Hobson, 2010; Fortune & Hawton, 2007; McClure, 2001). Possible reasons for this underestimation may be the social stigma and shame surrounding suicide in general, the reluctance by officials or coroners to determine a verdict of suicide in a child, disparities in death classification systems, and/or the misconception that children are precluded from engaging in suicidal acts due to cognitive immaturity (Crepeau-Hobson, 2010; Schmidt, Muller, Dettmeyer, & Madea, 2002; Shaw, Fernandes, & Rao, 2005; Pritchard & Hansen, 2005). However, research has indicated that, from the age of 8 on, children understand the concept of suicide (Mishara, 1998; Fortune & Hawton, 2007) and are capable of carrying it out.

Research in adolescent and youth suicide is growing. While previous studies provided a broad overview of the phenomenon, few focused specifically on suicide in children. There appears to be some empirical support for the notion that children may be less exposed to common suicide risk factors, such as mental illness and substance abuse, and less likely to display predictive factors, such as prior suicidal behavior (Beautrais, 2001; Groholt, Ekeberg, Wichstrom, & Haldorsen, 1998; Pelkonen & Marttunen, 2003; Schmidt et al., 2002). Groholt et al. (1998) suggested that the low suicide incidence in children might be related to fewer risk factors rather than to their resilience to these risk factors.

Interpersonal family conflicts, especially parent-child conflicts, are important suicide risk factors in children and younger adults and appear more frequently compared to older adults. Beautrais (2001) reported that 70.5% of child suicides aged 9–14 years had a family conflict as a triggering factor. Furthermore, it has been reported that parental

divorce or a stepparent in the family increases the risk of suicidal behaviors in children and adolescents (Pelkonen & Marttunen, 2003; Samm et al., 2010). A growing body of research indicates that the risk of child and adolescent suicide and attempted suicides increases when family psychopathology is involved, such as parental mental health problems or a history of suicidal behavior (King, 2009). However, the existence and impact of shared genetic risk factors, the level of influence of an adverse family environment, and whether these influences can be mediated remain unknown in the context of child suicide (Brent & Mann, 2006; King, 2009). It also appears that the family environment – parenting style, physical abuse, and parental mental health problems – can be greatly influenced by economic pressure (Yoder & Hoyt, 2005).

Since the beginning of the global financial crisis, several editorials and papers have indicated the possible impact the economic recession may have on morbidity (Catalano, 2009; Uutela, 2010), mortality (Simms, 2009), and, more specifically, suicide (Gunnell, Platt, & Hawton, 2009). Indeed, based on past experiences and from a public health perspective, it is very important to notify professionals and politicians about the possible consequences (Stuckler, Basu, Suhrcke, Coutts, & McKee, 2009). Meanwhile, speculations continue about eventual scenarios, as it is too early to see the impact the global financial crisis might have on overall suicide mortality and morbidity rates.

The effects of an economic recession on children, general child mortality and morbidity, violence against children, schooling, quality of care, and emotional well-being also need to be considered (Harper, Jones, McKay, & Espey, 2009). Yet, how much do we know about the possible fallouts of an economic crisis on children, their suicidal behaviors, and child suicides? The impact of an economic recession can be measured both on an aggregated and an individual level. In a recent paper, Apter, Bursztein, Bertolote, Fleischmann, and Wassermann (2009) considered that turmoil following rapid changes in the economy has been

a common factor in countries with rising youth suicide rates (e.g., former Soviet Block countries, such as Russia and Lithuania). Impacts on schooling and child care have been found to differ across countries, a fact that might be related to the depth and length of the economic crisis. However, the effect on child education and health in low-income countries is often procyclical, while countercyclical effects have been observed in high-income countries (Ferreira & Schady, 2009). Economic crises directly influence health-care systems as well as the availability of and access to health care and psychiatric care – which in turn impacts children's physical and mental health and their suicidal behavior.

Further, an economic recession can have a remarkable influence on family systems. Higher rates of unemployment and decreased family income lead to overall reduced expenditures on health care and children's education (Harper et al., 2009). In addition, unemployment may also lead to internal and international migration to find new employment. Consequently, the level of socially derived diseases, such as stress-related conditions, somatic and mental health problems, and suicide, can increase. As already mentioned, children are especially vulnerable to changes in family conditions. There has been some research on the impact of parental job loss and subsequent reduction in household income on child socialization during the economic recessions of the 1930s and 1980s in the United States. Instability in the family environment and a lack of socialization can also greatly influence a child's cognitive development (Andrade et al., 2005). In her conceptual model, McLoyd (1989) explained that child development is influenced by fathers' behaviors and disposition, even though these causal factors are external to the child's environment. This is especially important considering that an increase in unemployment can significantly influence the traditional male role as breadwinner. These changes can cause loss of male identity, feelings of failure, irritability, pessimism, and stress, which in turn can lead to depression, anxiety, and alcohol abuse in the longer term. These changes can also create more conflicts and violence within the family. Changes in parents' behaviors might also lead to a child's irritability, negative mood, hypersensitivity, loneliness, depression, withdrawal from friends, somatic complaints, delinquency, decline in academic performance, and suicidal behavior.

After controlling for youth and parental psychopathology, a low level of parent-child communication was found to be a risk factor for suicide (Gould, Fisher, Parides, Flory, & Shaffer, 1996). Sann et al. (2010) showed that school children may be protected against suicidal ideation when they perceive the possibility of talking about their worries with their mother and father to be easy, even after controlling for family economic deprivation. Communication may become more difficult when parental job migration forces children to leave their established social support network; they may feel lonely and withdrawn when adapting to a new environment, which may then make them more vul-

nerable to suicidal behaviors (Qin, Mortensen, & Pedersen, 2009).

There is no doubt that the phenomenon of child suicide deserves more attention. Research has shown that social, cultural and environmental factors can exacerbate or mitigate existing personal suicide risk factors in children (King, 2009; Greening, Stoppelbein, & Luebbe, 2010). An economic crisis can greatly influence, and even change, these factors, which can be intensified by the family context. Subsequently, children may become more predisposed to suicidal ideation and acts. Yet, little is known about children's specific pathways, the developmental process that influences suicide in them, and which issues need to be addressed in future suicide prevention programs.

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