

Risk Factors Associated with Suicide Among African American Males

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Abstract

Suicide is a multifaceted issue, and its prevention requires addressing multiple contributors. Currently, it is the third leading cause of death worldwide for those ages 15-44, the eleventh leading cause of death in the United States, and the eighth leading cause of death among U. S. men. Among African American males aged 20-44, suicide is the third, fifth, and sixth leading cause of death, respectively, when categorizing the age groups as 20-24, 25-34, and 35-44. Suicide is defined by Pearson, Stanley, King, & Fisher (2001) as “death from self-inflicted injury where there is evidence that the decedent intended to kill himself/herself,” it is a complex public health problem requiring the investigation of multiple factors. The occurrence of suicide has been deemed a global health issue. The suicide rate for African Americans males, 14 to 20 years old, rose to the highest rate compared to any other demographic in 2019. Despite the high incidence of suicide in men, remarkably little is known about its contributing factors. This study investigated the risk and protective factors associated with suicide and suicide attempts among African American males. Few studies have focused, however, on addressing suicidal behavior among African American males. To reinforce prevention, a need exists to examine preceding behavior to suicide, specifically suicide attempts.

Keywords: Suicide, risk, protective factors, and interventions.

1.0. Introduction

The World Health Organization [WHO] noted the increasing trend in suicide among all population segments globally. Subsequently, it emphasized the importance of studying the risks and preventive factors associated with suicide (WHO, 2021). Suicide is a multifaceted issue, and its prevention requires addressing multiple contributors. Currently, it is the third leading cause of death worldwide for those ages 15-44, the eleventh leading cause of death in the United States, and the eighth leading cause of death among U. S. men. Among African American males aged 20-44, suicide is the third, fifth, and sixth leading cause of death, respectively, when categorizing the age groups as 20-24, 25-34, and 35-44. Suicide is defined by Stack (2014) as “death from self-inflicted injury where there is evidence that the decedent intended to kill himself/herself” (p. 11), which is a complex public health problem, requiring the investigation of multiple factors. The occurrence of suicide has been deemed a global health issue.

The suicide rate for African Americans males, 14 to 20 years old, rose to the highest rate compared to any other demographic in 2019 (CDC, 2020). Despite the high incidence of suicide in men, remarkably little is known about its contributing factors (Bilsker & White, 2011). This study investigated the risk and protective factors associated with suicide and suicide attempts among African American males. Few studies have focused, however, on addressing suicidal behavior among African American males. Preventive measures must be developed to examine preceding behavior to suicide, specifically suicide attempts (CDC, 2020; Stack, 2014).

Suicidality is not a topic that is often discussed in the African Americans community. The focus tends to be on dealing with homicides or health-related fatalities as cultural stereotypes, stigma, and assumptions suggest that suicidality is a “White thing.” Consequently, community leaders and mental health professionals have not been trained to see suicidality as an essential issue in African American men. The study of Lindsey, Sheftall, Xiao, and Joe (2019) indicated that the suicide rate is lowest among African American females. Plus, African American males disproportionately carry the burden in terms of how many have different sorts of health and illness, higher rates of joblessness, criminal victimization, higher rates of school suspensions and dropout rates, and incarceration. So, it is beneficial for mental health professionals and community leaders to start learning about African American male suicidality patterns and be prepared to provide potentially life-saving interventions (Lindsey et al., 2019; WHO, 2021).

The United States notes a significant increase in the suicide rate among the female segment of the population and a higher demographic suicide trend among males (WHO, 2021). African American males, particularly, are increasingly experiencing suicide as a cause of mortality (National Center for Health Statistics [NCHS], 2020). According to Lindsey et al. (2019), if the current trend persists, the suicide rates among African Americans will rival that of Caucasians. Due to the critical nature of suicide in various populations, in 2021, the Surgeon General issued a Call to Action to Implement the National Strategy for Suicide Prevention by assessing risk and protective factors. Subsequently, The National Institute of Mental Health (2020), developed by the United States Department of Health and Human Services [HHS], listed the need for suicide and suicide prevention research as one of its goals. Although the consensus is that suicide is a public health issue, a provocative question arises, “what are we doing to prevent it?” Following the CDC (2020) goals, this study proposes to add to the body of research focusing on antecedents of suicide and prevention. Findings from this study will provide insight into the known suicidal risk and protective factors, identify gaps in the existing body of literature, and make recommendations for interventions and future research areas (Bilsker & White, 2011; NCHS, 2020).

2.0. Literature Review

The precipitating factors associated with suicide among African Americans are poorly understood, and little consensus reportedly exists regarding the factors associated with suicide among African American males (Rowell, Green, & Eddy, 2008). Examining suicide can prove to be a complex task because of its low base rate of occurrence. Gathering data on suicide can prove to be difficult as the subjects are not available to provide information. Therefore, researchers must rely on alternative forms of data collection to obtain accurate information. Consequently, an extensive and systematic literature review was conducted exploring the influences on African American males' suicidality and suggestions for prevention, assessment, and intervention. It is noteworthy that the literature exploring suicide in the African American community has expanded in recent years. Nevertheless, no comprehensive study has synthesized the results related to African American males. Several studies have been conducted identifying risk factors for suicide among this group. The results have been inconclusive, and existing suicide interventions seem not to affect reducing suicidal behaviors for this group (Menesini & Salmivalli, 2017).

A systematic review and meta-analysis study conducted by Chu, Buchman-Schmitt, Stanley, Hom, Tucker, Hagan, & Michaels (2017), synthesize prevalent risk factors associated with African American male suicide. According to Chu et al. (2017) and the American Foundation for Suicide Prevention (2019), in 2017, the highest rate of suicide was for adults between the ages of 45 and 54, and the second highest rate of suicide was among individuals 85 years or older. The highest suicide rate was among White individuals, and the second highest was among American Indians and Alaska Natives (AFSP, 2019). The most common method of death by suicide was firearms, which accounted for roughly 51% of all suicide deaths. Other standard methods included suffocation, at approximately 28%, and poisoning at 14% (AFSP, 2019; Chu et al., 2017).

According to the CDC, National Center for Injury Prevention and Control (2020), current risk factors for suicide include previous suicide attempts; history of mental disorders (particularly depression) or alcohol and substance abuse; family history of suicide or child maltreatment; feelings of hopelessness; impulsive or aggressive tendencies, barriers to accessing mental health treatment, loss (relational, social, work, or financial), physical illness, easy access to lethal methods, unwillingness to seek help due to the associated stigma; cultural and religious beliefs, local epidemics of suicide, and isolation (CDC, National Center for Injury Prevention and Control, 2018). While three factors (physical illness, substance abuse, and financial loss) may be considered consistent with this review, the remaining factors were not listed (CDC, 2018, CDC, 2020).

Moreover, many of the factors listed in the current review are congruent with those revealed in one of the most comprehensive studies of African American suicide (Joe, S., & Kaplan, M. (2001). Specifically, education, substance abuse, economic structure, marital status (although singlehood, not widowed), and geographical region were significantly associated with suicide. The similarities in factors can be attributed to the overwhelmingly male (approximately 87%) composition of Willis et al.'s study's sample. Although the economic structure was identified as a factor associated with suicide, other factors besides financial strain must also influence the relationship (Chu et al., 2017). Subsequently, if the connection was direct and consistently inverse, African Americans (with higher unemployment rates, lower median incomes, etc.) should have higher rates of suicide compared to Whites (Vanderwerker, Chen, Charpentier, Paulk, Michalski, & Prigerson, 2007). In the absence of a consensus, more research needs to occur to understand this anomaly. Several other studies identified contributory factors congruent with those in the current review (e.g., income equality, disadvantage), yet the age range included adolescents, therefore causing them to be eliminated from this review (Kubrin, & Wadsworth, 2009; Vanderwerker et al., 2007).

Although the current literature listed several overarching factors associated with suicide among adult African American men, overall, studies on suicidality factors are relatively sparse. The significant lack in the literature needs to be filled, especially considering the escalating rate of suicide among African American adult men. The extensive review of the current suicidality literature found that most available studies focus on suicide risk factors, but little consensus existed regarding the relevance of the elements. A minuscule number of studies have investigated protective factors, which is interesting considering the high rate of suicide among African Americans, which enhances the challenge of prevention efforts (Alvarado, 2013; Lamis, & Lester, 2012).

2.1. Defining Suicidality

There is wide variation in how suicide is defined. Most scholars classify suicidality as suicide, attempted suicide, and suicidal ideation. The definition of suicide is death from self-inflicted injury where there is evidence that the decedents intended to kill themselves (King, 1997, p. 63), and suicidal ideations are straightforward (thoughts of committing suicide and written plans to commit suicide. However, the definition of attempted suicide becomes confusing when meshed up in establishing suicidal intent. For example, "when suggestive causal comments are made to others of suicidal intent, followed by an 'accidental' self-harmful and perhaps lethal event, related to reckless driving or drug overdose, was the incident a suicidal one?" (King, 1997, p.63). The intent is difficult to assess in completed suicides. Self-destructive behavior can also be considered suicide if it appears intentional but could be considered an accident. The identification of suicide purpose may be challenging in suicides involving African American males, among whom the expression of suicidal intent is generally taboo and where suicidal communication is often expressed as self-destructive behavior within that community (Hollingsworth, Cole, O'Keefe, Tucker, Story, & Wingate, 2017; Poussaint & Alexander, 2001).

Furthermore, defining self-destructive behavior regarding suicidality for African American men serves two significant purposes. It considers the historical effects on African American men's feelings of isolation, inferiority, and rejection embedded in their psyche in understanding the lasting psychological repercussions (Hollingsworth et al., 2017). The deterioration of the African male image has had a profound effect on the socialization of African American men, as evidenced by the speaking of life-threatening behaviors and placing little value on their life. Secondly, self-destructive behavior starts the process of de-stigmatizing suicidality conversation for the African American community and African American men (Wester, Vogel, Wei, & McLain, 2006; Staggers-Hakim, 2016).

2.2. Prevalence and Incidence of Suicidality

Suicide in the **United States** is a major national social work problem. The country has one of the highest **suicide** rates among wealthy nations and it is the 3rd leading cause of death for 15- to 24-year-old Americans (Staggers-Hakim, 2016). Moreover, studies suggest significant changes in the rates of completed suicide and nonfatal suicidal behaviors among African American men (CDC, 2018; Garlow, Purselle, & Heninger, 2005; Kubrin, & Wadsworth, 2009; Wolfe-Clark & Bryan, 2016). The gap in the rates of suicide among African American and Caucasian youth significantly narrowed from 1980 to 1995. During this period, the differences in suicide rates between African American and Caucasian males ages 15 to 24 decreased from a ratio of 1.83 in 1981 to 1.45 in 2004 (Joe, Baser, Neighbors, Caldwell, & Jackson, 2009; Kaslow, Ivey, Berry-Mitchell, Franklin, & Bethea, 2009).

This significant spike in African American adolescent suicide was primarily due to a 233% increase in suicides among African American males between the ages of 10 and 19 (CDC, 2010). This increase was more than any other ethnic minority group during this period (Walker, Lester, CDC, 2018) and has contributed mainly to suicide by firearms (Kubrin & Wadsworth, 2009). Between 1979 and 1997, there was a 133% increase in firearm-related suicides among African American males aged 15-19 (Lindsey et al., 2019). In 2009 the CDC reported that suicide remains the third leading cause of death for African American adolescents ages 15-24 (CDC, 2010). In 2009, African American adolescents reported higher rates of suicide attempts than Caucasian adolescents (CDC, 2010). And African American male adolescents' suicide rates exceeded female suicide rates by a factor of six, whereas nationally, men complete suicide four times more than women (Lindsey et al., 2019; Spates & Slatton, 2017).

African American men are dying at alarming rates to self-destructive behaviors. Nationally published reports on death rates for substance abuse (drug and alcohol-related), risky sexual behaviors (HIV/AIDS), and violence (homicide), among African American men, are astounding (Center for Behavioral Health Statistics and Quality (2019). Drug-related deaths are relatively higher among African Americans than Whites and Hispanics, and homicide is the fourth leading cause of death for men ages 18-64 and the leading cause of death for African American males between the ages of 18-34 (Butler-Barnes, Estrada-Martinez, Colin, & Jones, 2015). The death rate for HIV/AIDS is 25.9 per 100,000 among the male population (National Vital Statistics Report, 2007). In 2005, the United States Department of Health and Human Services reported that although African Americans make up only 13% of the total U.S. population, they accounted for 50% of HIV/AIDS cases and were more than nine times as likely to die from HIV/AIDS as non-Hispanic white men. There must be underlying causes for the high death rates among African American males (Butler-Barnes et al., 2015; CBHSQ, 2019).

3.0. Review of Risk Factors

Although there continues to be some debate regarding the accuracy of suicide statistics and research (as mentioned above), several risk factors consistently have been shown to be associated with suicide among widely researched groups. These risk factors are described below, emphasizing their effects on the African American male population.

3.1. Depression

Although most individuals who suffer from depression do not die by suicide, estimates suggest that nearly 60% of suicide victims suffered from depression or some form of mood disorder at the time of death (De Oliveira, Méa & Patias, 2020; Jones, 2022; Wagner, 2016). African Americans are more likely than other ethnic groups to be underdiagnosed and undertreated for depression (Beristianos, Maguen, Neylan, & Byers, 2016). European Americans are more likely than African Americans to be diagnosed with depression and other mood disorders at rates ranging from 7% to 33% (Beristianos et al., 2016; Lamis, & Lester, 2012).

In the African American community, depression (like suicide) has historically been viewed as a phenomenon with little, if any, occurrence among its people (Assari, Gibbons & Simons, 2018; Greydanus, 2017). Many psychologists during the early 20th century held the belief that African Americans were psychologically unsophisticated and were inherently not prone to experiencing depression due to their high spirits, religious excitement, and mental inferiority (Beck, & Steer, 1991; Billingsley, 1968; Blumstein, Rivara, & Rosenfeld, 2000). The studies of Beck, & Steer, (1991) suggested that most of the race is carefree, live in the present, have minor depression, lack initiative, is suspicious of their people, are full of mysticism and superstitions, and rarely have suicidal tendencies (Assari et al., 2018; Greydanus, 2017).

Several decades later, Prange and Vitols (1962) write that several factors may contribute to the infrequency of depression in African Americans. Among these factors, the authors describe African Americans as having unreasonable expectations, which serve as a buffer during times of loss. Social oppression was described as offering the southern African American a psychological boom: it supplies him a ready-made villain. Lastly, the authors suggested that African Americans disown responsibility and locate misfortune outside themselves, which is the "converse of the introjected mechanism fundamental to depression. Many of these views emerged during times of unconcealed racial prejudice and social injustices towards African Americans when many scientists, psychologists, anthropologists, etc., intended to prove the inferiority of the race. Although these views may not currently be overtly imposed on the African American community from outside sources, the more present research suggests that depression continues to be perceived as an uncommon phenomenon among this group and is misperceived among many of its members (De Oliveira et al., 2020; Jones, 2022).

In a study by Shellman, Moody, Smith, Hewitt and Martin (2005) a sample of older African Americans provided qualitative information regarding their beliefs and attitudes towards depression. Results indicated that the participants perceived depression as a personal weakness rather than an illness like diabetes. These participants also viewed depression as something that can be controlled through their faith and belief in God. Likewise, African Americans (particularly males) tend to attribute symptoms of depression to factors that are unrelated to psychological and medical causes (Coleman, 2015). Daniel, Goldston, Erkanli, Franklin and Mayfield (2009) found that a sample of 18–25-year-old African American males attributed symptoms of depression- as outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, - to specific aspects of being an African American male instead of viewing the symptoms as part of depression (Coleman, 2015; Daniel et al., 2009).

According to Daniel et al. (2009) five categories emerged from the analysis that best described men's perceptions of depression in general. Those categories are (1) stress, (2) a sense of "difference," (3) encounters with the police, (4) "chilling"/coping, and (5) depression as a fact of life. Recent studies have shown that community factors, such as economic level and exposure to violence, may impact depressive symptomatology. In a study of 1,538 African American adolescents, Fitzpatrick, Bettina and Elizabeth (2008) found that subjects exposed to more threatening and violent environments reported more depressive symptoms. Considering the link between depression and suicide, these findings should not be ignored when studying African American males (CDC, 2010; Fitzpatrick et al., 2008).

3.2. Hopelessness

Hopelessness has been defined as a system of cognitive schemas whose common denomination is negative expectations about the future (Beck & Steer, 1991). Hopelessness may involve uncertainty about the future, doubts one will survive to adulthood, expectations of future unhappiness, and low expectations about reaching one's goal. Hopelessness is associated with several outcome variables such as suicide, suicidal ideation, school completion, job attainment, violence, gang membership, substance use, and sexual behavior (Abramson, Metalsky, & Alloy, 1989; Jakupcak, Hoerster, Varra, Vannoy, Felker, & Hunt, 2011). Durant, Mercy, Kresnow, Simon, Potter, Hammond (2006, p. 14) found that "hopelessness is a stronger risk factor for a nearly lethal suicide attempt for African Americans than European Americans." Feelings of hopelessness were found to be prevalent among individuals living in high-poverty and inner-city neighborhoods (Jakupcak et al., 2011). Residents of low-income communities may be faced with environmental factors such as unemployment, exposure to violence, limited public service, and low-performing schools. Although these factors impact all groups living in these areas, many African Americans continue to face racial discrimination and prejudice, which may cause them to perceive their life chances differently from other groups (Durant et al., 2006; Thompson & Bennett, 2015).

In a study examining hopelessness and risk behaviors among inner-city youth, Smith, Alloy and Abramson (2006) found that "hopelessness may affect males in more profound ways than females, leading to steeper trajectories in their risk behaviors." In this study of 2468 adolescents (aged 9-19), 98% of the respondents were African Americans. Risk behaviors such as carrying a gun, drinking alcohol, getting drunk or high, and having a child were significantly more prevalent among males with high levels of hopelessness than comparable females. Perhaps hopelessness impacts inner-city males differently than females because males are more affected by racial discrimination, job loss, and negative interactions with the criminal justice system (Jakupcak et al., 2011; Smith et al., 2006).

In a study examining the origins of hopelessness among inner-city African American youth, Shayo and Lawala (2019) found that hopelessness is not universal in low-income areas. Both risk and protective factors within poverty are associated with feelings of hopelessness. Results of this longitudinal investigation of 5895 youths suggested that disruptions such as change in mother figure, witnessing violence, traumatic stress, and worry led to increases in hopelessness over time. Conversely, connectedness to the neighborhood, mother figure, religious beliefs and activities" decreased hopelessness over time (Shayo & Lawala, 2019; Smith et al., 2006).

3.3. Substance Abuse

Drug and alcohol use has been widely shown to be associated with an increased risk for suicide in adults as well as adolescents (CBHSQ, 2019). In 2004, the CDC analyzed test results of suicide victims in the 13 states that collected data for the National Violent Death Reporting System (NVDRS). The report from that analysis indicated that of the suicide victims tested, 33.3% were positive for alcohol, and 16.4% were positive for opiates (National Survey on Drug Use and Health, 2019). Since substance use and abuse may lead to many negative outcomes, such as adverse health concerns and deaths, many programs and initiatives have been established to encourage people to avoid inappropriate drug and alcohol use (CBHSQ, 2019; Substance Abuse and Mental Health Services Administration, 2018).

To monitor the prevalence of youth risk behaviors that contribute to the leading causes of death, the CDC established the Youth Risk Behavior Surveillance Survey (YRBSS). According to the 2005 results from a nationally representative sample of 9th to 12th-grade students in the United States, alcohol continues to be the most used drug (43.3%) among high school students. However, its current use has decreased since 1991 (50.8%). However, present marijuana (20.2%), cocaine (3.4%), and illegal steroid use (4%) have increased among students respectively since 1991 (14.7%, 1.7%, and 2.7%). Survey results also indicated that African American teenagers were less likely than European American and Hispanic students to engage in current alcohol and cigarette use. Everyday marijuana use was equally possible among groups. These results differ from some misperceptions that African American youth encounter in more substance use than their peers. This notion may exist for several reasons (Losoya, 2010; National Survey on Drug Use and Health, 2019).

African American youth are more likely to experience social problems due to drug use than their European American counterparts (CBHSQ, 2019). For African American males, especially in urban areas, substance use seems to have more severe consequences than European American men, European American women, and African American women (Losoya, 2010). African American men are more likely to be arrested and incarcerated for drug abuse violations even though they are not the highest group of drug consumers. According to the Bureau of Justice Statistics, 63.6% of individuals arrested for drug abuse violations in 2018 were European American, whereas 35.1% of those arrested were African American (NSDUH, 2019; SAMHSA, 2018).

Although a higher percentage of state drug abuse arrests are of European American individuals, African Americans comprise approximately 45% of drug offenders held in state prisons compared to 26% of European Americans and 20% of Hispanics (Losoya, 2010). This finding suggests that African Americans are more likely to be charged and incarcerated for drug offenses than other groups (Shayo, & Lawala, 2019). Several factors may contribute to the disproportionate social effects of drugs on this group (SAMHSA, 2018). Differential drug marketing, increased poverty, high unemployment rates, marginalization, limited access to mental and medical healthcare, and inadequate educational resources are all community characteristics that may contribute to the problems caused by substance use and abuse among African Americans (CBHSQ, 2019; Losoya, 2010).

Regarding suicide, it is essential to consider how the issues regarding substance use uniquely impact this group. Preventive literature about substance uses and suicide risk factors often generalize results to all groups, even though African Americans (particularly males) are often not well represented in research studies (Staggers-Hakim, 2016). Additionally, since the substance use experiences of African Americans (as mentioned above) are somewhat different from other groups, additional research is needed to determine better the suicide risk associated with substance use in this group (Butler-Barnes et al., 2015; Staggers-Hakim, 2016).

3.4. Psychotic Disorders

Psychotic disorders refer to several mental illnesses that include a gross impairment in reality testing as a defining feature. Classic symptoms of psychotic disorders may include delusions, hallucinations, severe regressive behaviors, dramatically inappropriate mood, and markedly incoherent speech. Commonly recognized psychotic disorders include schizophrenia and delusional disorders. Some mood disorders, such as depression and bipolar, may also occur with psychotic features in some individuals (Jakupcak et al., 2011). The research study of Bender (2011) has shown that individuals with psychotic disorders have higher risks of completing suicide. According to the National Institute of Mental Health, about 10% of individuals with psychotic disorders, such as schizophrenia, die by suicide, and a greater percentage attempt suicide. In the general United States population, mean lifetime prevalence of ever having a lifetime psychotic experience (PE) was 5.8% , with hallucinatory experiences was 5.2% and with delusional experiences was 1.3% (American Psychiatric Association, 2019). Unlike depression, findings suggest that African Americans are more likely to be diagnosed with severe psychotic disorders in clinical settings than European Americans who exhibit the same symptoms (Lamis & Lester, 2012). Although recent efforts have been made to improve the accuracy and effectiveness of the diagnosis and treatment of psychotic disorders among African Americans, there continues to be a disparity in some areas (Bender, 2011; Chao, 2012).

A meta-analysis study conducted by Hofmann, Curtiss, Carpenter, and Kind (2017) found that atypical antipsychotic prescribing gaps closed for some ethnic groups over time but persisted for African Americans. Findings such as these are significant as research has shown that atypical (or second-generation) antipsychotics are more effective than traditional antipsychotics in treating the symptoms of psychotic disorders (Riblet, Shiner, Young-Xu, & Watts, 2017). These more successful treatments are also more costly. The research study of Opolka, Rascata, Brown and Gibson (2004) compared patients in the Texas Medicaid system that were similarly insured and had similar incomes to control for this variable. Results indicated that African Americans (particularly males) were significantly less likely than other groups to receive atypical antipsychotic drug treatments (Opolka et al., 2004; Riblet et al., 2017)

When examining risk factors associated with suicide in African American males, these issues related to psychotic disorders should not be ignored. As previously mentioned, the presence of Psychotic disorder increases suicide risk significantly. The overdiagnosis and undertreatment of these disorders may have detrimental effects on the overall mental health of the African American male. According to Hofmann (2017), some explanations for the disparities include client-level factors (delay in treatment-seeking, not reporting symptoms), physician-level factors (discrimination, lack of cultural awareness), and systems-level factors (accessibility of services). Research has also shown that some ethnic minorities tend to hold stigmatizing attitudes towards mental illness and are underrepresented in mental health research (Beristianos, 2016; CDC, **2018**; Kaslow et al., 2009; Opolka et al., 2004). All these factors (or combinations of them) contribute to the adverse effects of mental illness on the African American community. Due to the disparities, African Americans suffering from psychotic disorders face a more significant disability burden. For African American males, increased vulnerability to incarceration, homelessness, substance abuse, homicide, and suicide occurs when mental illnesses are not treated properly (Beristianos, 2016; Hofmann et al., 2017).

3.5. Family Dynamics

Family dynamics are unique as they can serve as risk and protective factors. The study of Spates, and Slatton (2017) suggested that individuals residing in supportive and cohesive households have more positive future outcomes, while family dysfunction is associated with an increased risk for many adverse effects, including suicide. Family dynamics consist of several variables that may include parenting style, marital status, head of household, parental age, number of offspring, household income, number of individuals residing in the household, parental education level, and parental involvement, among other factors (Compton, Thompson & Kaslow, 2005). The study of Lindsey et al. (2019) found that perceived conflict with parents, family depression, family support satisfaction, and availability of family support for school were the strongest predictors of adolescent suicide-risk behaviors. The decreased risk was associated with family support for school and parental involvement. These results are essential in considering the crucial role that the family plays in shaping an individual's future. Many issues must be addressed when studying family dynamics related to the African American male (Compton et al., 2005; Spates & Slatton, 2017).

African American men suffer worse health than any other racial group in America, have lower life expectancies than other groups, and have higher death rates than women for all leading causes of death. Additionally, homicide is the leading cause of death among African American males aged 15-24, as 1 in 30 has a chance of dying by homicide compared to 1 in 179 European American men, 1 in 132 African American women, and 1 in 495 European American women (CDC, 2018). As mentioned, African American men are also arrested, convicted, and incarcerated at rates far more than other groups. Due to these high death and incarceration rates, the dynamic of the African American family has been altered. When these men become victims of death and prison, households and families are left without fathers, brothers, and sons. This may affect African American males since they are often left without a role model in the form of a present father at home. As sons and fathers tend to have more intimate relationships than daughters and fathers' boys may be affected more negatively by their fathers being absent (CDC, 2018; Lindsey et al., 2019),

For African American adolescent males, father support is associated with higher self-esteem, fewer depressive symptoms, reduced stress, lower levels of substance abuse, and fewer suicidal ideations (Daniel, et al., 2009; Fitzpatrick et al., 2008; Joe et al., 2009). It is essential to mention that father support does not necessarily suggest that the father is always present in the home. The absence of the father from home does not imply that he is not involved and does not provide support for his children. However, some conditions, such as death and incarceration (as aforementioned), cause the level of support by many African American fathers to be lower than where it could be (Daniel, et al., 2009; Shayo et al., 2019).

3.6. Aggression/ Violence

Aggression refers to physical or verbal behaviors intended to cause hurt or pain (Hollingsworth et al., 2017). Different types of aggressive behaviors have been widely researched, and two categories of aggression (reactive and proactive) have typically been observed. Reactive aggression refers to impulsive and angry responses to aversive events, while proactive aggression typically refers to an unprovoked attack used for gain or dominance (Sugimura, Rudolph & Agoston, 2014). Numerous studies have identified measures of aggression as risk factors for suicide attempts and completed suicide (CDC, 2010; Hollingsworth et al., 2017; Sugimura et al., 2014; Sullivan, Helms, Kliwer, & Goodman, 2010). The Racial microaggression research study of Hollingsworth et al. (2017) suggests that reactive aggressive individuals have higher risks for suicide due to their emotional dysregulation and susceptibility to interpersonal problems. They also indicate that suicide is a reactive aggressive response to psychiatric and interpersonal difficulties (CDC, 2010; Hollingsworth et al., 2017).

Aggression and violence related to African American males have been the topic of much interest and discussion over the past few decades. Research has shown that this group is more likely to be overrepresented as victims, witnesses, and perpetrators of violent crimes (CDC, 2018; Lamis, & Lester, 2012; Staggers-Hakim, 2016; Shellman et al., 2005). Although African American males are often linked to violence and aggression, these behaviors should not be automatically attributed to this group. Many African American males engaging in acts of aggression and violence are residents of low-income inner-city communities (Karlsson, Stickley, Lindblad, Schwab-Stone, & Ruchkin, 2014). These communities are plagued with issues that leave authors such as Sullivan et al. (2010) to suggest that inner city residents have more commonalities with third-world country residents than with residents of their metropolitan area. Thus, some argue that the environment (and life circumstances therein), not the actual individuals living in the background, produce many of the ills related to crime and violence. Factors such as poverty, racism, access to weapons, and unemployment should be considered when examining these issues (Butler-Barnes, 2015; Lamis, & Lester, 2012).

Differential treatment by police, employers, and schools should also be factored in when examining African American male aggression and violence. To survive in many poor inner-city communities, Anderson (1999) suggests that a code of the streets must sometimes be employed by many people growing up. This subculture of the streets consists of a set of informal rules that regulate the "use of violence and so allow those who are inclined to aggression to precipitate violent encounters in an approved way (p.295)." Although this subculture often conflicts with many individuals' family culture and values, it is usually followed on the streets reluctantly out of fear to avoid conflict (Anderson, 1999; Karlsson et al., 2014).

Along with the street subculture, the availability and lethality of firearms in the inner-city may also contribute to the high rates of violence. Losoya (2010) suggest that the increase in juvenile homicide from the mid-1980s through the mid-1990s was entirely firearm related. He found that 46% of African American juvenile homicides and 39% of European American juvenile homicides involved firearms during the early 1980s, whereas the percentage increased to 71% and 54%, respectively, during the early 1990s. Like homicide, firearm-related suicides have also increased among African American male youth. In a method-specific analysis of suicide completion, Anglemeyer, Horvath and Rutherford, (2014) found that the rate of firearm-related suicides increased and the access to firearms is linked with risk for completed suicide and being the victim of homicide. Findings such as these encourage examining socio-demographic and environmental issues regarding aggression, violence, and suicide among African American males (Anderson, 1999; Losoya, 2010).

4.0. Implications For Practice

The social implications associated with this study can impact a multitude of stakeholders. Social work practitioners, schools, families, therapeutic services, and policymakers should continue to be educated on the risk factors associated with suicidal ideation and behaviors. From a social work perspective, early intervention and preventative methods could be improved as populations at higher risk for suicide are more readily identified. Local communities should be continuously educated and informed about appropriate approaches necessary to apply evidence-based practices when addressing the increased public health concern of suicide among the African American population.

The present study contributes to the gap in research as it analyzes how depression, hopelessness, substance abuse, psychotic disorders, family dynamics, and participation in physically violent behavior may contribute to African Americans' experience with suicidal ideation or behavior. Understanding how these disparities, or engaging in physically violent behavior, may influence the occurrence of suicidal ideation and behaviors among the African American population could contribute to new or improved prevention and intervention methods. In turn, this could result in a reduction of suicidal ideation and behavior in this population.

Therefore, experienced social work practitioners should emphasize training other practitioners to assess suicidality ideation and behaviors in African American males. Subsequently, clinical practitioners should be competent in research skills and be more culturally sensitive to the needs of the African Americans at risk of suicidality in America. Clinical practitioners working with young African American males should understand their needs and aspirations to intervene effectively with programs strategically designed to meet their unmet needs. More importantly, intervention efforts should be proactive and use a multi-systems strategy and approach to address African American male youth suicidality in society.

5.0. Summary and Critique

The existing literature consistently identifies several common risk factors that were described above. In summary, the effects of these variables suggest that suicide occurs during states of extreme emotional distress. Suicide does not happen in emotionally healthy and well-adjusted individuals. Individual and environmental influences may bring about the pain experienced in suicidal individuals. Some individual (within-person) factors include mental and psychological disorders such as schizophrenia, depression, and substance abuse. Although these problems are experienced at the individual level and may involve biological/chemical components, environmental influences also have an impact. The diathesis-stress model offers a practical approach for viewing these suicide risk factors from a bio-psychosocial standpoint.

Risk factors such as family problems and violence are more associated with environmental influences. The distress experienced by these factors is more directly caused by external circumstances that are usually beyond an individual's control. A child does not have the opportunity to choose which family they will be born into or which community they will grow up in and evolve. Community influences such as violence, crime, and poverty significantly impact its residents' emotional and behavioral functioning. The ramifications of living in an unsafe environment (at both the family and community level) can present psychological concerns for even the most mentally healthy individuals. However, based on some of the cited research, positive family support and cohesion may offset some risks.

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