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Suicide in African American Adolescents: Understanding Risk by Studying Resilience

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Abstract

Historically, suicide rates for African American adolescents have been low, relative to rates for youth of other racial-ethnic backgrounds. Since 2001, however, suicide rates among African American adolescents have escalated: Suicide is now the third leading cause of death for African American adolescents. This disturbing trend warrants focused research on suicide etiology and manifestation in African American adolescents, along with culturally sensitive and effective prevention efforts. First, we revisit leading suicide theories and their relevance for African American adolescents. Next, we discuss health promotive and protective factors within the context of African American youth development. We also critique the current status of suicide risk assessment and prevention for African American adolescents. Then, we present a heuristic model of suicide risk and resilience for African American adolescents that considers their development within a hegemonic society. Finally, we recommend future directions for African American adolescent suicidology.

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INTRODUCTION

Suicide is currently the third leading cause of death for African American adolescents (CDC 2019a). Although suicide rates have historically been higher among European American than African American youth, this gap has narrowed, markedly, in recent decades owing to escalating rates among African American adolescents (Bridge et al. 2015, Price & Khubchandani 2019). Self-reported suicide attempts for African American female and male adolescents increased dramatically between 1991 and 2017 and decreased among adolescents from other racial-ethnic backgrounds (Lindsey et al. 2019). Also, the suicide rate among African American adolescents has grown steadily, increasing every year for both males and females for more than a decade (Sheftall et al. 2021). Between 2001 and 2017, the suicide rate for African American females grew by 182%, from 1.18 per 100,000 to 3.33 per 100,000; during the same period, the suicide rate for African American adolescent males grew by 60%, from 5.71 per 100,000 to 9.15 per 100,000 (Price & Khubchandani 2019). Annual increases in suicide rates have been larger for African Americans ages 15 through 17 than for younger African Americans (Sheftall et al. 2021), indicating that there is heightened urgency for this age group. Additionally, the rate of self-reported injury due to a suicide attempt has risen among African American adolescent males (Lindsey et al. 2019). Of concern, 11.8% of African American adolescents report at least one suicide attempt within the past year compared with 7.9% of their European American peers (CDC 2019b). In brief, African American adolescents now evidence alarming suicide risk that far exceeds their previous risk and that of other racial-ethnic groups. Suicide is preventable (NIMH 2019); accordingly, factors that are associated with increased suicide risk for African American adolescents, as well as factors that mitigate risk, must be identified and addressed with urgency.

The pervasiveness of African American adolescent suicide may be far greater than we know, as documented prevalence rates of suicidal behaviors among African American adolescents may

be underestimates (Ali et al. 2021, Rockett et al. 2010). In a recent study, Ali and colleagues (2021) reported that African American adolescents were 1.4 times more likely than European American adolescents to have their manner of death classified as undetermined intent, suggesting a greater likelihood of suicide misclassification for African American adolescents. Cultural norms and stigma associated with suicide in the African American community may lead to indirect suicides and perhaps explain, in part, the higher likelihood for suicide misclassification within the African American adolescent population (Goldston et al. 2008, Talley et al. 2021).

African American adolescent suicide is a complex phenomenon, and so the pathways to prevention have multiple challenges that derive from (*a*) deep-rooted social inequities, (*b*) Eurocentric theoretical perspectives, (*c*) difficulties in accurate classification of incidence and prevalence, (*d*) validity of assessment tools, and (*e*) few evidence-based preventive intervention strategies. Within the suicide literature, sparse attention has been given to pathways to resilience for African American adolescents who contend with innumerable challenges that could well lead to suicide, yet they thrive. The overarching aim of this review is to present central aspects of both suicide risk and resiliency for African American adolescents in order to advance theory and inform prevention science.

Scope of Review and Terminology

Prior to reviewing the literature on African American adolescent suicide risk and resilience, we outline the scope of our review and define key terminology. We begin by describing the scope of suicidal thoughts and behaviors covered in this review and defining suicide-related terminology. We then articulate our rationale for focusing on suicide resilience within African American adolescents specifically.

Suicidal ideation, attempts, and completions. Previous scholars have noted that there is a range of suicidal thoughts and behaviors, encompassing suicidal ideation, attempts, and completions (Silverman et al. 2007). It is beyond the scope of this review to examine all aspects of these delineations for all populations and subgroups. Rather, our review focuses on theoretical and empirical studies of suicidal ideation, attempts, and completions in African American adolescents. Given that suicidal ideation is an important predictor of suicide attempts in African American adolescents (Musci et al. 2016), is strongly linked to completed suicides (Large et al. 2020), and is highly prevalent in African American adolescents (CDC 2019b), particular attention to ideation is required. We anchor this review to the NIMH definitions (see the definitions section in NIMH (2021) for suicide-related terminology. Suicidal ideation is defined as "thinking about, considering, or planning suicide." Suicide attempts are "a nonfatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury." Finally, suicide completions are defined as "death caused by self-directed injurious behavior with intent to die as a result of the behavior."

African American adolescents. Recognizing that there is tremendous heterogeneity within the Black adolescent population that complicates the study of suicide (Joe et al. 2009), this review focuses specifically on African American adolescents. Most African Americans in the United States descend from persons who were brought to the Americas as slaves between the seventeenth and nineteenth centuries (Agyemang et al. 2005). Distinct from African American, the term Black typically refers to a person of African ancestral origins, encompassing both African Americans and persons who immigrated to the United States from Africa or the Caribbean in the twentieth and twenty-first centuries (Agyemang et al. 2005). We contend that, due to African Americans'

unique historical experiences of slavery and systemic and structural racism in the United States, as well as their unique cultural strengths, it is critical to examine suicide risk and resilience specifically within African American adolescents. Because most Black youth in the United States are indeed African American, we refer to study participants as African American when reviewing studies with specified African American and/or unspecified Black participants, unless the original author(s) provided additional context. We use the term adolescent to refer to persons between the ages of 10 and 19 (WHO 2021) while acknowledging that adolescence cannot be fully defined based on chronological age alone.

Resilience. We assert that studying resilience in African American adolescents is essential to understanding suicide risk in this population. By elucidating how it is that so many African American adolescents do not engage in suicide risk behaviors, despite experiencing systemic and structural racism, this review aims to edify why a growing number of African American adolescents do engage in suicide. Historically, there has been an emphasis on risk factors and a deficit-based perspective to understanding and ameliorating African American adolescent suicide. A main goal of focusing on suicide resilience is to redirect emphasis to a more strengths-based perspective and to stimulate future inquiry and preventive intervention in this area. We embrace the ideology set forth by James Jackson, who paved the way for complex analyses of African Americans not by asking "What's wrong with Black people?" but rather by adopting the following perspective: "Given the structural impediments that they face, why do Black people do so well?" (Genzlinger 2020, p. A25).

Overview

We begin by reviewing and examining prominent suicide theories and the extent to which these theories attend to the distinct cultural and contextual factors that contribute to suicide risk for African American adolescents. We then review research on health promotive and protective factors (e.g., racial identity and racial socialization) that can mitigate the risk for suicide in African American adolescents. From the theoretical, we move to the practical application of suicide assessment and intervention strategies for African American adolescents. We describe commonly used tools for assessing suicide risk in adolescence and review the evidence for the validity of these assessment tools in African American adolescent samples. Recognizing the urgent need to arrest rising suicide rates among African American adolescents, we also appraise the literature on suicide preventive interventions for African American adolescents, noting that there is a paucity of evidence-based, culturally and contextually grounded suicide interventions for African American adolescents. Last, we propose a heuristic model, anchored in culturally and contextually relevant theory and empirical research, for reconceptualizing African American adolescent suicide. Our heuristic model expands on traditional conceptualizations of suicide that are rooted in Eurocentric perspectives by bringing the impact of systemic and structural racism to the foreground as primary risk contexts and by articulating the role of protective factors that we believe likely interrupt the path from exposure to risk factors to suicidal ideation for most African American youth. Embedded within our heuristic model are testable hypotheses, and we conclude by recommending vital directions for future research on African American adolescent suicidology.

THEORIES OF SUICIDE REVISITED

Despite the high level of morbidity and mortality from suicidal behaviors in the United States, there is a dearth of theoretical discourse from which prevention efforts for suicidal thoughts and behaviors can be explored (Van Orden et al. 2010), particularly so for African American adolescents. The pioneering early work by Durkheim (1897, 1951) was the first formal

presentation of a sociological perspective of suicide, wherein Durkheim concluded that suicide could have its genesis in social factors and was not necessarily solely attributable to individual factors. Durkheim's (1951) sociological theory of suicide asserts that "suicide varies inversely with the degree of integration of the social groups of which the individual forms a part" (p. 209). He describes three forms of suicide: egoistic, altruistic, and anomic. Egoistic suicide occurs when a person experiences excessive individualism in communities with low social integration, altruistic suicide occurs when a person feels detached from society when high social integration is present, and anomic suicide is enacted during periods of social change or in societies with low social regulation.

Several theories of suicide emerged following the work of Durkheim, including (Freud's 1922) explication of the death drive, Shneidman's (1985, 1993) conceptualization of psychache, Abramson's hopelessness theory of suicide (Abramson et al. 2000), and Beck's cognitive theory of suicide (Wenzel & Beck 2008). Among the most prominent, researched, and empirically supported contemporary theories of suicide are the interpersonal psychological theory of suicide (IPTS) (Joiner 2005), the integrated motivational-volitional (IMV) model of suicidal behavior (O'Connor 2011), the three-step theory of suicide (3ST) (Klonsky & May 2015), and the cultural theory and model of suicide (Chu et al. 2010). Consistent with Durkheim, all recent theories address the importance of social connection as a central tenet of suicidality.

In the initial presentation of the IPTS, Joiner (2005) pays homage to and draws a connection between the early suicide theories and the components of the IPTS. The IPTS has three key components: thwarted belongingness, perceived burdensomeness, and acquired capability (Joiner 2005). Thwarted belongingness is the feeling that one is not connected to an important other or group. Perceived burdensomeness is the belief that one is a significant burden to others. The combined existence of these two, along with the feeling of hopelessness about the two states (Van Orden et al. 2010), creates the desire for suicide (i.e., suicidal ideation). Risk for death by suicide or a near-lethal suicide attempt only occurs when a person has both the desire for suicide and an acquired capability for suicide. Acquired capability is the idea that, over time and through repeated significant experience with painful and provocative events, a person is able to overcome their evolutionary self-preservation response. Repeated experience with painful and provocative events, repeated exposure to lethal means such as guns, needles, and self-harm, or both decrease fear associated with these factors and allow a person to more easily attempt suicide.

Although the IPTS is one of the most empirically studied theories of suicide (Albanese 2021, Martin et al. 2021), there has been little work testing the validity of the model for African Americans. In our review of the literature, we identified eight empirical studies of the IPTS that included or identified participants as African American. Five of those eight studies had an exclusive African American sample (Allbaugh et al. 2017; Davidson et al. 2010; Gaskin-Wasson et al. 2018; Hollingsworth et al. 2016, 2017). The other three studies included participants representing several racial-ethnic groups, including African Americans. Of the three, one study intentionally compared African Americans and European Americans (Davidson & Wingate 2011), whereas the other two did not conduct analyses by race (Hill et al. 2019, Khazem et al. 2015). None of the eight studies included adolescents; as a result, the relevancy of findings for this age group can only be inferred.

The IMV model of suicidal behavior (O'Connor 2011) is a three-phase, diathesis-stress framework. The premotivational phase describes background biological factors (e.g., genetic vulnerability) and life events that formulate a diathesis for suicidal behavior. The motivational phase describes how suicidal ideation and intent for suicide emerge from feelings of entrapment (i.e., feeling trapped or stuck due to life circumstances and feeling powerless to change aspects of oneself), intensifying to the point that suicide is viewed as the only way of escaping entrapment.

Entrapment leads to feelings of defeat (i.e., feeling dejected and unable to handle the stresses of life), which can then lead to suicidal ideation and intent. The volitional phase details how ideation and intent transition to suicidal behaviors. Only two studies using the IMV model have reported including African American (Tucker et al. 2016) or Black (Black participants in the United Kingdom; Dhingra et al. 2016) participants, and the relative percentages were small; additionally, neither study conducted analyses by race and/or ethnicity. These studies included only adult participants.

The 3ST Klonsky & May (2015) of suicide incorporates aspects of the IPTS (Joiner 2005) and extends it by incorporating the role of pain. The four main components of the 3ST are pain, hopelessness, connectedness, and capability. The theory posits that if a person is experiencing psychological pain, and also is hopeless about the pain, the person will express ideation. If the pain and hopelessness are greater than the person's level of connectedness, they will express stronger ideation. Connectedness, in the context of the 3ST, is similar in other theories in that it typically refers to having interpersonal connections. Klonsky & May (2015) point out, however, that connectedness goes beyond connection with other people. A person's affection for a particular interest, passion, job, duty, position, or anything that gives them a sense of worth or meaning can be considered connectedness. As with the IPTS, however, interpersonal factors are central to one's vulnerability for suicide. There have been only three studies of the 3ST that included African American participants (Anestis et al. 2018), Black participants (in the United Kingdom; Dhingra et al. 2019), or African participants (in Canada; Tsai et al. 2021); none conducted group analyses relevant to race and ethnicity or included adolescent participants.

The CTMS (Chu et al. 2010) focuses on sociocultural influences on suicide as well as on the cultural meaning of suicide. Chu et al. (2010) suggest that culture influences (*a*) which stressors lead people to consider suicide; (*b*) the meaning that people assign to developing suicidal ideation; (*c*) pain tolerance and suicidal acts; and (*d*) the way that people express suicide thoughts, plans, and attempts. The theory is conceptualized to be relevant to different racial-ethnic cultural groups and to LGBTQ people. The CTMS, by intentionally focusing on the role of culture, offers a lens through which to understand suicide risk beyond the individual's interpersonal conflict or distress, wherein interpersonal vulnerability is influenced in part by cultural factors.

Over the last 15 years of empirical theory-driven suicidology, work has focused largely on imminent and proximal suicide risk factors: what contributes to the move from ideation to attempt. Although the focus on abnormal individual behavior is important, such a narrow focus can eclipse vital socioecological influences of risk and resilience, such as one's culture and experiences of systemic and structural racism. There are established social structures that tend to consistently leave African Americans in disenfranchised places (i.e., places where there is less security, low investment, high unemployment, and low social engagement). The need for a broader focus on factors that contribute to suicide risk may be especially relevant for the design of preventive interventions that target people who come from backgrounds, as do many African Americans, for which there is less interest in and support of an individualized focus on abnormal behavior. Thus, effectively addressing suicide risk among African American adolescents requires a focus on both proximal risk factors that contribute to an individual's risk and socioecological or structural risk factors that contribute to a population's risk.

In the 1950s, Durkheim (1951) theorized that social factors are instrumental to suicide risk. It is perplexing that most modern-day theorists have departed from the early foundational premises of Durkheim, particularly regarding suicide risk in African Americans who for decades have experienced multiple levels of systemic and structural racism. In the field of psychology, there has been much theorizing on intergenerational trauma. There is much evidence to support the negative impact of trauma, including traumas that have happened historically and traumas

that are currently occurring both systemically and individually (big T and little t, respectively), on health (Degruy 2005, 2010). However, the typical conversation surrounding trauma and intergenerational trauma does not connect the trauma imposed on African Americans to African American mental health, particularly suicide. In sum, African American adolescents' unique history and chronic exposure to systemic and structural racism are not adequately incorporated into any popular theory of suicide but certainly must be considered. The need for theories of suicide apropos to African American adolescents cannot be overstated, as theory informs preventive intervention.

HEALTH PROMOTIVE AND PROTECTIVE FACTORS FOR AFRICAN AMERICAN ADOLESCENTS

Considering the ubiquity of risk exposure, particularly of systemic and structural racism, for African American youth, one might perceive the rates of suicidal ideation and attempt to be relatively low. In the tradition of James Jackson, we propose that the study of suicidal risk in African American youth must consider, and perhaps originate from, the evidence for distinct, powerful health promotive and/or protective factors that buffer against their disproportionate exposure to systemic and structural racism and other suicide risk factors (e.g., poverty and environmental trauma). In this section, we focus on the health promotive (main) and protective (moderating) effects of racial-ethnic identity and racial socialization. We also briefly review other sources of protection (e.g., social support, coping, and spirituality).

Racial-Ethnic Identity

Identity development is one of several critical challenges of adolescence. Youth who develop a more cohesive sense of self evidence higher levels of psychological well-being and academic adjustment compared with youth with less cohesive and integrated identities (Crocetti 2017). An important component of adolescent identity development for African American youth is racial-ethnic identity: a multidimensional construct that includes beliefs and attitudes about one's own racial-ethnic group, relative to those of other groups, and the process of learning and exploring one's racial and ethnic heritage Sellers et al. (1998, 2006). There are several theories of racial-ethnic identity development, and a full review and comparison of these models are beyond the scope of this article. Briefly, some examples include work by Phinney (1990, 1993), who focused on common elements that applied across racial-ethnic groups and emphasized a universal process that is associated with individuals' development of an ethnic identity. The Nigrescence Model of Cross and colleagues (1991) describes African Americans proceeding through a series of emergent stages, with an encounter of racism or racial discrimination precipitating a nonperipheral exploration and formation of racial identity. The final stage of Cross's model is characterized as having a multilayered understanding of the role of race in the lives of African Americans, exemplified by self-pride and a spiritual and psychological connection to the African American community. The Multidimensional Model of Black Identity put forth by Sellers and colleagues (1998) assumes that identities are generally stable but may also vary in response to environmental demands and domains of functioning. The authors identify four dimensions of racial identity that address the significance and qualitative meaning of race in the self-concepts of African Americans: racial salience, the centrality of the identity, the regard (both public and private) in which the person holds the group associated with the identity, and the ideology associated with the identity. The last dimension delineates four ideological philosophies: nationalist, oppressed minority, assimilation, and humanist.

A consistent theme throughout the prevailing literature on racial-ethnic identity is that a strong identity (i.e., defined by coherence, connection, and/or pride) is an important component of well-being. Research on adolescent racial identity and health supports this contention. Adolescents who have explored and gained clarity regarding their racial-ethnic identity tend to have higher self-esteem, fewer mental health problems, and better academic adjustment despite exposure to systemic and structural racism (Yip et al. 2019). Tests of the association between racial-ethnic identity and suicidality, specifically, have largely been conducted during emerging adulthood, and these results support the hypothesis that racial-ethnic identity serves a protective role—often attenuating the risk for suicidal thoughts and behaviors conferred by exposure to racism and discrimination. For example, Hong et al. (2018) tested the protective effects of ethnic identity and purposefulness in a sample of 289 college students (40.8% Asian, 32.5% Latinx, and 26.6% African American). Suicidal ideation was positively associated with perceived racism and negatively associated with purpose in life, ethnic identity, and religiosity. Among emerging adults reporting low levels of purposefulness, perceived discrimination was positively associated with suicidal ideation. Among those reporting high levels of purposefulness, perceived discrimination did not confer increased risk for suicidal ideation. Thus, an identity that includes a sense of purpose appeared to buffer the negative impact of discrimination on suicidality. This effect held across all three racial-ethnic groups.

In an innovative study design, Street et al. (2012) tested the impact of racial identity on reasons for living in a sample of 82 African American women who had a suicide attempt in the past year. The authors observed a positive correlation between private regard and centrality, such that higher private regard was also associated with participants' reporting that race was more central to their identity. Furthermore, private regard was positively associated with reasons for living. The authors suggested that private regard may buffer against the negative impacts of race-related stress and discrimination and, as such, may serve as a culturally relevant coping strategy that could be harnessed in developing preventive interventions targeting depression and suicide in African Americans.

Polanco-Roman & Miranda (2013) examined direct and indirect relations among acculturative stress, perceived discrimination, and ethnic identity and their impact on later suicidality in a sample of 143 (80% female) college students (34% Asian, 29% White, 17% Latinx, 11% African American, and 8% Other). Acculturative stress predicted hopelessness and suicidal ideation, and hopelessness mediated the relation between acculturative stress and suicidal ideation. Higher ethnic identity was associated with lower hopelessness and less suicidal ideation. In addition, a mediated pathway from discrimination to suicidal ideation via hopelessness was moderated by ethnic identity. Together, these findings suggest that racial-ethnic identity may buffer against the indirect relation between culturally and racially related stressors, including systemic and structural racism, and both depressive symptoms and suicidal ideation via hopelessness.

Racial Socialization

Racial socialization is a process of messaging and communication that instills beliefs and meanings about the role of race in youths' lives (Hughes et al. 2006). Racial socialization occurs in multiple contexts (e.g., family, school, community, and media). Research on socialization practices within the family is the most developed. In general, results show that family racial socialization can shape the development of a strong racial-ethnic identity that, as described above, is associated with psychological well-being, along with positive social and academic outcomes, effects that appear to be especially impactful during adolescence (Huguley et al. 2019). Boykin & Toms (1985) described the "triple quandary," which reflects African American parents' negotiation of

three aspects of experience: instilling racial pride, emphasizing personal attributes, and raising awareness of racial discrimination toward African American people in US society.

Miller (1999) hypothesized that family racial socialization acts as both health promotive and protective against the negative impact of racial discrimination on the psychological well-being of African American youth, and research to date supports this hypothesis. For example, Varner et al. (2018) tested the moderating effects of parenting profiles on the relation between discrimination and youth outcomes in a sample of 1,363 African American adolescents. Based on the youth report, three distinct parenting profiles were found: (*a*) moderate positive, which consisted of moderately high involved-vigilant parenting and racial barrier, racial pride, behavioral, and egalitarian messages, and low negative messages; (*b*) unengaged, which consisted of low racial socialization messages and moderately low involved-vigilant parenting; and (*c*) high negative, which consisted of high negative messages, moderate other racial socialization messages, and moderately low involved-vigilant parenting. The moderate positive parenting profile moderated the association between racial discrimination and psychological well-being. These results replicated earlier studies in which racial socialization served a protective role in moderating the association between discrimination and youth well-being (e.g., Neblett et al. 2006, 2016). Furthermore, there is evidence that adolescents who experience discrimination in the absence of parental preparation for bias messages in mid-adolescence are at risk for internalizing stigmatizing experiences, as demonstrated by racial identity characterized by low centrality, low private regard, and average public regard (Richardson et al. 2015).

For African American girls, the protective effects of racial socialization may be increased when they experience gendered messages. For example, in a cross-sectional study of 13- to 17-year-old African American girls ($N = 287$; 78.7% African American), messages about both general racial pride and gendered racial pride were significantly and positively related to private regard; gendered racial socialization messages that were oppressive were significantly and negatively associated with private regard. Moreover, socialization messages about general and gendered racial pride had negative and indirect effects on depressive symptoms via private regard (Stokes et al. 2020). These results are consistent with recent efforts to examine depression and other health problems in African American women through the lens of intersectionality theory (e.g., Walton & Boone 2019).

There is limited research that includes testing association among racial socialization, exposure to racism and discrimination, and youth suicidality. In a recent study by Cheeks et al. (2020), adolescents completed daily reports of experiences with discrimination, racial socialization messages (i.e., racial pride, self-worth, and racial barrier), and positive and negative affect. The authors tested whether racial socialization messages received the day of or prior to a discrimination event moderated the association between experience of discrimination and negative mood. Results revealed complex associations. Negative affect was significantly lower on days when adolescents experienced racial discrimination and received a racial barrier message on the previous day, compared with days when they did not receive a previous-day barrier message. However, negative affect was also significantly higher on days when adolescents experienced discrimination and received a racial pride message on the previous day, compared with days when they did not receive a previous-day pride message. This study design is highly relevant for understanding the proximal risks for changes in suicidal risk. Results from studies of African American young adults show that specific types of racial microaggression increase suicidal ideation (Hollingsworth et al. 2017). Testing the effect of timing and type of racial socialization messaging on changes in adolescent mood in the context of specific discrimination events is likely to yield data that will directly inform efforts to reduce suicide in African American adolescents.

Developmental Issues

An understudied issue regarding the protective effects of racial socialization and identity on mental health broadly, and suicide specifically, is the developmental timing of socialization experiences vis-à-vis encounters with racism and discrimination. It seems likely that exposure to racism and discrimination will differentially affect emotional well-being as a function of racial socialization and identity development. The work of Cross et al. (1991) suggests that encounters with racism serve as pivotal moments in identity development. In trying to understand the increasing rate of suicide among African American children and adolescents, a consideration of whether a change in timing, severity, or context of exposures in recent years is associated with changes in prevalence is important. For example, the ubiquity and availability of social media may have affected timing and chronicity of exposure. Moreover, consideration of the interface among racial socialization contexts—family, school, peer, and social media—is indicated. How do youth integrate messages from different sources of socialization? How do they manage lack of congruence among these socializing agents? These developmental issues must be rigorously investigated to fully harness the potential protective effects of racial socialization and identity on suicidality for African American youth.

Coping

Finally, we recognize the work to date on coping and suicide in African American adolescents. The term coping describes both environmental and social supports and cognitive and behavioral strategies. For example, spirituality/religiosity and social support have been hypothesized as protective factors against suicidal ideation and attempts. Spiritual well-being is associated with lower levels of depression and hopelessness in African American women (Gaskin-Wasson et al. 2018, Hirsch et al. 2014), but the research to date does not show the same impact of spirituality or religiosity on African American youth (e.g., Fitzpatrick et al. 2008, Spann et al. 2006). Engagement in social support coping, such as use of support from family and friends to manage stress and negative emotions, is concurrently associated with lower levels of depression and suicide among African American youth (e.g., Matlin et al. 2011), but the direction of effect is not known, and it is equally likely that suicidality and depression lead to less social engagement and as a result less social support coping than the reverse.

Cognitive and behavioral coping strategies are typically defined a priori as either adaptive or effective, or maladaptive or ineffective, despite insufficient evidence to support such distinction (Compas et al. 2017). For example, problem-solving, emotional expression, and positive thinking are considered primary effective coping strategies, whereas avoidance, wishful thinking, and emotion suppression are typically considered ineffective coping strategies. Coping strategies, however, are health promotive when they are directly relevant to a life experience and when they are associated with survival (primarily) and thriving (secondarily). In fact, one could argue that engaging in traditional coping strategies that do not match the realities of the context may increase the risk of poor mental health, including suicidality. Voisin et al. (2011) used qualitative methods to explore associations between stress exposure and coping strategies in a small sample of African American youth living on the south side of Chicago. The qualitative approach revealed context-specific stressors and coping: Stress exposures included physical violence, fighting, incidents involving the police, gun violence, and murders; coping styles included an acceptance of community conditions, self-defense techniques, avoidance, and confrontation. Engaging in methods that are agnostic with regard to what is a stressor and what is adaptive is most likely to yield data that will bring the field closer to developing culturally relevant models of suicide risk and resilience for African American youth.

SUICIDE ASSESSMENT

The etiology and manifestation of suicide risk among African American adolescents may be different from that among other adolescents owing to the influence of distinct cultural and contextual factors. Only 50% of African American or Caribbean Black adolescents who have attempted suicide had a *Diagnostic and Statistical Manual of Mental Disorders* (DSM) psychiatric disorder diagnosis prior to the attempt (Joe et al. 2009). African American female adolescents are suicidal at lower levels of depression relative to their European American counterparts (Robinson et al. 2016b). Lower levels of traditional markers of risk (e.g., psychiatric diagnoses/symptoms), in combination with the myriad of socioecological suicide risk factors encountered by African American adolescents, indicate that the etiology of suicide risk for African American adolescents is likely different from that for adolescents of other racial-ethnic backgrounds.

In addition to differences in etiology, suicidal thoughts and behaviors may also manifest atypically in African American youth (Goldston et al. 2008, Talley et al. 2021). In light of negative cultural mores regarding suicide in the African American community (Gibbs 1997, Huguet et al. 2012), African American adolescents may engage in alternative self-harm activities that may lead to lethal outcomes (Gibbs 1988), including acts of aggression or interpersonal violence, which have been strongly linked to suicide risk (Hillbrand 2001). One such activity, termed victim-precipitated homicide by Wolfgang (1959), involves individuals putting themselves in harm's way by provoking others to kill them. Such indirect forms of suicide may reflect avoiding the condemnation of taking one's own life and being seen as weak (Talley et al. 2021). Victim-precipitated homicide likely affects the misclassification of suicide deaths among African American adolescents (Rockett et al. 2010), resulting in underestimates of the incidence and prevalence of African American adolescent suicide.

Universal suicide screening of African American adolescents is one method that could identify suicide risk early and facilitate preventive intervention. More than a decade ago, Brown & Grumet (2009) conducted a suicide screening program that targeted African American middle and high school students in the District of Columbia. The authors screened 267 adolescents (86% African American) using the Columbia Health Screen (Shaffer et al. 2004), a brief self-report questionnaire designed to assess multiple indices of mental health (e.g., depression, anger/irritability, substance abuse, anxiety, and suicidal ideation). Brown & Grumet (2009) reported that 20% of youth screened positively, attributable to current or previous suicidal ideation or history of suicide attempt, and that 3% of youth were at imminent suicide risk and required immediate hospitalization. The prevalence rates reported by Brown & Grumet (2009) are disturbing, yet these rates may be an underreporting, as the Columbia Health Screen and other current screening measures may not adequately incorporate items to assess race-related suicide risk.

Suicide assessment tools have been used in predominantly African American samples, even though the validity of these measures for African American youth is unclear. Three of the most commonly used suicide risk assessment tools are (*a*) the Ask Suicide-Screening Questions (ASQ), (*b*) the Suicidal Ideation Questionnaire (SIQ), and (*c*) the Columbia-Suicide Severity Rating Scale (C-SSRS).

Ask Suicide-Screening Questions

The ASQ is a brief four-item screening measure designed to assess suicide risk in individuals ages 10 through 21 (Horowitz et al. 2012). Horowitz et al. (2012) examined the ASQ's (*a*) sensitivity (i.e., the test's ability to correctly identify individuals at risk for suicide), (*b*) specificity (i.e., the test's ability to correctly identify individuals not at risk for suicide), and (*c*) negative predictive value (i.e., the probability that an individual who screens negative for suicide risk is actually not

at risk for suicide). The initial testing of the ASQ, in a predominantly White sample (50.4% White, 29.6% African American), evidenced good sensitivity (96.9%) and specificity (87.6%) in both medical/surgical patients and psychiatric patients, as well as strong negative predictive value (99.7% for medical/surgical patients and 96.9% for psychiatric patients). However, the sensitivity of the ASQ was significantly lower for African American participants (88.9%) than for White participants (100%) and participants of other races (100%).

Recent studies have utilized the ASQ in samples with larger proportions of African American youth. Ballard et al. (2017) administered the ASQ to adolescents in an urban pediatric emergency department (66% African American). Of those who screened positive, across ethnic groups, 53% had presented in the emergency department without suicide-related chief complaints and these adolescents were 70% more likely to be African American. The authors also found the ASQ to have a sensitivity of 93% and specificity of 43% among the subsample who later returned to the emergency department; however, race-ethnicity data on the subsample who returned to the emergency department were not reported. DeVylder et al. (2019) tested the ASQ in a sample consisting of 68% African American children and adolescents. They concluded that the ASQ, in this sample, yielded a sensitivity of 76.5% and a specificity of 85.1%. These studies provide additional evidence of the validity of the ASQ for use with predominantly African American samples. However, the studies did not examine the performance of the ASQ in wholly African American samples, and neither study reported sensitivity specific to African American participants. Thus, the decrease in sensitivity of the ASQ with African American adolescents, as originally reported by Horowitz et al. (2012), remains a concern.

Suicidal Ideation Questionnaire

The SIQ (Reynolds 1988) is a brief self-report screening measure, used in both clinical and school-based samples, designed to assess suicidal ideation in adolescents. There are two forms: The SIQ is for older adolescents (grades 10–12), and the SIQ-JR is for younger adolescents (grades 7–9). Reynolds & Mazza (1999) examined the psychometric properties of the SIQ-JR in a sample of predominantly African American (71.4%) and Hispanic (19.8%) adolescents in an urban school system. The SIQ-JR evidenced robust internal consistency ($\alpha = 0.91$–0.94), test-retest reliability ($r = 0.89$), contrasted groups validity, and criterion validity. Scores on the SIQ-JR were strongly related to other suicidal ideation measures and to suicide attempt. This study stands apart from most others in that it focused predominantly on African American adolescents; however, this study was conducted over 20 years ago and may not adequately screen for suicide risk related to more current socioecological suicide risk factors.

Since the original reporting of the SIQ-JR psychometric properties, several other studies have used either the SIQ or the SIQ-JR in predominantly African American samples (e.g., Diamond et al. 2010, Merchant et al. 2009, Shpigel et al. 2012). These studies are important, as they provide some evidence of the discriminatory utility of the SIQ in predominantly African American adolescent samples. Nonetheless, the full implications of these studies cannot be established because the studies did not report the psychometric properties for the SIQ-JR specific to African American adolescents.

Columbia-Suicide Severity Rating Scale

The C-SSRS (Posner et al. 2011) is a brief suicide assessment designed to evaluate suicidal ideation and behavior. The C-SSRS assesses the severity and intensity of ideation and the frequency and lethality of suicide behaviors; this measure has multiple forms to screen for suicide risk and assess

recent and lifetime suicide risk. The C-SSRS evidenced strong divergent and convergent validity and had a sensitivity and specificity of 100% and 99.4%, respectively, for correctly identifying aborted, interrupted, and actual suicide attempts. In addition, reported worst-lifetime suicidal ideation was predictive of attempts during treatment, as well as actual, interrupted, and aborted suicide attempts. Last, the C-SSRS evidenced moderate to strong internal consistency (Posner et al. 2011). However, Posner et al. (2011) did not report the racial-ethnic composition of the participants in the studies establishing the psychometric properties of the C-SSRS. Other studies report using the C-SSRS in samples with large proportions of African American adolescents (e.g., King et al. 2015) or in an exclusive sample of African American adolescents (e.g., Brawner et al. 2019). These studies, inopportunely, did not report the psychometric properties of the C-SSRS for the African American adolescent participants. Consequently, the psychometric functioning of the C-SSRS for African American adolescents remains indeterminate.

Recommendations for Assessment

The unique etiology and manifestation of suicide for African American adolescents, coupled with alarming increases in suicide rates, require culturally and contextually relevant assessment tools that consider both salient risk and protective factors in order to acquire an accurate identification of risk. Above, we highlight important contributions to suicide assessment in African American adolescents to date. Particularly beneficial is the ability of some of the measures, particularly the ASQ, to identify African American adolescents at risk for suicide whose symptoms did not manifest in more traditional ways (i.e., presenting with suicide-related complaint, diagnosed mental disorder, and high levels of depression). Because some African American adolescents may be at heightened suicide risk without a diagnosed psychiatric disorder (Joe et al. 2009) or at lower levels of depression severity (Robinson et al. 2016b), the ability to detect suicide risk in adolescents who otherwise would have gone undetected is a major strength of this measure.

Nonetheless, current tools to assess suicide risk in African American adolescents have notable weaknesses, albeit some strengths. The ASQ is reported to be less sensitive in African American adolescent samples than in samples of the general population (Horowitz et al. 2012). The SIQ, though used in predominantly African American adolescent samples, was not designed specifically for this population, and the reported psychometric properties of the SIQ-JR among predominantly African American adolescents are now more than 20 years old. Additionally, there are no reported studies wherein the C-SSRS was used with a predominantly African American adolescent sample.

We offer several recommendations for advancing suicide risk assessments for African American adolescents. Given the distinct individual, cultural, and contextual risk factors associated with suicide risk in African American adolescents, suicide risk assessments should reflect the reality of their existence, not the realities of others. Many African American adolescents at risk for suicide likely will be identified using traditional screening measures, but others may be identified only through the measurement of psychosocial risk factors such as poverty, violence exposure, perceived discrimination and racism, and marginalization, or some combination of both traditional and so referenced nontraditional suicide risk assessments. Additionally, suicide risk and interpersonal aggression/violence may be linked for African American adolescents, such that adolescents experiencing suicide risk may present with more aggression/violence: Suicide risk, then, should be evaluated in adolescents exhibiting heightened aggression or interpersonal violence (Hillbrand 2001). Assessing psychosocial risk factors, in addition to more traditional risk factors, may augment the identification of African American adolescents at risk for suicide whose risk manifests in nontraditional ways.

Another important recommendation is the inclusion of strengths-based assessments at the individual, family, and community levels, with a particular focus of identifying protective factors in youth and the larger systems in which they develop. Factors such as racial socialization, racial identity, and both traditional and race-based coping strategies may be protective for African American adolescents and reduce suicide risk. Identification of these and other protective factors may prove beneficial in determining the type and level of services needed.

We also recommend that suicide assessments for African American adolescents consider that these youth likely have intersecting multiple identities and that these too can be both risk endangering and protective. Such intersecting identities will likely affect how African American adolescents experience both risk factors (e.g., perceived discrimination and racism and exposure to community violence) and protective factors (e.g., racial socialization and racial identity). Identities such as gender, sexual orientation, ethnicity, and socioeconomic status, among others, may exacerbate or attenuate suicide risk factors or alter the manifestation of risk. To aid in correctly assessing risk in consideration of these intersecting identities, more research is needed to understand how such identities interact to impart protection or risk.

The evidence is convincing: There is a critical need for assessment tools that consider the full complexity of suicide for African American adolescents so that preventive strategies can be advanced and the devastation of suicide avoided. The early identification of suicide risk, as opposed to, for example, the misclassification of behaviors as simply acts of aggression, promotes suicide prevention.

Preventive Interventions

Several prevention programs have demonstrated effects in reducing suicidal ideation or attempts in a general sample of adolescents wherein some of the participants are African American. Two of the most well-known and researched programs include the Signs of Suicide (SOS) (Aseltine & DeMartino 2004) and the Good Behavior Game (GBG) (Barrish et al. 1969). The SOS program is a school-based prevention program designed to reduce suicidal behavior in adolescents through education and self-screening for depression and suicidal ideation. Adolescents participating in the SOS program receive a curriculum designed to help them identify signs of depression and suicide in themselves and others; next, students are taught to (*a*) acknowledge signs of suicide and take them seriously, (*b*) let the person know that they care, and (*c*) tell a responsible adult. The SOS program has evidenced significantly reduced rates of suicide attempts and increased knowledge and attitudes about depression and suicide, relative to a waitlist control condition, in several randomized clinical trials (Aseltine & DeMartino 2004, Aseltine et al. 2007, Schilling et al. 2016). However, although the SOS program has evidenced suicide reduction effects in multiple trials, the study participants were not predominantly African American (e.g., samples included 0.8–37% African American students; Aseltine & DeMartino 2004, Aseltine et al. 2007, Schilling et al. 2016) and the studies did not report results by race/ethnicity. Therefore, because the samples included adolescents of several racial-ethnic backgrounds and because the studies did not test for race effects, the efficacy of the SOS program for African American adolescents is indeterminate.

In contrast, the GBG (Barrish et al. 1969) has been deployed with predominantly African American children and, in these studies, has demonstrated reduced suicidal ideation and attempts (Wilcox et al. 2008). The GBG is a classroom- and team-based behavior management program designed to (*a*) reward children for good behavior and (*b*) help children regulate their own and their teammates' behaviors through positive reinforcement. Wilcox et al. (2008) evaluated the GBG, conducted with first and second graders (66% African American). Suicide outcomes were measured much later, when participants were 19–21 years old. Results indicated a significant reduction

in suicidal ideation and attempts for children who participated in the GBG, compared with those in classrooms that did not receive the GBG. Although these results are notable, Wilcox et al. (2008) did not examine the effects of the GBG on suicidal ideation or attempt by race, other than a brief mention that the impact of the GBG on ideation and attempts was particularly strong for one urban school with 99% African American student enrollment. Due to the limited reporting of suicide-related outcomes by race and the lack of tailoring for African American youth, it is unclear how efficacious the GBG is for preventing suicide in African American adolescents. The development of the GBG did not intentionally incorporate into the curriculum culturally and contextually anchored suicide risk and protective factors unique to African American adolescents. This is understandable given the existing research at the time of the development of the GBG. However, the recent surge of suicide rates among African American children and adolescents, likely related to contemporaneous societal hardships, highlights the importance of race and ethnicity in evaluating intervention efficacy and necessitates targeted preventive approaches that are sensitive to risk and protective factors distinct to race and ethnicity. The importance of examining whether interventions are efficacious for African American adolescents, in particular, cannot be overstated.

The SOS and the GBG are similar, in that both are manualized prevention programs. Other treatment approaches that are not manualized have also evidenced reduced suicidal ideation in predominantly African American adolescent samples [e.g., multisystemic therapy (MST) and attachment-based family therapy (ABFT)]. In a sample of adolescents (65% African American) hospitalized for psychiatric reasons (e.g., suicidal ideation/attempt, homicidal ideation, and threat of harm to self/others), adolescents who participated in MST evidenced significant reductions in self-reported ideation and attempts relative to adolescents who received only emergency hospitalization (Huey et al. 2004). Likewise, in a sample of adolescents identified as at risk for suicide (74% African American), adolescents who received ABFT evidenced significantly greater improvement on self-reported suicidal ideation relative to those who received enhanced usual care (i.e., facilitated referral process with clinical monitoring; Diamond et al. 2010). Although both studies included African American adolescents, they do not report effects by race. Therefore, the degree to which these interventions are efficacious for African American adolescents is uncertain.

The status of suicide preventive interventions for adolescents is at an inflection point. Several intervention approaches have shown some degree of efficacy for the prevention of suicide in the general adolescent population; however, to date, most studies have not directly addressed race and ethnicity, either by content inclusion or analytic strategy. This is problematic and curtails the implementation and advancement of optimal approaches to prevent suicide in African American adolescents. The problem is exacerbated by the steady rise in suicide in this population, adding a heightened exigency to address current intervention limitations.

African American adolescents are challenged by a confluence of risk factors not operative for adolescents of any other group. Coinciding with distinct risk factors for suicide are distinct protective forces in their lives (e.g., socialization experiences provided by parents and others to prepare adolescents to successfully navigate and confront their unique challenges). Accordingly, rather than a generic one-size-fits-all approach, suicide preventive interventions for these youth must consider and incorporate components to address the unparalleled experiences of African American adolescents.

One racially, culturally, and contextually grounded suicide preventive intervention for African American adolescents has been examined on a large scale: the Adapted-Coping with Stress Course (A-CWS) (see Robinson et al. 2021 for description). The A-CWS fills a gap in prevention programming to address the suicide crisis among African American adolescents. The A-CWS has demonstrated efficacy for reducing suicide risk and ideation among African American adolescents in two randomized controlled efficacy trials: Both trials deployed a universal design within a

community sample of urban African American adolescents living in high-violence, low-resourced neighborhoods. In the first efficacy trial, among adolescents who endorsed the highest risk for suicide, African American adolescents who received the A-CWS evidenced an 86% reduction in suicide risk compared with those in a standard care control condition at post-test assessment (Robinson et al. 2016a). In the second efficacy trial, which was a longitudinal study, adolescents who received the A-CWS evidenced superior reduced risk for suicide relative to standard care controls, and this treatment effect was evidenced 12 months after the intervention ended (L. Robinson, unpublished manuscript). The long-term efficacy of the A-CWS is particularly noteworthy; this finding supports that African American adolescents are responsive to suicide preventive intervention and that intervention effects are sustainable over time.

The A-CWS is a 15-session, cognitive-behavioral, group-based intervention designed to develop and enhance African American adolescents' skills to adaptively cope with stress. Emphasis is given to the identification of individual and contextual stressors associated with suicide risk, providing options for reducing stress that are culturally consistent. The A-CWS adapted the Adolescent Coping with Stress Course (CWS) (Clarke & Lewinsohn 1995) to be used with African American adolescents. Originally developed as a depression prevention intervention and administered to predominantly suburban adolescents of European descent, work was needed to ensure the intervention addressed the unique stressors experienced by African American adolescents, contained culturally and contextually relevant content and coping strategies, and addressed the most pressing burdens of the adolescents, relative to suicide risk.

To adapt the intervention, focus groups were conducted with African American ninth-grade student consultants. Student consultants examined and provided input on all aspects of the A-CWS intervention, including the intervention curriculum content, delivery method, and goals (Robinson et al. 2016a). Throughout the focus groups, student consultants guided the inclusion of key stressors for African American adolescents (Robinson et al. 2021). In addition to common stressors such as economic stress, lack of access to neighborhood resources, and exposure to community violence, the most notable stressors identified by student consultants were racial discrimination and negative and unnecessary interactions with police. As such, the A-CWS was designed to address the intense stress African American adolescents experience from these racially charged encounters.

Since the adaptation of the A-CWS, such stressors and the near-constant exposure to these stressors have increased exponentially, underscoring the necessity for racially and culturally relevant suicide preventive interventions for African American adolescents to address issues of systemic and structural racism. Although the need for such interventions is clear and foreboding, few such interventions are reported in the research literature. Granted, a few existing programs may provide some benefit to African American adolescents in reducing suicide outcomes; however, programs developed without consideration of the unique etiology and manifestation of suicide in African American adolescents may not be as effective or relevant for this population. This remains an empirical question.

We recommend the development and evaluation of culturally and contextually relevant programming for African American adolescents to achieve optimal suicide risk reduction outcomes. Such programs should attend to the specific risk and protective factors linked to African American adolescent suicide risk and resilience. These programs must consider culturally and contextually appropriate intervention goals and methods of delivery. Designing or adapting interventions may be especially benefited by the use of participatory research methods and the incorporation of feedback from those to be served: African American adolescents. Perhaps, most importantly, the underpinnings that guide the development of such interventions should be sound theoretical or conceptual frameworks that capture the distinct experiences of African American adolescents.

CONCLUSIONS AND FUTURE DIRECTIONS

Alarming suicide rates among African American adolescents are not new. Nearly a half century ago, Morris et al. (1974) identified a decrease in the age at which individuals completed suicide, a decrease that was particularly evident for young African American males. Gibbs (1984) labeled African American adolescents an "endangered species" (p. 6) owing to the rising rates of suicide associated with numerous declining social indicators for these youth, including lack of access to education and unemployment. Gibbs suggested that social disadvantage experienced by African American adolescents could lead to feelings of hopelessness that subsequently heighten suicide risk, and we concur.

Recent trends show African American youth suicide continues to be a burgeoning public health concern, despite the sounding of the alarm many decades ago. Such trends should stimulate actionable preventive steps that address the complicated and multifaceted nature of the problem: An integrated multidimensional approach that includes (*a*) expanded theoretical models, (*b*) refined measurement tools, and (*c*) the development of avant-garde intervention strategies is needed to slow the spiraling problem of African American youth suicide. To date, no existing theory of suicide specifically and empirically addresses the underpinnings of suicide risk for African American youth. Theories inform assessment strategies and preventive intervention, so this absence in the empirical literature is consequential. Here, we propose a heuristic model that considers how African American adolescents grow up, in the main, as a marginalized racial-ethnic subgroup within the broader hegemonic US society, where since the time of slavery ideological, social, cultural, and economic dominance is perpetually exerted by the racial majority.

Although hegemony within US society has always been a constant for the developing African American child, we propose that one factor associated with the reported increase in suicide among African American youth is the more subtle and insidious modern-day expressions of supremacy and racism. This is due, in part, to societal factors such as (*a*) political correctness, which can be associated with masked or subtle racism, and (*b*) increased vivid real-time exposure to heinous acts of racism through the extensive use of social media. In earlier times, exposure to racism was often more overt and blatant, but also more limited. Now, children may experience both overt and subtle forms of racism and constant vicarious exposures through social media. Consequentially, African American adolescents, as they grow and develop, may be bombarded with macroaggressions, gaslighting, victim blaming, and heinous racist exposures, and these exposures are associated with harmful biopsychosocial consequences, including suicidal ideation (Johnson et al. 2021). The added stress of subtle modern-day manifestations of racism, together with extensive vicarious exposures and personal overt experiences with racism, may well explain the escalating recent trends of suicidality in African American children and adolescents.

The research literature links perceived racial discrimination to suicidal ideation in African American adolescents (Arshanapally et al. 2018, Assari et al. 2017, Madubata et al. 2019). Moreover, research indicates that subtle racial discrimination is not benign and may be more harmful, relative to suicidal ideation for African American adolescents, than overt racial discrimination. In a recent study, Madubata et al. (2019) found that subtle racial-ethnic discrimination was both concurrently and prospectively associated with suicidal ideation in African American adolescents, beyond the effects of depressive symptoms. Overt racial-ethnic discrimination, however, was only marginally associated with suicidal ideation concurrently and was not associated with suicidal ideation prospectively. In other words, when adolescents reported being treated as inferior or marginalized, because of their race or ethnicity, in more ambiguous ways (i.e., subtle discrimination), they were more likely to report suicidal ideation presently and later on. In contrast, more direct racial-ethnic insults and harassment (i.e., overt discrimination) did not have this effect on suicidal ideation.

More subtle forms of racism and discrimination may be exceptionally challenging for adolescents whose identities are emerging and whose coping skills are still developing (Scott & House 2005, Sellers et al. 2006). These more indirect assaults, therefore, may be especially pernicious for African American adolescents and likely contribute to the reported increase in suicidal behavior.

African American youth, these days, have increased vivid real-time exposure to heinous acts of racism through the extensive use of social media (English et al. 2020, Keum & Miller 2017), and studies show that these exposures are linked to psychological distress; this distress, we assert, may contribute to the rising rates of suicide in African American adolescents. Social media platforms have changed the frequency and persistence of exposure to systemic and structural racism; this secondhand exposure is sometimes termed vicarious racism (Heard-Garris et al. 2018). Quantitative data from a nationally representative yearly survey of over one million US eighth, tenth, and twelfth graders (1991–2016) indicated that, over the years, use of electronic communication platforms increased, and this increase preceded declines in psychological well-being; the effects were more pronounced for younger adolescents and for Internet usage specifically (Twenge et al. 2018). Additionally, qualitative data from another study of adolescents revealed themes of helplessness and futility in response to experiences of racism through news and online media (Heard-Garris et al. 2021); the adolescents in this study also described feeling powerless when viewing or reading about racism directed at others.

Generally, social media use appears to be associated with decreases in psychological well-being among early adolescents, but studies with African American youth samples are sparse. It is noteworthy, however, that studies involving Black adults show a similar association. Studies with Black adults indicate that experiences with Internet racism and discrimination are associated with substance use, depression, and anxiety (Keum & Cano 2021). Using the Behavioral Risk Factor Surveillance System for the period of 2013 to 2017, an analysis of the number of Google searches about racially violent events and self-reported mental health further supports this association. Black American adults reported a higher number of poor mental health days during weeks when incidents of racial violence were highly publicized and drew high levels of national interest, more so than White American adults (Curtis et al. 2021). Future research is needed to establish the degree to which vicarious racism via the media is linked to poor mental health outcomes for African Americans, especially the association between vicarious exposure and suicide risk among adolescents.

Toward a Reformulated Conceptualization of African American Adolescent Suicide

The emerging research literature and socioecological changes, along with the limitations of current ideologies and approaches that we address earlier in this review, necessitate a reexamination of relevance for African American adolescents of existing theoretical assumptions, assessment methods, and preventive intervention strategies. One prominent contemporary theory of suicide is the IPTS by Joiner (2005). Because of this theory's prominence and the extensive empirical support for this theory, we believe it offers an opportunity to examine how current-day ideologies may or may not be optimally relevant for today's developing African American adolescent.

The IPTS, in brief, theorizes that active suicidal ideation is a product of one's sense of thwarted belongingness and perceived burdensomeness, coupled with hopelessness about one's state of belongingness and burdensomeness ever changing (Van Orden et al. 2010). We contend that Joiner's theory does not fully consider how forces beyond the individual shape the experience and manifestation of belongingness, burdensomeness, and hopelessness, most certainly so for historically marginalized populations. Our heuristic model expands Joiner's theory, as a starting point to
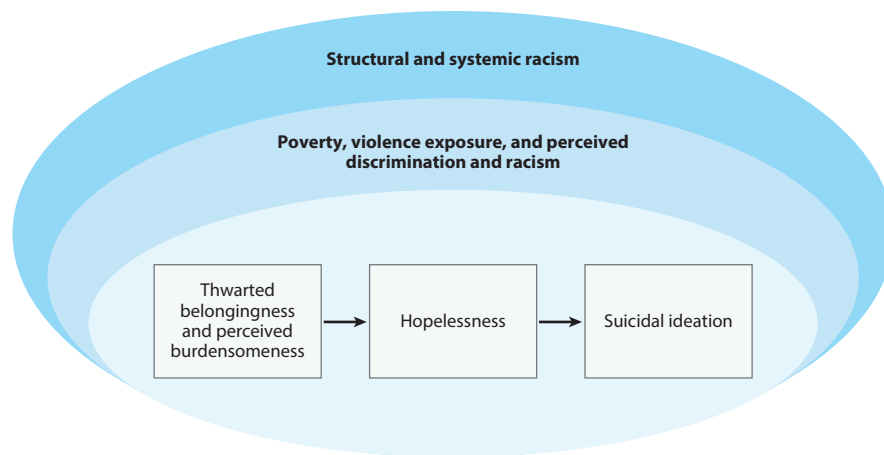
Figure 1

Traditional model of suicide risk: historical, societal, and political contexts as background.

African American adolescent suicide theory reformulation, and proposes distinct causal paths to active suicidal ideation for African American adolescents, a group who throughout US history has been burdened incessantly by both overt and subtle marginalization. Our heuristic model is expansive and interactive and considers past and present socioecological suicide risk factors, along with individual risk and protective factors.

Given the systemic and structural racism prevalent within the United States and the individual stressors associated with systemic and structural racism that African American adolescents encounter, models and theories of suicide should consider the development of active suicidal ideation, for these adolescents, in the context of larger societal structures and the ways these structures affect the lives of individuals (see **Figure 1**). A conceptual frame that expands the development of suicidal ideation within the framework of systemic and structural racism and its impact on African American adolescents may augment Joiner's IPTS, as well as other theories, by exploring societally driven race-related mechanism(s) by which active suicidal ideation forms for African American adolescents. In **Figure 2**, we propose specific race-related factors, rooted in societal and contextual conditions, that can lead to the development of active suicidal ideation, along with factors that can moderate suicide risk, juxtaposed with the IPTS.

Systemic and structural racism affects every facet of the lives of African American adolescents. Race-related socioecological stressors may lead to feelings of societal exclusion and societal blame, as African American adolescents must consider their being within a historical and sociopolitical context. Within our heuristic frame, we define societal exclusion as marginalization, specifically the perception that one is marginalized by the dominant society because of racial-ethnic status; we define societal blame as the perception that the dominant society blames African Americans for social problems such as the decline of urban cities, underperforming public schools, and the proliferation of violence. These feelings of exclusion and blame may be more or less predictive of suicide risk (perhaps even exclusive) than Joiner's theorized feelings of thwarted belongingness and/or perceived burdensomeness, or these racially charged feelings may interact with feelings of thwarted belongingness and/or perceived burdensomeness. We hypothesize that feelings of societal exclusion or blame may then lead to feelings of futility. In our conceptual frame, futility goes beyond the traditional understanding of hopelessness, in that futility is spurred by societal factors that predisposed the adolescent to believe the future is dismal (e.g., job/career/economic,
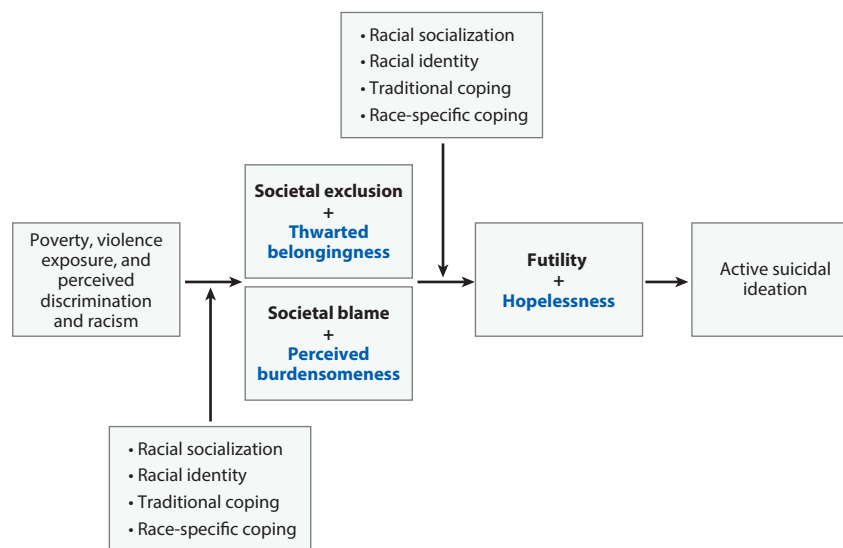
Figure 2

Elaborated model of suicide risk for African American youth: historical, societal, and political contexts in the foreground. Blue text is used to identify components of the interpersonal psychological theory of suicide (IPTS) that may explain additional variance in suicidal risk.

morbidity, and even mortality). This type of hopelessness is particularly despairing and categorically different, as the adolescent believes that negative outcomes are inevitable and that they are helpless to change them, ergo, the sense of futility toward the future. In our conceptual frame, it is this ultimate sense of futility that is most detrimental in the pathway to active suicidal ideation.

Our heuristic model hypothesizes a complex pattern of relations that can be and should be empirically tested, including moderators of suicide risk for African American adolescents. Our model provides a foundation for the examination of changes in social ecology over time that may or may not cause increases in suicide risk. Many factors potentially mitigate or exacerbate the risk for active suicidal ideation and key among them are racial socialization, racial identity, traditional coping, race-specific coping, and persistency and type of exposures to racism. In our model, these factors can be influential at several points in time, and most important, each of these factors is amenable to change. In other words, our racially-ethnically grounded model not only explicates complex pathways to suicide risk and resilience but also points to broad avant-garde preventive intervention. Apart from simply referencing the complexity of suicide for African American adolescents, our model offers an interactive, multidimensional, and risk and resilience approach to understanding African American adolescent suicide. Our model serves as an inspiration for future research.

We conclude by emphasizing that African American adolescents thrive more so than succumb, despite the odds. We urge researchers and practitioners to embark upon African American adolescent suicidology with an expansive lens, wherein strengths-based and contextually grounded approaches, rather than mere individual pathology-focused orientations that blame the victim, are central. The rising rate of African American youth suicide suggests that current perspectives and preventive approaches are not adequate. African American adolescents must contend with pervasive and insidious systemic and structural racism, in addition to all the stressors of adolescence. Thus, conventional paths to suicide risk (e.g., psychiatric disturbance), as well as resilience, may

or may not be operative for them. We recommend expanding theoretical models and intervention strategies to include and build upon cultural and individual strengths while addressing potential psychosocial risk factors. To this end, measurement tools and strategies that attend to the distinct experiences of African American adolescents are essential. African American adolescents are not a monolithic group; they are diverse and have rich cultural socialization experiences that are protective. For these adolescents, the focus for suicide prevention should be the explication, marshalling, and promotion of factors that help them thrive within a morass of hardships.

SUMMARY POINTS

1. African American adolescent suicide is a burgeoning public health problem. Rates of suicide attempts and completed suicides have markedly increased among African American adolescents, and suicide is the third leading cause of death for this population.

2. The pervasiveness of African American adolescent suicide may exceed documented prevalence rates due to cultural norms and stigma that may increase the likelihood of suicide misclassification.

3. Contemporary prominent theories of suicide have limited validity for African Americans, and none specifically focuses on African American adolescents.

4. Family racial socialization and racial-ethnic identity appear to mitigate the impact of socioecological stressors, including racism and discrimination, on suicidal ideation, in part through reducing hopelessness.

5. There are distinct differences in the etiology and manifestation of suicidal thoughts and behaviors among African American adolescents, compared with adolescents of other racial-ethnic backgrounds, and current assessment tools do not adequately reflect these differences.

6. Socioecological and cultural influences are important factors, relative to the development of suicide risk and resiliency, and need to be integrated into suicide preventive interventions for African American adolescents in order to achieve optimal outcomes.

7. The rising rates of suicide for African American adolescents are alarming and may be attributable to changing forms of racism that are more subtle and extensive and challenging to the coping capacities of developing adolescents.

8. Theories inform assessment strategies and preventive interventions; thus, expanded theoretical models that capture factors that lead to suicide risk and resiliency for African American adolescents are critical.

FUTURE ISSUES

1. Efforts to reduce suicide require both decreases in risk and increases in health promotion, the latter of which may be more impactful and sustainable.

2. Gender differences in suicide risk and resilience among African American adolescents need to be considered.

3. Measurement of suicide risk and resilience needs to be culturally relevant to capture differences that are unique to African American adolescents, compared with adolescents from other racial-ethnic backgrounds.

4. Efficacious and effective preventive interventions need to be more accessible for African American adolescents.

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LITERATURE CITED

Abramson LM, Alloy LB, Hogan ME, Whitehouse WG, Gibb BE, et al. 2000. The hopelessness theory of suicidality. In *Suicide Science: Expanding the Boundaries*, ed. T Joiner, MD Rudd, pp. 17–32. Norwell, MA: Kluwer

Agyemang C, Bhopal R, Bruijnzeels M. 2005. Negro, Black, Black African, African Caribbean, African American or what? Labelling African origin populations in the health arena in the 21st century. *J. Epidemiol. Community Health* 59(12):1014–18

Albanese B. 2021. Thwarted belongingness predicts greater neural reactivity to a novel social exclusion image set: evidence from the late positive potential. *Suicide Life-Threat. Behav.* In press. **https://doi.org/10.1111/sltb.12775**

Ali B, Rockett IR, Miller TR, Leonardo JB. 2021. Racial/ethnic differences in preceding circumstances of suicide and potential suicide misclassification among US adolescents. *J. Racial Ethn. Health Disparities.* **https://doi.org/10.1007/s40615-020-00957-7**

Allbaugh LJ, Florez IA, Turmaud DR, Quyyum N, Dunn SE, et al. 2017. Child abuse—suicide resilience link in African American women: interpersonal psychological mediators. *J. Aggress. Maltreatment Trauma* 26:1055–71

Anestis JC, Anestis MD, Preston OC. 2018. Psychopathic personality traits as a form of dispositional capability for suicide. *Psychiatry Res.* 262:193–202

Arshanapally S, Werner KB, Sartor CE, Bucholz KK. 2018. The association between racial discrimination and suicidality among African-American adolescents and young adults. *Arch. Suicide Res.* 22(4):584–95

Aseltine RH, DeMartino R. 2004. An outcome evaluation of the SOS suicide prevention program. *Am. J. Public Health* 94(3):446–51

Aseltine RH, James A, Schilling EA, Glanovsky J. 2007. Evaluating the SOS suicide prevention program: a replication and extension. *BMC Public Health* 161:1–7

Assari S, Moghani Lankarani M, Caldwell CH. 2017. Discrimination increases suicidal ideation in Black adolescents regardless of ethnicity and gender. *Behav. Sci.* 7:75

Ballard ED, Cwik M, Van Eck K, Goldstein M, Alfes C, et al. 2017. Identification of at-risk youth by suicide screening in a pediatric emergency department. *Prev. Sci.* 18:174–82

Barrish HH, Saunders M, Wolf MM. 1969. Good behavior game: effects of individual contingencies for group consequences on disruptive behavior in a classroom. *J. Appl. Behav. Anal.* 2(2):119–24

Boykin AW, Toms FD. 1985. Black child socialization: a conceptual framework. In *Black Children: Social, Educational and Parental Environments*, ed. HP McAdoo, JL McAdoo, pp. 159–73. Beverly Hills, CA: Sage

Brawner BM, Abboud S, Reason J, Wingood G, Jemmott LS. 2019. The development of an innovative, theory-driven, psychoeducational HIV/STI prevention intervention for heterosexually active black adolescents with mental illnesses. *Vulnerable Child. Youth Stud.* 14(2):151–65

Bridge JA, Asti L, Horowitz LM, Greenhouse JB, Fontanella CA, et al. 2015. Suicide trends among elementary school-aged children in the United States from 1993 to 2012. *JAMA Pediatr.* 169(7):673–77

Brown MM, Grumet JG. 2009. School-based suicide prevention with African American youth in an urban setting. *Prof. Psychol. Res. Pract.* 40(2):111–17

CDC (Cent. Dis. Control Prev.). 2019a. *Leading causes for death reports, 1981–2019.* Centers for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System, Atlanta, GA. **https://wisqars.cdc.gov/fatal-leading**

CDC (Cent. Dis. Control Prev.). 2019b. *Youth Online.* Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS), Atlanta, GA. **https://nccd.cdc.gov/Youthonline/App/**

Cheeks BL, Chavous TM, Sellers RM. 2020. A daily examination of African American adolescents' racial discrimination, parental racial socialization, and psychological affect. *Child Dev.* 91:2123–40

Chu JP, Goldblum P, Floyd R, Bongar B. 2010. The cultural theory and model of suicide. *Appl. Prev. Psychol.* 14:25–40

Clarke G, Lewinsohn PM. 1995. *The Adolescent Coping with Stress Class: Leader Manual*. Portland, OR: Kaiser Permanente Cent. Health Res. **http://www.mentalhealthpromotion.net/resources/copingwithstress_therapistmanual.pdf**

Compas BE, Jaser SS, Bettis AH, Watson KH, Gruhn MA, et al. 2017. Coping, emotion regulation, and psychopathology in childhood and adolescence: a meta-analysis and narrative review. *Psychol. Bull.* 143:939–91

Crocetti E. 2017. Identity formation in adolescence: the dynamic of forming and consolidating identity commitments. *Child Dev. Perspect.* 11:145–50

Cross WE, Parham TA, Helms JE. 1991. The stages of Black identity development: nigrescence models. In *Black Psychology*, ed. RL Jones, pp. 319–38. Berkeley, CA: Cobb Henry

Curtis DS, Washburn T, Lee H, Smith KR, Kim J, et al. 2021. Highly public anti-Black violence is associated with poor mental health days for Black Americans. *PNAS* 118(17):e2019624118

Davidson CL, Wingate LR. 2011. Racial disparities in risk and protective factors for suicide. *J. Black Psychol.* 37(4):499–516

Davidson CL, Wingate LR, Slish ML, Rasmussen KA. 2010. The great Black hope: hope and its relation to suicide risk among African Americans. *Suicide Life-Threat. Behav.* 40(2):170–80

DeGruy J. 2005. *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. Baltimore, MD: Uptone

DeGruy JA. 2010. Post-slavery syndrome: a multigenerational look at African American injury, healing, and resilience. In *Mass Trauma and Emotional Healing Around the World: Rituals and Practices for Resilience and Meaning-Making*, Vol. 2, ed. A Kalayjian, D Eugene, pp. 227–50. Santa Barbara, CA: Praeger/ABC-CLIO

DeVylder JE, Ryan TC, Cwik M, Wilson ME, Jay S, et al. 2019. Assessment of selective and universal screening for suicide risk in a pediatric emergency department. *JAMA Netw. Open* 2:e1914070

Dhingra K, Boduszek D, O'Connor RC. 2016. A structural test of the integrated motivational-volitional model of suicidal behaviour. *Psychiatry Res.* 239:169–78

Dhingra KJ, Klonsky ED, Tapola V. 2019. An empirical test of the three-step theory of suicide in U.K. university students. *Suicide Life-Threat. Behav.* 49(2):478–87

Diamond GS, Wintersteen MB, Brown GK, Diamond GM, Gallop R, et al. 2010. Attachment-based family therapy for adolescents with suicidal ideation: a randomized controlled trial. *J. Am. Acad. Child Adolesc. Psychiatry* 49(2):122–31

Durkheim E. 1897. *LeSuicide: Étude de Sociologie*. Paris: Félix Alcan

Durkheim E. 1951. *Suicide: A Study in Sociology*. New York: Free Press

English D, Lambert SF, Tynes BM, Bowleg L, MC Zea, Howard LC. 2020. Daily multidimensional racial discrimination among Black U.S. American adolescents. *J. Appl. Dev. Psychol.* 66:101068

Fitzpatrick KM, Piko BF, Miller E. 2008. Suicide ideation and attempts among low-income African American adolescents. *Suicide Life-Threat. Behav.* 38:552–63

Freud S. 1922. *Beyond the Pleasure Principle*. London: Int. Psycho-Anal.

Gaskin-Wasson A, Walker KL, Shin LJ, Kaslow NJ. 2018. Spiritual well-being and psychological adjustment: mediated by interpersonal needs? *J. Relig. Health* 57(4):1376–91

Genzlinger N. 2020. James Jackson, who changed the study of Black America, dies at 76. *New York Times*, Sept. 15, p. A25

Gibbs JT. 1984. Black adolescents and youth: an endangered species. *Am. J. Orthopsychiatry* 54(1):6–21

Gibbs JT. 1988. Conceptual, methodological, and sociocultural issues in Black youth suicide: implications for assessment and early intervention. *Suicide Life-Threat. Behav.* 18(1):73–89

Gibbs JT. 1997. African-American suicide: a cultural paradox. *Suicide Life-Threat. Behav.* 27(1):68–79

Goldston DB, Molock SD, Whitbeck LB, Murakami JL, Zayas LH, Hall GCN. 2008. Cultural considerations in adolescent suicide prevention and psychosocial treatment. *Am. Psychol.* 63(1):14–31

Heard-Garris N, Cale M, Camaj L, Hamati MC, Dominguez T. 2018. Transmitting trauma: a systematic review of vicarious racism and child health. *Soc. Sci. Med.* 199:230–40

Heard-Garris N, Ekwueme PO, Gilpin S, Sacotte KA, Perez-Cardona L, et al. 2021. Adolescents' experiences, emotions, and coping strategies associated with exposure to media-based vicarious racism. *JAMA Netw. Open* 4(6):e2113522

Hill RM, Kaplow JB, Oosterhoff B, Layne CM. 2019. Understanding grief reactions, thwarted belongingness, and suicide ideation in bereaved adolescents: toward a unifying theory. *J. Clin. Psychol.* 75(4):780–93

Hillbrand M. 2001. Homicide-suicide and other forms of co-occurring aggression against self and others. *Prof. Psychol. Res. Pract.* 32(6):626–35

Hirsch JK, Nsamenang SA, Chang EC, Kaslow NJ. 2014. Spiritual well-being and depressive symptoms in female African American suicide attempters: mediating effects of optimism and pessimism. *Psychol. Relig. Spiritual.* 6(4):276–83

Hollingsworth DW, Cole AB, O'Keefe VM, Tucker RP, Story CR, Wingate LR. 2017. Experiencing racial microaggressions influences suicide ideation through perceived burdensomeness in African Americans. *J. Couns. Psychol.* 64:104–11

Hollingsworth DW, Wingate LR, Tucker RP, O'Keefe VM, Cole AB. 2016. Hope as a moderator of the relationship between interpersonal predictors of suicide and suicidal thinking in African Americans. *J. Black Psychol.* 42(2):175–90

Hong JH, Talavera DC, Odafe MO, Barr CD, Walker RL. 2018. Does purpose in life or ethnic identity moderate the association for racial discrimination and suicide ideation in racial/ethnic minority emerging adults? *Cult. Divers. Ethn. Minor. Psychol.* **https://doi.org/10.1037/cdp0000245**

Horowitz LM, Bridge JA, Teach SJ, Ballard E, Klima J, et al. 2012. Ask Suicide-Screening Questions (ASQ): a brief instrument for the pediatric emergency department. *Arch. Pediatr. Adolesc. Med.* 166(12):1170–76

Huey SJ, Henggeler SW, Rowland MD, Halliday-Boykins CA, Cunningham PB, et al. 2004. Multisystemic therapy effects on attempted suicide by youths presenting psychiatric emergencies. *J. Am. Acad. Child Adolesc. Psychiatry* 43(2):183–90

Hughes D, Rodriguez J, Smith EP, Johnson DJ, Stevenson HC, Spicer P. 2006. Parents' ethnic-racial socialization practices: a review of research and directions for future study. *Dev. Psychol.* 42(5):747–70

Huguet N, Kaplan MS, McFarland BH. 2012. Rates and correlates of undetermined deaths among African Americans: results from the national violent death reporting system. *Suicide Life-Threat. Behav.* 42(2):185–96

Huguley JP, Wang MT, Vasquez AC, Guo J. 2019. Parental ethnic-racial socialization practices and the construction of children of color's ethnic-racial identity: a research synthesis and meta-analysis. *Psychol. Bull.* 145:437–58

Joe S, Baser RS, Neighbors HW, Caldwell CH, Jackson JS. 2009. 12-Month and lifetime prevalence of suicide attempts among black adolescents in the National Survey of American Life. *J. Am. Acad. Child Adolesc. Psychiatry* 48(3):271–82

Johnson VE, Nadal KL, Sissoko DRG, King R. 2021. "It's not in your head": gaslighting, 'splaining, victim blaming, and other harmful reactions to microaggression. *Perspect. Psychol. Sci.* 16(5):1024–36

Joiner T. 2005. *Why People Die by Suicide*. Cambridge, MA: Harvard Univ. Press

Keum B, Cano MA. 2021. Online racism, psychological distress, and alcohol use among racial minority women and men: a multi-group mediation analysis. *Am. J. Orthopsychiatry* 91(4):524–30

Keum BT, Miller MJ. 2017. Racism in digital era: development and initial validation of the Perceived Online Racism Scale (PORS v1.0). *J. Couns. Psychol.* 64(3):310–24

Khazem LR, Law KC, Green BA, Anestis MD. 2015. Examining the relationship between coping strategies and suicidal desire in a sample of United States military personnel. *Compr. Psychiatry* 57:2–9

King CA, Berona J, Czyz E, Horwitz AG, Gipson PY. 2015. Identifying adolescents at highly elevated risk for suicidal behavior in the emergency department. *J. Child Adolesc. Psychopharmacol.* 25(2):100–8

Klonsky ED, May AM. 2015. The three-step theory (3ST): a new theory of suicide rooted in the "ideation-to-action" framework. *Int. J. Cogn. Ther.* 8(2):114–29

Large M, Corderoy A, McHugh C. 2020. Is suicidal behaviour a stronger predictor of later suicide than suicidal ideation? A systematic review and meta-analysis. *Aust. N. Z. J. Psychiatry* 55:254–67

Lindsey M, Sheftall A, Xiao Y, Joe S. 2019. Trends of suicidal behaviors among high school students in the United States: 1991–2017. *Pediatrics* 144:e20191187

Madubata I, Spivey LA, Alvarez GM, Neblett EW, Prinstein MJ. 2019. Forms of racial/ethnic discrimination and suicidal ideation: a prospective examination of African-American and Latinx youth. *J. Clin. Child Adolesc. Psychol.* **https://doi.org/10.1080/15374416.2019.1655756**

Martin CE, Pukay-Martin ND, Blain RC, Dutton-Cox C, Chard KM. 2021. Suicidal ideation in a Veterans Affairs residential posttraumatic stress disorder treatment setting: the roles of thwarted belongingness and perceived burdensomeness. *J. Trauma. Stress.* **https://doi.org/10.1002/jts.22540**

Matlin SL, Molock SD, Tebes JK. 2011. Suicidality and depression among African American adolescents: the role of family and peer support and community connectedness. *Am. J. Orthopsychiatry* 81:108–17

Merchant C, Kramer A, Joe S, Venkataraman S, King CA. 2009. Predictors of multiple suicide attempts among suicidal Black adolescents. *Suicide Life-Threat. Behav.* 39(2):115–24

Miller DB. 1999. Racial socialization and racial identity: Can they promote resiliency for African American adolescents? *Adolescence* 34(135):493–501

Morris JB, Kovacs M, Beck AT, Wolffe A. 1974. Notes toward an epidemiology of urban suicide. *Compr. Psychiatry* 15(6):537–47

Musci RJ, Hart SR, Ballard ED, Newcomer A, Van Eck K. 2016. Trajectories of suicidal ideation from sixth through tenth grades in predicting suicide attempts in young adulthood in an urban African American cohort. *Suicide Life-Threat. Behav.* 46(3):255–65

Neblett EW, Philip CL, Cogburn CD, Sellers RM. 2006. African American adolescents' discrimination experiences and academic achievement: racial socialization as a cultural compensatory and protective factor. *J. Black Psychol.* 32(2):199–218

Neblett EW, Sosoo EE, Willis HA, Bernard DL, Bae J, Billingsley JT. 2016. Racism, racial resilience, and African American youth development: person-centered analysis as a tool to promote equity and justice. *Adv. Child Dev. Behav.* 51:43–79

NIMH (Natl. Inst. Ment. Health). 2019. *Suicide prevention*. Washington, DC: NIMH. **https://www.nimh.nih.gov/health/topics/suicide-prevention**

NIMH (Natl. Inst. Ment. Health). 2021. *Suicide*. Washington, DC: NIMH. **https://www.nimh.nih.gov/health/statistics/suicide**

O'Connor RC. 2011. Towards an integrated motivational-volitional model of suicidal behaviour. In *International Handbook of Suicide Prevention: Research, Policy, and Practice*, ed. RC O'Connor, S Platt, J Gordon, pp. 181–98. Malden, MA: Wiley

Phinney JS. 1990. Ethnic identity in adolescents and adults: review of research. *Psychol. Bull.* 108:499–514

Phinney JS. 1993. A three-stage model of ethnic identity development in adolescence. In *Ethnic Identity: Formation and Transmission Among Hispanics and Other Minorities*, ed. ME Bernal, GP Knight, pp. 61–79. Albany: State Univ. New York Press

Polanco-Roman L, Miranda R. 2013. Culturally related stress, hopelessness, and vulnerability to depressive symptoms and suicidal ideation in emerging adulthood. *Behav. Ther.* 44:75–87

Posner K, Brown GK, Stanley B, Brent DA, Yershova KV, et al. 2011. The Columbia-Suicide Severity Rating
    Scale: initial validity and internal consistency from three multisite studies with adolescents and adults.
    Am. J. Psychiatry 168:1266–77

Price JH, Khubchandani J. 2019. The changing characteristics of African-American adolescent suicides, 2001–
    2017. *J. Community Health* 44(4):756–63

Reynolds WM. 1988. *SIQ, Suicidal Ideation Questionnaire: Professional Manual*. Odessa, FL: Psychol. Assess.
    Resour.

Reynolds WM, Mazza JJ. 1999. Assessment of suicidal ideation in inner-city children and young adolescents:
    reliability and validity of the Suicidal Ideation Questionnaire-JR. *Sch. Psychol. Rev.* 28(1):17–30

Richardson BL, Macon TA, Mustafaa FN, Bogan ED, Cole-Lewis Y, Chavous TM. 2015. Associations of
    racial discrimination and parental discrimination coping messages with African American adolescent
    racial identity. *J. Youth Adolesc.* 44:1301–17

Robinson WL, Case MH, Whipple CR, Gooden AS, Lopez-Tamayo R, et al. 2016a. Culturally-grounded
    stress reduction and suicide prevention for African American adolescents. *Pract. Innov.* 1(2):117–28

Robinson WL, Droege JR, Hipwell AE, Stepp SD, Keenan K. 2016b. Brief report: suicidal ideation in ado-
    lescent girls: impact of race. *J. Adolesc.* 53:16–20

Robinson WL, Whipple CR, Jason LA, Flack CE. 2021. African American adolescent suicidal ideation and
    behavior: the role of racism and prevention. *J. Community Psychol.* 49(5):1282–95

Rockett IRH, Wang S, Stack S, De Leo D, Frost JL, et al. 2010. Race/ethnicity and potential suicide misclas-
    sification: window on a minority suicide paradox? *BMC Psychiatry* 10(35):1–8

Schilling EA, Aseltine RH Jr., James A. 2016. The SOS suicide prevention program: further evidence of efficacy
    and effectiveness. *Prev. Sci.* 17(2):157–66

Scott LD Jr., House LE. 2005. Relationship of distress and perceived control to coping with perceived racial
    discrimination among Black youth. *J. Black Psychol.* 31(3):254–72

Sellers RM, Copeland-Linder N, Martin PP, Lewis RLH. 2006. Racial identity matters: the relationship be-
    tween racial discrimination and psychological functioning in African American adolescents. *J. Res. Adolesc.*
    16(2):187–216

Sellers RM, Smith MA, Shelton JN, Rowley SA, Chavous TM. 1998. Multidimensional model of racial iden-
    tity: a reconceptualization of African American racial identity. *Personal. Soc. Psychol. Rev.* 2(1):18–39

Shaffer D, Scott M, Wilcox H, Maslow C, Hicks R, et al. 2004. The Columbia Suicide Screen: validity and
    reliability of a screen for youth suicide and depression. *J. Am. Acad. Child Adolesc. Psychiatry* 43(1):71–79

Sheftall AH, Vakil F, Ruch DA, Boyd RC, Lindsey MA, Bridge JA. 2021. Black youth suicide: investigation
    of current trends and precipitating circumstances. *J. Am. Acad. Child Adolesc. Psychiatry*. In press. **https://
    doi.org/10.1016/j.jaac.2021.08.021**

Shneidman ES. 1985. *Definition of Suicide*. New York: Wiley

Shneidman ES. 1993. *Suicide as Psychache: A Clinical Approach to Self-Destructive Behavior*. Northvale, NJ: Jason
    Aronson

Shpigel MS, Diamond GM, Diamond GS. 2012. Changes in parenting behaviors, attachment, depressive
    symptoms, and suicidal ideation in attachment-based family therapy for depressive and suicidal ado-
    lescents. *J. Marital Fam. Ther.* 38:271–83

Silverman MM, Berman AL, Sanddal ND, O'Carroll PW, Joiner TE Jr. 2007. Rebuilding the tower of Babel:
    a revised nomenclature for the study of suicide and suicidal behaviors. Part 2: suicide-related ideations,
    communications, and behaviors. *Suicide Life-Threat. Behav.* 37(3):264–77

Spann M, Molock SD, Barksdale C, Matlin S, Puri R. 2006. Suicide and African American teenagers: risk
    factors and coping mechanisms. *Suicide Life-Threat. Behav.* 36:553–68

Stokes MN, Hope EC, Cryer-Coupet QR, Elliot E. 2020. Black girl blues: the roles of racial socialization,
    gendered racial socialization, and racial identity on depressive symptoms among black girls. *J. Youth
    Adolesc.* 49:2175–89

Street JC, Taha F, Jones AD, Jones KA, Carr E, et al. 2012. Racial identity and reasons for living in African
    American female suicide attempters. *Cult. Divers. Ethn. Minor. Psychol.* 18:416–23

Talley D, Warner SL, Perry D, Brissette E, Consiglio FL, et al. 2021. Understanding situational factors and
    conditions contributing to suicide among Black youth and young adults. *Aggress. Violent Behav.* 58:101614

Tsai M, Lari H, Saffy S, Klonsky ED. 2021. Examining the three-step theory (3ST) of suicide in a prospective study of adult psychiatric inpatients. *Behav. Ther.* 52(3):673–85

Tucker RP, O'Connor RC, Wingate LR. 2016. An investigation of the relationship between rumination styles, hope, and suicide ideation through the lens of the integrated motivational-volitional model of suicidal behavior. *Arch. Suicide Res.* 20(4):553–66

Twenge JM, Martin GN, Campbell WK. 2018. Decreases in psychological well-being among American adolescents after 2012 and links to screen time during the rise of smartphone technology. *Emotion* 18(6):765–80

Van Orden KA, Witte TK, Cukrowicz KC, Braithwaite SR, Selby EA, Joiner TE. 2010. The interpersonal theory of suicide. *Psychol. Rev.* 117:575–600

Varner FA, Hou Y, Hodzic T, Hurd NM, Butler-Barnes ST, Rowley SJ. 2018. Racial discrimination experiences and African American youth adjustment: the role of parenting profiles based on racial socialization and involved-vigilant parenting. *Cult. Divers. Ethn. Minor. Psychol.* 24:173–86

Voisin DR, Bird JDP, Hardestry M, Shiu CS. 2011. African American adolescents living and coping with community violence on Chicago's southside. *J. Interpers. Violence* 26:2483–98

Walton QL, Boone C. 2019. Voices unheard: an intersectional approach to understanding depression among middle-class Black women. *Women Ther.* 42:301–19

Wenzel A, Beck AT. 2008. Cognitive model of suicidal behavior: theory and treatment. *Appl. Prev. Psychol.* 12:189–201

WHO (World Health Organ.). 2021. Adolescent health. *World Health Organization*. **https://www.who.int/southeastasia/health-topics/adolescent-health**

Wilcox HC, Kellam SG, Brown CH, Poduska JM, Ialongo NS, et al. 2008. The impact of two universal randomized first-and second-grade classroom interventions on young adult suicide ideation and attempts. *Drug Alcohol Depend.* 95:S60–73

Wolfgang ME. 1959. Suicide by means of victim-precipitated homicide. *J. Clin. Exp. Psychopathol.* 20:335–49

Yip T, Wang Y, Mootoo C, Mirpuri S. 2019. Moderating the association between discrimination and adjustment: a meta-analysis of ethnic/racial identity. *Dev. Psychol.* 55:1274–98