

School and Community Violence and Victimization as Predictors of Adolescent Suicidal Behavior

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Abstract. This study examined the extent to which violent behavior and peer victimization were associated with suicidal ideation, plans, and attempts in a nationally representative sample of 11,113 adolescents who completed the 2005 Youth Risk Behavior Survey. Boys were more likely to be involved in physical fighting and weapon carrying, whereas girls were more likely to report suicidal behavior and feeling unsafe at school. Predictors of suicidal behavior for both male and female adolescents included carrying a weapon, being threatened or injured at school, having property stolen or damaged at school, and getting in a fight. Carrying a weapon and getting in fights in the community, but not in the school, were significantly associated with suicidal behavior for girls. Feeling unsafe in school was predictive of suicidal behavior for girls, but not for boys. Implications for practice, including the importance of coordinating violence and suicide prevention efforts, are discussed.

Suicide and violence prevention efforts occur in relative isolation from each other (Browne, Barber, Stone, & Meyer, 2005; Lubell & Vetter, 2006), although recent tragic events have highlighted the potential relationship between suicidal behavior and violence toward others (Lubell & Vetter, 2006). For example, the U.S. Secret Service and U.S. Department of Education's carefully conducted study of school shootings found that in 78% of cases the shooters exhibited suicidal ideation (Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002). This study further found that two-thirds of the perpetrators were bullied chronically, increasing the public's attention to issues of the potentially devastating effects of peer victimization.

The current study examined suicidal ideation, plans, and attempts for a large, na-

tionally representative sample of high school students within the larger context of violence toward others and victimization. The specific focus of this study was the extent to which violent behaviors toward others (e.g., getting in a fight, carrying a weapon) and victimization (e.g., being threatened, being injured in a fight) in both community and school settings predicted the likelihood of male and female adolescents' suicidal ideation, plans, and attempts.

Suicidal Behaviors and Psychosocial Risk Factors

In addition to committing suicide, other suicidal behaviors include suicidal ideation, planning, and attempts. Studies have shown that 0.4% to 0.6% of adults report attempting suicide, whereas 2.8% to 3.3% have had

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thoughts of killing themselves, and 0.7% to 1.0% have made suicide plans within a 12-month time period (Borges Angst, Nock, Ruscio, & Kessler, 2008; Kessler, Berglund, Borges, Nock, & Wang, 2005). Alarming rates for suicidal ideation, plans, and attempts are even higher for adolescents. Within a 12-month period, 20.5% to 29% of adolescents report having considered suicide (Brener, Krug, & Simon, 2000; Kandel, Raveis, & Davies, 1991), 15.7% to 19% have made a plan, and 7.7% to 8.7% have attempted suicide (Brener et al., 2000).

Previous attempts is one of the most powerful predictors of future suicide (Borges et al., 2008), although the presence of multiple psychological risk factors differentiates between people who think about killing themselves and those who develop exacerbated psychopathology and attempt suicide (Borges et al., 2008; Reinherz et al., 1995). A lack of mental health treatment and acute symptoms of depression and other psychiatric disorders are related to suicide attempts (Kelly, Lynch, Donovan, & Clark, 2001; King et al., 2001). Difficulties in interpersonal relations, as well as exposure to unstable home environments, are psychosocial risk factors that increase adolescents' risk for suicide attempts (Kelly et al., 2001). In addition, poor parental monitoring and familial psychiatric history both contribute to the risk for suicide attempts (Kandel et al., 1991; King et al., 2001; Reinherz et al., 1995). Adolescents' risk-taking behaviors, including alcohol and drug abuse (Bae, Ye, Chen, Rivers, & Singh, 2005; Miller & Taylor, 2005), and early sexual activity also contribute to increased risk of suicide (Kandel et al., 1991; King et al., 2001; Reinherz et al., 1995).

Violence Toward Others and Suicidal Behavior

In addition to the aforementioned psychosocial risk factors, there is some evidence to support the association between violence toward others and suicidal behavior. Interviews with parents and relatives of children and adolescents who commit suicide, for example, indicate that almost 50% of these

youths met criteria for conduct disorder (Shaffer et al., 1996). Studies of adolescents with conduct disorder or a history of aggressive behavior have also found that these youth are at higher risk for suicidal behavior than those with other psychiatric diagnoses (Apter et al., 1995) and the general population (Cairns, Peterson, & Neckerman, 1988).

Two common manifestations of interpersonal violence in adolescents are physical fighting and weapon carrying (Pickett et al., 2005). Adolescents who engage in fighting and other violent behavior are at higher risk for attempting suicide (Evans, Marte, Betts, & Silliman, 2001; Swahn et al., 2008). Carrying a weapon has also been associated with planning suicide (DuRant, Krowchuk, Kreiter, Sinal, & Woods, 1999), particularly for boys (Borowsky, Ireland, & Resnick, 2001). The relationship between bullying and suicidal behavior is mixed, with some studies finding that students who bully others are at an increased risk for depression and suicidal ideation (Kaltiala-Heino, Rimpelä, Marttunen, Rimpelä, & Rantanen, 1999; Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007) and others not finding this association (Fekkes, Pijpers, & Verloove-Vanhorick, 2004; Kumpulainen & Räsänen, 2000). There is also some evidence of sex differences, with female bullies reporting increased rates of depression and suicidal behavior compared to male perpetrators (Klomek et al., 2007; Roland, 2002).

Victimization and Suicidal Behavior

When studying violence, it is important to consider not only individuals who are violent toward others, but also those who are the victims of violent acts. Many studies have found a positive relationship between being physically abused and making a suicide attempt (Christoffersen, Sothill, & Francis, 2007; McCloskey & Walker, 2000). In a longitudinal study, children who had been physically abused were more likely than children who had not been abused to have more significant impairments in functioning at ages 15 and 21, including depression and other psychiatric disorders, suicidal ideation, and suicide

attempts (Silverman, Reinherz, & Giaconia, 1996).

The aforementioned findings relate to victimization within the family, but the link between victims of violence in the community has also been investigated. When compared to students who have not been exposed to peer violence, students who were cut, stabbed, or shot displayed the highest risk for depression and suicide (Evans et al., 2001). Victims of violence in a dating relationship or in a same-sex peer relationship, moreover, displayed elevated rates of suicide attempts (Swahn et al., 2008). Being a victim or witness of violence, such as shootings, stabbings, or assaults, is also associated with suicidal ideation (Mazza & Reynolds, 1999) and attempts (Borowsky et al., 2001). In Mazza and Reynolds's study, the relationship between exposure to violence and suicidal ideation was mediated by post-traumatic stress disorder symptomatology.

Peer victimization in the form of being bullied has also been associated with depression and suicidal ideation in secondary students in Finland (Kaltiala-Heino et al., 1999) as well as in two studies conducted in New York (Cleary, 2000; Klomek et al., 2007). In addition, girls who are victims of bullying have significantly higher depressive symptoms and suicidal ideation than boys (Kaltiala-Heino et al., 1999; Klomek et al., 2007; Roland, 2002).

Present Study

Despite increasing attention to the issues of violence toward others, victimization, and suicidal behavior, further research is needed with large, nationally representative samples to investigate the relationship between various forms of violence perpetration, victimization, and suicidality, with particular attention to how these effects may differ for males and females. The purpose of this study was to examine the extent to which violent behavior and peer victimization were associated with suicidal ideation, plans, and attempts in a nationally representative sample of adolescents using the Youth Risk Behavior Survey 2005 (YRBS; Centers for Disease Control and Pre-

vention, 2006). The specific research question was as follows: After controlling for age and race/ethnicity, to what extent do violent behavior in the community and school (e.g., carrying a weapon, engaging in physical fights, engaging in physical fights at school) and peer victimization (e.g., being threatened, being stolen from, being afraid to go to school) predict suicidal ideation, plans for suicide, and suicide attempts for adolescent males and females?

This study was unique in that it (a) used the nationally representative sample of adolescents from the YRBS, which has provided some of the most valuable data about suicidal behavior in nonclinical samples (Berman, Jobes, & Silverman, 2006); (b) examined the influence of several violent behaviors and victimization in the school and community settings, as well as perceptions of school safety; (c) investigated effects on suicidal ideation, plans, and attempts; and (d) analyzed results for males and females separately.

Method

Sample and Instrument

The sample was obtained from the YRBS 2005, which used a three-stage, cluster sampling design to obtain a representative sample of high school students from 44 states. Seventy-eight percent of the schools sampled participated, and 86% of sampled students completed the survey (Centers for Disease Control, n.d.). A total of 13,917 high school students completed the survey. To enable a separate analysis of data for Black and Hispanic students, oversampling procedures were used (e.g., larger sampling rates for schools with high numbers of Black and Hispanic students; data collected from two classes per grade instead of one class per grade in schools with overrepresentation of Black and Hispanic students; Centers for Disease Control, 2006). Cases with missing data for any of the predictor variables used in the analyses were deleted, leaving a sample size of 11,113 (5,168 males and 5,945 females). The grade distribution of the final sample was as follows: 23.1% 9th-graders, 24.8% 10th-graders, 25.9% 11th-

graders, and 26.0% 12th-graders. The racial/ethnic distribution was as follows: 48.6% White; 22.4% Black or African American; 15.6% Hispanic or Latino; 8.8% Multiple ethnicities—Hispanic; 2.9% Multiple ethnicities—non-Hispanic; 1% Native American; 0.6% Native Hawaiian or other Pacific Islander.

The YRBS was created following the CDC's review of the leading causes of mortality in adolescents and young adults, yielding six categories: (a) behaviors that contribute to unintentional injuries and violence, (b) tobacco use, (c) alcohol and other drug use, (d) sexual behaviors that lead to sexually transmitted diseases, (e) unhealthy dietary behavior, and (f) physical inactivity (Centers for Disease Control, 2004). Specific items were created by panels of experts from all federal agencies responsible for improving or monitoring the prevalence of behaviors in each risk category. Laboratory and field testing of the questionnaire was conducted, and revisions were conducted regularly. The CDC has conducted two test-retest reliability studies, revealing that three-fourths of the items had substantial or higher reliability (kappa values 61% to 100%). The few items for which prevalence estimates differed were reworded or deleted (Centers for Disease Control, 2004).

Data Analytic Plan

The data analytic plan involved several steps. First, preliminary analyses were conducted to compare our sample (without missing data) to the sample that had missing data using χ^2 analyses. Descriptive statistics (frequencies) were then calculated for the predictor and criterion variables, all of which were categorical. Next, all predictor variables that had multiple categories (i.e., 0 times, 1 time, 2 or 3 times, 4 or 5 times, 6 or 7 times, 8 or 9 times, 10 or 11 times, 12 or more times) were dichotomized using the dummy codes of 1 (0 times) or 2 (1 or more times). This was done for several reasons. First, the focus of the study was on the occurrence of violence and victimization behaviors in the school and community, as opposed to the differential effects

of the frequency with which each of these incidents occurred. In addition, multiple instances of these behaviors occurred far less frequently than nonoccurrence versus occurrence. This was found during preliminary analyses, which indicated that the inclusion of cases with frequencies greater than one for the majority of the predictor variables (i.e., 2 or 3 times, 4 or 5 times, 6 or 7 times, 8 or 9 times, 10 or 11 times, 12 or more times) did not contribute unique variance to our statistical models. Therefore, dummies were used to ease interpretation without resulting in a significant loss of variance within the statistical models predicting the likelihood of suicidal ideation, plans, and attempts. After dichotomizing the variables, logistic regression analyses were conducted to examine whether there were gender differences (0 = male, 1 = female) in each of the predictor and criterion variables.

Because of the dichotomous nature of the criterion variables, three separate hierarchical logistic regression analyses (Hosmer & Lemeshow, 2000) were conducted separately for males and females to assess the extent to which the predictor variables related to the criterion variables of (a) suicidal ideation ("During the past 12 months, did you ever seriously consider attempting suicide?"); (b) suicide plans ("During the past 12 months, did you make a plan about how you would commit suicide?"); and (c) suicide attempts ("During the past 12 months, how many times did you actually attempt suicide?"). Similar to the procedure for the dummy coding of the predictor variables, the suicide attempt criterion variable was coded as 0 for "no" and 1 for "yes" to be consistent with the other criterion variables of ideation and plans. Age and race/ethnicity were entered first, followed by the aforementioned violence and victimization variables. Odds ratios (OR) were used to assess the ratio of the probability of the occurrence of the criterion variable based on the predictor variable. OR range from 0 to infinity, with 1 indicating no difference in the predictor variable on the criterion variable. Because of this asymmetry, the same odds, but in opposite

Table 1
Percentage of Number of Days Engaged in Violence or Feeling Unsafe in
Previous 30 Days by Gender

	0	1 Day	2-3 Days	4-5 Days	≥6 Days
Carried weapon					
Males	71.2	5.4	6.5	3.1	13.9
Females	92.6	2.2	2.0	0.7	2.5
Carried gun					
Males	89.8	3.0	3.2	0.9	3.1
Females	98.9	0.5	0.3	0.1	0.2
Carried weapon to school					
Males	90.5	2.8	2.0	0.8	3.9
Females	97.3	0.8	0.5	0.2	1.2
Felt unsafe at school					
Males	93.6	2.8	1.8	0.4	1.3
Females	92.8	3.9	2.2	0.4	0.8

directions, may appear different (Pedhazur, 1997).

Results

Preliminary Analyses

Results of the χ^2 analyses comparing the final sample to the sample with missing data revealed several differences between the groups. The sample with missing data was more likely to include males, $\chi^2(1) = 58.69$, $p < .001$, and students who identified as Black or African American, $\chi^2(7) = 244.70$, $p < .001$, than the sample used in this study. In addition, respondents with missing data were more likely to report engaging in high-risk behaviors on a frequent basis than respondents in our sample (e.g., carrying a gun, $\chi^2[4] = 51.85$, $p < .001$; getting in fight, $\chi^2[7] = 62.84$, $p < .001$; attempting suicide, $\chi^2[4] = 137.97$, $p < .001$).

Percentage of days engaged in the predictor and criterion variables in the previous 30 days or 12 months, respectively, are displayed for males and females in Tables 1 and 2. In addition, 21.8% of girls and 11.7% of males reported considering suicide, and 16.6% of girls and 9.7% of boys reported making a suicide plan in the previous 12 months. Several gender differences were found for the

frequency of both the predictor and criterion variables, with males being more likely than females to report the following: carrying a weapon, $\chi^2(1) = 990.75$, $p < .001$, OR = 5.48; carrying a gun, $\chi^2(1) = 449.56$, $p < .001$, OR = 11.50; being in a fight, $\chi^2(1) = 304.96$, $p < .001$, OR = 2.01; being injured in a fight, $\chi^2(1) = 32.20$, $p < .001$, OR = 1.58; carrying a weapon at school, $\chi^2(1) = 253.51$, $p < .001$, OR = 4.09; being threatened at school, $\chi^2(1) = 38.63$, $p < .001$, OR = 1.58; fighting at school, $\chi^2(1) = 178.27$, $p < .001$, OR = 2.16; and having property stolen or damaged at school, $\chi^2(1) = 12.91$, $p < .001$, OR = 1.16. Females were more likely than males to report feeling unsafe at school, $\chi^2(1) = 24.35$, $p < .001$, OR = 0.66. Females were also more likely than males to report considering suicide, $\chi^2(1) = 199.93$, $p < .001$, OR = 0.47; making a plan for how to attempt suicide, $\chi^2(1) = 127.35$, $p < .001$, OR = 0.52; and attempting suicide, $\chi^2(1) = 146.78$, $p < .001$, OR = 0.41.

Logistic Regression Results for Violence, Victimization, and Suicidal Behaviors in Males

The predictor variables distinguished between males who reported considering sui-

Table 2
Percentage of Number of Times Engaged in Violence or Been Victimized in Previous 12 Months by Gender

	0	1	2-3	4-5	6-7	8-9	10-11	≥12
Gotten in fight								
Males	56	17	14.9	4.6	2.0	1.3	0.7	3.6
Females	72.1	14.3	8.6	2.4	1.1	0.4	0.2	1
Injured in fight ^a								
Males	94.5	3.9	0.8	0.2	0.6			
Females	97.2	2.3	0.3	0.1	0.2			
Been threatened in school								
Males	90.2	3.8	2.8	0.9	0.5	0.2	0.2	1.5
Females	94	3.2	1.8	0.3	0.1	0	0.1	0.4
Gotten in fight at school								
Males	82.1	11	4.1	0.9	0.5	0.3	0.1	1
Females	90.8	6.6	2	0.3	0.1	0.1	0	0.2
Property stolen at school								
Males	68.3	15	10.6	2.8	1	0.5	0.3	1.4
Females	71.8	15.6	9	2	0.6	0.2	0.1	0.7
Attempted suicide ^a								
Males	93.7	3.3	1.6	0.4	0.9			
Females	88.5	6.1	3.6	0.8	0.9			

^aHighest response option is ≥6 times.

cide and those who had not, $\chi^2(21) = 300.14$, $p < .001$. The demographic variables of grade and race/ethnicity accounted for 2% of the variance in the likelihood of making a suicide attempt, as indicated by Nagelkerke $R^2 = .02$, which provides an effect size for logistic regression with a maximum value of 1 (Nagelkerke, 1991). Including the school and community violence and victimization variables added an additional 9% of variance to the model, Δ Nagelkerke $R^2 = .09$. Table 3 displays results for each predictor variable, including the OR, which is the exponent of the regression coefficient (B) used in logistic regression that can be interpreted as an effect size (Tabachnik & Fidell, 2007), ranging from 0 to infinity; 1 indicates no difference in the predictor variable on the criterion variable. Age did not contribute unique variance to the model, although race/ethnicity did. An examination of the contrasts indicated that Black or African American males were significantly less likely than White males to contemplate

suicide, $B = -0.67$, Wald $\chi^2(1) = 22.28$, $p < .001$, OR = 0.51. Carrying a weapon in the school or community, getting in a fight, getting injured in a fight, being threatened or injured at school, and having property stolen or damaged at school were all significant predictors of suicidal ideation.

The predictor variables, taken together, also significantly predicted whether a male reported making a suicide plan, $\chi^2(21) = 301.43$, $p < .001$, and accounted for approximately 13% of the variance in the model, Nagelkerke $R^2 = .13$. Age and race/ethnicity accounted for 3% of the variance, Nagelkerke $R^2 = .03$, and adding the school and community violence and victimization variables contributed an additional 10% of variance to the model, Δ Nagelkerke $R^2 = .10$. As shown in Table 3, age was not a significant predictor, but race/ethnicity was. Contrast analyses indicated that Black or African American males were less likely than White males to report making a suicide plan, $B = -0.61$, Wald

Table 3
Logistic Regression Results for Predictors of Suicidal Ideation, Plans,
and Attempts—Males

Variable	B	Wald χ^2	OR	95% CI for OR
Suicidal ideation				
Age		10.28		
Race/ethnicity		31.84***		
Carried weapon in past 30 days	0.53	19.59***	1.70	1.34–2.15
Carried gun in past 30 days	-0.20	1.76	0.82	0.61–1.10
Carried weapon to school in past 30 days	0.41	8.11**	1.51	1.14–2.00
Felt unsafe in school in past 12 months	0.25	1.74	1.29	0.89–1.87
Threatened or injured at school in past 12 months	0.55	15.71***	1.74	1.32–2.29
Property stolen or damaged at school in past 12 months	0.46	21.50***	1.58	1.30–1.91
Gotten in fight past 12 months	0.27	5.58*	1.31	1.05–1.64
Gotten injured in fight in past 12 months	0.66	14.31***	1.93	1.37–2.72
Gotten in fight in school in past 12 months	0.19	2.14	1.21	0.94–1.56
Suicide plan				
Age		9.38		
Race/ethnicity		33.10***		
Carried weapon in past 30 days	0.57	18.77***	1.77	1.37–2.29
Carried gun in past 30 days	-0.27	2.59	0.77	0.56–1.06
Carried weapon to school in past 30 days	0.47	9.32**	1.60	1.18–2.16
Felt unsafe in school in past 12 months	0.38	3.61	1.46	0.99–2.16
Threatened or injured at school in past 12 months	0.60	16.57***	1.83	1.37–2.44
Property stolen or damaged at school in past 12 months	0.44	16.27***	1.55	1.25–1.91
Gotten in fight past 12 months	0.21	2.65	1.23	0.96–1.58
Gotten injured in fight in past 12 months	0.70	14.92***	2.02	1.42–2.89
Gotten in fight in school in past 12 months	0.28	3.95*	1.32	1.00–1.74
Suicide attempt				
Age		6.98		
Race/ethnicity		9.87		
Carried weapon in past 30 days	0.60	11.08***	1.82	1.28–2.59
Carried gun in past 30 days	-0.11	0.32	0.89	0.60–1.32
Carried weapon to school in past 30 days	0.66	12.08***	1.94	1.33–2.81
Felt unsafe in school in past 12 months	0.38	2.45	1.46	0.91–2.34
Threatened or injured at school in past 12 months	0.77	17.66***	2.16	1.51–3.09
Property stolen or damaged at school in past 12 months	0.32	4.66*	1.37	1.03–1.83
Gotten in fight past 12 months	0.25	1.94	1.28	0.90–1.82
Gotten injured in fight in past 12 months	0.86	16.74***	2.37	1.57–3.58
Gotten in fight in school in past 12 months	0.37	4.29*	1.45	1.02–2.06

Note. OR = odds ratio; CI = confidence interval. Degrees of freedom = 6 for age and race/ethnicity. Degrees of freedom for all other variables = 1.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

$\chi^2(1) = 15.26, p < .001, OR = 0.54$, and Multiracial—non-Hispanic males were more likely than White males to make a suicide

plan, $B = 0.74, Wald \chi^2(1) = 9.37, p < .01, OR = 2.10$. Carrying a weapon in the school or the community, getting injured in a fight,

being threatened or injured at school, and having property stolen or damaged at school were all significant predictors of suicide plans for males.

Similar to the models for suicidal ideation and plans, the full model significantly distinguished between males who reported attempting suicide and those who did not, $\chi^2(21) = 258.19, p < .001$, and accounted for approximately 15% of the variance in the model, Nagelkerke $R^2 = .15$. Age and race/ethnicity accounted for 2% of the variance, Nagelkerke $R^2 = .02$, and adding the school and community violence and victimization variables contributed an additional 13% of variance to the model, Δ Nagelkerke $R^2 = .13$. As shown in Table 3, neither age nor race was a significant unique predictor in the model. Carrying a weapon in the community or school, being threatened or injured at school, getting in a fight at school, or getting injured in a fight were all significant predictors of males' reported suicide attempts.

Logistic Regression Results for Violence, Victimization, and Suicidal Behaviors in Females

The predictor variables also distinguished between females who reported thinking about suicide and those who had not, $\chi^2(21) = 392.18, p < .001$, accounting for approximately 10% of the variance in the model, Nagelkerke $R^2 = .10$. The demographic variables of grade and race/ethnicity accounted for 2% of the variance in the likelihood of making a suicide attempt, as indicated by Nagelkerke $R^2 = .02$. Adding the school and community violence and victimization variables contributed an additional 8% of variance to the model, Δ Nagelkerke $R^2 = .08$. As shown in Table 4, age was not a significant unique predictor of suicidal ideation, but race/ethnicity was. Contrast analyses indicated that Black or African American females were less likely than White females to report considering suicide, $B = -0.45$, Wald $\chi^2(1) = 24.63, p < .001$, OR = 0.64. In addition, both Native American/Alaskan Native, $B = 0.66$, Wald $\chi^2(1) = 4.28, p < .05$, OR = 1.93, and Mul-

tiracial—non-Hispanic females, $B = 0.49$, Wald $\chi^2(1) = 7.95, p < .01$, OR = 1.63, were more likely than White females to consider suicide. As shown in Table 4, feeling unsafe at school, being threatened or injured at school, having property stolen or damaged at school, or getting in a fight each added unique significant variance to the model.

Similarly, the predictor variables significantly predicted whether a female reported making a suicide plan, $\chi^2(21) = 361.31, p < .001$, and accounted for approximately 10% of the variance in the model, Nagelkerke $R^2 = .10$. Age and race/ethnicity accounted for 2% of the variance, Nagelkerke $R^2 = .02$, and adding the school and community violence and victimization variables contributed an additional 8% of variance to the model, Δ Nagelkerke $R^2 = .08$. As shown in Table 4, age was not a significant predictor, but race/ethnicity was. Contrast analyses indicated that Black or African American females were less likely than White females to report making a suicide plan, $B = -0.32$, Wald $\chi^2(1) = 9.98, p < .01$, OR = 0.73. Similar to findings for suicidal ideation, both Native Americans/Alaskan Native, $B = 0.95$, Wald $\chi^2(1) = 5.87, p < .05$, OR = 2.59, and Multiracial—non-Hispanic females, $B = 0.56$, Wald $\chi^2(1) = 9.05, p < .01$, OR = 1.75, were more likely than White females to make a suicide plan. In addition, carrying a weapon, being in a fight, being threatened or injured in school, or having property stolen or damaged at school all increased the likelihood of a female reporting making a suicide plan (see Table 4).

As with the other models, the predictor variables also significantly predicted whether a female reported making a suicide attempt, $\chi^2(21) = 398.58, p < .001$, accounting for approximately 13% of the variance in the model, Nagelkerke $R^2 = .13$. Age and race/ethnicity accounted for 2% of the variance, Nagelkerke $R^2 = .02$, and adding the school and community violence and victimization variables contributed an additional 11% of variance to the model, Δ Nagelkerke $R^2 = .11$. Age was not a significant predictor, but race/ethnicity was, with contrast analyses indicating that Black or African American females

Table 4
Logistic Regression Results for Predictors of Suicidal Ideation, Plans,
and Attempts—Females

Variable	<i>B</i>	Wald χ^2	OR	95% CI for OR
Suicidal ideation				
Age		7.98		
Race/ethnicity		54.73***		
Carried weapon in past 30 days	0.48	10.87***	1.62	1.22–2.15
Carried gun in past 30 days	–0.02	0.01	0.98	0.53–1.82
Carried weapon to school in past 30 days	0.05	.04	1.05	0.68–1.62
Felt unsafe in school in past 12 months	0.31	6.23*	1.34	1.07–1.73
Threatened or injured at school in past 12 months	0.52	16.61***	1.69	1.31–2.17
Property stolen or damaged at school in past 12 months	0.43	34.81***	1.53	1.33–1.76
Gotten in fight past 12 months	0.77	89.67***	2.16	1.84–2.54
Gotten injured in fight in past 12 months	0.28	2.26	1.32	0.92–1.89
Gotten in fight in school in past 12 months	0.05	0.21	1.06	0.84–1.33
Suicide plan				
Age		10.29		
Race/ethnicity		26.22***		
Carried weapon in past 30 days	0.50	10.60***	1.65	1.22–2.23
Carried gun in past 30 days	0.02	0.002	1.02	0.54–1.92
Carried weapon to school in past 30 days	0.35	2.45	1.42	0.92–2.22
Felt unsafe in school in past 12 months	0.34	6.70*	1.40	1.09–1.81
Threatened or injured at school in past 12 months	0.66	25.07***	1.94	1.50–2.51
Property stolen or damaged at school in past 12 months	0.36	20.00***	1.44	1.23–1.68
Gotten in fight past 12 months	0.72	64.61***	2.05	1.72–2.44
Gotten injured in fight in past 12 months	0.28	2.19	1.33	0.91–1.92
Gotten in fight in school in past 12 months	0.09	0.47	1.09	0.85–1.39
Suicide attempt				
Age		9.43		
Race/ethnicity		46.16***		
Carried weapon in past 30 days	0.70	17.51***	2.00	1.45–2.78
Carried gun in past 30 days	–0.22	0.37	0.81	0.40–1.61
Carried weapon to school in past 30 days	0.27	1.24	1.31	0.82–2.09
Felt unsafe in school in past 12 months	0.54	14.61***	1.71	1.30–2.25
Threatened or injured at school in past 12 months	0.61	17.52***	1.84	1.38–2.45
Property stolen or damaged at school in past 12 months	0.42	20.51***	1.52	1.27–1.82
Gotten in fight past 12 months	0.79	56.88***	2.20	1.79–2.70
Gotten injured in fight in past 12 months	0.42	4.35*	1.52	1.03–2.25
Gotten in fight in school in past 12 months	0.21	2.36	1.23	0.94–1.61

Note. OR = odds ratio; CI = confidence interval.

* $p < .01$.

*** $p < .001$.

were less likely than White females to report making a suicide attempt, $B = -0.28$, Wald $\chi^2(1) = 5.43$, $p < .05$, OR = 0.75. In addition, Hispanic or Latina, $B = 0.48$, Wald $\chi^2(1) = 16.99$, $p < .001$, OR = 1.62, and

Multiracial-Hispanic females, $B = 0.49$, Wald $\chi^2(1) = 11.96$, $p < .001$, OR = 1.64, were more likely than White females to report making a suicide attempt. Carrying a weapon in the community or school, being threatened or

injured at school, having property stolen or damaged at school, getting in a fight at school, or getting injured in a fight were all significant predictors of females' reported suicide attempts.

Discussion

Findings suggest that certain violent behavior and peer victimization variables were uniquely related to suicidal behavior in a nationally representative sample of high school students, although there were some differences in these effects by gender. The odds of being in a fight were twice as large for boys than for girls. For carrying a weapon at school, the odds for boys were four times as large as the odds for girls. This is consistent with past research (Pickett et al., 2005), as was the finding that girls were more likely than boys to report feeling unsafe at school (DeVoe et al., 2004). In addition, the odds of girls reporting suicidal ideation, plans, and attempts were about twice as large as the odds for boys, as past research has found (Borowsky et al., 2001). That one out of five girls reported considering suicide in the 12 months prior to the survey is of concern and should bring this issue to the forefront of public concern. This is not to say that boys' risk should be ignored, as it is possible that the expectation for boys to avoid signs of perceived weakness may have led them to underreport suicidal behavior.

Consistent predictors of suicidal ideation, plans, and attempts for males included carrying a weapon in the community or school, being threatened or injured at school, having property stolen or damaged at school, getting in a fight at school, or getting injured in a fight. An examination of beta weights and ORs indicated that the effects of carrying a weapon to school in the past 30 days, being threatened or injured at school, and being injured in a fight were most pronounced in predicting suicide attempts, as opposed to ideation or plans. These findings are consistent with those indicating that adolescents who engage in fighting and other violent behavior are at higher risk for attempting suicide (Evans et al., 2001; Swahn et al., 2008). Interestingly,

carrying a weapon (e.g., knife or club) was related to suicidal behavior, but carrying a gun was not, as was found in DuRant et al. (1999). Indeed, gun carrying has been associated with serious delinquency, a social network of violence, and criminal activity (Page & Hammermeister, 1997; Webster, Gainer, & Champion, 1993), whereas carrying a knife appears to be a defensive act related to a previous history of victimization or perceived threats against one's safety (DuRant et al., 1999; Webster et al., 1993). It is possible that our findings of increased risk for suicide in male adolescents relative to the type of weapon carried may reflect the distinction between boys who may be suffering from perceived threats to safety versus those for whom aggression serves a more proactive function.

Similar to findings for boys, carrying a weapon, being threatened or injured at school, having property stolen or damaged, and getting in fights were predictive of suicidal ideation, plans, and attempts for girls. Carrying a weapon and getting in fights in the community, but not in the school, were significantly associated with suicidal behavior for girls. The Borowsky et al. (2001) findings from the 1995 YBRS also revealed that weapon carrying in schools predicted attempted suicides for boys, but not for girls. Results indicated that girls were 2 to 3 times more likely to get in fights and carry a weapon in the community than in school, which may contribute to the differences in effects on suicidal behavior. Violent behavior in the community may also be suggestive of other stressors in the adolescent's life, such as living in poverty, being in a gang, and/or having a caregiver who does not closely monitor behavior. Indeed, poverty, population turnover, and crime in the surrounding neighborhood are among the strongest predictors of school violence (Laub & Lauritsen, 1998).

Feeling unsafe in school was predictive of suicidality for girls, but not for boys. Studies have found that although girls report similar or even lower rates of exposure to violence than do boys, female adolescents exhibit elevated rates of psychopathology and mood disturbances such as depression, anxiety, and

post-traumatic stress disorder compared to their male peers (Foster, Kuperminc, & Price, 2004; Wilson, Rosenthal, & Battle, 2007). It may be that female adolescents are at greater risk for some forms of suicidal behavior (e.g., suicidal ideation, suicide attempts) at least in part because they report exposure to a higher number of collective risk factors beyond exposure to violence itself (Lewinsohn, Rohde, & Seeley, 1993). They also may be more susceptible to perceiving themselves as vulnerable and developing internalizing disorders from their exposure to violence and other risk factors (Hagan & Foster, 2001; Lewinsohn et al., 1993).

Although the violence and victimization predictor variables in this study contributed significantly to adolescents' reports of their suicidal ideation, plans, and attempts, the proportion of variance explained was relatively small (between 11% and 15% for boys and between 10% and 13% for girls). This suggests that there are other variables not included in the model that predict these outcomes. Other variables identified by past research as predicting suicidal behavior include previous suicide attempts (Borges et al., 2008), acute symptoms of depression and other psychiatric disorders (Kelly et al., 2001; King et al., 2001), poor parental monitoring and familial psychiatric history (Kandel et al., 1991; King et al., 2001; Reinherz et al., 1995), and risk-taking behaviors (Bae et al., 2005; King et al., 2001; Miller & Taylor, 2005; Reinherz et al., 1995). More comprehensive models that include these variables should be tested to enhance our understanding of these phenomena.

There were also some differences in suicidal behavior between racial/ethnic groups in the sample. Consistent with past research (Goldston et al., 2008; Morrison & Downey, 2000), African Americans were less likely than Whites to report suicidal ideation. African Americans tend to report more reasons to live, such as moral objections to suicide, and more survival and coping beliefs (Morrison & Downey, 2000). Native American/Alaskan Native females were more likely than White females to report suicidal ideation and plans.

Suicidal behavior is one of many risk behaviors of concern for this population (Goldston et al., 2008), for which prevention programs operating from a public health perspective to target multiple areas of concern have promise (May, Serna, Hurt, & DeBruyn, 2005). Hispanic/Latina females were also more likely than White females to make a suicide attempt.

This recognized phenomenon has been hypothesized to be from acculturative stress, rising in part from the discrepancy between the traditional primacy of family in the Hispanic culture and the emphasis on adolescent autonomy in mainstream American culture (Zayas, Lester, Cabassa, & Fortuna, 2005). Alternatively, it is possible that what the medical community refers to as suicide attempts are not interpreted as such by Latina teens, who have been shown to engage in impulsive behaviors (e.g., overdosing on pills) that are not intended to be lethal but rather to escape from stressful family conflict (Zayas et al., 2005). Finally, students indicating they were Multiracial were more likely than Whites to make suicide plans and attempts. Because of the heterogeneity in what comprises this term, it is difficult to interpret these findings in the context of existing research.

Implications for Practice

There are several implications of these findings for practice. First, the relatively high percentage of students reporting suicidal ideation, plans, and attempts underscores the need for school psychologists and other school-based mental health practitioners to take leading roles in suicide prevention and education. More comprehensive information about school-based prevention programs is available in Miller, Eckert, and Mazza (2009) and Zenere and Lazarus (2009) in this issue.

Second, the relationship between violence and suicidal ideation, plans, and attempts suggests that when a child or adolescent presents with either violence toward others or suicidal thoughts, it is prudent for the practitioner in either a school or community setting to conduct both a threat assessment *and* a suicide risk assessment. Despite the in-

creased attention given to assessing threats of violence (Fein et al., 2002), the focus is often on the threat that individual poses to others as opposed to himself or herself. Schools and our larger society tend to respond to violence toward others in a largely reactive and punitive manner (Browne et al., 2005). Results from this study suggest that it may be more prudent for threats of violence toward others to lead to a comprehensive assessment of the student's threat to self and others, as well as an intervention plan. In addition, identifying victims of violence continues to represent a critical need, as it is possible that early identification and intervention may prevent later problems. In addition, youth in confined and community juvenile justice settings who are likely to have histories of violence should be screened for mental health problems in general and suicide risk in particular, to link them with needed services (Wasserman & McReynolds, 2006).

Findings from the current study also highlight the importance of the gender differences in possible suicide indicators. For instance, our results suggest that boys who carry weapons and engage in physical fights in school and community settings are at increased risk for suicidal behaviors. In fact, these behaviors may be possible indicators of a suicide attempt. These behaviors are also of concern for girls, but not necessarily in the school context. The school must be particularly concerned, however, about possible suicidal behaviors for girls who are threatened, injured, stolen from, and/or who perceive school as an unsafe environment. Therefore, it is important to educate teachers and parents about the particular risk factors as they appear in boys and girls. For more information on gender differences and youth suicidal behavior, see Miller and Eckert (2009) in this issue.

Limitations and Future Research Directions

The primary limitations of the study include the lack of representativeness of the sample, the reliance on self-report, and the cross-sectional nature of the data. Analyses of the respondents with missing data compared to

those in our sample revealed that the students who did not complete all items in the survey were more likely to be males and students identifying themselves as Black or African American. In addition, the YRBS only includes students enrolled in school, so youths who have dropped out are not represented in this study. A related issue is the self-report nature of the data, which may bias students towards reporting socially desirable responses. Indeed, the analyses comparing our sample to those with missing data revealed that those with missing data were more likely to engage in the frequent high-risk behaviors of interest in this study. This is problematic in that individuals perhaps of most interest in this study were excluded. In addition, no conclusions about causality can be made. Because of the correlational nature of the data, it is unclear whether the victimization and violence toward others causes suicidality or vice versa, or whether they are part of a larger general construct, such as high-risk behavior. This issue has been raised by others (see e.g., Lubell & Vetter, 2006), highlighting the need for longitudinal studies to examine the temporal sequence of violent victimization, violence toward others, and suicidality. Future research should also assess the extent to which the severity or degree of exposure to violence and victimization mediates varying degrees and types of suicidal behaviors.

Conclusion

Results of this study are aligned with recommendations from the medical and public health fields, which recognize the importance of coordinating violence prevention efforts with suicide prevention (Lubell & Vetter, 2006) and training health professionals to understand the cyclical nature of violence, whereby victims can also be perpetrators of violence toward others and themselves (Knox & Spivak, 2005). Findings also have implications for preventive efforts. Several protective factors have emerged for both suicidal and violent behavior, such as problem-solving and coping skills (Lubell & Vetter, 2006), availability of parent support (Overstreet, Demp-

sey, Graham, & Moely, 1999), and connectedness to parents (Borowsky et al., 2001; Lubell & Vetter, 2006). Comprehensive programs such as Promoting Alternative Thinking Strategies (Conduct Problems Prevention Research Group, 1999) should be implemented in schools in an effort to prevent the development of violence toward self and others.

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