THE IMPACT OF SUICIDE AND SUICIDE ATTEMPTS ON WOMEN AND GIRLS IN LOS ANGELES COUNTY

Sept 2021

Deaths from suicide are only one piece of the true impact of suicide.

In Los Angeles County, males die by suicide more often than females, but females are consistently treated more often for suicide attempts and depression. Contributing factors for suicide disproportionately impact women and girls, including higher rates of violence (intimate partner violence, sexual violence, child sexual abuse and human trafficking), poverty, and limited employment opportunities.

These ripple effects are felt throughout Los Angeles County.

- Suicide is an important public health issue and a leading cause of premature death.
- Suicide is a complex problem, often with multiple contributing factors.
- Talking about suicide does NOT put the idea into someone's head.
- Speaking and sharing openly about suicide reduces stigma and increases awareness.
- If someone you know is thinking of suicide, it is critical to provide supportive, non-judgmental listening; express concern; provide reassurance; and connect them to professional help.
- Seek out a trusted parent, friend, hotline or professional if you are feeling suicidal or thinking about suicide.

Between 2010 and 2019

1,751

female residents of Los Angeles County died by suicide.

Although females are less likely to die by suicide compared to males, they consistently comprise most suicide attempts treated in hospitals and emergency departments.

SUICIDE IS PREVENTABLE

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK(8255)

Non-Suicidal and Suicidal Self-Directed Violence

consists of a spectrum of thoughts and behaviors, providing multiple opportunities for identifying that someone is suffering and opportunity to provide support and connection to professional support.

Thoughts

Suicidal desire – a wish to be dead, to fall asleep and not wake up, etc.

Suicidal Ideation

- No Plan - non-specific thoughts about wanting to end life, life not worth living, etc.
- Method identified – no specific plan, no intent, but have identified means (poisoning, etc.).
- Method and some intent – identified means and considered action but have no plan.
- Method, intent and plan – identified means, and have some details of a plan to carry it out.

*Adapted from the Columbia-Suicide Severity Rating Scale www.csssrs.columbia.edu

Behaviors

Non-suicidal self-directed violence – behavior deliberately resulting in or having the potential to result in injury to oneself with no evidence of explicit suicidal intent.

Suicidal self-directed violence includes:

- non-fatal suicide attempts.
- interrupted or aborted suicide attempts.
- preparatory acts such as acquiring means, giving away possessions, etc.
- talking about wanting to die, suicide, etc.

Preventing Suicide: Follow the Data

Monitoring patterns of suicides, suicide attempts and suicidal ideation among communities is a fundamental aspect of public health. Comprehensive suicide prevention plans are data driven to identify, quantify, address and evaluate risk and supportive factors at the population level. Public messaging around suicide, stigma reduction and help-seeking behaviors like calling a hotline or educating providers and the public about the signs for suicide risk are also essential components of this overall picture. Finally, it is fundamental to regularly share and disseminate this information clearly to all stakeholders, consumers and the public.

In Los Angeles County, the suicide death rate remained relatively stable among females between 2010 and 2019, ranging from 2.9 per 100,000 (2016) to 3.8 per 100,000 (2017), each year (Figure 1).

Suicide rates among women were highest among White women, who had a suicide rate two times higher than Black women and three times higher than Hispanic women (Figure 2). Over half of the female suicides in Los Angeles County were among women 45 years and older.

Among female suicides from 2015-2019, 43% involved hanging/suffocation, 26% involved poisoning and 13% involved firearms (Figure 3a). Among females, there were three times as many suicide deaths that involved hanging/suffocation than suicide deaths that involved firearms. Among males, the numbers of suicide deaths that involved suffocation/hanging were similar to those by firearms (Figure 3b).

Figure 1. Suicide Rates per 100,000 by Gender and Year

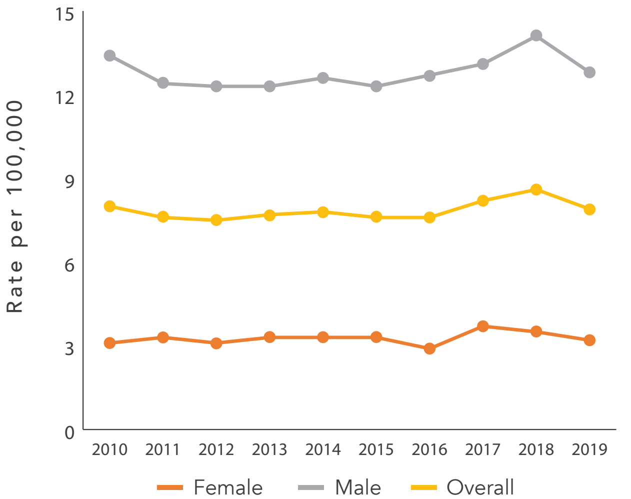


Figure 2. Female Suicide Rates per 100,000 by Race/Ethnicity, 2015-2019

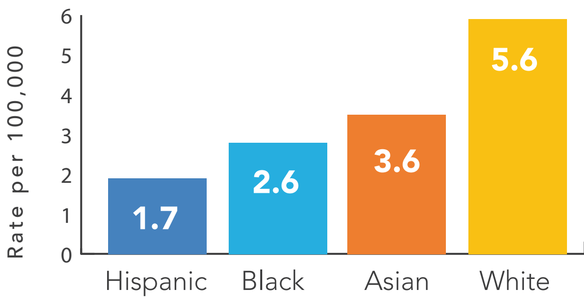


**Figure does not include racial ethnic groups with very small number of deaths

Figure 3a. Suicide Mechanism for Females, 2015-2019

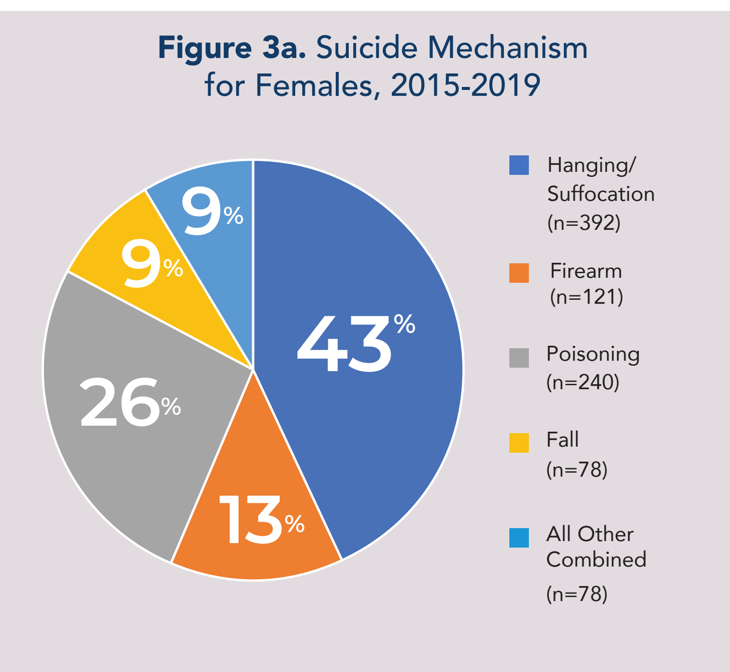
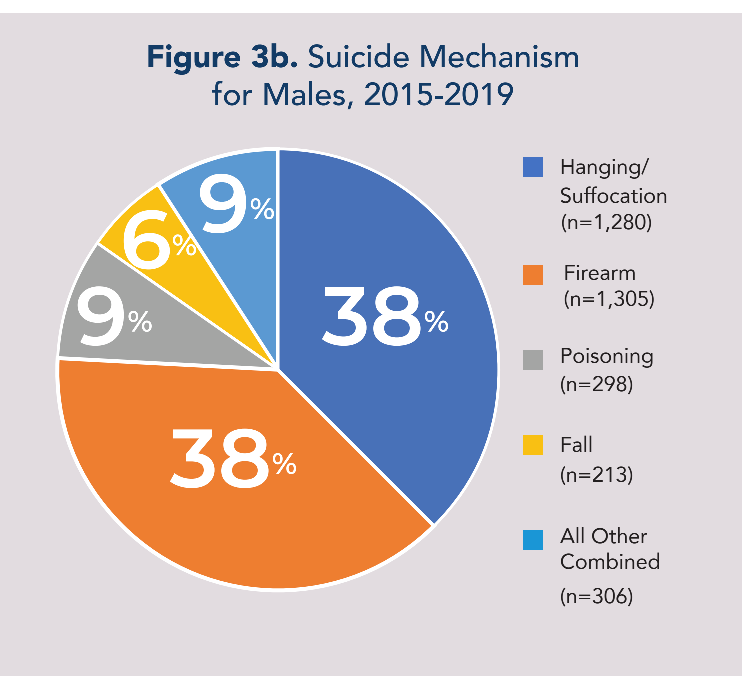


Figure 3b. Suicide Mechanism for Males, 2015-2019



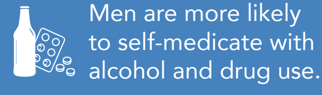
Gender Differences

As depicted in Figure 1, males die by suicide more often than females in Los Angeles County, roughly at a ratio of 4:1. However, more non-fatal suicide attempts treated in emergency departments and that require hospitalization are among females (Figure 4). Several possible explanations have been noted for this difference including:

Females are more likely to be diagnosed and receive treatment for depression.

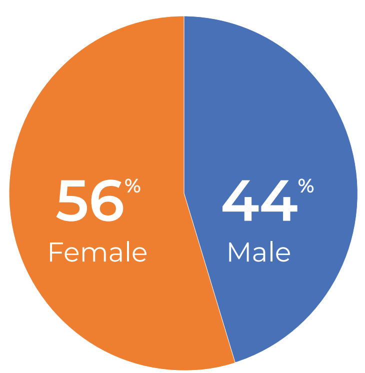
Men are less likely to seek professional help and/or disclose emotional distress to primary care doctors.

Females often have stronger social support systems. Gender stereotypes and social norms (generally) allow more space for females to express emotional distress, pain and suffering and also to ask for help.



Men are more likely to self-medicate with alcohol and drug use.

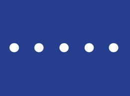
Figure 4. Gender of Medically Treated Suicide Attempts, 2016-2018



Data on age and type of weapon

Half of females requiring medical treatment for suicide attempts are under the age of 25. Among girls and young women under the age of 25, one out of four suicides and 3 out of five suicide attempts are from poisoning such as prescription and/or over the counter medication. Among women 45 and older, poisonings accounted for 31% of suicide deaths and 81% of suicide attempts.

In general, males more often use highly lethal means such as firearms compared to females who often use prescription and/or over the counter medications. (However, there may be exceptions to this trend among groups such as female veterans/military personnel.)



Only a small number of non-fatal firearm and hanging/suffocation suicide attempts are seen because these methods are highly lethal.

Figure 5a. Type of Mechanism Involved in Female Suicides by Age Group, 2015-2019

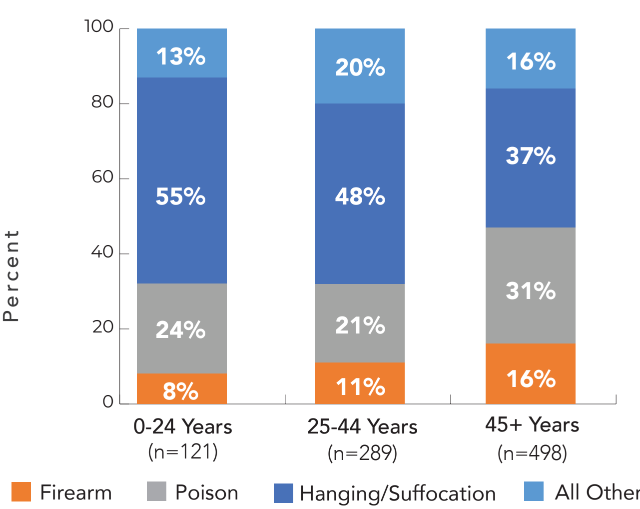
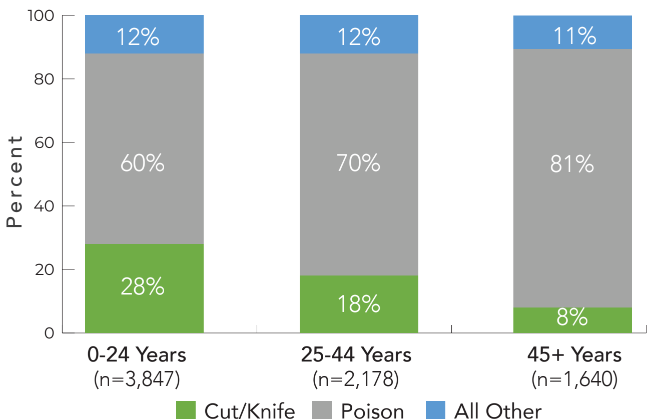


Figure 5b. Type of Mechanism Involved in Medically Treated Suicide Attempts by Age Group, Females (2016-2018)

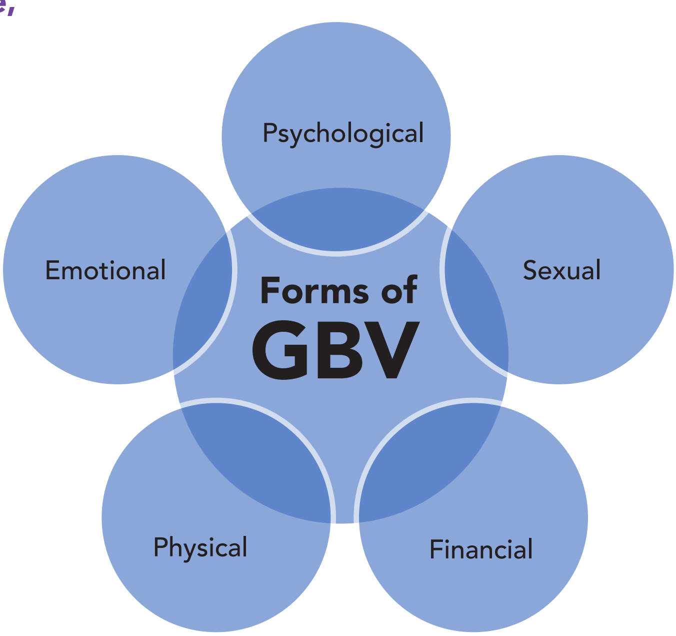


All data on suicide deaths (Page 1, 3, and 4) are from California Department of Public Health, provided by Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. All data on medically treated suicide attempts (Page 4) are from the Office of Statewide Health Planning and Development and includes both inpatient hospitalizations and visits to the emergency department in which the patient was treated and released.

Suicide is Related to other Forms of Violence

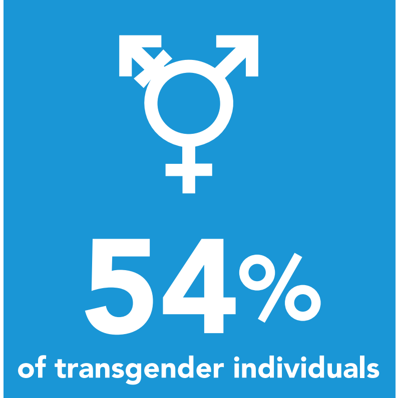
Studies have shown that individuals who experience, witness or cause violence may also be at increased risk of mental health issues including suicide. Specifically, experiencing and witnessing gender based violence (GBV) including intimate partner violence, family violence, sexual violence, child sexual abuse and human trafficking have been linked to increased experience of mental health issues such as:

- Risk of suicide
- Mood and anxiety disorders
- Post-traumatic stress disorder (PTSD)
- Substance use disorders



The Centers for Disease Control and Prevention (CDC) estimate that nearly 1 in 4 women in the U.S. are impacted by intimate partner violence.

Impacts include being fearful/concerned for safety, missing work/school, and needing medical care, help from law enforcement, and housing or victim advocate services.



54% of transgender individuals

44% of lesbians

26% of gay individuals

in the U.S. report having experienced physical violence, rape or stalking by an intimate partner. Exposure to violence, abuse and trauma (e.g, intimate partner violence, sexual assault and human trafficking), lack of family support, societal stigmas, discrimination and poor community resources are documented risk factors for suicide.

Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Everyone plays a role in suicide prevention

A Comprehensive Approach to Suicide Prevention

- Prioritize protective factors including strengthening connections to others and building positive relationships.
- Prevent and reduce all forms of violence and abuse and address the systemic factors that contribute to disproportionate risk of violence exposure in socioeconomically disadvantaged communities and racial/ethnic minority communities.
- Build and enhance emotional well-being at the societal, community, family and individual levels.
- Reduce stigma around suicide and mental illness.
- Encourage help seeking behavior for individuals experiencing life stressors including grief, relationship conflicts, substance use and trauma and address racial/ethnic and socioeconomic inequities in access to needed mental health services.
- Increase recognition of peers, coworkers and family members who might be struggling and build capacity within communities and workplaces to offer support through trainings such as Mental Health First Aid.
- Incorporate mental health into overall physical health and wellbeing education, discussions, policies, practices and system responses, including in school systems.
- Create trauma informed systems of care (education, physical, mental and behavioral health) and ensure equitable access to trauma informed systems.

KNOW THE SIGNS

Most people thinking about suicide show some signs.

- Sudden changes in mood.
- Increased alcohol or drug use.
- Increased irritability or agitation.
- Becoming more isolated or withdrawn.
- Talking or writing about suicide or wanting to die.
- Feeling hopeless, no sense of purpose.
- Feeling like a burden to others.
- Giving away possessions.
- Putting their affairs in order.
- Seeking/acquiring means for self-harm (medications, gun, etc.).

START A CONVERSATION

- If you think someone might be suicidal, ask them directly if they are thinking of harming themselves.
- If you are feeling suicidal, ask a trusted person for help.
- Express your concern.
- Avoid judgment.
- Listen.
- Create a safety plan.
- Reassure the person that you hear them and want to help.
- Validate their feelings do not dismiss them.

GET HELP

- **National Suicide Prevention Lifeline** 1-800-273-TALK
- **Crisis Text Line** – text HOME to 741741
- **Teen Line** 800-TLC-TEEN or text TEEN to 839863
- **DMH 24/7 HOTLINE** 800-854-7771
  - **Emotional Support Warm Line** available 9 a.m. - 9 p.m. (option 2)
  - **Veteran Mental Health Support** available 9 a.m. - 9 p.m. (option 3)
- **National Alliance on Mental Illness (NAMI)** 1-800-950-6264
- For immediate safety concerns go to your closest emergency room, psychiatric hospital or dial 911

GET INVOLVED

Los Angeles Suicide Prevention Network (LASPN)

http://lasuicidepreventionnetwork.org/about-laspn/

@LAC_SPN

Email Us at:

info@LASuicidePreventionNetwork.org

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK(8255)

LA County Domestic Violence Hotline

(800) 973-3600 (24/7 Confidential)
http://publichealth.lacounty.gov/dvcouncil

Domestic Violence Shelter 24-Hour Hotlines

http://publichealth.lacounty.gov/owh/OWHContracts/Contact%20Lists/DVShelter-24hrHotlines.pdf

National Domestic Violence Hotline

(800) 799-7233
(800) 787-3224 TTY or text **LOVE IS** to 22522

National Deaf Violence Hotline

1-855-812-1001
Video phone for deaf callers only, 24/7 confidential

LA County Department of Children & Family Services

(800) 540-4000 Toll-Free within CA
(213) 639-4500 Outside of CA

LA County Elder Abuse Reporting Hotline

(877) 477-3646

Los Angeles LGBT Center

(323) 993-7400

LGBT Center Long Beach

(562) 433-8595

National Sexual Assault Hotline

1(800) 656-4673

Coalition to Abolish Slavery and Trafficking (CAST)

1 (888) KEY-2-FREE
1 (888) 539-2373 24/7 Hotline and Tip line

TDD (Hearing Impaired)

(800) 272-6699

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1-800-273-TALK(8255)

Office of Women's Health

Nicolle Perras, MA, MPH, LMFT
Health Program Analyst

Susie Baldwin, MD, MPH, FACPM
Medical Director

Ellen Eidem, MS
Director

Office of Violence Prevention

Andrea Welsing, MPH
Director

Nana Sarkodee-Adoo, MPH, MSW, CHES
Research and Evaluation Coordinator

Isabelle Sternfeld, MSPH
Supervising Epidemiologist

Jessica Phung
Graphic Designer

Health Promotion Bureau

Deborah Allen, ScD
Deputy Director

Los Angeles County Department of Public Health

Barbara Ferrer, PhD, MPH, MEd
Director

Muntu Davis, MD, MPH
Los Angeles County Health Officer

Paul Simon, MD, MPH
Chief Science Officer

Rashmi Shetgiri, MD, MSHS, MSCS
Director, Office of Health Assessment and Epidemiology

Amy Lightstone MPH, MA
Chief Epidemiologist, Office of Health Assessment and Epidemiology

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