



Risk Factors for Suicide and Suicidal Behaviors I.

Chronic Risk Factors (If present, these increase risk over one's lifetime.)

A. Perpetuating Risk Factors – permanent and non-modifiable

- Demographics: White, American Indian, Male, Older Age (review current rates¹), Separation or Divorce, Early Widowhood
- History of Suicide Attempts – especially if repeated
- Prior Suicide Ideation
- History of Self-Harm Behavior
- History of Suicide or Suicidal Behavior in Family
- Parental History of:
 - Violence
 - Substance Abuse (Drugs or Alcohol)
 - Hospitalization for Major Psychiatric Disorder
 - Divorce
- History of Trauma or Abuse (Physical or Sexual)
- History of Psychiatric Hospitalization
- History of Frequent Mobility
- History of Violent Behaviors
- History of Impulsive/Reckless Behaviors

Predisposing and Potentially Modifiable Risk Factors

- Major Axis I Psychiatric Disorder, especially:
 - Mood Disorder
 - Anxiety Disorder
 - Schizophrenia
 - Substance Use Disorder (Alcohol Abuse or Drug Abuse/Dependence)
 - Eating Disorders
 - Body Dysmorphic Disorder
 - Conduct Disorder

¹ Available from <http://webapp.cdc.gov/sasweb/ncipc/mortrate.html>

- Axis II Personality Disorder, especially Cluster B
- Axis III Medical Disorder, especially if involves functional impairment and/or chronic pain)
- Traumatic Brain Injury
- Co-morbidity of Axis I Disorders (especially depression and alcohol misuse), of Axis I and Axis II (especially if Axis II Disorder is Antisocial PD or Borderline PD), of Axis I and Axis III Disorders
- Low Self-esteem/High Self-hate
- Tolerant/Accepting Attitude Toward Suicide
- Exposure to Another's Death by Suicide
- Lack of Self or Familial Acceptance of Sexual Orientation
- Smoking
- Perfectionism (especially in context of depression)

Risk Factors for Suicide and Suicidal Behaviors II

Contributory Risk Factors

- Firearm Ownership or Easy Accessibility
- Acute or Enduring Unemployment
- Stress (job, marriage, school, relationship...)

Acute Risk Factors (If present, these increase risk in the near-term)

- Demographics: Recently Divorced or Separated with Feelings of Victimization or Rage
- Suicide Ideation (threatened, communicated, planned, or prepared for)
- Current Self-harm Behavior
- Recent Suicide Attempt
- Excessive or Increased Use of Substances (alcohol or drugs)
- Psychological Pain (acute distress in response to loss, defeat, rejection, etc.)
- Recent Discharge from Psychiatric Hospitalization
- Anger, Rage, Seeking Revenge
- Aggressive Behavior
- Withdrawal from Usual Activities, Supports, Interests, School or Work; Isolation (e.g. lives alone)
- Anhedonia
- Anxiety, Panic
- Agitation
 - Insomnia

- Persistent Nightmares
- Suspiciousness, Paranoia (ideas of persecution or reference)
- Severe Feelings of Confusion or Disorganization
- Command Hallucinations Urging Suicide
- Intense Affect States (e.g. desperation, intolerable aloneness, self-hate...)
- Dramatic Mood Changes
- Hopelessness, Poor Problem-solving, Cognitive Constriction (thinking in black and white terms, not able to see gray areas, alternatives...), Rumination, Few Reasons for Living, Inability to Imagine Possibly Positive Future Events
- Perceived Burdensomeness
- Recent Diagnosis of Terminal Condition
- Feeling Trapped, Like There is No Way Out (other than death); Poor Problem-Solving
- Sense of Purposelessness or Loss of Meaning; No Reasons for Living
- Negative or Mixed Attitude Toward Help-Receiving
- Negative or Mixed Attitude by Potential Caregiver to Individual
- Recklessness or Excessive Risk-Taking Behavior, Especially if Out of Character or Seemingly Without Thinking of Consequences, Tendency Toward Impulsivity

Precipitating or Triggering Stimuli (Heighten Period of Risk if Vulnerable to Suicide)

- Any Real or Anticipated Event Causing or Threatening:
 - Shame, Guilt, Despair, Humiliation, Unacceptable Loss of Face or Status
 - Legal Problems (loss of freedom), Financial Problems, Feelings of Rejection/Abandonment
- Recent Exposure to Another's Suicide (of friend or acquaintance, of celebrity through media...)

American Association of Suicidology

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services. For membership information, please contact:

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**If you or someone you know is
suicidal, please contact a mental
health professional or call 1-800-
273-TALK (8255).**