

Adolescent Death

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According to recent statistics from the Center for Disease Control and Prevention (CDC), there are approximately 9,500 adolescent deaths per year in the United States, as defined by mortality rates for individuals aged 15-19. CDC statistics also show that the leading causes of death for American adolescents were unintentional accidents and injuries, suicide and homicide. Furthermore, according to David Balk's Handbook of Adolescent Death and Bereavement, gender and racial differences contribute to disproportionate mortality rates, with African American and Hispanic males finding themselves significantly more likely to be killed by homicide than Caucasian counterparts.

Research argues that the widespread problem of homicide-related deaths in African American and Hispanic adolescents is related to gun access and has now become a societal and public health dilemma. While this research has also suggested that violence perpetrated by, and directed towards, adolescent females is on the rise, much of the existing literature focuses on adolescent death in males, particularly in regard to homicide.

Suicide, the third leading cause of adolescent death, is more likely to be carried out by Caucasian adolescents than African American or Hispanic adolescents. In general, as is the case in the overall population, Balk's handbook and supporting research has found that adolescent males are more likely to die by suicide than adolescent females. Unintentional death in adolescence is more often caused by events such as car accidents and drownings, as per the CDC.

Family relationships and dynamics impact the occurrence of adolescent death, as well as the consequences and outcomes in the family if death does occur. Research has demonstrated that

family dysfunction and instability, either through unstable parenting, drug use, poverty, physical or mental illness or other contributing stressors, can increase rates of depression, anxiety and suicide in adolescents in the home. Over-controlling home environments, lack of sympathy or empathy and lack of structured parental roles also contribute to increased risk of adolescent suicide. It should be noted that research has suggested that death by suicide is on the rise in adolescent populations, particularly for the younger adolescent subgroup, ages 10-14.

Homicide rates among adolescents has increased slightly in the United States and has been thought to be corresponding to increases in first-hand exposures to violence by adolescents. Furthermore, adolescents living in violent communities and who witness violence in childhood, are more likely to be involved in violent behaviors, increasing their risk of dying by homicide in their adolescent years. Additionally, many of these adolescents subsequently develop reckless and impulsive ways of behaving and thinking, leading them to be overly self-destructive. These instances in turn lead to increased risk of becoming the target for violence in their communities and among their peers.

While more research is being produced on the causes and consequences of adolescent death in the United States, research suggests that more needs to be done. Organizations such as the CDC support interventions based on reducing gun violence, homicides in urban populations and suicide as related to depression and anxiety. Research noting significant impacts of adolescent death on surviving siblings and parents demonstrates the increased need for interventions related to decreasing these rates. Surviving siblings of an adolescent who died struggle with their own self-identity and are at risk for developing depression or similar psychopathology. In addition, surviving siblings often find it difficult to interact with friends and peers, likely resulting in social withdrawal and isolation. Furthermore, depending on the age of the sibling, coping strategies are

typically not effective and there is limited comprehension regarding death and why it has occurred. Parents and caregivers of adolescents who have died also struggle with unique challenges and bereavement. Parents often experiencing depressive symptomatology or other forms of psychopathology, extended grieving time-periods, often extending years after the event, and disruption in family and marital/relational dynamics in the household. In regards to parent and sibling bereavement following adolescent death, there is limited research and knowledge, especially given the complexity of adolescent death itself.

Further Reading:

Balk, D. E. (2004). *Handbook of adolescent death and bereavement*. Springer Publishing Company: New York, NY.

Batalis, N. L., & Collins, K. A. (2005). Adolescent death: a 15-year retrospective review. *Journal of Forensic Science*, 50(6), JFS2005158-6.
<https://doi.org/10.1520/JFS2005158>.

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https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_05.pdf

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https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf