



Published in final edited form as:

Health Soc Work. 2008 November ; 33(4): 249–257.

Social Work Research on African Americans and Suicidal Behavior: A Systematic 25-year Review

Sean Joe, PhD, LMSW [assistant professor] and

School of Social Work, University of Michigan, 1080 South University Avenue, Ann Arbor, MI 48109; e-mail: sjoe@umich.edu.

Danielle M. Niedermeier, MSW [mental health assessor]

Mental Health Center of Boulder Country, Boulder, CO.

Abstract

Suicide among African Americans is a neglected topic. Social workers practice in both clinical and nonclinical settings, and as the largest occupational group of mental health professionals, they have a unique opportunity to reach this underserved group. However, little is known about social work's empirical knowledge base for recognition and treatment of suicidal behavior among African Americans. The authors performed a systematic critical review of published articles by social workers on African American suicide and suicidal behavior, to ascertain the state of social worker's contribution to and knowledge of suicide risk factors and effective treatments. They conducted Web-based (for example, Social Work Abstracts, PsycINFO, PubMed, JSTOR) and manual searches of suicide research conducted by social work investigators and published in peer-reviewed journals from 1980 to 2005. References cited in the articles were used to identify candidate articles. According to the search results, social workers contributed only 11 empirical research articles focusing on African American suicide or nonfatal suicidal behavior. Risk factors for suicide are reviewed, and the implications for clinical social work practice and research are addressed.

Keywords

African Americans; clinical knowledge; ethnic minority populations; suicide

Suicide is one of the leading causes of death worldwide; in 2002 alone, approximately 877,000 deaths worldwide were due to suicide (World Health Organization, 2003). The recent Institute of Medicine report, *Reducing Suicide: A National Imperative* (Goldsmith, Pellmar, Kleinman, & Bunney, 2002), draws attention to the importance of training professionals capable of developing suicide prevention and treatment services. Because approximately 30,000 Americans die from suicide annually, there is increased national attention explicitly focused on the goal of reducing suicide, including suicide among members of racial and ethnic groups. Although African Americans have lower rates of suicide completion than do white Americans, epidemiological research has documented dramatic changes in the rates of suicidal behavior among this population (Centers for Disease Control and Prevention [CDC], 1998). Most disturbing about the trend in suicide among African Americans is that the burden of self-destructive behavior disproportionately affects young male African Americans ages 15 to 24 (CDC, 1998).

There is a common perception that African Americans, particularly adolescents and young adults, do not engage in suicidal behavior at levels comparable to that of white Americans, but recent research disproves this assumption when looking across the life span. Young male African Americans complete suicide at rates comparable to those of white male Americans (Joe & Kaplan, 2001), the rates of firearm suicide have increased more precipitously for this

subpopulation (Joe & Kaplan, 2002), and male African American, are more likely to report engaging in nonfatal suicidal behavior, that is, attempted suicide (Joe & Marcus, 2003). According to the CDC (2004), the prevalence rates of attempted suicides in 2003 were higher among older African American (8.4 percent) and Latino (10.6 percent) high school students than were the rates for their white (6.9 percent) peers. These statistics reflect a dramatic increase in the rates of suicidality among male African Americans. As a result of these and other changes, the Institute of Medicine and the U.S. surgeon general have called for increased research on the suicide risk factors for African Americans and other ethnic minority populations and for empirically tested treatments (Goldsmith et al., 2002; U.S. Public Health Service, 1999).

Social workers are the largest occupational group of mental health professionals (Manderscheid et al., 2004), providing 70 percent of mental health services in the United States (Zlotnik & Solt, 2006), and are well positioned to intervene with suicidal African Americans. However, because of conventional wisdom that African Americans do not commit suicide (Early, 1992), social work clinicians may be unaware of the patterns of suicide or of the risk and protective factors among African Americans. This lack of awareness could cause misinterpretation of self-destructive behaviors among this population. Social work clinicians have a significant role to play in the national strategy to prevent suicide, but little is known about social work's empirical knowledge base for practice in this area or the extent to which social work researchers have focused on this topic.

It is important to review the state of social work knowledge regarding suicide risk factors and effective treatment approaches for African Americans because the largest increase in the professional mental health workforce has been among social workers. During the period 1992 to 1998, there was a 309 percent increase in the number of social workers serving mental health institutions, in contrast to a 119 percent increase among psychiatrists and a 204 percent increase among psychologists (Manderscheid et al., 2004). Most clinical professionals rely on their own profession's literature as their primary, but not only, source of practice knowledge, so it is important to ascertain to what extent social work researchers have contributed to the knowledge base. Moreover, although research on suicide from other disciplines abounds, incorporating social work's unique concepts and perspectives (for example, person-in-environment across levels, client-centeredness, and so forth) can help build a scientifically developed clinical knowledge base more applicable for use by social work practitioners working with suicidal African Americans.

In an effort to gain a better understanding of the state of social work research and knowledge relating to African American suicidal behaviors available to social work clinicians, we performed a systematic literature review of articles published by social work investigators in peer-reviewed journals from 1980 to 2005. Specifically, we performed a critical review of published articles to assess the state of social work knowledge production to inform clinical practice with suicidal African Americans. The published literature was divided into research- or non-research-related articles and those published in social work journals or non-social work journals. This approach was taken because it is important to assess the unique sources of information available in social work journals and the quality of the evidence available for use in clinical decisions by social workers.

METHOD

Journal Review

A comprehensive and generally representative corpus of social work research published from 1980 to 2005 in arguably the most prominent social work journals (see Table 1) and in three journals specializing in suicide studies were reviewed electronically and in print for articles

that included information on African American suicide or nonfatal suicidal behavior authored by social work researchers (faculty or clinicians), determined by their affiliation with a school or department of social work or by whether they had a social work degree (for example, MSW, PhD, DSW) When an author's social work affiliation was not described, we used a Web search to determine the affiliation. Articles authored by non—social work researchers in social work journals were also included in this review. We reviewed journals specializing in suicide studies to increase the probability of identifying social work researchers publishing on the topic. For the purposes of this study, *suicide* was defined as self-inflicted fatal injury with the intent to kill oneself (O'Carroll et al., 1996), and *suicide-related behavior* was defined as suicidal ideation or nonfatal self-inflicted injury with the intent to kill oneself Journals were reviewed using the computer databases Social Work Abstracts, Social Service Abstracts, Proquest (searched only the *Journal of Marital and Family Therapy*), JSTOR, and PubMed. Phrases used to search these databases were broad (for example, suicide, suicidal behavior, attempted suicide, self-harm, suicide ideation and thought). In addition, authors identified as social work researchers from the manual and electronic article search were then searched by author name in the databases PubMed, PsycINFO, and JSTOR to determine whether they had published additional articles that included information on suicide or nonfatal suicidal behavior in non-social work journals.

Rating Criteria

The literature was reviewed systematically to affirm that articles included African American suicide or nonfatal suicidal behavior and to determine the age group of the population covered (for example adolescents). Although elderly people are a subgroup of the adult population, they were categorized separately, to acknowledge their significantly increased suicidal risk and to ensure no overlap in analysis. Articles were also categorized as research or non-research, as social work or non-social work journals, and by the knowledge generated (for example, risk factor) by four graduate students trained by the lead author on the rating system, and each was given different articles to rate to develop their ability to rate appropriately. The lead author made the final determination when there was rating disagreements among the research assistants.

Research articles were identified as studies in which data analysis was involved and were farther categorized as follows:

- *Epidemiological* (analyze trends of a population)
- *Risk factor* (identify characteristics that increase the probability of a suicidal act)
- *Measurement* (examine the factor structure and psychometric properties of instruments assessing suicidal thoughts and behaviors)
- *Case studies* (present a particular case and analyze it to identify its implications for the larger population of suicidal clients)
- *Intervention/treatment* (evaluate an intervention for results).

Non-research-related articles were identified as articles in which no data analysis was involved, and include the following categories:

- *Theory* (study the application of a particular model)
- *Literature review* (synthesis of the studies that have been done)
- *Book review* (synthesis of what is presented in a book and qualitative rating of the book) and

- *Letters/commentary* (editorials written in response to an article published in the journal).

Articles were placed into categories on the basis of the definitions stated earlier.

FINDINGS

Scientific Contribution

The broad electronic and manual search resulted in 181 suicide-related articles. When examined, 45 of the articles (24.9 percent) were found to include information on African Americans (Table 2). A little over 75 percent (34) of the 45 articles were research studies, more than half of which studied suicidal risk factors. The remaining 11 articles were literature reviews focusing mostly on adolescent mental health. In fact, adolescents (49 percent, 20/41, $\chi^2= 107, p < .001$) were most often studied in the suicide-related articles that included information on African Americans (Table 3). From 1980 to 2005 only 11 of the 34 research studies disaggregated their results by race or had a clear focus on African American suicidality. Of these 11 studies, six were risk factor studies and five were epidemiological; none studied the effectiveness of interventions.

The analysis reveals that social work researchers were less likely to publish research that included information on African American suicidality in social work journals (31 percent) than they were to publish these studies in non—social work journals (44 percent); however, the differences were not statistically significant ($\chi^2= 1.68, p = 0.19$). Furthermore, social work researchers were strikingly more likely to publish non-research articles in social work journals (Table 2). Over the 25 years studied, social work researchers modestly increased their contribution to the study of African American suicide and nonfatal suicidal behavior (see Table 4). Overall, social workers' contribution has been marginal. The next sections critically review and summarize the practice-relevant knowledge gleaned from the social work studies on suicide that focused on or included African Americans in their samples.

Adolescents

Epidemiological studies of adolescents revealed changes in the suicide rate of African Americans. National trend analysis revealed a narrowing gap in the rate of suicide between 15- to 24-year-old African American and white male Americans, due to the disproportionate increase in the rate of suicide among male African Americans in this group (Joe & Kaplan, 2002). Trends also showed a marked increase in attempted suicide among African American male adolescents (Joe & Marcus, 2003) and a disproportionate increase in suicidal firearm usage among this group (Joe & Kaplan, 2002). These studies used death certificates to examine suicidal trends that may not accurately reflect the actual rate of suicide because of underreporting errors (Phillips & Ruth, 1993).

A number of factors were identified that increase adolescents' risk of suicide or nonfatal suicidal behaviors. Adolescents with a history of abuse (Evans, Albers, Macari, & Mason, 1996; Perkins & Jones, 2004; Tubman, Longer, & Calderon, 2001; Weinman, Smith, Geva, & Buzi, 1998), or male adolescents who are delinquent and not in a gang, are at an increased risk of suicide (Evans et al., 1996). Furthermore, abused adolescents who report receiving support from an adult other than a parent were more likely to have considered or attempted suicide (Perkins & Jones, 2004). One study that included African American adolescents found suicidal ideation to be more likely among students of color than among white students (Albers & Evans, 1994); another study of adolescents found being African American to be a protective factor against suicide (Chandy, Blum, & Resnick, 1996). Future research is needed to test the reliability of these findings because of the small number of African Americans in these studies.

In addition, research is needed to determine whether the risk factors found in these studies persist when examined with African Americans only.

Adults

Research also identified suicidal risk factors specific to African American adults. Adults living with AIDS (Mancoske, Wadsworth, Dugas, & Hasney 1995) or those with a history of abuse (Benda, 2003; Osgood & Manetta, 2000–2001) were at an increased risk of suicide. Furthermore, poor caretaking in childhood increases the risk of self-harm behavior in adulthood (Sansone, Gaither, & Barclay, 2002). High divorce rates were also found to increase suicidal risk, whereas high population density has been found to decrease suicidal risk (Cutright & Fernquist 2004). Specifically among homeless Vietnam veterans, diagnosis of a psychiatric disorder, severe substance abuse problems, problems with friends, a history of abuse, being homeless for longer, or using substances for longer increased the likelihood of a suicide attempt (Benda, 2003). Risk factors for suicidal thoughts among homeless veterans who abuse substances were strikingly similar to risk factors among the homeless Vietnam veterans; however, marital status, attachment to caregivers, and employment pattern also affected homeless veterans' risk of suicidal thoughts (Rodell, Benda, & Rodell, 2003).

Research also revealed risk and protective factors specific to African American women. African American women lacking a social support system are at increased risk of suicidal behaviors, whereas having an intact marriage appears to be a protective factor against suicide (Manetta, 1999). In addition, there was an inverse relationship between single motherhood and suicide rates among African American women, which may be partially due to a strong support system (Fernquist, 2004). Among clinically depressed African American women, an inverse relationship between self-esteem and suicide risk, locus of control and suicide risk, and a positive correlation between age and self-esteem was found (Palmer, Rysiew, & Koob, 2003). There is also a comorbidity between depression, aggression, and suicidal ideation, and as the magnitude of depression increased, the strength in the relationship between problems with self-esteem and severity of suicidal ideation also increased (Nugent & Williams, 2001).

Among African American men, poverty was found to reduce suicide risk (Fernquist, 2004), whereas African American men who attained higher levels of education were at an increased risk of suicide (Fernquist, 2004). A weakened social integration due to frustrations that their education is not paying off as it should may account for the positive association between suicide risk and education (Fernquist 2001).

In summary, further studies are needed to determine whether the risk factors identified hold true across races and what role race plays in suicidal risk. Furthermore, Manetta's (1999) and Palmer et al.'s (2003) studies included suicidal African American women; however, both studies used relatively small sample sizes (less than 200). Additional studies should be conducted using larger sample sizes to test the reliability of these results.

Elderly People

The rate of suicide death among elderly African American men was substantially lower than the rate among white men; however, the pattern in the rate of suicide for African Americans and white Americans was similar, indicating a possible connection in suicidal risk factors among races that is in need of further exploration (Kaplan, Adamek, & Johnson, 1994). Firearms have become the choice suicide method among African American and white older women (Adamek & Kaplan, 1996b). The recent increase in suicidal firearm usage among elderly African Americans and white Americans increased the likelihood that both groups will succeed in their suicide attempt, which is of further concern for a population that is already at an increased risk of suicide and nonfatal suicidal behaviors (Adamek & Kaplan, 1996a,

1996b; Kaplan et al., 1994). However, these studies used national data from death certificates, which may not accurately reflect the actual rate of suicide because of underreporting (Kaplan et al., 1994).

Interventions

Studies of interventions that disaggregate results by race or that focus on African Americans are essential for providing effective treatment to suicidal African Americans. Over the 25 years studied, social work researchers did not conduct such studies. However, we did find two studies on treatment interventions for suicidal clients that included African Americans in the sample. The first intervention was intended to reduce suicidal and self-destructive behaviors among adolescents with a history such behaviors. The program attempted to achieve these goals by providing direct services through outreach to these adolescents and by educating peer leaders and professionals working with them on suicidal behavior and adolescent depression (Deykin, Hsieh, Joshi, & McNamarra, 1986). The results did not show a reduction in suicidal or self-destructive behaviors; however, the intervention appeared to be effective in increasing referrals for suicidal ideation. The second intervention linked at-risk elderly participants to a clinical social worker over the telephone and emphasized accessing community mental health services (Morrow-Howell, Becker-Kemppainen, & Judy, 1998). The intervention was found to be moderately effective in improving social contact, treating depressive symptoms, and reducing unmet needs of the elderly participants. However, neither study disaggregated results by race, which is striking considering that 41 percent of Morrow-Howell et al.'s (1998) and 32.6 percent of Deykin et al.'s (1986) samples were composed of African Americans. As noted, treatment studies that include African American adults were not found, clearly indicating that social work researchers' contribution to the development of evidence-based treatments for suicidal African Americans is severely limited.

DISCUSSION

Despite social workers being the largest group of providers of mental health services, our 25-year study found that social work's contribution to research in the area of African American suicide and nonfatal suicidal behavior is woefully inadequate. Suicide is a major health concern, and social work clinicians engage with potentially suicidal African American clients daily. However, we found no rigorously designed study testing the ability or inability of social work interventions to reduce suicide specifically in African American populations. Although interventions used by social workers may be effective, the interventions lack empirical examination and backing, raising major ethical concerns regarding their efficacy and potential harm to clients. Also, social work research on the risk or protective factors that are specific to African American adolescents or the elderly population is nonexistent. Furthermore, none of the studies examined engaged in data collection and data analysis of individuals to create clinical assessment and screening tools, or analyzed a specific case to draw a deeper understanding of its implications for African American suicidal clients. Social work needs to encourage more researchers to study African American suicide and nonfatal suicidal behaviors, to gain understanding of the unique aspects of suicide among African Americans and to implement effective treatment measures for this underserved population.

Strengths and Limitations

Although this systematic review was comprehensive, we acknowledge the possibility that some journals containing articles contributing to social work's study of African American suicide may have been excluded from review. Furthermore, this study examined social work's contribution to research on African American suicide over 25 years, within which period the racial or ethnic term for this population has changed multiple times. Because of this change in terms, some articles may have been missed during the searches. Furthermore, we cannot

determine the extent to which the findings of the studies that did not disaggregate their results by race can be applied to suicidality among African Americans. However, these limitations do not outweigh the many strengths of this study, namely, searching over a 25-year period, reviewing 24 journals both electronically and in print and searching numerous computer databases. Finally, probing for additional articles by searching for those by the social work researchers found in the electronic and print searches further supports the credibility of the findings of this study.

Implications for Clinical Practice and Future Research

The descriptive statistics and review of research on African American suicide presented here clearly refute conventional beliefs about negligible rates of suicide among this population. In their practice, social work clinicians must understand the demographic patterns and the trends in suicide, namely that younger African Americans are completing suicide at higher rates; therefore, early preventive interventions with older adolescents and young adults, particularly male adolescents and young adults, must become an integral part of more coordinated suicide prevention efforts. Social work research has contributed to our understanding that male African Americans are at highest risk of suicide and must be screened for suicidal behavior when thought to evidence known risk factors (for example, depression, higher education, history of abuse, substance abuse). The results also highlight important psychological, social, and cultural risk factors, while emphasizing the need for an integrated understanding of their influences. These factors are global and are not specific to African Americans (Goldsmith et al., 2002). Clinicians should also seek to reduce hopelessness, psychiatric disorders, childhood trauma, or psychical violence, which increase the suicide risk of both male and female African Americans.

It is clear that social workers, many of whom are mental health professionals, should be skilled in discussing suicide risk with African American clients, providing interventions for those at imminent risk of the expression of suicidal behavior, and referring them for expert assessment and treatment. This implies that graduate social work education should provide training that includes practice experiences in managing suicidal adolescents, led by faculty who have treated or assessed suicidal adolescents. Social workers also need to be knowledgeable of the various risk factors and treatments designed to reduce assessed risk. More specific recommendations for social work practice and education are limited by the lack of scientifically tested preventive or treatment interventions for suicidal African American youths.

Future investigations are needed to determine whether the increase in suicidal behavior among African American youths is attributable to changes in their attitudes toward suicidal behavior, willingness to report such behavior, or increased social isolation and prevalence of mental disorders. In addition, research is needed to examine the relationship between suicide attempts and suicide completion among African American youths and to identify the situational or contextual triggers and mental health risk factors that may be unique to this group. Information gained from such studies can further national efforts to develop suicide prevention policies and interventions for this high-risk group. Methodologically, future studies need to be based on larger African American samples, particularly those big enough for examining within-group variability in suicide risk or that are at least representative of the population. When studies include African Americans in the sample, it is important that the results are disaggregated by race to provide for a clear interpretation of the findings. Given the scant attention to suicide among African American youths in the social work research literature and social workers' potential effect on this neglected problem, we hope that this article will stimulate social workers to undertake such research.

Future research on African American suicide risk and management should seek to make contributions in a manner consistent with the framework offered by Rosen, Proctor, and Staudt

(1999) for the three types of knowledge generated (descriptive, explanatory, and control) from research. Descriptive studies provide social work clinicians with information to assess and classify clients and problems, including their central tendencies or distribution, which can be used to make decisions about which services are needed and by whom. *Explanatory reports* are defined as studies examining the relationships among two or more variables, such that researchers understand factors influencing their variability and consequences. They are hypothesis-driven examinations of differences between groups, and they may consider multiple variables simultaneously (that is, risk factor studies). Finally, control studies examine the effects of services delivered or those testing the efficacy or effectiveness of interventions. This survey of the empirical social work literature on African American suicide reveals a need for explanatory and control knowledge. Advancement in such research should be a multidisciplinary effort, but the professional social worker is well positioned to advance evidence given that large numbers of African Americans are disproportionately represented in the caseloads of many social work practitioners (Berger, McDaniel, & Paxson, 2005; Lindsey et al., 2006; Schram, 2005; Winston, 2006).

CONCLUSION

Suicide among African Americans is a neglected public health concern that should be addressed by social work researchers and in the education of social work clinicians. To our knowledge, this study is the only comprehensive examination of social work's contribution to the empirical knowledge base for the recognition and treatment of suicidal behavior among African Americans. As a profession, social work is dependent on evidence-based practice. The failure to advance research on African American suicide may leave many social work clinicians inadequately prepared to respond to the needs and experiences of depressed and suicidal African Americans. Finally, given that the empirical literature on African American suicide and nonfatal suicidal behaviors is insufficient for designing treatment interventions, social work researchers have the opportunity to make considerable scholarly contributions to suicidology.

REFERENCES

- Adamek ME, Kaplan MS. Firearm suicide among older men. *Psychiatric Services* 1996a;47:304–306. [PubMed: 8820558]
- Adamek ME, Kaplan MS. The growing use of firearms by suicidal older women, 1979–1992: A research note. *Suicide and Life-Threatening Behavior* 1996b;26:71–78. [PubMed: 9173611]
- Albers E, Evans W. Suicide ideation among a stratified sample of rural and urban adolescents. *Child & Adolescent Social Work Journal* 1994;11:379–389.
- Benda BB. Discriminators of suicide thoughts and attempts among homeless veterans who abuse substances. *Suicide and Life-Threatening Behavior* 2003;33:430–442. [PubMed: 14695057]
- Berger LM, McDaniel M, Paxson C. Assessing parenting behaviors across racial groups: Implications for the child welfare system. *Social Service Review* 2005;79:653–688.
- Centers for Disease Control and Prevention. Suicide among African-American youths—United States, 1980–1995. *Morbidity and Mortality Weekly Report* 1998;47:193–196. [PubMed: 9531022]
- Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance—United States, 2003* (No. 53 [No SS-2]). Atlanta: Author; 2004.
- Chandy JM, Blum RW, Resnick MD. History of sexual abuse and parental alcohol misuse: Risk, outcomes and protective factors in adolescents. *Child & Adolescent Social Work Journal* 1996;13:411–432.
- Cutright P, Fernquist RM. The culture of suicide through societal integration and religion: 1996–1998 Gender-specific suicide rates in 50 American states. *Archives of Suicide Research* 2004;8:271–285. [PubMed: 16081393]

- Deykin EY, Hsieh C-C, Joshi N, McNamara JJ. Adolescent suicidal and self-destructive behavior: Results of an intervention study. *Journal of Adolescent Health Care* 1986;7:88–95. [PubMed: 3957753]
- Early, KE. *Religion and suicide in the African-American community*. Westport, CT: Greenwood Press; 1992.
- Evans W, Albers E, Macari D, Mason A. Suicide ideation, attempts, and abuse among in-carcerated gang and nongang delinquents. *Child & Adolescent Social Work journal* 1996;13:115–126.
- Fernquist RM. Education, race/ethnicity, age, sex, and suicide: Individual-level data in the United States, 1991–1994. *Current Research in Social Psychology* 2001;6(18):277–290.
- Fernquist RM. Does single motherhood protect against black female suicide? *Archives of Suicide Research* 2004;8:163–171. [PubMed: 16006403]
- Goldsmith, SK.; Pellmar, TC.; Kleinman, AM.; Bunney, WE. *Reducing suicide: A national imperative*. Washington, DC: Institute of Medicine, National Academies Press; 2002.
- Joe S, Kaplan MS. Suicide among African American men. *Suicide and Life-Threatening Behavior* 2001;31:106–121. [PubMed: 11326755]
- Joe S, Kaplan MS. Firearm-related suicide among young African-American males. *Psychiatric Services* 2002;53:332–334. [PubMed: 11875228]
- Joe S, Marcus SC. Trends by race and gender in suicide attempts among U.S. adolescents, 1991–2001. *Psychiatric Services* 2003;54:454. [PubMed: 12663832]
- Kaplan MS, Adamek ME, Johnson S. Trends in firearm suicide among older American males: 1979–1988. *Gerontologist* 1994;34:59–65. [PubMed: 8150309]
- Lindsey MA, Korr WS, Broitman M, Bone L, Green A, Leaf PJ. Help-seeking behaviors, and depression among African American adolescent boys. *Social Work* 2006;51:49–58. [PubMed: 16512510]
- Mancoske RJ, Wadsworth CM, Dugas DS, Hasney JA. Suicide risk among people living with AIDS. *Social Work* 1995;40:783–787. [PubMed: 8629043]
- Manderscheid, RW.; Atay, JE.; Male, A.; Blacklow, B.; Forest, C.; Ingram, L.; Maedke, J.; Sussman, J.; Ndikumwami, A. Manderscheid, RW.; Henderson, MJ., editors. *Mental health, United States, 2002* (DHHS Publication No. SMA- 3938). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; 2004. Highlights of organized mental health services in 2000 and major national and state trends. p. 243-279.
- Manetta AA. Interpersonal violence and suicidal behavior in midlife African American women. *Journal of Black Studies* 1999;29:510–522.
- Morrow-Howell N, Becker-Kemppainen S, Judy L. Evaluating an intervention for the elderly at increased risk of suicide. *Research on Social Work Practice* 1998;8:28–46.
- Nugent WR, Williams M. The relationship between the comorbidity of depression with problems in psychosocial functioning and the severity of suicidal ideation. *Social Service Review* 2001;74:581–604.
- O’Carroll PW, Berman AL, Maris RW, Moscicki EK, Tanney BL, Silverman MM. Beyond the tower of Babel: A nomenclature for suicidology. *Suicide and Life-Threatening Behavior* 1996;26:237–252. [PubMed: 8897663]
- Osgood NJ, Manetta AA. Abuse and suicidal issues in older women. *Omega* 2000–2001;42(1):71–81.
- Palmer C, Rysiew MJ, Koob JJ. Self-esteem, locus of control, and suicide risk: A comparison between clinically depressed white and African American females on an inpatient psychiatric unit. *Journal of Ethnic & Cultural Diversity in Social Work* 2003;12(4):49–63.
- Perkins DF, Jones KR. Risk behaviors and resiliency within physically abused adolescents. *Child Abuse & Neglect* 2004;28:547–563. [PubMed: 15159069]
- Phillips DP, Ruth TE. Adequacy of official suicide statistics for scientific research and public policy. *Suicide and Life-Threatening Behavior* 1993;23:307–319. [PubMed: 8310465]
- Rodell DE, Benda BB, Rodell L. Suicidal thoughts among homeless alcohol and other drug abusers. *Alcoholism Treatment Quarterly* 2003;21(2):57–74.
- Rosen A, Proctor EK, Staudt MM. Social work research and the quest for effective practice. *Social Work Research* 1999;23:4–14.

- Sansone RA, Gaither GA, Barclay J. Perceived quality of childhood caretaking among psychiatric inpatients and its relationship to border-line personality and self-harm behavior. *Child Abuse & Neglect* 2002;26:1201–1203. [PubMed: 12398856]
- Schram SF. Contextualizing racial disparities in American welfare reform: Toward a new poverty research. *Perspectives on Politics* 2005;3:253–268.
- Tubman JG, Langer LM, Calderon DM. Coerced sexual experiences among adolescent substance abusers: A potential pathway to increased vulnerability to HIV exposure. *Child & Adolescent Social Work journal* 2001;18:281–303.
- U.S. Public Health Service. The surgeon general's call to action to prevent suicide. Washington, DC: Author; 1999.
- Weinman ML, Smith PB, Geva J, Buzi RS. Pregnant and postpartum Adolescents' perceptions of the consequences of child abuse. *Child & Adolescent Social Work journal* 1998;15:287–301.
- Winston CA. African American grandmothers parenting AIDS orphans: Grieving and coping. *Qualitative Social Work* 2006;5(1):33–43.
- World Health Organization. World health report 2003: Shaping the future. Geneva, Switzerland: Author; 2003.
- Zlotnik JL, Solt BE. The Institute for the Advancement of Social Work Research: Working to increase our practice and policy evidence base. *Research on Social Work practice* 2006;16:534–539.

Table 1
 Journals Selected for Review of Research on African American Suicide, 1980–2005

<i>Affilia</i>
<i>American Journal of Orthopsychiatry</i>
<i>Archives of Suicide Research</i> ^a
<i>The British Journal of Social Work</i>
<i>Child Abuse & Neglect</i>
<i>Child and Adolescent Social Work</i>
<i>Child Welfare</i>
<i>Children and Youth Services Review</i>
<i>Clinical Social Work Journal</i>
<i>European Journal of Social Work</i>
<i>Families in Society</i>
<i>Health & Social Work</i>
<i>Journal of Ethnic & Cultural Diversity in Social Work</i>
<i>Journal of Gay & Lesbian Social Services</i>
<i>Journal of Homosexuality</i>
<i>Journal of Marital & Family Therapy</i>
<i>Journal of Social Work Education</i>
<i>Journal of Sociology & Social Welfare</i>
<i>Journal of Technology in Human Services</i>
<i>Omega</i>
<i>Psychoanalytic Social Work</i>
<i>Research on Social Work Practice</i>
<i>Social Service Review</i>
<i>Social Work</i>
<i>Social Work in Health Care</i>
<i>Social Work Research</i>
<i>Suicide and Life-Threatening Behavior</i> ^a

^a Indicates missing data: Suicide and Life-Threatening Behavior, 1986, Volume 16(1–4) and 1981, Volume 11(1&4); Archives of Suicide Research, 1996 (all issues).

Table 2
Social Work Knowledge Production, by Journal Type, 1980–2005

	Research <i>n</i> (%)	Non- Research <i>n</i>(%)	Total <i>n</i>(%)
Social work journal	14(31.1)	7(15.6)	21(46.7)
Non-social work journal	20(44.4)	4 (89)	24 (53.3)
Total	34(75.6)	11(24.4)	45(100)

Table 3

Social Work's Contribution to Research on African American Suicide, 1980–2005

	Social Work Journals <i>n</i>	Non-Social Work Journals <i>n</i>
Adolescents	15	5
Adults	4	8
Elderly People	1	8
Total	20 ^a	21 ^a
Percentage	44.4	46.7

Note: Represents the number of studies conducted by social workers from 1980 to 2005, of each age group, on the study of African American suicide.

^aTotals include one general population study from social work journals and three from non-social work journals.

Table 4

Trends in Social Work Research on African American Suicide, 1980–2005

	Research <i>n</i>	Non- Research <i>n</i>	Treatment <i>n</i>	Total <i>n</i>
1980–1984	0	1	0	1
1985–1989	2	3	2	5
1990–1994	3	0	0	3
1995–1999	11	2	1	13
2000–2005	18	5	0	23

Note: Total $n = 45$.