

## Adolescent deaths from suicide in Russia

### *Key Research Findings*

Suicide is one of the ten leading causes of death worldwide. According to statistics, every day about 3,000 persons around the world – about 1 million persons annually - voluntarily end their lives, which accounts for 1.5 per cent of all fatal cases. The actual scope of this problem is even more dramatic, as the number of suicide attempts is considerably higher than the number of accomplished suicides. According to estimates, by 2020, suicide will become the second leading cause of death followed by cancer, with cardiovascular diseases taking the first place. However, suicide is one of the three leading causes of death, already today, among young people aged 15-34 years old. The World Health Organization acknowledged suicide as a significant public health problem and, in 1999, launched a global initiative for the prevention of suicide entitled SUPRE (Suicide Prevention).

An increasing number of suicides since the 1990s stands out in Russia and former Soviet republics as a whole against other European states and countries of the world. For Russia, the suicide problem is particularly urgent because in terms of both the general suicide mortality rate and, specifically, the adolescent suicide rate, Russia ranks among the world's most troubled countries. The authors of the recently released report indicate that there is no single theory clarifying the reasons for suicide, as this is "...a social phenomenon associated with social, economic, cultural, historic and ethnic development of individual communities." From the historic point of view, Russia is a country with low suicide rates. Such a situation was rooted in Russian people's traditional piousness, social stigmatization and legal prosecution of persons who attempted to commit suicide. That is why, in the majority of research publications, social maladjustment of the population in the former Soviet republics to the new socio-economic and cultural environment which took shape following the disintegration of the Soviet Union is seen as an underlying hypothesis which explains the persistently high level of suicidal behavior in the post-Soviet territory. According to the sociological theory of suicide by Durkheim, a society with a low degree of social cohesion and cultural values which are not universally recognized can be graded as a powerful generator of suicides regardless of economic conditions and its members' psychological or physical health status.

The report presents research data based on which conclusions are drawn with regard to the key factors and consistent patterns which determine high suicide rates among adolescents in Russia. E.g., it is noted in the report that high suicide death rates, including among adolescents, are rooted in the fact that numerous population groups, which mainly reside in rural settlements, small towns and urban-type settlements located in Russia's poorly-developed regions, still remain marginalized in contemporary Russia. Moreover, social profiles of adolescents who have committed suicide happen to be essentially similar in the territories with different levels of social and economic development and adolescent suicide death rates (in Moscow, the Kirov and Tver regions). The social profiles compiled on adolescents who have committed suicide provide information mainly on unemployed young people followed by students. The third place goes to workers, whose share is twice as high as that of students. Indeed, in contemporary Russia, university students belong to a social group of young people with pro-active attitudes and broad prospects and opportunities, on the one hand,

while, on the other hand, they are predominantly people of middle-class background. The so-called “unemployed adolescents” are on the opposite end of the spectrum. If an adolescent who has committed suicide is referred to in his/her profile as “unemployed”, it means that he/she was neither a school student, nor a university student or a worker, that is, he/she was not engaged in any socially useful activities. Such “unemployed” adolescents could come either from wealthy families (and their number in Russia is extremely low) or, which is more likely, from socially vulnerable, disadvantaged or marginal families with different forms of deviant behavior and entailing risks, typical of such population groups (including alcohol abuse).

Ethnic diversity in Russia is another risk factor, as there are some ethnic groups (e.g., the Ugro-Finnic group) for which suicide is an element of ethnic culture.

A zone of an increased suicide risk among adolescents is also formed on the basis of two geographic clusters – northwest territories in European Russia and Russia’s Far East and East Siberia territories. Regardless of the pivotal social transformations that took place in Russia in the 1990s and the 2000s, the vector “affluent West - disadvantaged East”, which took shape at the end of the Soviet period, largely remains unchanged. It should be specifically noted that there is a high degree of similarity between the area of ill-being among young males and females, which attests to the lack of gender specifics of risk factors in the most disadvantaged territories.

There is no doubt that socio-economic factors are one of the most important determinants. However, to reduce the motivation factors that drive people to commit suicide only to socio-economic factors is to extremely simplify an exceptionally complex problem. Presently, the best life prospects for young people in Russia against the background of the most affluent socio-economic environment are undoubtedly in Moscow and St.Petersburg, whereas in terms of adolescent suicide rates, these metropolitan cities are among the top ten Russian regions most unaffected by adolescents’ suicidal behavior. However, if we examine the situation in these two cities in the context of regional centers (regional, territorial or republican capitals), their ranking is brought down considerably, and they take 24th and 25th places accordingly. The rates lower than in Moscow were registered in another 12 centers of the Russian Federation constituent entities, whereas the rates lower than in St.Petersburg – in Russia’s 18 centers of the constituent entities which are far less successful in economic terms. Therefore, besides obvious socio-economic factors, the metropolitan areas, where these two cities are located, are conducive to the development of specific suicide risks among adolescents that are not so vividly expressed in smaller cities.

While analyzing temporary characteristics of adolescent suicide mortality, the researchers identified seasonal variations of suicides and highlighted the fact that suicide death rates were not age-specific: the incidence of suicides in all age groups is higher during spring and summer. The nature of seasonal variations allows the researchers to conceive a hypothesis concerning two factors contributing to higher incidence of suicide – holidays and examinations, which, on the whole, agrees well with literature data. The following two factors lend credibility to the assumption about holiday stress. First, suicides are more common during all the holidays which are, at least, of some significance to adolescents regardless of the season (New Year, Valentine Day, Army Day, Women’s Day, May Day). Another consideration, which serves as evidence of the “holiday” factor, is the lack of pronounced gender specifics during the holiday period: suicide risks increase for both young men and girls. The alcohol factor should not be overemphasized here, taking into account a relatively young age of suicide victims; it is rather the question of extreme perception of all personal

troubles exacerbated under the influence of alcohol. Personal problems can be of dual nature: on the one hand, loneliness at the time when other peers are having fun celebrating the holiday at various parties; on the other hand – potential conflicts and frustrated hopes. The hypothesis about examinations as a risk factor appears to be more argumentative. None the less, a higher suicide rate throughout all June in Russia is an objective factor that cannot be ignored. This is the time when school-leaving and end-of-year university exams are under way and young men and particularly girls, who typically attach greater importance to studying and academic results, feel very nervous.

One of the chapters in the report focuses on the problem of underreporting of suicide mortality rates and approaches to the reconstruction of their actual scopes. The authors of the report indicate that only undeniable cases of suicide are registered in the official statistics, while the underlying cause of registered accidents, such as medication overdose, falling from height or being the only victim of a car-crash accident, often happens to be suicide. Therefore, the actual suicide rate among adolescents in Russia could be much higher due to a number of subjective and objective factors which cause underreporting of the loss of adolescent lives.

On the one hand, the subjective factors should include, in a number of cases, the urge of suicide victims' parents and relatives to conceal the underlying cause of death, and, on the other hand, the unwillingness of competent authorities to take in the situation and get the facts straight as to the real cause of death. All the more so, since it is the opinion of an investigator in charge of a case of death caused by external factors that is decisive, rather than the opinion of a forensic expert. The objective factor of the underreporting of deaths from suicide in official statistics is rooted in the system of statistics generation: regardless of the fact that the duly established duration of an investigation period is one month, actually, it is often not observed in real life, and it is often indicated in a medical death certificate that “the type of death was not established”.

The researchers note that, paradoxically as it may seem, the priority attention that the country's top leadership pays to demographic problems also leads to the underreporting of deaths from socially significant causes, with suicides, particularly adolescent suicides, certainly belonging to this group. E.g., the reduction in suicide rates along with lower death rates as a result of road accidents and from heart diseases has been identified as national health priority areas. Unfortunately, in this situation, regional authorities often seek to play down the scope of the existing problems, rather than duly address them.

The above-mentioned chapter also contains summary charts, including those with data on the types of suicides committed by adolescents. The data presented in the charts shows, for example, that young males choose to end their lives by hanging, jumping from heights or through self-inflicted gunshot wounds and self-inflicted injuries with a sharp object as well as medication poisoning, whereas young females much more often choose to commit suicide by different types of poisoning.

The approach offered by the authors of the study – verification of the incident through its implementation mechanism – allows us to presume with a high degree of accuracy that adolescent suicides are underreported in Russia on a regular basis. As a whole, the under-reporting rate in the 2000s was estimated to be 13.8 per cent in the male population and 22.1 per cent in the female population: every 7<sup>th</sup> case of suicide among young males and every 5<sup>th</sup> case among young females remains latent. The research done in the last year showed an increase in the underreporting of suicides, particularly among girls, where a share of latent suicides increased up to 27.6 per cent in

2009 - the maximum share over the last decade; the underreporting of suicide rates among young males was 15.8 per cent - a higher share of latent suicides was observed only in 2000. A group of territories with an extremely high latent suicide component, both among young males and females, included Moscow and Saint Petersburg, the Ryazan, Uliyanovsk, Samara and Rostov regions, as well as the Republic of Karachayev-Cherkessiya.

The last but one chapter of the study focuses in great detail on such factors which cause adolescent deaths from suicide as genetic factors, mental disorders, toxic substance abuse, somatic disorders, communication difficulties with other persons and the community, social problems, poverty, unemployment, stressful experiences, external situational factors as well as peculiarities of adolescent risk factors.

In conclusion, the authors of the study acknowledge that, in addition to various suicides risks, there are protective barriers which promote the prevention of suicidal behavior and credibly reduce suicide risks. The act of suicide depends, as a whole, on the availability of risk factors and lack of protective barriers. It is noted that, according to Russian experts, the existing suicide prevention mechanisms are inefficient. They do not adequately focus on prevention activities; their program financing is limited and they are poorly coordinated.

The authors of the report provide a list of major problems to be currently addressed identified by Russian suicide researchers:

- New approaches to socio-psychological services provision for families should be practiced;
- New methods should be devised to assist with the provision of social and therapeutic assistance to children in particularly difficult circumstances (homeless and neglected children, children exposed to a criminal environment, children from economically depressed areas);
- New child-centered technologies should be developed to assist with the provision of counseling and rehabilitation assistance to children;
- New approaches are needed which would facilitate social and legal protection of children's legitimate interests in their families and social environment;
- New prevention mechanisms need to be put in place as well as mechanisms for early family intervention and control over children exposed to toxic substances;
- Efforts undertaken by all childhood specialists should be brought together aiming to carry out overall assessment of mental and personal development of children at risk as well as the development of mental and behavioral disorders;
- All suicide prevention efforts and activities should be based on clear-cut procedural guidelines and legal framework, including the involvement of experts from different ministries and departments specializing in various social practices based on the principle of a team approach to the provision of rehabilitation therapy;
- The fundamentals of socio-medical and psychological assistance and psychiatric care for children and adolescents, as well as guidelines on legal support to children in difficult

circumstances need to be included in post-graduate training programs targeted at experts specializing in various social practices.

The experience, gained by countries which have made considerable progress in reducing adolescent suicide rates, shows that prevention activities should proceed along two basic lines – general and individual prevention activities, since an act of suicide is perceived both as an individual act of a human being and as a socio-psychological phenomenon. General prevention activities should be targeted at softening and removal of social and socio-psychological reasons and conditions contributing to the development and display of suicidal behaviors. Individual prevention activities should be aimed at timely identification of suicidal individuals and provision of psychological assistance to them. General prevention activities help a person at the stage of development of suicidal tendencies, while individual prevention activities help a person at the reversible stage of externally displayed suicidal behavior.

In most cases, the multiplicity of multidirectional risk factors provides the possibility to prevent suicide. Multiple-level risks and protective factors for suicide determine the need for integrated suicide prevention, which would include both a medical aspect and a cultural/education aspect as well as measures to address a number of social issues. It has been established that no single risk factor is likely to be sufficient to cause a death from suicide unless it is combined with other factors. Much-needed all-round support should be offered to a young man burdened with numerous problems rather than taking measures to address only one symptom or problem behavior.

*A full version of the report in Russian is available [here](#)*

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