

Black, Indigenous, People of Color (BIPOC): Concerns around Trauma and Suicide

A Trauma-Informed Newsletter

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Trauma and suicide

Trauma and suicidal behavior usually do not occur in a mutually exclusive manner. However, not every traumatic event or stress may lead to a person having suicidal behavior but more often than not, trauma, especially childhood trauma, is a significant risk factor for suicide. Suicidal behavior can manifest passively or actively, and yes, children as young as pre-adolescents can have suicidal thoughts. The CDC found that, every year, more than 41,000 individuals die by suicide and it is a leading cause of death especially among the youth between ages 10 to 24. Trauma on the other hand, according to the American Psychological Association, is an emotional response to a terrible event or repetitive events that results in fear, helplessness, dissociation, confusion, negative moods and intrusive thoughts, and may have long-lasting effects on a person's behavior, attitude or daily functioning. Thus, a significantly impactful traumatic event is likely to leave a person in a state of mind where they can be more inclined to have suicidal thoughts.

WHAT IS BIPOC?

BLACK, INDIGENOUS, PEOPLE OF COLOR

A term used to reinforce the collective experience between Black, Indigenous people, and people of color. Its purpose is to show that they are not one homogeneous group and to acknowledge that not all people of color face equal levels of injustice.

BLACK

Folks that identify as African American with culture and history that is embedded in American slavery and history.

INDIGENOUS

Folks that identify as American Indian, Alaskan Native, Indigenous, and Native American. They have history deep-rooted with the first people who lived on U.S. lands, whose cultures, stories, ceremonies, and spiritualities are intertwined with the land and its natural inhabitants.

PEOPLE OF COLOR

Asian, Latinx, Middle Eastern, Pacific Islander, and immigrants who are people of color.



Cases of suicide in the BIPOC community

Normally, there are low rates of suicide among folks in the Black community, however, suicide has become the second leading cause of death in Black children aged 10-14, and the third leading cause of death in Black adolescents aged 15-19, all as of 2018. Risk factors include experiences of racism, higher rates of unemployment and financial and food insecurity, disparities in other aspects of health, and limited access to care.

American Indian and Alaskan Native (AI/AN) communities have extremely higher suicide rates compared to the overall U.S. population. In the U.S., suicide is the second leading cause of death for AI/AN youth between the ages of 5 and 24. American Indian children who are traumatized by the high rates of societal homicide, suicide, and unintentional injury that happens in the community.

Asian Americans between the ages of 18 and 34 showed the highest risk of suicidal thoughts (11.9%), intent (4.4%), and attempts (3.8%). There is growing evidence that this ethnic group is at high risk for depression and suicidality because of family, academic, and financial stress. Suicide was the second leading cause of death for Asian-Americans aged 15-34 because they are less likely to seek help for psychological distress.

Trauma: A common denominator

Race-based traumatic stress (RBTS): The mental and emotional injury caused by encounters with racial bias and ethnic discrimination, and hate crimes. These traumatic stressors are the indirect traumatic impacts of living with systemic racism and individual racist actions.

What does trauma-informed practice look like?

With the current context, there is an increased need for culturally sensitive and trauma-informed systems of care within mental health and health care systems over all. A healthcare setting which is trauma-informed is likely to demonstrate culture around:

- client empowerment
- right to being adequately informed
- adopting a strengths-based approach to treatment
- collaboration between clients, their families and staff
- clients' physical and emotional safety
- trustworthiness and transparency about treatment expectations, providers' expertise, and the process of the treatment
- culturally-sensitive approach with assessments, access to bilingual providers
- evidence-based practice approach

Some examples of organizational and clinical steps to create a more trauma-informed and culturally sensitive system of care are:

- engaging clients in organizational planning
- training both clinical and non-clinical staff
- preventing secondary traumatic stress in staff screening for trauma
- involving patients in the treatment process
- training staff in trauma-specific treatment approaches
- engaging referral sources and partnering organizations

Sources -

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