



Analysis of Cases Involving
Missing Children
with
**Suicidal
Tendencies**



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INTRODUCTION

The information in this report contains data and information about children who have attempted suicide and/or died by suicide. If you or anyone in your life struggles with this and needs support, please call 800-273-8255. It is sometimes necessary to mentally prepare yourself when processing upsetting information so please utilize any self-care techniques and/or support strategies that have been helpful to you in the past. For more information on self-care strategies, please see <https://www.nami.org/Your-Journey/Family-Members-and-Caregivers/Taking-Care-of-Yourself>.

According to a 2018 report by the Centers for Disease Control (CDC),¹ suicide is the second most common cause of death for children in the United States who are in the age group of 10 to 14 years old. It is also the second most common cause of death for individuals in the United States who are between the ages of 14 and 24 years old. However, not all suicidal tendencies end in a completed suicide. Individuals can also have suicidal ideation, make suicidal threats, and make suicidal attempts without ever dying by suicide. Suicide attempts peak during an individual's adolescent years,² which is the age group most often reported missing to the National Center for Missing & Exploited Children (NCMEC). It is difficult to identify any single factor that makes an individual more likely to have suicidal tendencies. Research shows that mental illness, abuse of drugs, and social turmoil often act in tandem to make a child more prone to suicidal tendencies.³ Given that these factors are also common in the missing children reported to NCMEC, this report examines the suicidal endangerment as well as other pertinent factors affecting the lives of this group of children. This report will examine the circumstances during three different time periods: before the missing incident, during the missing incident, and the immediate aftermath of their recovery. It also incorporates information from outside research to help contextualize patterns in NCMEC's data.

1 10 Leading Causes of Death by Age Group, United States – 2018, https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2018-508.pdf

2 The STOP Consortium et al, 2020

3 Ibid.

PRIOR TO THE MISSING INCIDENT

When a child is reported missing to NCMEC, there are three separate sub-categories for suicidal indicators: suicidal ideation and fantasies, threatening to commit suicide, and suicide attempts.⁴ Between 2015 and 2019, there were 13,288 children reported missing to NCMEC who were noted as having the suicidal endangerment. These children were reported missing during 20,639 different missing incidents. Children in this population ranged in age from 7 to 20 years old. Ninety seven percent of these cases were endangered runaways and 70% of these children

were missing from state care during their missing incident.

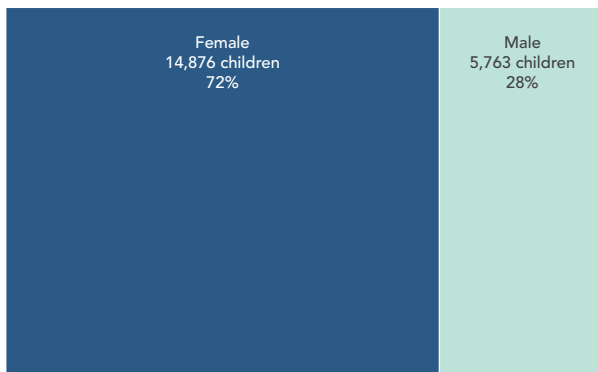
Data Spotlight: Suicidal Indicators

All children with suicidal ideation: 60%
Native American children with suicidal ideation: 75%
All children with suicide attempts: 28%
Asian children with suicide attempts: 33%

DEMOGRAPHICS

Throughout this report, there will be an emphasis on race and sex. Suicidal behaviors can differ due to one's sex⁵ and race⁶ and may affect one's ability to access mental health resources, or the willingness to report suicidal ideation.

Child's Sex

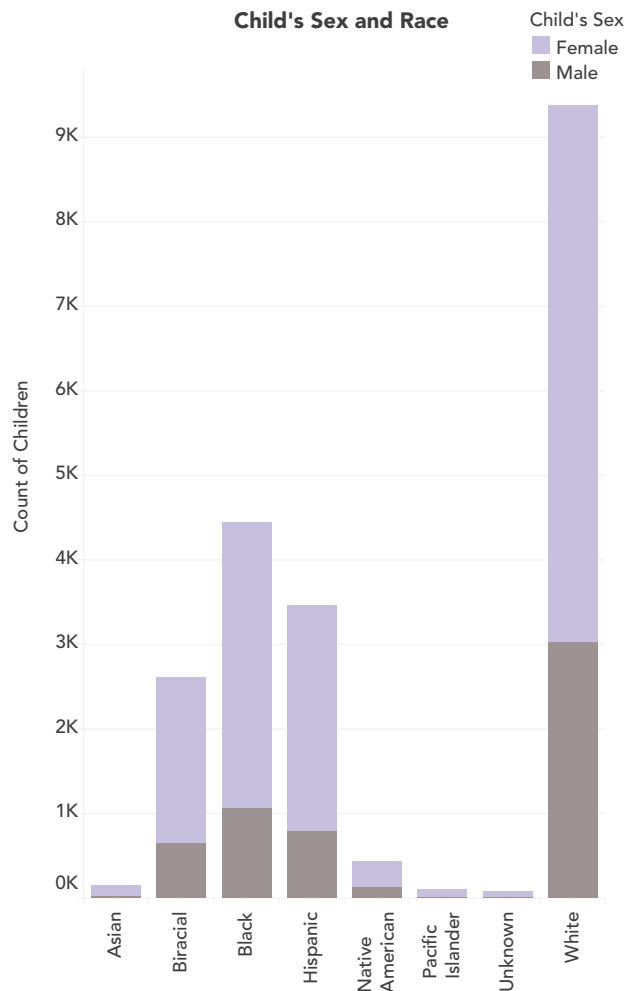


Demographic disparities: Black children make up 14% of the U.S. population but 22% of this data set. Native American children make up 0.8% of the U.S. population but 2% of this data set.

Child's Race

Race	Percentage	Count
Asian	1%	146 children
Biracial	13%	2,617 children
Black	22%	4,446 children
Hispanic	17%	3,465 children
Native American	2%	426 children
Pacific Islander	0%	101 children
Unknown	0%	72 children
White	45%	9,366 children

Child's Sex and Race



4 Nineteen percent displayed two or more types of suicidal indicators.

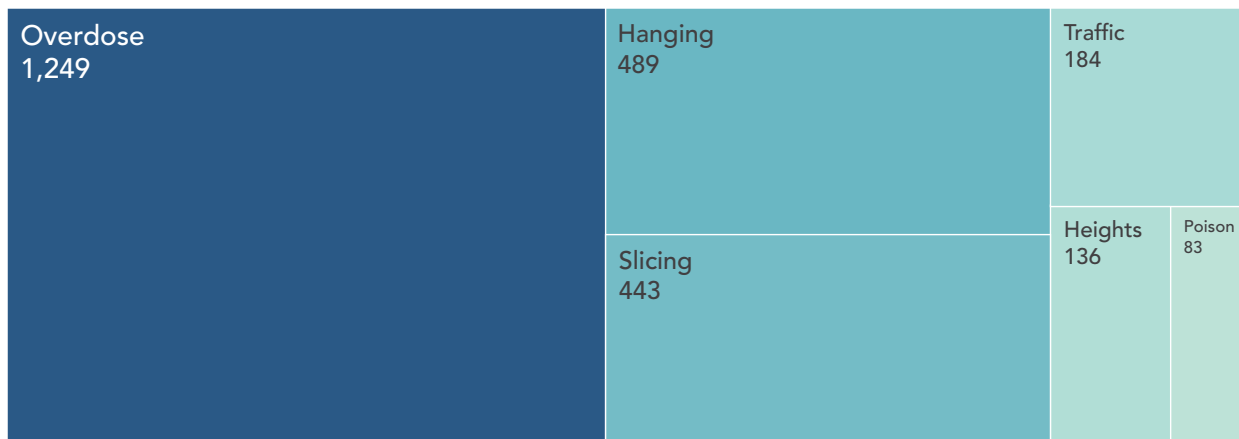
5 Hamilton & Klimes-Dougan, 2015

6 Means of Suicide, <https://www.sprc.org/scope/means-suicide>

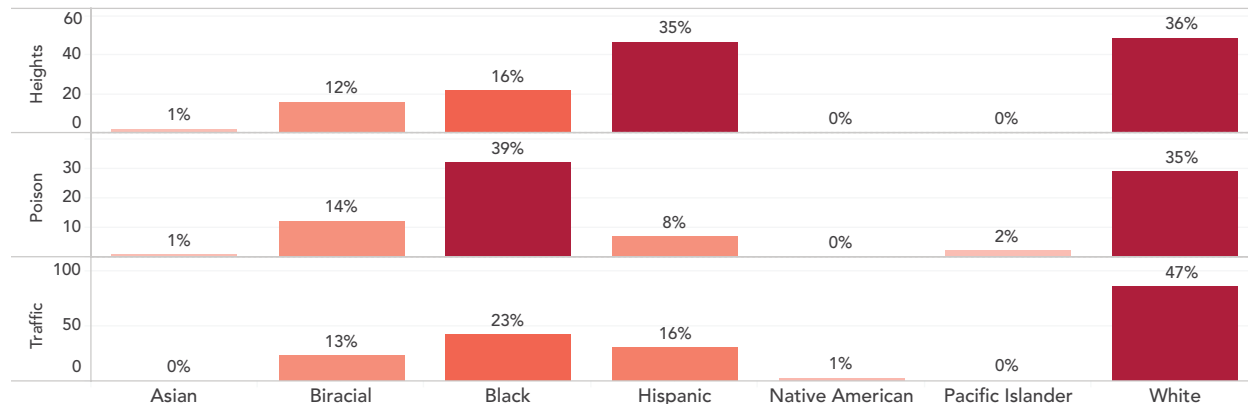
SUICIDE ATTEMPTS

Twenty-eight percent of these children had a known history of suicide attempts, but suicide attempt methods⁷ varied based on race and sex.

Most Common Suicide Attempt Methods



Suicide Attempt Methods: Heights, Poison, Traffic



The darker the bar, the more predominant that demographic is within that category of suicide attempts.

As a rule, White children were predominant across all methods. However Black and/or Hispanic children could be almost as dominant as their White peers when it came to methods that cause severe harm quite quickly. This is in line with studies that have shown that Black male children are disproportionately more likely than their White counterparts to choose immediately fatal suicide methods.⁸ Likewise, suicidality among Hispanic Americans (of all ages) is a relatively understudied phenomenon, but a study from 2017 showed that suicidal behaviors have been increasing among Hispanic Americans over the course of a decade.⁹

7 All of the following graphics display numbers for suicide attempts in which the attempt was stopped before the child's life was lost.

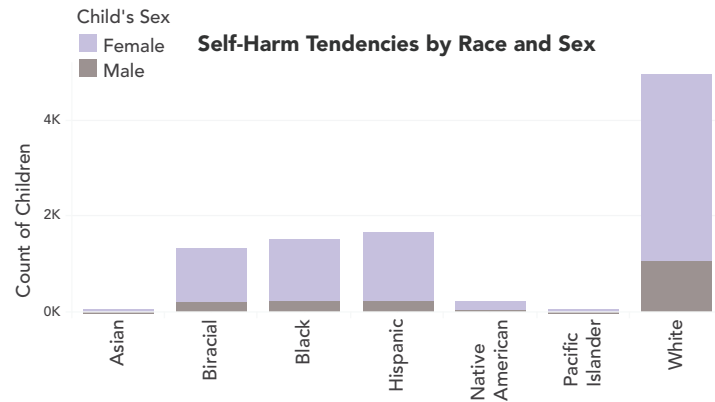
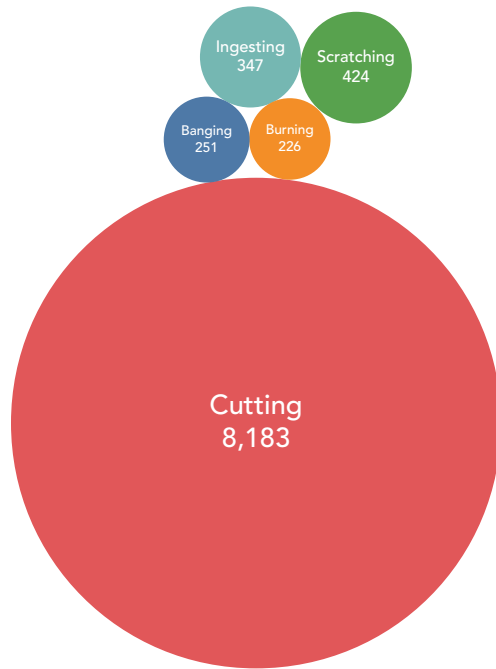
8 Ring the Alarm: The Crisis of Black Youth Suicide in America, https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf

9 Silva & Van Orden, 2018

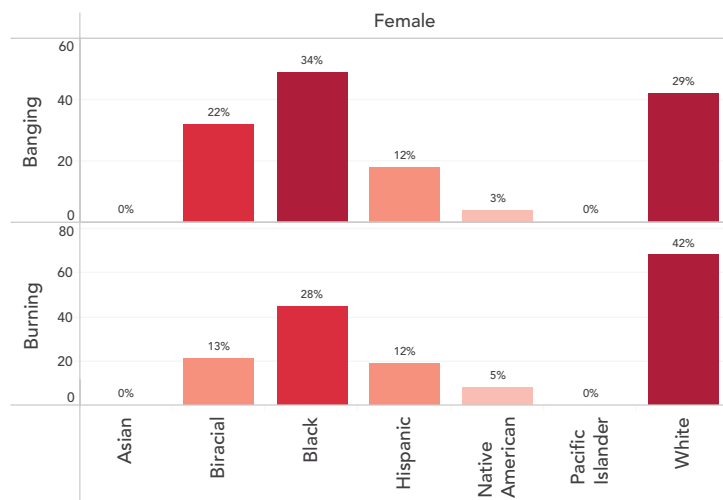
SELF-HARM

Nearly half (48%) of suicidal children also had a history of self-harm. While Non-suicidal Self-Injury (NSSI) is not an immediate precursor to suicide, studies have also shown that NSSI can be a stronger predictor of suicidal behaviors than previous suicide attempts.¹⁰

Most Common Self-Harm Attempt Methods



Self-Harm Methods in Female Children: Banging and Burning



The darker the bar, the more predominant that demographic is within that method of self-harm.

White female children comprised the majority for nearly all methods of self-harm, but Black female children were over-represented in the self-harm methods of burning or banging body parts. Self-harm was much less commonly reported among male children. However, this does not necessarily indicate that self-harm is not present among male children. Studies have found that male children may be less likely to seek out mental health services due to stigma pertaining to mental health treatment.¹¹ In addition, self-harm may present differently among males as opposed to females. Some studies have shown that males engage in self-harm more frequently throughout the day. They also may be more likely to engage in activities that may be perceived as acts of aggression rather than acts of covert self-harm. This includes actions such as punching or kicking walls.¹²

Data Spotlight: Self-Harm Behavior

3% of all children practiced 2 or more methods of self-harm

7% of Native American children practiced 2 or more methods of self-harm

¹⁰ Brent, 2011

¹¹ Victor et al, 2018

¹² Ibid

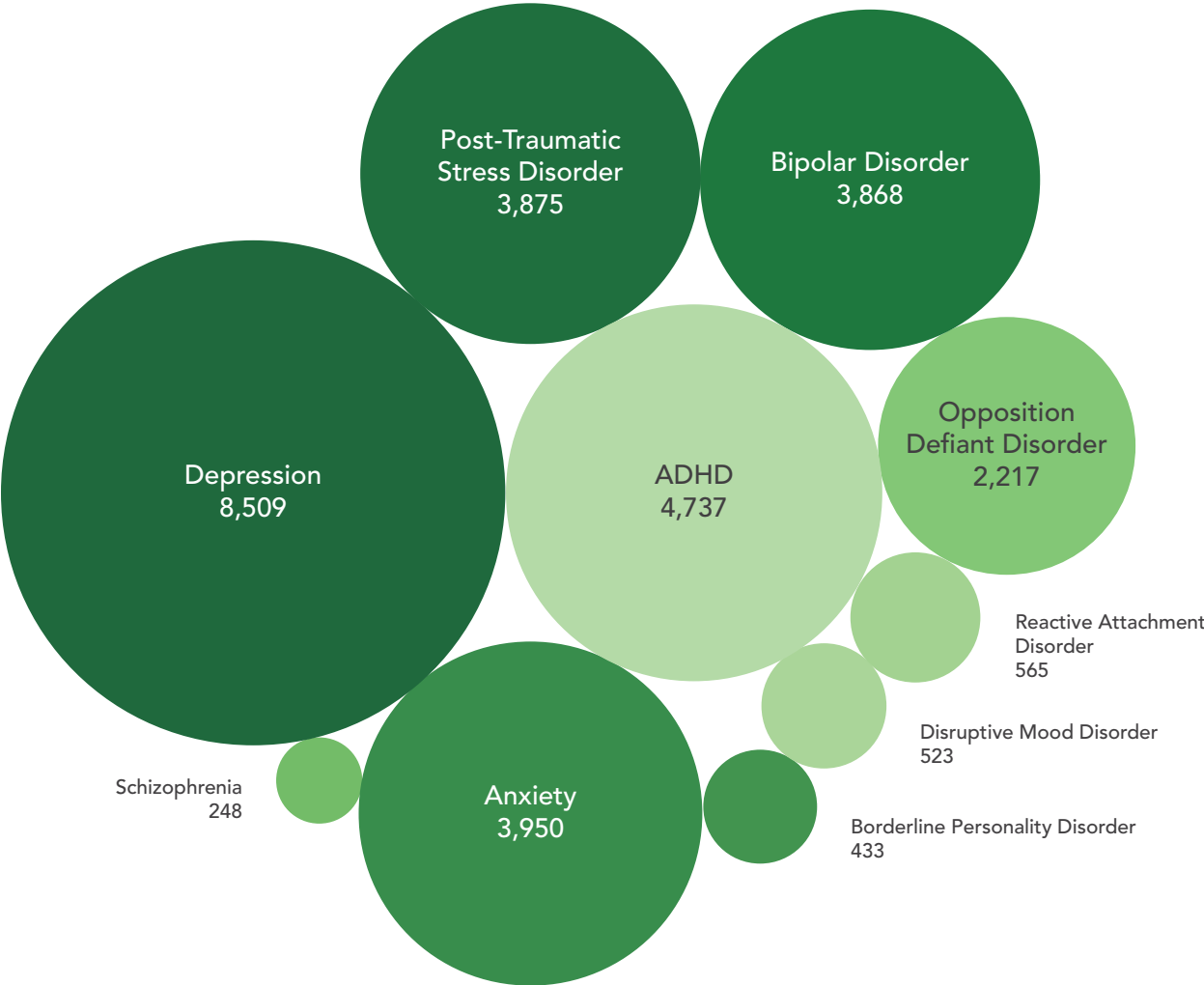
MENTAL ILLNESS

Suicidal behavior is very often linked to a mental disorder.¹³ A majority (77%) of these missing children had one or more diagnosed mental health conditions. The mental illness with the strongest correlation to an increased number of suicidal indicators was depression (41% of all children), anxiety (19%), post-traumatic stress disorder (19%), and bipolar disorder (19%).

Among missing children reported to NCMEC in this data set, all male children were less likely than their female counterparts to be diagnosed with depression, Black male children were much less likely to be diagnosed with depression compared to their Black female counterparts. The same pattern held true when comparing Black male children and White male children. Meanwhile, Black female children made up the highest proportion of children diagnosed with schizophrenia.

In the course of this analysis, NCMEC's three types of suicidal indicators were given a rank. Ideation was given the rank of 1, suicidal threats were given the rank of 2, and suicidal attempts were given the rank of 3. Mean ranking of these characteristics were tested against the different mental illnesses. Depression had the strongest correlation with high mean ranking of suicidal severity.

Most Common Mental Illnesses and Personality Disorders



The darker the circle, the stronger the correlation to suicidal severity.

13 Brådvik, 2013

DRUG USAGE

In this NCMEC data set, two thirds (67%) of these children were reported to have used drugs at some point. In addition, once again this endangerment was compared to mean ranking of suicidal severity. Drug use and higher means of suicidal indicators were also positively correlated; the more drugs a child was reported to have used, the higher the NCMEC suicidal indicators tended to be for that child. In the NCMEC data, the three types of drugs with the highest significant correlation to suicidal severity were marijuana, alcohol, and prescription pills.

Substance abuse is a strong predictor of future suicidal behavior.¹⁴ Some of this may be due to this population of children using drugs to self-medicate to cope with mood or anxiety disorders. A 2018 study found that self-medication to dampen the effects of mental illnesses such as depression and anxiety can turn into substance abuse over time.¹⁵

Data Spotlight: Drug Usage

All children who used 2 or more drugs: **41%**
Native American children who used 2 or more drugs: **59%**

LGBTQ CHILDREN

Within this population, it was possible to identify 462 cases (2%) that involved missing LGBTQ children.¹⁶ Nationwide, LGBTQ children are more likely than their non-LGBTQ counterparts to suffer from suicidal tendencies.¹⁷ This tendency generally held true within NCMEC's data, with LGBTQ children overall across most demographics showing slightly higher levels of suicidal indicators prior to their missing incident when compared to their non-LGBTQ counterparts.

In 2019, research by the Trevor Project had similar findings.¹⁸ In that study, 21% of LGBTQ youth who were children of color or Indigenous children had reported suicide attempts in the previous year, while 18% of their White LGBTQ counterparts had reported suicide attempts in the past year.

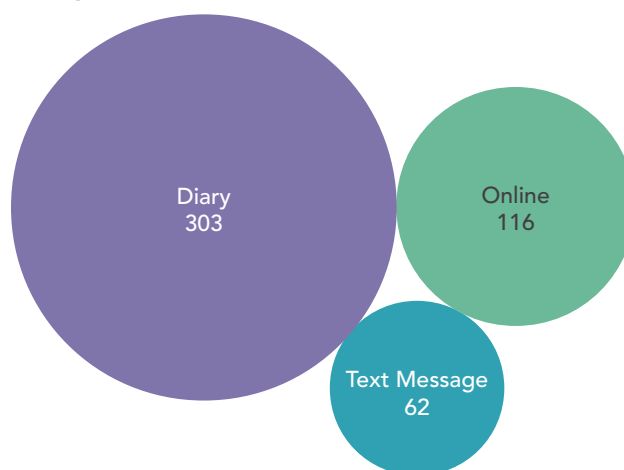
DURING THE MISSING INCIDENT

PRESENCE OF SUICIDAL COMMUNICATION

Suicidal notes left by an individual (letter/note, some type of electronic communication or other) are not a common component of suicide. A 2014 study by the American Association of Suicidology found that only 18.25% of the suicide deaths they studied over a six-year period involved a suicide note.¹⁹ Similarly, they were a rare presence in suicidal children reported missing to NCMEC. Only 2% of all missing incidents involved the presence of some type of suicide note, and only twenty children who left a note were recovered deceased.

Female children were predominant across all categories, as they have been throughout this analysis.

Types of Suicidal Communication



This does not include data related to three children who left suicide notes but are actively missing

14 Does Alcohol and Other Drug Abuse Increase the Risk for Suicide, <https://www.hhs.gov/answers/mental-health-and-substance-abuse/does-alcohol-increase-risk-of-suicide/index.html>.

15 Turner et al, 2018

16 This only includes children whose LGBTQ status was known to the person reporting them missing to NCMEC.

17 Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, <https://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6509.pdf>.

18 Research Brief: Suicide Attempts among LGBTQ Youth of Color, <https://www.thetrevorproject.org/2019/11/26/research-brief-suicide-attempts-among-lgbtq-youth-of-color/>

19 Cerel et al, 2014

WHEN CHILDREN WENT MISSING

As a rule, regardless of the child's race, the number of children with suicidal tendencies reported missing to NCMEC demonstrated the same pattern over the five years examined in this report. There were steady increases from 2015 until 2017, a decrease in 2018, and then an increase in 2019. This is due in large part to the passage of the Preventing Sex Trafficking and Strengthening Families Act, 42 U.S.C. § 671 (a)(35) in September 2014, which mandates that states report children who go missing from state care to NCMEC, and therefore increased the total number of children reported missing to NCMEC in general.

Season and Missing Incident: All Children

Season	Year				
	2015	2016	2017	2018	2019
Winter	23%	23%	23%	23%	23%
Spring	23%	24%	26%	27%	27%
Summer	27%	25%	25%	25%	24%
Autumn	28%	28%	26%	25%	26%

Season and Missing Incident: LGBTQ Children

Season	Year				
	2015	2016	2017	2018	2019
Winter	13%	13%	29%	28%	18%
Spring	26%	18%	16%	33%	24%
Summer	31%	31%	30%	14%	35%
Autumn	31%	38%	25%	26%	24%

Children missing during these five years were more likely to be reported missing during spring and autumn, particularly in May and October. Seasonality has been commonly linked to suicidal behavior; spring is the most common season for deaths by suicide.²⁰

Once again, while the vast majority of the suicidal children in NCMEC's data were recovered alive and had not gone missing due to a suicide attempt, it is thought-provoking that missing patterns among children with the suicidal endangerment mirror patterns of seasonality and suicidal behavior seen in other analyses. It is equally noteworthy that suicidal LGBTQ children are even more likely to have missing incidents reported in the autumn months, particularly because this is when children typically return to school. While it is possible that this may be because the child could then be subject to bullying, more analysis is needed.

MISSING DURATION AND REPEAT MISSING INCIDENTS

A majority of children (79%) were recovered after 48 hours or more. This proportion held steady – varying by at most 2% – regardless of whether a child had displayed any of the three suicidal indicators. Children who were recovered deceased were even more likely to be recovered after the 48-hour mark (88%). While it is key to act quickly in child abduction cases,²¹ it is also important to act quickly regarding the welfare of individuals who have suicidal tendencies. Multiple studies on the duration between suicidal ideation and suicidal attempts have shown that the time between the former and the latter can be incredibly short,²² often only being a matter of hours.

As with most factors in this analysis, average missing duration varied based on the child's demographics. However, regardless of sex, children of color and Indigenous children had a higher mean missing duration. This is in line with analysis of NCIC data that has shown that children of color and Indigenous children tended to have longer missing durations than their White counterparts.²³

Data Spotlight: Mean Missing Durations

White children: **22 days** missing
 Black children: **29 days** missing
 Hispanic children: **35 days** missing

Suicidal children could also have multiple missing incidents. A little over half (51%) of these children had more than 1 missing incident, and 5% had more than 20 missing incidents. Children had a mean number of 2 missing incidents, but the mean number of missing incidents varied based on the child's demographics.

20 Woo et al, 2012

21 Child Abduction Murder Research | Washington State, <https://www.atg.wa.gov/child-abduction-murder-research>

22 Duration of Suicidal Crises, <https://www.hsph.harvard.edu/means-matter/means-matter/duration/>

23 Van de Rijt, 2018

Mean Number of Missing Incidents: Child's Race

Pacific Islander	6 Missing Incidents
Native American	4 Missing Incidents
Biracial	2 Missing Incidents
Black	2 Missing Incidents
Hispanic	2 Missing Incidents
White	2 Missing Incidents
Asian	1 Missing Incidents

Mean Number of Missing Incidents: Child's Race and Sexuality

	LGBTQ Children	Non-LGBTQ Children
Children of Color and Indigenous Children	5 Missing Incidents	2 Missing Incidents
White Children	3 Missing Incidents	2 Missing Incidents

AFTER THE MISSING INCIDENT

RECOVERY CIRCUMSTANCES

Nearly all (99%) of missing children with suicidal tendencies who have been reported missing to NCMEC have been recovered. Of the children that have been recovered, only 0.4% were recovered deceased.²⁴ Children were recovered in a large variety of ways. For white children, the most common (39%) method of recovery was police investigations. For children of color and Indigenous children, the most common (42%) method of recovery was that they came home on their own.

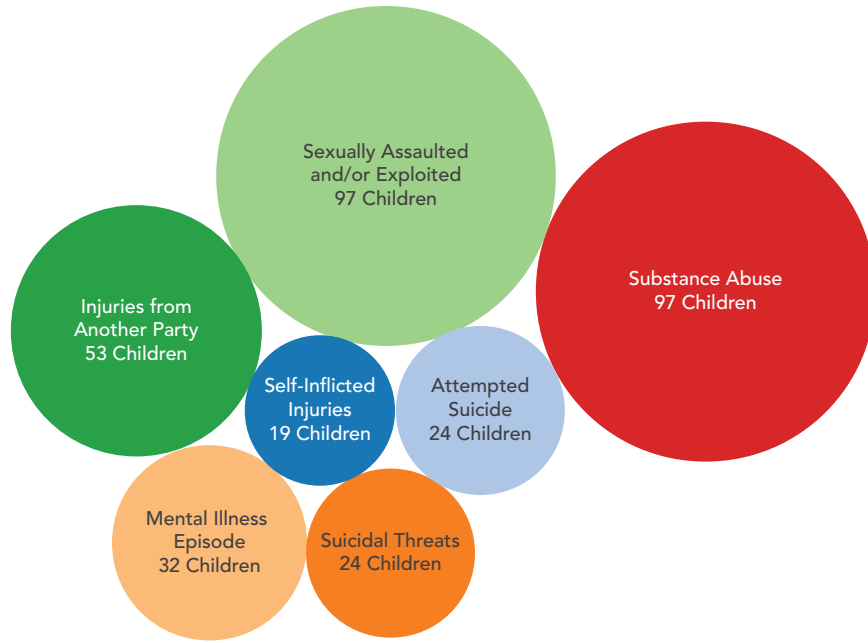
CHILDREN RECOVERED IN POOR CONDITION

While most children tended to be recovered in good condition (with percentages ranging from 85% to 87% depending on the child's race), a small proportion (1%) were recovered in poor condition. The reasons for their poor recovery state varied.²⁵

²⁴ Not all of these children were recovered deceased due to suicide. Some were the victims of homicide or were deceased due to accidental or natural causes. Therefore, this data will only examine children who were recovered deceased due to suicide.

²⁵ Sometimes the children had more than one condition.

Reasons for Child's Poor Condition



Suicide Attempts During Missing Incident

Gunshot	1 Children
Hanging	2 Children
Overdose	15 Children
Traffic	1 Children
Unknown	5 Children

CHILDREN RECOVERED DECEASED DUE TO SUICIDE

Between 2015 and 2019, 52 children reported missing to NCMEC were recovered deceased due to suicide. Forty-two percent had not been flagged with the suicidal endangerment. There could be a variety of reasons for this. For example, not all children who are suicidal make their struggles known. In addition, they might have expressed it to someone, but not to the individual who called NCMEC.

Deceased Children and Manner of Suicide: Demographics

	Female	Male
Blunt Force Trauma	1 Children	2 Children
Drowning	1 Children	8 Children
Gunshot	3 Children	15 Children
Hanging	2 Children	7 Children
Hanging/Strangulation	2 Children	2 Children
Unknown	2 Children	7 Children

In the realm of suicide research, females are more likely to attempt suicide, but males are more likely to choose suicidal methods that are more immediately lethal.²⁶ This proved to be the case for NCMEC's data regarding children who died by suicide.²⁷

While female children have been predominant throughout this report, male children make up a much higher proportion of children who were recovered deceased due to suicide during this time period. For Black children and Native American children, only male children were recovered deceased.

²⁶ Means of Suicide, <https://www.sprc.org/scope/means-suicide>

²⁷ How Do People Most Commonly Complete Suicide, <https://www.hsph.harvard.edu/means-matter/basic-suicide-facts/how/>

CONCLUSION

Synopsis

The issue of suicidal behavior among missing children is incredibly complex. It often involves a multifaceted intersection between mental illness, interpersonal struggle, family history, physical health, systemic bias, and inability to access adequate healthcare. While nearly all of these children were recovered alive, it is clear that many of them suffered a great deal before and during their missing incident. In order to combat suicide, it is crucial to understand the circumstances faced by those who are suffering from suicidal tendencies, both individually and as a group.

If you or anyone you know is feeling suicidal, please contact the National Suicide Prevention Lifeline at 800-273-8255. The national lifeline is staffed 24 hours a day.

DEFINITIONS

Case Status

Active – Cases are categorized as active when a child is still missing, and law enforcement has an active police report on the child’s disappearance or a Hague application is on file with NCMEC or the U.S. State Department.

Resolved – Cases are categorized as resolved when any of the following criteria are met: the child returns home to their parent or legal guardian; the child will remain in the custody of law enforcement; or the child is in contact with their parent or legal guardian but will not be returning home and the parents/legal guardian and law enforcement are satisfied with the situation. A child’s case can only be labeled recovered/deceased if their body has been found and they have been positively identified.

Case Types

Endangered Runaway or ERU – Any missing child between 11 and 17 years of age who is missing of his or her own accord and whose whereabouts are unknown to his or her parent(s) or legal guardian.

Family Abduction or FA – A family abduction is defined as the taking, retention or concealment of a child, younger than 18 years of age, by a parent, other person with a family relationship to the child, or his or her agent, in violation of the custody rights, including visitation rights of a parent or legal guardian.

Lost, Injured or Otherwise Missing or LIM – Lost, injured or otherwise missing is defined as any missing child younger than the age of 18 where there are insufficient facts to determine the cause of the child’s disappearance or any child 10 years of age or younger who is missing on his or her own accord.

Missing Young Adult or MYA – A missing person 18 years of age or older but younger than the age of 21. This category is derived from Suzanne’s Law, a provision in the PROTECT Act of 2003 (codified at 34 U.S.C. § 41307), which extends to missing young adults the same reporting and law enforcement response requirements already provided for children younger than 18 years of age.

Nonfamily Abduction or NFA – A nonfamily abduction is defined as the unauthorized taking, retention, luring, confinement or concealment of a child younger than the age of 18 by someone other than a family member.

Race

NCMEC uses the following language interchangeably, depending on the context: Native American and Indigenous communities. When discussing data about these communities along with other racial and ethnic data, we use the phrase children of color and Indigenous children.

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