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Silent Cry: A Comprehensive Review of Child and Adolescent Suicides – Risk Dynamics, Epidemiology, and Prevention Approaches

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ABSTRACT

Child and adolescent suicides represent a complex and multidimensional phenomenon that has become increasingly visible in both clinical psychiatry and public health on a global scale. This phenomenon cannot be adequately explained solely through individual psychopathology, as it emerges from the interaction of biological, psychological, social, cultural, and digital factors. According to the World Health Organization [2], suicide is among the leading causes of death, particularly during adolescence.

This comprehensive review examines child and adolescent suicides within the frameworks of developmental psychology, psychopathology, sociology, and digital media influences. It systematically explores risk factors and protective factors, as well as media-related behavioral contagion and prevention mechanisms such as the Werther effect and Papageno effect. Additionally, it critically evaluates online grooming processes, migration-related stressors, trauma exposure, and intra-family abuse dynamics as multidimensional risk domains.

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Introduction

Child and adolescent suicides are widely recognized as one of the most complex and multifaceted mental health problems in contemporary societies. This phenomenon cannot be reduced to internal psychological processes alone, as it is shaped within a broad and dynamic interactional system. Childhood and adolescence constitute critical developmental periods during which identity formation, emotional regulation capacities, social relationships, and self-concept are fundamentally structured. Consequently, adverse experiences during these stages may not only influence immediate psychological states but also determine long-term resilience trajectories.

From a neurodevelopmental perspective, adolescence represents a particularly sensitive period. The incomplete maturation of the prefrontal cortex limits impulse control and risk assessment capabilities, while the limbic system tends to dominate emotional reactivity [1]. This neurobiological imbalance renders adolescents more vulnerable to stressful life events. Such vulnerability becomes especially pronounced in contexts of social rejection, familial conflict, and academic failure.

Epidemiology and Age Distribution

Child and adolescent suicides are predominantly concentrated in the 15–19 age group, a developmental period characterized by identity formation, restructuring of social roles, and increased academic pressure. Although suicide rates in younger age groups are comparatively lower, recent trends indicate a concerning increase.

In younger populations, suicidal behavior is more frequently associated with severe family neglect, abuse, and traumatic life experiences [5]. In terms of gender distribution, completed suicides are more prevalent among males, whereas suicide attempts are more common among females [6].

Risk Factors

Child and adolescent suicide is a multifactorial phenomenon. At the individual level, major risk factors include depression, anxiety disorders, post-traumatic stress disorder, low self-esteem, and hopelessness [7].

At the familial level, emotional neglect and parental psychopathology significantly weaken secure attachment formation. At the social level, peer bullying, academic pressure, and social exclusion represent critical risk factors. In digital environments, cyberbullying and social comparison processes further intensify vulnerability.

Developmental Dynamics of Suicidal Behavior

Suicidal behavior is generally not an abrupt phenomenon but rather a gradual process. It typically begins with intense stress and emotional distress, followed by the emergence of suicidal ideation. In some cases, this progresses to planning and attempts. Due to heightened impulsivity during adolescence, this progression may occur more rapidly compared to adults.

Digital Risks: Werther Effect, Papageno Effect, and Grooming

The digital age has introduced new risk domains associated with suicidal behavior. The Werther effect refers to the increase in

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suicidal behavior following media exposure to suicide-related content [4]. This effect is particularly pronounced among adolescents due to their tendency toward identity-based modeling.

In contrast, the Papageno effect demonstrates that exposure to hope-oriented and solution-focused narratives may exert a protective influence against suicidal behavior [8].

Online grooming refers to the manipulation and emotional exploitation of children and adolescents in digital environments. Although not a direct cause of suicide, grooming increases vulnerability through pathways involving depression, trauma, isolation, and reduced self-esteem [6].

Migration, Trauma, and Intra-Familial Abuse Contexts

Migration constitutes a significant psychosocial stressor for children and adolescents. Forced migration due to war or economic conditions may lead to cultural adaptation difficulties, identity conflicts, and social exclusion, thereby increasing psychological vulnerability [9].

Intra-familial trauma, particularly including sexual abuse and incest, represents one of the strongest risk factors for suicidal behavior. Such experiences severely disrupt trust, generate profound guilt and shame, and contribute to long-term suicidal ideation [2,10].

Protective Factors

Protective factors operate across multiple ecological levels.

At the family level, emotional warmth, secure attachment, and open communication are essential. At the individual level, resilience, problem-solving skills, cognitive flexibility, and hopefulness play central roles [11]. At the social level, peer support and school connectedness reduce vulnerability. At the structural level, reduced stigma, improved access to mental health services, and increased mental health literacy serve as protective mechanisms. Digital literacy also contributes to reduced exposure to harmful online environments.

Prevention Strategies

Suicide prevention requires a multilevel and integrated approach.

Primary prevention includes mental health education, life skills training, and media regulation. Secondary prevention focuses on early identification through school-based screening programs and intervention systems. Tertiary prevention involves post-attempt interventions, including psychotherapy and crisis management services.

Digital prevention strategies include algorithmic content moderation, regulatory frameworks, and the promotion of Papageno-effect-based narratives. Intersectoral collaboration among education, health, and social service systems is essential.

Role of Play and Digital Gaming

Contemporary transformations in childhood play represent an important developmental dimension. Traditional unstructured play supports emotional regulation, symbolic thinking, and social bonding. However, increasing engagement with digital games has altered these developmental pathways.

While digital gaming may enhance certain cognitive and social skills, excessive or maladaptive use may contribute to sleep disturbances, social withdrawal, reduced physical activity, and emotional dysregulation. Competitive gaming environments may also increase frustration sensitivity and impulsivity. Moreover, online gaming spaces may expose young individuals to cyberbullying, toxic interactions, and intensified social comparison processes.

A decline in unstructured play may indirectly weaken resilience development and coping capacities.

Discussion

Child and adolescent suicides are increasingly recognized as a complex public health issue that cannot be adequately explained by individual psychopathology alone. A comprehensive understanding of this phenomenon requires an interdisciplinary approach incorporating developmental psychology, sociology, cultural anthropology, neuroscience, and digital media studies.

From a sociological perspective, Durkheim's theory of suicide remains highly relevant. Concepts such as anomie and lack of social integration are particularly applicable to adolescence, where weakening social bonds may reduce perceived social support. Increasing individualization and weakening traditional support structures contribute to feelings of loneliness and lack of belonging.

Bronfenbrenner's ecological systems theory provides a comprehensive framework for understanding suicidal behavior. Disruptions at the microsystem (family), mesosystem (school and peers), exosystem (parental work conditions), and macrosystem (cultural values) levels may collectively contribute to psychological vulnerability. Attachment theory further emphasizes the importance of early caregiver relationships in shaping emotional regulation and stress responses. Insecure attachment patterns are associated with increased loneliness, emotional dysregulation, and fear of abandonment.

Digitalization has become a central factor in contemporary suicidal behavior. Algorithmic structures of social media platforms may reinforce emotional states through repeated exposure to similar content, thereby intensifying depressive cognitive cycles. The Werther effect has thus evolved into a digitally mediated behavioral contagion mechanism.

Conversely, the Papageno effect highlights the protective potential of digital narratives emphasizing coping strategies and resilience. However, uncontrolled content dissemination often amplifies risk-related narratives more rapidly than protective ones.

Migration processes introduce additional psychological burdens through cultural displacement, identity fragmentation, and social exclusion. Cultural adaptation stress may contribute indirectly to depressive symptomatology and suicidal ideation.

Adverse Childhood Experiences (ACEs) are among the strongest predictors of suicidal behavior. Chronic neglect, emotional abuse, and sexual trauma may lead to long-term neurobiological

alterations, particularly within the hypothalamic-pituitary-adrenal axis, reducing stress tolerance capacity.

Intra-familial abuse, especially incestuous trauma, creates profound psychological paradoxes in which the caregiver is simultaneously perceived as both a source of safety and threat. This condition reinforces learned helplessness and perceived entrapment, significantly increasing suicide risk.

Online grooming processes represent another critical modern risk factor. These gradual manipulative processes undermine psychological boundaries, foster dependency, and reduce self-esteem over time, making detection difficult.

Overall, child and adolescent suicides must be understood as the outcome of a complex ecological system involving interacting biological, psychological, social, cultural, and digital determinants. Therefore, prevention requires integrated multi-level interventions rather than isolated clinical approaches.

Conclusion

Child and adolescent suicides constitute a major public health concern emerging from the interaction of biological, psychological, social, and digital factors. Effective prevention can only be achieved through comprehensive, multidisciplinary, and systemic strategies.

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