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THE DETERMINING FACTORS OF JUVENILE SUICIDE – CASE OF KYRGYZSTAN

In recent years, there is a rapid pace of growth in suicide and attempted suicide among youth in Kyrgyzstan, a small Central Asian country. The study aims to predict socio-economic, psychological, and other contextual determinants of suicide actions among youth based on a qualitative research through face-to-face interviewing. The research limits its scope with only the southern region of Kyrgyzstan, Jalal-Abad, where the suicide and attempt to suicide among youth in relation to general population was higher than other regions of the country. Nationwide research for the suicide among youth in Kyrgyzstan can be planned for future studies as a second phase of the project. Methods: For this research, parents, other close relatives, schoolteachers, neighbors and peers of victims are involved into a face-to-face interview. Additionally, the research also interviewed youth who chanced to survive after an attempt to suicide. Results: The results of the research indicate that many factors such as, social, economic and psychological that influence suicidal behavior among youth. Conclusion: However, the most influential were found to youth's relationship with parents, teachers and peers; nonexistence of both parents (divorced, died) in the family, contagion, family income, psychological situations of youth and depression.

Key words: Suicide, youth, parental affection, parental relationship, public policy, maltreatment, family income, peer relationship, teacher, and depression.

Introduction

In recent years, there is a rapid pace of growth in suicide and attempted suicide among youth in Kyrgyzstan. Based on the number of reports, the suicide is considered as a major cause of death among young people (Bridge, J. A., Goldstein, T. R., and Brent, D. A., 2006; Lazarus and Kalafat, 2001). For instance, in Jalal-Abad province annually 20 to 25 juveniles on average commit suicide. On the other hand, on average 10 to 15 juveniles are killed in traffic accidents per year (which is considered to be the deadliest killer of children) (Police report, 2014). Various concerned institutions and organizations discussed a number of reasons for defining sources of suicidal behavior among minors without specific scientific evidence. This study questioned and discovered several factors pushing juveniles to suicidal behavior through case analyses method. It is safe to claim that unattended minors are at the main risk group. It is a fact that parents of most families in the southern regions have left their children in the care of grandparents or other relatives and have migrated to Russia due to lack of job opportunities in Kyrgyzstan. Thus, a lack of parental affection and maltreatment by guardians can lead children to the suicidal behavior. Moreover, structural family problems, such as polygamy, divorce, sexual harassment and treachery are considered as major pushing factors.

Involvement and failure of incompetent authorities in the process of prevention of suicide can be considered as another harming factor leading the youth to the suicide. De facto, the police is the accountable for suicide prevention among youth in Kyrgyzstan. Preventive police measures represented through lectures in schools and among teenagers illustrate ineffectiveness and wrongfulness of this approach, since police is not an authority which can provide youth with necessary psychological support before and after the suicide attempt. Also, some officials and members of local communities argue that by organizing lectures on suicide among teenagers, lecturers unconsciously put an idea of suicide into youths' mind, so that it can push them toward this behavior instead of saving them.

This study aims to carry out a qualitative research of the problem based on the method of interviews with relatives (parents, relatives), friends, neighbors, teachers, and other relevant bodies for the determination of socio-economic, psychological, and other causes of suicide among juveniles. Face to face interviewing allows us to obtain a deep understanding on root causes of the suicide in question through asking open-ended questions. This study limits its scope of research with only Jalal-Abad province, where an attempt to suicide and completed suicide among children were quite high in relation to the general popu-

lation. A nationwide study of suicide among young people in Kyrgyzstan can be scheduled for further study as a second stage of this work. For this study, the face to face interview was deployed to parents, close relatives, school teachers, neighbors, police inspectors and peers of victims. Moreover, the study analyzes interviewees of juveniles survived the suicide attempt. The focus of the study is given on the socio-economic and psychological factors that determine the suicidal behavior among juveniles. These factors include the relationship of juveniles with their parents, teachers and peers and the existence of both parents (divorced, died, etc.) in the family, number of children in the family, other family problems, family income, psychological state and depression.

Literature

Suicide and attempted suicide among adolescents has become a major health problem in the world (Lazarus and Kalafat, 2001; Bridge et al., 2006; Duarte and Molina, 2006; Zotov, 2011). Bridge et al. (2006) argue that suicide is one of the leading causes of death among young people. Suicidal behavior among juveniles is explained by various factors, such as mental and physical disorders, personality and psychological characteristics, family factors, biological, infection, access to lethal agents, intervention and clinical management. For example, Lazarus and Calafat (2001) argue that suicidal behavior is a culmination in spite of a sequence of life course, where the risk factors caused by a variety of spheres of influence. Consequently, suicidal behavior is not only the result of current life stressors, but rather a process of erosion of suicide (Lazarus and Calafat, 2001).

On the other hand, Rozanov (2013) argues that suicide is hereditary. According to Rozanov (2013), family history of suicidal behavior can be fixed with common genes, or inherited from a common family environment. Other scientists have also found that a family history of suicidal behavior can predict suicide attempt (Bridge et al., 2006). Many scientists have shown that suicidal behavior is a genetic which transfers from parents to children through genes (Grossman C. David, B. Carol Miligan, and Richard A. Deyo, 1991; Bridge et al., 2006). On the other hand, Bridge et al. (2006) see family-environmental factors as sources of suicide attempts among adolescents. These factors include family problems (lack of communication among family members, poor relations between family members and children, family disintegration), loss (death, divorce, spouses, parents), family relations (the quality of parent-child relationship), and abuse (Bridge et al., 2006, pp. 379-380). Lack of parental control, miscommuni-

cation and negative relationship between father and child, are also the factors leading to suicidal behavior among juveniles. On the other hand, the cohesion of the family, a positive relationship with the parents of the child, joint pastime, parental supervision, and high positive parental qualities are protective factors against suicide attempts (Bridge et al., 2006, p.380).

Furthermore, Nock, M., Hwang, I., Sampson, N. and Kessler, R. (2010) argue that the suicidal behavior is closely associated with all types of mental disorders and the risk of suicide for people with mental disorders is higher for them. Bridge et al. (2006) also point to the importance of the psychological aspects of suicide attempts among juveniles. Authors claim that, a psychological explanation for suicide include certain determinants, such as personality disorders/impulsive aggression (tendency to react to frustration or provocation with hostility or aggression), neuroticism (temperamental tendency to experience longer and heavy range of negativity in response to stress), low self-esteem and depression and hopelessness because of depression, perfectionism (unrealistic high expectations), and not heterosexual orientation (Bridge et al., 2006; pp. 378-379).

On the other hand, Molina and Duarte (2006) in their piece review the economic perspective of juvenile suicide. Coming from the point that bigger cohort size develops greater suicide rates because of employment competition. Molina and Duarte (2006) claim that the economic pressure and its consequences imply huge psychological anxiety that affect individual behavior and thus raise the possibility of suicide. The founders of economic suicide theory, Hamermesh and Soss (1974), earlier had claimed that the response to an unemployment in hard times develop suicidal behavior, especially among young age groups.

Another important finding among causes of suicidal behavior was the use of psychoactive and psychotropic substances that may predict suicidal behavior (Molina and Duarte, 2006; Zorogly et al., 2003; Grossman et al, 1991). According to Molina and Duarte (2006, p. 423), the consumption of alcohol and illicit drugs among adolescents leads to suicidal behavior that include all incremental steps of suicidal thoughts and attempts, actual suicide, and suicide, ending with serious injuries or death. Moreover, Grossman et al. (1991, p. 872) in his study emphasizes that the rate of alcohol consumption is also a factor for suicidal behavior, where he has proved that weekly consumption of strong alcoholic beverages is significantly associated with suicide attempts among Indian adolescents. Similarly, Zorogly et al., (2003) show that overdosing substance was revealed as one of several tools mainly used to perform an attempted suicide among adolescents.

The consensus among scholars and practitioners shows that suicidal behavior among adolescents is contagious (Mercy et al, 2001; Gould, 2001; Gould, M., Jamieson, P. and Romer, D., 2003). Gould et al. (2003) argue that there is an ample evidence in the literature on the effect of several tools, such as lectures, media, show that suicide is «contagious». Suicide quickly and spontaneously spread among juvenile groups. Similarly, in southern Kyrgyzstan, the police, social workers, parents and education departments were reportedly expressing concerns that such suicidal behavior is contagious and opposed to hold lectures and seminars on suicide prevention in public schools.

Furthermore, Bandura's (1977) theory of social learning is another aspect clearly indicating suicide as contagious. Social learning theory states that our behavior is observed, formed and learned through modeling (Bandura, 1977). Gould (2001) in his study found that the amount of the increase in suicides after broadcast stories about suicide proportional to the amount, duration and intensity of the media that was broadcast this topic. Gould et al. (2003) in their study did a content analysis of 10 top newspapers and data from the Internet Movie Database (IMD) and found that 60% of newspapers posted their suicide related stories in the first nine pages, and in recent decades illustration of suicidal behavior in the movies has occurred nearly in 1 out of 10 movies. Therefore, public authorities must take into account in the process of preparation, management and development of recommendations for the media and other means. There is a need for a strong state policy regulating broadcasting, lectures and seminars on these topics.

Another important aspect in suicide prevention among juveniles is clustering. Victims of suicidal behavior are the juveniles who are living within the same geographical proximity and closeness in time with previous victims (Johansson, L., Lindqvist, P. and Eriksson, A., 2006; Wilkie, C., Macdonald, S. and Hildahl, K., 1998; Gould, M., Wallenstein, S., Kleinman, K., O'Carroll, P. and Mercy, J., 1990; Gould, M., Petrie, K., Kleinman, M. and Wallenstein, S., 1994). There are two types of clusters, statistical clusters and clusters of infectious (Johansson et al., 2006). The statistical cluster, a predetermined number of cases can not be part of the definition, because the clustering base will depend on the size and speed of suicide study population. In order to determine the cluster growth it should be statistically significant, and not just any rise above average. On the other hand, the cases of infectious clusters should be three or more (Johansson et al., 2006). Johansson et al. (2006) in their work analyzed two clusters that occurred in two different areas. They found that juveniles from each cluster knew each other and were great similarities between the cases.

Moreover, Wilkie et al. (1998) have utilized the methodology of case analysis to cluster the completed and attempted suicide in time and place where the 6 completed and 19 attempted suicides were committed during the two and three months of periods respectively in a small community (Manitoba, France). Analysis of each suicide case showed that completed suicide behaviors tend to have some common characteristics clustered in time, being aware of others' prior suicide attempt, and having some medical illnesses (health problems). Although this study has come up with outcomes which are less generalizable, they show that previous suicidal behaviors were to have some contagious effect on others in close environment.

Therefore, the infectiousness of suicide may contribute some juvenile suicide in the cluster (Johansson et al., 2006). Similarly, Gould et al. (1990) investigated the suicide according to the National Center for Health Statistics on the basis of age characteristics in the space-time clusters. Based on the four local units (i.e., county, city, etc.), and five units of time critical (i.e., 7 days, 14 days, etc.) they found that clustering is observed mainly in a younger age groups (15-19 and 20-24 year olds) in the three critical time units. Thus, clustering is an important tool in developing policies for suicide prevention among juveniles.

Methodology

The current research was conducted in Jalal-Abad province, in August 2014. Suicide cases committed in four districts of the region during the years 2011-2012 were chosen for the research. Methodologically, newly committed suicide cases are not suggested to be studied since parents and other relatives are less likely to provide true answers for the questions because of their loss of either son, daughter or sibling. Thus, those cases, which have occurred within the last twelve months, were not included into the study. The interviews were conducted at victims' homes with an assistance of local juvenile police officer, who did not take part in the process of interviewing. Since suicide culturally accepted as a shameful behavior for the family, people try to keep everything in secrecy. Consequently, participation of a police official is vital for productive communication with parents and relatives of the victims. It is safe to claim that assistance of police in an interview might negatively cause respondents to give correct answers. However, without juvenile police assistance victims' parents, friends and relatives would not come for a contact. Juvenile police inspection is a unique police force at the Ministry of Interior of the Kyrgyz Republic, which directly works with juveniles, and each police officer serves closely located 7-8 schools.

The data for the analysis of this study consist of interviews with parents, close relatives, teachers, neighbors, and relevant authorities (police, social protection agency and local government). A questionnaire with 22 questions have been carefully prepared through an elaboration of suicide literature and findings of previous studies in this field. During the interviews, 19 from the 23 suicide cases were reached out and more than 80 people were interviewed. For each case, approximately 4-5 persons were interviewed, which includes parents or other close relatives (grandparents, siblings), neighbors, and teachers at school. The participants of the interview were explained their rights and were guaranteed with the consent that their personal information under any circumstances will not be disclosed and will be stored anonymously.

According to the results, it is found that for the year 2012 in all 20 cases of suicide among juveniles were reported in 4 regions of Jalal-Abad province. The analysis illustrate that all facts registered in 4 regions were in close range, and in the interview in many cases, the parents of the victims claimed that their children had heard about other facts of past suicide cases. Consequently, based on the results and the literature it can be argued that the fact of suicide among juveniles can be contagious.

Results

In this qualitative research, overall 19 (20) suicide cases were studied through interviews of 4 or 5

associated people of each suicide victims. As early mentioned, around 80 people were interviewed for the study. Based on the demographic characteristics, youth that exposed to the suicidal behavior differ from each other based on their gender, age, ethnicity, and family structure. Results showed almost half of the victims were males (53%) while other half were females (47%) in particularly studied suicide cases (see Table 1). The suicidal behavior among teenagers is slightly different between genders which means that the suicide is more likely to happen among males rather than females, but equally puts both gender in danger. It is reasonable to have both genders equally represented by the rate of suicide since social, health, and other contextual problems affect all genders in the same manner. It is noteworthy to note that another difference in suicide based on gender is a rate of survival. Suicidal behavior is deadly among males since they never survived which might be explained by physical and psychological distinctions from females (strong physical capabilities and strong mindedness toward suicide). On the other hand, observations showed that 44.5% females survived the suicide when other 55.5% ended up with committing it. Chances for survival among females might also be articulated to gender distinctions inherent in females. One of the female victims survived the suicide when she hanged herself with the rope while two others survived when one attempted by throwing herself out of running car and another survived when she had thrown herself into a river from a bridge.

Table 1 – Gender differences in juvenile suicide cases

Gender differences Number/percent of victims	Male		Female		Total	
	No	%	No	%	No	%
Overall suicide	10	52.64	9	47.36	19	100.0
Completed suicide	10	66.66	5	33.33	15	100.0
Attempted suicide (survived the suicide)	0	0	4	100.0	4	100.0

One of the interesting points in suicidal behavior among youth in Kyrgyzstan is a way how they commit the suicide. Almost 90% of the youth committed the suicide by hanging themselves with a rope. This means that hanging themselves with the rope is the most preferred way applied by juveniles for the suicide. Among all cases, only two of high school students attempted to suicide by poisoning or throwing herself out of the car or to the river. Another interesting moment in studied cases is that those juveniles who had chosen other methods rather than hanging themselves have managed to survive in contrast to those who had hanged with the rope.

The current study clearly shows that more than 95% of juveniles who committed the suicide by hanging themselves did not survive. To study the “hanging” as the mostly applied way and inherent in youth mind might be a good suggestion to others for further researches. Adedoyin and Salter (2013) indicate that committing the suicide by using firearms is a number one method applied to kill himself/herself among African American adolescents in the US. This way of committing the suicide might be explained by the highest rate of availability of firearms in American population. However, selection of one among other several ways to kill themselves could be also explained by cultural issues.

Table 2 – The Determinant factors and dependent variables in juvenile suicide cases

Determining factors	Dependent variables	
	Completed suicide (Died victims)	Attempt to suicide (Survived victims)
Family determinants – Family divorced – Parents died – Parents migrated (labor) – Parents occupation – Relationship with parents (lack of contact with parents) – Parents maltreatment – Parents depression – Parents substance abuse – Parental suicide	– 3 – 0 – 0 – 12 parents occupied (only 1 single mother not occupied) – 5 good relationships, 4 not good enough relationships, 3 worse relationships (7 discontact) – 6 parents maltreatment – 2 parents depression – 3 parents substance abuse – 0	– 1 – 1 – 1 – 4 parents occupied (1 parent retired) – 2 have good relationships, 3 not good and worse relationships (4 discontacts with parents) – 2 parents maltreatment – 2 parents depression – 2 parents substance abuse – 1 mother
Personal determinants – Prior suicide ideation – Prior suicide attempt – Mood disorder – Substance use disorder – Conduct disorder (staying away from home/school et.c.) – Letter left after suicide – Anxiety – Post-traumatic stress disorder – Mental illnesses – Physical disability	1 prior suicide ideation, 2N/A No prior suicide attempt, 2N/A 8 mood disorder- closed, anger	2 prior suicide ideation 1 prior suicide attempt 4 mood disorder, closed, anger
Public institutions intervention – Police – Local authorities – Social workers	– 12 – 2 – 0	– 5 – 1 – 0
Demographics – Gender – Age – Grade – Ethnicity – Number of kids in family – Economic situation	– 9 Males, 5 Females – 1(11), 2(12), 1(14), 3(15), 2(16), 3(17), 1 (18) – 1(4 th), 1(5 th), 1(7 th), 2(8 th), 7(9 th), 1 (11 th) – 5 Uzbek, 9 Kyrgyz – 3 only child, 1(2 kids), 4(3 kids), 3(4 kids), 1(5 kids), 1(7kids) – 5 below average, 8 satisfied	– 2 Males, 4 Females – 2(14), 2(15), 1(16), 1(18) – 6(9 th grade) – 1 Uzbek, 4 Kyrgyz, 1 Korean – 1 only child, 3(3kids), 1(4 kids), 1(5 kids) – 3 below average, 3 satisfied

Moreover, results of this study indicate that most of the juvenile victims were psychologically constrained and introverted. Also, 50% of suicide victims had lived with a stepfather or were members of a divorced family, or had lived in the care of relatives. Almost 95% of the victims lived in families without economic hardship, in a sufficient family. More than 70% of the victims had been in a poor or very complex relationships with their parents, and 75% of the victims have had problems in the relationship with at least one of the parents.

Conclusion and policy recommendations

The literature indicates that juvenile suicide requires an integrated approach to solutions and prevention. In addition, victims and their families are in need of psychological assistance. The analysis of this study reveal that after the suicide of a juvenile on the scene and aftermath of the incident mostly show up only police officers and after teachers, and in some cases representatives from the local administration. This analysis indicates that in general, neither the police officers nor the teachers are competent to work

with victims of suicide and their intimates. Therefore, it is necessary to develop a comprehensive action plan which should include health care workers, social services, psychiatrists, and also should work on revival of the family psychologists. Moreover, it is necessary to develop a national strategy for suicide prevention.

If you look at the legal aspect of the matter we can see not only the failure of the responsible authorities, but also parents themselves. Therefore, we must consider the parents' responsibility. Here, for example, in the Criminal Code of the Kyrgyz Republic stated that the incitement to suicide - a crime in which the object of the crime is the life of another person. The objective aspect of the crime is the incitement to suicide or to attempt to suicide by threats, cruel treatment or systematic humiliation of the human dignity of the victim. But in each case, the parents did not want or did not take the blame and responsibility for the commission of negligence in relation to their child victims. So far, research address mostly the issue of lia-

bility of third parties, such as teachers, police. But, as the parents are close relatives of the first degree of the victim, there is belief in the society as that they can not be the source and cause of suicidal behavior of the juvenile. It may be noted that the issue of criminal responsibility for incitement to suicide causes great difficulties in enforcement activities (Chukaeva, 2010). Therefore, the topic for future research would be very relevant.

Moreover, it is important to mention the role of family institution, social services and religion in prevention suicidal behavior among juveniles. The analysis of this research indicate that victims were lacking parental attention and had parental maltreatment. Furthermore, polygamy, divorce, sexual harassment and treachery, were mentioned as one of the major pushing factors for juvenile suicide or attempt to suicide. Besides, religious gap among the victims also has some effect on their suicidal behavior. This behavior is expressed through hopelessness and disbelief.

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