



# I've Got My Family and My Faith: Black Women and the Suicide Paradox

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## Abstract

Although existing suicide literature proposes black women's strong religious ties and social networks protect them against suicide, few studies offer black women's perceptions. The present study examines the factors black women perceive of as protective against suicide by conducting in-depth semi-structured interviews with 33 U.S.-born black women. Results support current suicide literature on the role of social networks and religion in black women's lives. The results also identify two important factors researchers continue to overlook. These include: (1) Black women's encounters with longstanding oppression appear to have aided them in developing a strong sense of resiliency that has thereby resulted in a keen sense of survival individually and culturally despite the challenges they face, and (2) black women are highly regarded within their support systems, so their levels of responsibility and commitment to others often results in the dismissal of suicide as an option.

## Keywords

black women, suicide paradox, protective factors, qualitative study

Over the past decade, the scientific community has been called on to explore not only groups with a higher likelihood of suicidal behavior but also the groups where such behavior is significantly less likely to occur (Satcher 1999; U.S. Department of Health and Human Services 2012). Out of four primary subgroups in the United States—white males, black males, white females, and black females—the latter group, black females, has and has always had the lowest rates of suicide (Centers for Disease Control 2012). The Centers for Disease Control (CDC) and Prevention Data and Statistics Fatal Injury Report revealed that in 2015, white males had the highest suicide rate at 24.6 per 100,000 (30,658 deaths), followed by black males with a rate of 9.4 per 100,000 (2,023 deaths), then by white females with a rate of 7.2 per 100,000 (9,138 deaths), and finally black females, who had the lowest suicide rate of 2.1 per 100,000 (481 deaths).<sup>1</sup> Attempt survivors by race reveal a similar pattern. For example, in 2015, white women outnumbered all other

groups, with approximately 175,086 (a rate of 171.5 per 100,000) attempts, followed by white males with 129,745 (a rate of 130.8 per 100,000), black women with 27,318 (a rate of 117.0 per 100,000), and black males with 16,717 (a rate of 77.6 per 100,000) (Office of Statistics and Programming and Prevention 2015).

To some, black women have been identified as a “protected group” (Fernquist 2004; Nisbet 1996; Utsey, Hook, and Stanard 2007). The apparent lack of suicidal tendencies among black women compared to their white, nonwhite, and male counterparts is referred to in suicide literature as the black-white suicide paradox (Rockett, Samora, and Coben 2006). The black-white suicide paradox seeks to understand how black women fare in a world where they should be just as suicide prone as their white and nonwhite counterparts.

While social scientists acknowledge this paradox (Lester 1998; Rockett et al. 2006; Taylor-Gibbs 1997), few studies have examined suicidal behavior among black women. This is in part because suicide is considered to be a problem that

<sup>1</sup>Other statistics include the following: American Indian Alaskan Native men, 25.44 per 100,000 (320 deaths); American Indian Alaskan Native women, 7.93 per 100,000 (103 deaths); White Hispanic males, 10.1 per 100,000 (2,152 deaths); White Hispanic females, 2.17 per 100,000 (477 deaths); Black Hispanic males, 2.93 per 100,000 (32 deaths); Black Hispanic females, .66 per 100,000 (7 deaths).

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primarily affects white males (Crosby and Molock 2006). With that said, research has yet to narrow in on how black women's utilization of faith and social networks safeguard black women from suicide and how they operate.

Although the scientific community has worked diligently to investigate the paradoxical relationship between black women and low rates of self-harm (Barnes and Bell 2003; Fernquist 2001; Joe 2006; Kaslow et al. 2006; Lester 1998), black women's perceptions on these matters are largely missing from the discussions. The purpose of this study is to examine black women's in-depth accounts on suicide and the factors that they perceive of as protective against suicide. Relying on in-depth interviews with 33 black women, this study is significant in several ways. First, it focuses entirely on the subgroup that suicide researchers know the least about—black women. Second, it includes black women's accounts in a field of study where their voices are often missing. And third, despite the fact that existing suicide literature proposes that black women's strong religious ties and social networks explain their suicide trends, very few studies offer black women's perceptions. Our findings add weight to the empirical and theoretical conclusions drawn within suicide literature by substantiating the argument that religion and support systems, among other things, remain relevant in black women's lives.

## Protective Factors

Classical theorist Emile Durkheim's (1897) work remains prominent to assessing the social causes of suicidal behavior. He posits that social regulation and social connectedness are important indicators of suicide. He concludes that suicidal behavior varies inversely with the degree of social regulation and social connectedness in the surrounding social environment. All in all, suicides tend to occur less frequently in moderately regulated/integrated social environments in comparison to the environments in which these things are insufficiently or excessively so.

Durkheim's theory also provides groundbreaking insight into suicide rate differences by religion and gender. In relation to Catholics and Protestants, he claims that Catholics' lower rate of suicide can be explained by stronger forms of social control and unity compared to their Protestant counterparts. Likewise, he argued that suicide is more likely to occur among men, the unmarried, and the childless for the same reasons. In sum, as feelings of detachment from society increase, chances of suicide also increase.

Durkheim's work remains vital in explaining black women's low rates of suicide. To explain this paradox, researchers have investigated a series of factors that may protect black women against suicide. Church attendance and/or religiosity have been identified as a protective factor for black women. Black women who regularly attend church and have a literal interpretation of the Bible have a lower rate of suicide acceptability than black women who do not (Stack

1998a). Quantitative research similarly finds religiosity strongly predicts white women's acceptance of suicide (Neeleman, Wessely, and Lewis 1998; Stack 1998a). However, black women are more likely to report higher levels of religious personal devotion and Orthodox beliefs—attributes that contribute to an overall lower risk of suicide in comparison to their white counterparts (Neeleman et al. 1998). Other empirical evidence suggests that black females who attend church and/or identify themselves as religious have better psychological health as well as a decrease in suicidal ideation (Marion and Range 2003; Neeleman et al. 1998). In part, black women's improved psychological health is based on their decisions to ground their experiences in their faith-guiding principles, which seems to encourage self-preservation (Borum 2012; Early 1992; Greening and Stoppel-bein 2002; Neeleman et al. 1998).

Social support system is another researched protective factor. Suicide among black women tends to be higher for women without an adequate support system in place (Davis 1980; Dunston 1990; Jackson 1990). Evidence suggests that during troubling times, black women are more likely than white men or women to seek psychological help from their friends and family (Nisbet 1996). Fernquist (2001) suggests that single motherhood protects black women from suicide thoughts. Given that disproportionate amounts of black women are single, they may be receiving an unexpected advantage. Moreover, this could be due to social ties and networks utilized among single parents (Fernquist 2001).

Societal perceptions of suicide can vary from one society or group to the next. Suicide acceptability is defined as the moral and cultural appropriateness placed on the act with regard to circumstances (Goldsmith et al. 2002). Studies suggest that groups that are less "accepting" of suicidal behavior also tend to have lower incidents of self-harm. In general, African Americans tend to be less accepting of suicide than whites (Barnes and Bell 2003; Early and Akers 1993; Neeleman et al. 1998; Spates 2014; Stack 1998a, 1998b). Research has long established the importance of these beliefs in the lives of African Americans from varying social and economic backgrounds (Early 1992; Lerner 1973; Lester and Yang 1998; Spates 2014; Stack 1998a, 1998b; Walker, Lester, and Joe 2006). For example, Stack and Kposowa's (2011) research confirms religiosity independently predicts lower rates of suicide acceptability among blacks across 10 different nations. Walker and her colleagues (2000) affirm the importance of lay beliefs among college students, Early (1992) among churchgoers, and Neeleman and colleagues (1998) among the religiously devoted.

## Methods

A qualitative methodological approach using Burawoy's (1991, 1998) extended case method was employed for this study. Extended case method brings micro data together with macro theory. This method pays particular attention to

**Table 1.** Respondent Demographics.

Age range	18–69
Residence	
Texas	18
Louisiana	3
Illinois	8
Georgia	3
Colorado	1
Education	
Some high school	3
High school or GED	6
Vocational School	2
Some college	5
Bachelor's degree	3
Master's or PhD or in pursuit of	14
Income	
\$14,999	6
\$15,000–\$29,999	9
\$30,000–\$49,999	11
\$50,000–\$69,999	4
\$100,000+	3
Marital status	
Single	21
Married	8
Divorced	3
Widowed	1
Children	
Yes	24
No	9
Religion	
Christian	28
Muslim	3
Buddhist	1
Atheist	1
Total respondents	33

the importance of the frameworks of respondents as well as the macro determinants of everyday life. Rather than neglecting or downplaying the importance of social structure, extended case theory operates on the basis of seeking to unveil how the social situation is ultimately shaped by wider structures (Burawoy 1991; Burawoy 1998). To date, existing suicide theory inadequately explains black women's suicide attempt or completion rates. For example, Durkheim and others (Durkheim 1897; Johnson 1965; Stark, Doyle, and Rushing 1983) highlight the fact that social networks and church participation mitigates risk for suicide, yet they offer little insight into how these occurrences function in black women's lives. The use of extended case method allows for us to apply existing scholarly knowledge while also interjecting black women's unique experiences in a field of study where their voices are largely missing. Therefore, the intent was to offer rich, detailed data without disregarding previous suicide literature or contemporary structural conditions of black women.

## Participants

Upon approval from the Institutional Review Board,<sup>2</sup> participants for this study were recruited through previously established contacts in northern Illinois and southeast Texas. All remaining study participants were recruited using snowballing techniques through word of mouth and electronic advertisements, and the initial point of contacts were churches, beauty salons, and community centers (Biernacki and Waldorf 1981; Strauss and Corbin 1998). Although the sample of participants in this study is not as representative as might have been achieved through other sampling techniques, the originality of this topic necessitated an approach that would yield rich, detailed data. Eligibility requirements for the study were as follows. Each woman had to (a) be at least 18 years old and (b) self-identify as African American (c) not currently experiencing thoughts or feelings of suicide (d) born and raised in the United States. As such, good candidates for the study involved black women that were willing to speak candidly about their perceptions of suicide, personal struggles, and coping strategies.

## Demographics

Thirty-three black women participated in the study. A single respondent identified as "other" due to her Creole/African background. Participants ranged between the ages of 18 and 69. Details on each respondent are summarized in Table 1.

All but 3 of the study participants held at least a high school diploma or GED. Two completed technical school, 5 had some college, 3 held bachelor's degrees, and 14 were in pursuit of a graduate-level degree or had already completed one.

Current relationship statuses of the study participants indicated that more than half of the women were single, eight women were married, three were divorced, and one was widowed. Twenty-four participants had children. With regard to annual income, nearly half of the respondents reported earning under \$29,999 per year, approximately one-third reported earning \$30,000 to \$49,999 per year, and nearly one-fifth reported earning over \$50,000 per year. Specific breakdowns are as follows: 6 reported annual earnings of \$14,999 or below; 9 reported earning \$15,000

<sup>2</sup>Once a woman was deemed eligible to participate in the study, we then emailed her instructions for accessing the password-protected online Institutional Review Board documents (specifically, an informed consent and participant referral form) and demographic survey questions. We opted to load consent forms online to make them more easily accessible to all participants. After the consent form and the participant referral form were reviewed, we then contacted each woman via telephone or email to answer any questions and arrange a date and time for a face-to-face or telephone interview. Participants were also provided with a copy of the informed consent form via email or in person in the event that they needed to review the information or contact the researchers.

to \$29,999; 11 reported earning \$30,000 to \$49,999; 4 reported earning \$50,000 to \$69,999; and 3 reported earning more than \$100,000 per year.

Finally, religious affiliations or faith-based beliefs were a fairly common attribute among the women. Twenty-eight classified themselves as Christian, and 21 of those reported being active in a local church or religious group. Three identified as Buddhist, 1 as Muslim, and 1 as atheist.

### *Data Collection*

Data collection consisted of online demographic surveys and semi-structured interviews. Semi-structured interviews were a particularly useful approach because of the flexibility to modify the interview script as needed to collect rich, descriptive data (Fylan 2005). Accordingly, the researcher prepared an interview script in advance but deviated from the script whenever necessary to gain more insight or understand the context of the discussion (Weiss 1994). The collection of online demographic questionnaires ran concurrently to the in-depth interviews. After obtaining written consent, 33 face-to-face or telephone interviews were conducted by the first author and tape recorded. The interviews lasted between 60 and 90 minutes. The decision as to whether the interview would be conducted via telephone or face to face was mutually determined; determining factors were based on schedule availability and geographical location of the interviewee. The face-to-face interviews were conducted in a location that guaranteed private discussion and comfort for both parties. In terms of telephone interviews, participants were encouraged to find a quiet area that would allow the privacy and comfort level needed to discuss the sensitive subject matter required.

Interview questions were primarily open ended and designed to identify the protective factors deemed relevant in explaining low rates of suicide among black women. Questions also allowed women to speak to a variety of relevant issues in their lives, such as their childhood, personal coping mechanisms for dealing with individual and social stressors, and to what extent the black community's perceptions of suicide have impacted their own. Sample interview questions included: Have you ever considered suicide? What factors do you believe contribute to black women's low rates of suicide? What prevents the majority of black women from partaking in suicidal behavior? Participants were reminded that all responses would remain anonymous, and if any questions generated feelings of discomfort, they were free to disregard them.

### *Data Analysis*

This study employs Marshall and Rossman's (1995) method of data analysis. This technique is most often used when researchers would like to retest data within a new context (Woods and Catanzaro 1988). As such, after transcribing the

interviews, a list was developed of preliminary themes and corresponding definitions. To create the final list, two scholars independently reviewed the coding techniques. We then compared the themes and definitions, and once we reached a consensus, we settled on the categories. Thus, the final draft of primary and secondary categories emerged through this process.

## **Results**

Almost all of the participants expressed at some point during the interview that they were unaware that African American women had the lowest rate of suicide. Many of them shared that they were not surprised that black women were less likely to take their own lives, but they were astonished that this was not mainstream information. There was a consensus among the majority of the participants that when black women are "doing something wrong," the information becomes a national headline. Several of the women knew that black women are disproportionately affected by HIV, poverty, and a host of other social ills, but interestingly, none of the women had been previously exposed to suicide trends or statistics. Nevertheless, they intuitively knew that it is highly unusual for black women to kill themselves, particularly in comparison to whites.

The recurring themes that emerged in this study highlight black women's perceptions about the statistical paradox, specifically in response to the following question: How would you explain black women's low rates of suicide? Based on participant responses, themes were grouped into the following categories: social networks as a means of survival and the role of faith.

### *Social Networks as a Means of Survival*

Black women's social networks as a means for survival were a prevailing theme throughout this study. This theme highlights the importance of connection in the lives of black women. Several of the women in the study expressed concerns that taking their own life would ultimately mean leaving behind their families and friends. When asked to comment on what she believed best explained black women's suicide rates, Donna stated:

Most black women have grown up from a background where we've come from little or nothing, BUT no matter what, we ALWAYS have family support. So, a lot of black women wouldn't consider suicide unless they were off from their family and they couldn't get back to them. But for most of us, you know, once we have a family and you have people that support you, and people that lean on you. You're not going to do anything to just leave them alone. So that eliminates suicide as an option.

Similar to Donna, multiple women in the study indicated that no longer being present meant that they would be unable to

follow through on the commitments that they had made and that the thought of disappointing friends and family was often too much for them to bear. Nina reported that black women must remain present for the members of their network, even if that meant enduring some of life's most challenging circumstances. Nina reported, "I just feel like suicide is just not a part of our [black women] mindset; it's not even on my list of options. It doesn't exist." I probed her to further explain why she believed that suicide was such a farfetched idea for her and other black women, and she expounded by saying:

We as black women feel like we just have to keep on going, like not being present is not an option. Whether it's for our children, our family, or for the sake of other people, we have to be present. We have people counting on us, for goodness sake.

It sounds kinda corny to say, but when you asked me about suicide, my mind immediately replaced that word with the word sisterhood. I feel like in the end when it really is like a crucial time and you're really down and out, I think that most black women always still have that girlfriend who can be there in their corner or the go-to person. Someone that will say to you, "Let me hold you down for a couple of days, I got you." I think that that really matters a lot.

The perception that black women's presence is vital to their survival negates the very act of suicide. Clare expands on Nina's point. She credits black women's strong sense of commitment to others as dating back to slavery. She says,

I would say we have low rates of suicide because of our sense of responsibility to others. So much of our experience as a people in this country, our very survival, has really depended upon the female to protect the child during slavery as much as possible, even into somehow maintaining a family, caring for children. I mean this new phenomenon of grandparents, like grandparents taking care of grandchildren, is nothing new for us as a people, not at all. So I would say a sense of responsibility that is a strong part of our psyche as a result of our experience as an oppressed group in society. There is overwhelming commitment to other African Americans.

Along these same lines, Ava revealed that her commitment to her circle of networks had directly affected her perceptions of suicide:

I think traditionally, in the past, African American women have been the foundation of most families, and I think there's that commitment, that "I have to be or I have to follow through with things" . . . and I think that's not the case for white males or for men in general. I think that men do what needs to be done and women do what needs and should be done, and so our plate is always full. Because we just don't do, we go beyond.

She further stated:

I just . . . I feel like I always am involved in something. I'm always responsible for something or someone. I'm always doing something and yeah, I'm very committed to the things that I say I'm going to do . . . and so to take your life would mean that I would not be following through on a commitment that I made to someone else or a project or something like that. I've always been engaged in something and yeah, I knew I would follow through, I always have a plan for the future.

Ava's devotion to those around her was key in shaping her perceptions of suicide. In direct response to the question "Have you ever considered suicide?" Ava plainly stated, "No . . . I'm too busy."

These narratives illustrate that women's devotion to those around them creates a sense of accountability and responsibility. These findings suggest that black women deem their networks critical to their day-to-day survival and their selfless devotion to others contributes to their low rates of suicide. Their narratives revealed that black women feel a strong sense of responsibility for their fellow network members. Thus, "being present" is just as important today as it was in the past and will be in the future because as Alisha stated, "For most black women, it just ain't about me, or what I can do for myself, but it's what I can do for the coming generations."

### *The Role of Faith*

Black women self-identify as the most religious group in the United States. As cited in the 2008 U.S. Religious Landscape Survey on religion in America, black women disproportionately constitute the largest group of Christians in the United States (Lugo et al. 2008). Blacks are noticeably more religious in myriad measures compared to the rest of the U.S. population. Measures ranging from religious affiliation, attendance at religious services, frequency of prayer, and religion's general significance prove consistently higher for African Americans.

For many of the study participants, religion and resistance to suicide went hand and hand, and disapproval of suicide on the basis of religion could be traced back to their childhood. Although 28 of the women identified themselves as Christian, 3 as Buddhist, 1 as Muslim, and 1 as atheist, all of the participants were raised in Christian households. Clare attributed low suicide rates of black women to "an overwhelming commitment of African Americans and in particular African American women to religion." She further explained:

Within the Catholic Church, which I was raised in, suicide is considered a sin. In fact, if you kill yourself, you're out of luck all the way around. So I think among Catholics, it is particularly rare.

Thinking about religion and particularly the importance of the church for the African American community is that maybe because of our experience in this country, the church family and

other extended relationships provide a sort of emotional, psychological, and social safety net for African Americans.

Clare presumed that religion doubly shields black women from suicide. First, the philosophical teachings of the Christian religion deem suicide as immoral. Second, according to Clare, belonging to a church family adds an additional level of support. Consequently, religion offers a reliable safety net for black women. Tasha also mentioned how faith influenced her perceptions of suicide and how she believed that this is the case for many black women:

From my perspective, because of our faith, suicide is a big no-no. As a child, I was influenced a lot by my grandmother, so even as a child when I was dealing with some very difficult situations, I knew enough to know that suicide was a sin and so the pain that I felt was like, “Yeah, but suicide is a sin and it is against God,” and so my idea of what I would face on the other side would be worse, so that is one thing. So that’s number one, that suicide is a sin, and number two is still, I guess, dealing with faith and realizing that there is something else. I mean, having the faith and the fact that it’s not just looking at what this life has to offer, you know, that there is something better. And what God commands us to do is to fight this fight with His help. I guess just the things that I have learned from my faith and from my past experiences and being able to see that things could be worse. That’s mostly what has shaped my perceptions of suicide.

The interview with Terri uncovered an additional level of complexity involving black women’s perception of religion and suicide. She maintained that simply belonging to a congregation is not enough. An individual must trust in God and have faith that God is in control. She revealed, “A lot of black women are heavily involved in church, and they believe in God, and they believe that God won’t put any more on us than we can bear.” In other words, what Terri was suggesting was that God never assigns challenges beyond an individual’s ability to handle them. Accordingly, this way of thinking allows a degree of optimism regardless of a person’s circumstances. Terri further stated:

A heavy proportion of the African American community may think of suicide as a sin just because of our religious background, and so that might be a deterrent from committing suicide. Also, I don’t really know the statistics offhand, but a lot of African American women are more heavily involved in the church, even more so than black men. Every time I go to church, I see a majority of women, and so if that’s the case, and if some of it is connected to their religious teachings, then that could be another reason why a black woman may not commit suicide as much because they may have more connection to some religious teachings that are saying that it’s a sin.

Additionally, many of the black women participants’ narratives revealed that the belief in God’s discontent with self-harm along with the belief that such an act will cause one to spend eternity in hell serves a role in significantly

minimizing the chances that a black woman will take her own life. Interestingly, this finding seemed to hold true regardless of how often the participant attended church.

## Discussion

A closer look at suicide trends reveals that the majority of suicides occur among white men and the majority of attempts occur among white women. Therefore, much of our time, energy, and resources have gone toward eradicating suicidal behavior among these groups. However, Surgeon General David Satcher, who served from 1998 to 2002, urged scholars to examine notions of suicide within the context of minority populations. His successor, Regina M. Benjamin, who served from 2009 to 2012, also spoke to the importance of understanding suicide among African Americans. In the 2012 National Strategy for Suicide Prevention Report (U.S. Department of Health and Human Services 2012), Benjamin stated:

More research is needed to better understand why suicide rates may be particularly low among some groups, such as African American women. In 2009, the suicide rate among black women aged 20–59 years was 2.77 per 100,000, the lowest rate among adults in this age range. It is possible that factors such as greater social support, larger extended families, and deeper religious views against suicide may help protect some groups from suicide. A better understanding of these and other protective factors would help inform future suicide prevention efforts. (P. 20)

Incidentally, in recent years, black women’s suicide rates, or lack thereof, have propelled them into the national spotlight. For instance, the Office of Veteran Affairs (VA) has taken interest in examining the strategies that black women exhibit for the purposes of prevention efforts within the military population. The VA is most interested in discovering whether black women’s coping tactics are transferable to soldiers (Czekalinski 2012).

This study sought to contribute to the suicide paradox—an understudied area of analysis. While the existing suicide literature proposes that black women’s strong religious ties and social networks explain their suicide trends, very few studies utilize firsthand accounts from black women as their primary source of data. Therefore, the goals of this study were to include black women’s narratives in a field inquiry where their voices are largely missing, identify black women’s self-proclaimed protective factors that they perceive are most pertinent in explaining their low rates of suicide, and discuss the research and clinical implications of these findings.

Black women’s narratives revealed that they depend on an array of sources to cope with life’s challenges. They credit their faith and their support systems as protective barriers—and put their current challenges into a historical context. They have a repertoire of other black women who serve as replicas of how to survive some of life’s most

traumatic events. This empowers them to contribute to something greater than self. To put it another way, black women realize that they are responsible for providing hope for the next generation of African Americans, be it through physical acts of support (i.e., caregiving, monetary support, etc.), spiritual acts (i.e., prayer, sharing of spiritual life lessons), or simply reflecting on the ways that black people have overcome challenges in this country. African American women view their responsibilities to others as simply too great for them to consider suicide as an acceptable option.

This study contributes to existing empirical conclusions that faith-based beliefs/practices and social support systems serve as key buffers against suicide for black women. However, the narratives also identified two important factors that researchers continue to overlook when investigating factors that protect black women from suicide. First, scholars oftentimes do not acknowledge the amount of time and loss—over many generations—that it has taken for black women to develop the level of resilience (or resistance to suicide) that we see today. The consequences of living in a racist and sexist society for nearly 400 years has allowed black women the opportunity to build a distinct set of coping skills. Second, current discussions are too simplistic in highlighting the role that social support plays in black women's lives. Most black women are not mere members of a network; instead, they are highly regarded within their networks. Despite the fact that black women are often portrayed negatively at a societal level, their positions within their circle of networks are highly regarded, and black women's position within the black community serves as a medium for positive reinforcement, which thereby counters suicidal tendencies. We liken this to the example of being listed on the team roster of a sports team versus being one of the best players.

## Conclusion

While this study offers insight into the black-white suicide paradox, we acknowledge that previous research suggests that the gap between black and white suicide rate differences are not as considerable as the numbers suggest (Rockett et al. 2006). Rockett and colleagues (2010) confirm that blacks are more than twice as prone to suicide misclassification than whites. These authors suggest that training deficiencies among clinicians, particularly coroners and medical examiners (Rockett et al. 2010), and sensitivities to religious, legal, and insurance implications of suicide determination are largely to blame (Rockett, Kapusta, and Coben 2014). Additionally, the recent opioid epidemic coupled with widespread misclassification of drug poisoning deaths as “accidents” is presenting clinicians with a unique set of challenges (Rockett and Caine 2017; Rockett et al. 2010, 2016; Rockett, Kapusta, et al. 2014; Rockett, Smith, et al. 2014).

There are several areas for future research based on the findings of the current study. First, we recommend reproducing this study on a larger scale. This study could include a broader range of perspectives, such as those of black men and black youth. Doing so would likely provide a more comprehensive look at whether the coping mechanisms discussed in this study are common to just African American women or the African American population as a whole. We also recommend a study that focuses entirely on nonreligious black women and/or black women who are socially isolated from their networks (i.e., prison populations, Hurricane Katrina evacuees, etc.) to determine whether their perceptions of suicide or their attempt or completion rates differ.

Although this was not examined in the current study, it would be worthwhile to inspect how these findings vary across context (Low and Espelage 2013), particularly an in-depth qualitative analysis of white women's perspectives that outline meaningful suicide protective factors. While black women's and white women's lived experiences in the United States greatly differ, it is important to be able to compare and contrast perceptions of suicide protective factors across racial lines. To date, there are no studies that offer us insight into this phenomenon. These types of data could perhaps set the stage for a comparative study between black women and white women.

Additionally, this study offers recommendations for practice. Recent suicide trends suggest that suicide has increased among African American youth despite showing no detectable symptoms in accordance with the *DSM-IV* disorders (Joe et al. 2009). Given that disproportionate numbers of African American children are being raised in female-headed households (Murry et al. 2001), clinicians should direct prevention efforts to children and women alike. Despite the fact that most black women do not appear to be at risk for suicide, they are likely to be the first line of defense for males and youth (particularly from middle-class backgrounds) within their community.

Participants' experiences also suggest that clinicians that work directly with high-risk black women should note the importance of helping these women connect with their social support systems (i.e., family, friends, etc.) and faith- and religious-based organizations (i.e., church organizations). Black women self-identity as the most “religious” group in the United States (Lugo et al. 2008). Findings from this study suggest that culturally sensitive interventions should seek to include community, familial, and faith-based components. As such, it will likely benefit at-risk women to integrate members from their social support system into their recovery process. Likewise, community-based mental health programs and suicide intervention programs that serve high-risk black women should consider integrating religious beliefs and practices into their efforts.

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