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The Role of Father Support in the Prediction of Suicidal Ideation among Black Adolescent Males

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Suicide is a vital public health concern today. The Centers for Disease Control and Prevention (CDC, 2000) report that approximately eighty-six Americans of all ages commit suicide and 1,500 more attempt to commit suicide every day (CDC, 2000). Among youth, suicide is the third leading cause of death for those fifteen to twenty-four years of age (CDC, 2000). From 1980 to 1996 suicide rates in the United States doubled for adolescents ten to fourteen years old (CDC, 2000). According to the National Center for Health Statistics (1997), more young people died from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, and influenza, and chronic lung disease combined.

The past two decades have seen a sudden and sharp increase in the suicide rate, specifically among Black Americans. CDC (2000) reports that young Black American males are the fastest growing group at risk for suicide. Between 1980 and 1996, the suicide rate more than doubled for Black American males aged fifteen to nineteen years (CDC, 2000). Although young Black American males are at increased risk for suicide death, few studies on suicidal behavior have included Black adolescents in their samples (Juon & Ensminger, 1997).

Recently, the U.S. Surgeon General proposed that a public health approach be used to address the problem of suicide (Satcher, 1998). A public health approach focuses on those individuals or groups at highest risk and places emphasis on prevention. Research shows that suicidal behavior can

be conceptualized on a continuum beginning with suicide ideation (thoughts about intentionally killing oneself), followed by attempts and concluded with completion (Cole, Protinsky & Cross 1992; Paykel et al., 1974; and Dubow et al., 1989 all cited in Marcenko et al., 1999). Therefore, the best way to reduce the incidence of suicide is to prevent suicide ideation. This chapter focuses on understanding suicide ideation in a sample of Black American male adolescents.

The chapter begins with a description of the epidemiology of suicide and a summary of the psychosocial predictors associated with suicidal behavior in Black American male youth. Following this review, the results from a community study are presented and used to explore various risk and protective factors related to suicide ideation. Research has shown that father social support can contribute to adolescent resiliency against a number of precursors for suicide ideation including low self-esteem, substance use, and depression (Grant et al., 2000; Zimmerman et al., 1995). In this study, emphasis is placed on the role of the father and how his support may protect against suicide ideation and its negative correlates. Resiliency theory is used to explain the pathway to suicide ideation for young Black American males. Recommendations for prevention and future research directions are discussed.

Epidemiology

The Youth Risk Behavior Surveillance System (YRBSS), a national survey conducted by the CDC, is one of the few data sources that provide an epidemiologic description of the prevalence of suicide ideation among the general adolescent population. The YRBSS reported that 19.3% of high school students indicated that they seriously considered suicide and 8.3% attempted suicide in 1999. Other studies suggest that 8–11% of all adolescents attempt suicide (Adcock et al., 1991; Walters et al., 1995). One study suggested that up to 60% of youth have experienced some degree of suicide ideation (Smith & Crawford, 1986 cited in DiFilippo & Overholser, 2000). Unfortunately, the national data that are available and many of the studies that use community samples do not report prevalence of suicidal behavior (i.e., suicide ideation and attempt) by race or gender and those that do have limited generalizability (Joe & Kaplan, 2001). It is also possible that the suicidal behavior rates are even higher than those reported because of underreporting due to the sensitive nature of the topic (Joe &

Kaplan, 2001; Gibbs, 1988). Marcenko et al. (1999) suggest that research on suicidal ideation is typically the study of the respondent's willingness to admit suicidal thoughts versus actual assessment of suicide ideation prevalence. Even though the rates for suicide ideation and attempts may be unclear, the fact remains that the suicide mortality rate for young Black American males is steadily on the rise and requires attention (CDC, 2000).

Psychosocial Predictors of Adolescent Suicide

Father Support

Social support has been identified as a factor that fosters resilience in youth (Grant et al., 2000; Zimmerman, Ramirez-Valles, 2000; Zimmerman et al., 1998). Overall, adolescents tend to rate parent support the highest among the various sources of social support (e.g., peers, teachers) (Rigby & Slee, 1999). Adolescent males, in general, are more likely to seek help from their parents and less likely to seek support from their peers than adolescent females (Boldero & Fallon, 1995). Researchers have found that support from parents is a critical factor in buffering the effects of suicidal ideation, depression, and stress (Harris & Molock, 2000; Hollis, 1996 cited in Rigby & Slee, 1999). Other research has found that among Black American males, parent support protects against depression, which is a major risk factor for suicide ideation (Zimmerman, Ramirez-Valles, et al., 2000). These findings suggest that parent support may also play a critical role in protecting against suicide ideation.

It is important to recognize that parent-youth relationships are characterized differently for fathers and mothers and their sons and daughters during adolescence. Some research suggests that mothers and daughters have more intimate relationships than mothers and sons, and that sons and fathers have more intimate relationships than daughters and fathers (Clark-Lempers et al., 1991). Others have found, however, that males and females do not differ in their relationships with their mothers, but females tend to see fathers as less central in their lives (Blyth & Foster-Clark, 1987; Youniss & Smollar, 1985). Overall, mothers are disproportionately more often the focus of parental support research than fathers (Zimmerman, Salem & Notaro, 2000). For instance, Juon and Ensminger (1997) conducted a longitudinal study of Black suicide in the United States that included measures of mother involvement, but they did not include data on

father involvement. Typically fathers are not included in studies and if they are, it is usually from the perspective of father absence (i.e., nonresidential) (Levine & Pitt, 1995). Although most research related to fathers focuses on father absence, father absence should not be equated with uninvolvement. Researchers have suggested that nonresidential fathers often provide support to their children regardless of their custodial status and that their absence from the home does not necessarily ensure a poor relationship with or negative behaviors for sons or daughters (Levine & Pitt, 1995; Salem et al, 1998; Way & Stauber, 1996; Zimmerman, Salem & Notaro, 2000).

Interest in fathers' influence on child development is growing. Only a handful of studies, however, consider the role of fathers when assessing factors that contribute to the psychological and social adjustment of youth (Zimmerman, Salem & Notaro, 2000). Grant and colleagues (2000), for example, conducted a study that included 224 Black American male and female middle school students to assess how protective factors like parent support and religious involvement moderated the effects of stressful life experiences (e.g., death of friend, transportation problems). They found that father support reduced experiences of stress and substance use among the Black adolescent males. Phares and Compas (1992) also report strong evidence that father support is associated with lower levels of substance use. Zimmerman, Salem, and Maton found that father support was related to higher self-esteem and less depressive symptoms in a sample of 254 Black American male adolescents. Salem, Zimmerman, and Notaro (1998) replicated these results in a larger sample of Black American youth that also included females. These studies suggest that father support may protect against suicide ideation and related negative behaviors. In contrast, McCabe, Clark, and Barnett (1999) found no relationship between father support and substance use in Black American youth. However, their sample included only sixty-four male and female participants and may not have had adequate power to detect any existing effect.

Depression, Depressive Symptoms, and Depressed Mood

Major depression and previous suicide attempts are two of the most consistent predictors of suicidal behavior among adolescents regardless of demographic characteristics (Shaffer, Garland, Gould, Fisher & Trautman, 1988 cited in Adock et al., 1991). Heightened levels of depression and other psychological conditions have been identified as risk factors among

ethnic minority youths. Summerville, Kaslow and Doepke (1996) found minority youth who attempt suicide compared to those who do not are more likely to report depression. In their longitudinal study of 953 Black Americans, Juon and Ensminger (1997) found that depressive symptoms in Black male children were associated with suicide ideation. In their follow-up, depressed mood was a risk factor for suicide ideation and suicide attempt for Black male adults (Juon & Ensminger, 1997).

In general, researchers suggest different trajectories of suicidal behavior for Black and White Americans. Suicide rates for Black males and females tend to peak during adolescence and young adulthood, whereas the rates for Whites increase with age. Little is known, however, about possible explanations for these differences (Joe & Kaplan, 2001; Gibbs, 1997; Spaights & Simpson, 1986). A significant proportion of the suicide literature focuses on clinical samples of youths that have attempted suicide. More research is necessary to understand how depression is exhibited in nonclinical representative community samples to further our understanding of what is predictive of suicide before it reaches the clinical level. There are few studies of nonclinical samples of Black youths and even fewer that solely concentrate on Black males (Juon & Ensminger, 1997).

Substance Use

The relationship between alcohol use and suicidal behaviors has been well-documented (Reifman & Windle, 1995; Langhinrichsen-Rohling et al., 1998). Adolescents who engage in substance use have been identified as having higher levels of suicide ideation than those who have not (Cohen, 2000; Juon & Ensminger, 1997; Jones, 1997). Some researchers have examined suicidal behaviors and drug and alcohol use among Black adolescents (Marcenko et al., 1999; Jones, 1997; Juon & Ensminger, 1997; Vega et al., 1993). In a study of 120 students equally distributed between male and female Black, Hispanic, and White Americans, Marcenko and colleagues (1999) found that substance users were more likely to report ideation regardless of race or ethnicity. Some researchers, however, found alcohol and substance use among males did not predict suicide ideation (Juon & Ensminger, 1997; Vega et al., 1993). The findings from these studies are restricted by small sample sizes and varied measurement of substance use, which may explain the inconsistency between results. Studies that include multiple measures of substance use with larger samples of Black American male adolescents may help to clarify the equivocal nature of this literature.

Resiliency Theory

Resiliency theory provides a useful model for understanding the link between risks (e.g., depression and substance use) for suicide ideation and the role fathers may play to reduce the effects of those risks. Resiliency refers to those factors and processes that interrupt the trajectory from risk to problem behaviors or psychopathology (Garmezy, 1991; Masten, 1994; Rutter, 1987; Werner, 1993). Garmezy and Masten (1991) defined resilience as "a process of, or capacity for, successful adaptation despite challenging and threatening circumstances." Researchers have described several mechanisms by which environmental and individual factors helped to reduce or offset the adverse effects of risk factors (Zimmerman & Arunkumar, 1994). Garmezy, Masten, and Tellegen (1984) have proposed two resiliency models: (1) the compensatory model and (2) the protective model.

Compensatory factors are variables that neutralize exposure to risk or operate in a counteractive fashion against the potential negative consequences introduced by a risk (Garmezy et al., 1984; Masten et al., 1988). An example of compensation is when depression is found to be a risk factor for suicide ideation, but father support helps to counteract the effects of depression. Compensatory factors are hypothesized to have the opposite effect of a risk factor, but both have direct effects on the outcome. Protective factors, unlike compensatory factors, modify the effects of risks in an interactive fashion (Rutter, 1985). An example of a protective factor is the effect father support may have on the association between substance use and suicide ideation. The association between suicidal ideation and substance use would differ for youth with high levels of father support as compared to youth with low levels of father support (e.g., the association would be diminished with high levels of support and remain strong with low levels of support).

This study uses resiliency theory as a framework for studying the effects of father support on Black male adolescent suicide ideation. A compensatory effect is supported if father support has a negative effect in predicting suicide ideation after controlling for depression and substance use. In other words, if father social support is associated with less suicide ideation even after accounting for depression and substance use, then a compensatory effect is detected. A protective effect is supported if father support modifies the association of depression or substance use for predicting suicide ideation. That is, if the relationship between substance use and

ideation is different for different levels of father support, then a protective effect is detected. The idea behind a protective model is that the relationship between a risk factor such as depression or substance use and suicide ideation will be reduced by father support. The protective model differs from the compensatory model in that the protective model suggests that the relationship between the risk and outcome depends on the level of father support. In a compensatory model, however, father support simply reduces the impact of a risk factor such as depression on suicidal ideation.

Methods

Sample

Our study sample was from a larger longitudinal study of 850 ninth-grade adolescents selected from the four main public high schools in the second largest school district in Michigan. Students enrolled in the school system at the start of the fall of 1994 with grade point averages (GPAs) of 3.0 and below were selected. This grade cutoff was used because one goal of the larger project was to study youths at risk for leaving school before graduation. Students who were diagnosed as being either emotionally impaired or developmentally disabled were not included in the study. The original sample included 679 Black youths (80%), 145 White youths (17%), and 26 mixed Black and White youths (3%) and was equally divided by sex. Youths were followed for 6 years. The data reported in this study come from Black males in Wave 4 (12th grade). The twelfth-grade sample consisted of 292 Black males. This constituted an 87% response rate from year 1 to year 4.

Procedure

Trained Black and White male and female interviewers conducted face-to-face interviews. Interviewers were not matched to respondents by race or sex because the school wanted the data to be collected as efficiently as possible to minimize disruption. Students were called from their classrooms and taken to select areas within the school for the interviews, which lasted between 50 and 60 minutes. Youths who could not be found in school were interviewed in a community setting (e.g., home or Urban League of-

fice). Students were informed that all information was confidential and subpoena protected.

Measures

Table 7.1 reports the means, standard deviations, and skewness for the independent variables.

Suicide Ideation

Suicide ideation was assessed with a single-item measure that asked "During the past week, including today, please tell me how uncomfortable you felt because of the following problem: Thoughts of ending your life." Answers were scored on a 5-point Likert scale that ranged from 1 = "Not at all" to 5 = "Extremely." This item was taken from the Brief Symptom Inventory depression measure (Derogatis & Spencer, 1982).

Depressive Symptoms

Using a 5-point Likert scale, five items were used to assess depressive symptoms. These five items were taken from the Brief Symptom Inventory (Derogatis & Spencer, 1982), and asked students to indicate the frequency during the past week, including today, of various feelings (e.g., "feeling lonely," "feeling no interest in things," feeling hopeless about the future"). Notably, the suicide ideation item from the measure was excluded. Higher scores represented higher levels of depressive symptomatology. The Cronbach alpha for the depressive symptom scale was 0.85.

Substance Use

Substance use included two variables: alcohol use and marijuana use. Alcohol and marijuana use were measured by a sum of last year and last month use on a 7-point Likert scale (1 = 0 times to 7 = 40 or more times). Participants answered these questions in a pencil and paper format following the face-to-face interview. These items were the same as those used in the Monitoring the Future study (Johnston, O'Malley & Bachman, 1988).

Father Support

Father support was assessed using four items that measured emotional and school support. Emotional support was included because conceptu-

TABLE 7.1
Descriptive Statistics for Independent Variables

Variable	Number of Items	N	Mean	SD	Skew
Depressive Symptoms	5	291	1.79	0.95	1.45
Substance Use	6	283	4.56	3.77	.87
Father Support	4	335	2.86	2.14	–.43

ally it is a form of support most closely related to psychological well-being. School support was included because it is a particularly relevant form of support for high school aged youth due to the fact that school can be a significant source of stress for high school youth and may contribute to mental distress for this population. These two forms of support were combined into one measure to increase reliability of the measure (the Cronbach's alpha for this measure was 0.98) and simplify the analysis. For the purposes of this study, we were more interested in father support generally than in specific components of it. Sample items include, "I rely on my father for emotional support" and "My father encourages me to stay in school." The items used a 5-point Likert scale (1 = not true, 5 = very true). Youth (n = 65) who responded to the item, "How often do you speak with or see your father?" with "no contact" or "never" were re-coded with zero for the father support variable.

Data Analytic Strategy

First, we conducted an attrition analysis with the youth excluded from the study due to missing data (n = 43) to determine if they differed from the youth included in the study. We conducted independent sample t-tests to compare these two groups on all the study variables collected at Time 1. Next, we conducted a point biserial correlation analysis to determine whether the identified risk factors (i.e., depressive symptoms and substance use) and protective factor (i.e., father support) were associated with suicide ideation among Black males. The variables that were related to suicide ideation were included in a hierarchical regression analysis. Hierarchical regression analysis allows for the assessment of the effect that each variable has on the outcome variable. This analysis included entering depressive symptoms (risks) as Step 1, substance use (risks) as Step 2, and father support (asset) as Step 3 (test of compensatory effects). Suicide ideation was the outcome variable. This sequence of steps allows us to ex-

amine the effects of father support on suicidal ideation over and above the effects of depressive symptoms and substance use, thereby allowing us to assess the compensatory effects of father support. Separate equations were also run after Steps 1–3 were entered to test for interactions between father support and depression, and between father support and substance use. This series of tests allows us to assess the protective effects of father support. The sample used for these analyses consisted of 292 Black male adolescents out of the possible 335 (87%).

Results

Attrition Analysis

Wave 3 data were used to determine whether the 43 students eliminated from the analysis differed from the 292 students on the study variables. The independent *t*-tests indicated no differences between these two groups on any of the Time 1 study variables (e.g., depression, alcohol and substance, father support).

Prevalence of Suicide Ideation

Based on the 292 students who responded to the suicide ideation question, 80.5% ($n = 235$) reported that suicide ideation was not a problem, while 4.5% ($n = 13$) reported that it was a little problem, 4.5% ($n = 13$) reported that it was a moderate problem, 2.7% ($n = 8$) reported that it was a problem pretty often, and 7.9% ($n = 23$) reported that it was an extreme problem. Due to the skewed nature of the responses to the suicide ideation question, the data were re-coded into two categories—no suicide ideation and suicide ideation—for data analytic purposes. Students who responded "not at all" were re-classified as "no suicide ideation," and those who were in all of the other categories were reclassified as "suicide ideation." Almost 20% ($n = 57$) of the sample reported ideation, while the remaining reported no ideation. Within the sample that reported ideation, 68% of them reported contact with their father compared to 81% of those who did not report ideation. Results from the Mantel-Haenszel chi-squared test showed that those who did not report ideation had significantly more contact with their fathers than those who did report ideation.

Point Biserial Correlations

Table 7.2 reports the correlation among all study variables. The table indicates that depressive symptoms, substance use, and father support are all related to suicidal ideation. The more likely respondents are to feel depressed and use illicit substances, the more likely they are to experience feelings of suicide. Furthermore, father support was significantly associated with suicidal ideation. That is, as support from fathers increases, sons' suicide ideation decreases. Since these data are cross-sectional, no causal inferences can be made from these results. Nevertheless, the findings presented in Table 7.2 suggest that father support is associated with mental health. Subsequent regression analysis included the depressive symptoms, substance use, and father support measures.

Hierarchical Regression

Due to the fact that suicide ideation was re-coded into a dichotomous variable, logistic hierarchical regression was employed for the remaining analytic procedures. Only the variables that were significant in the correlation analysis were included in the regression analysis. The final odds ratios (*OR*), adjusted R-squared values, and change in R-squared values from the

TABLE 7.2
Point Biserial Correlation Matrix of All Observed Variables

Variables	1	2	3	4
Suicide Ideation	—	—	—	—
Depressive Symptoms	.58**	—	—	—
Substance Use	.18**	.23**	—	—
Father Support	–.14*	–.09	–.07	—

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

TABLE 7.3
Final OR, Adjusted R^2, and Change in R^2 for Compensating and Protective Effects

Variable	Final OR	Adjusted R^2	ΔR^2
Depressive Symptoms	4.62	.44	.44**
Substance Use	1.27	.44	.00
Father Support	.65	.46	.02*
Interactions			
Substance Use/Support	.63	.48	.02*

* $p > 0.05$
** $p > 0.01$.

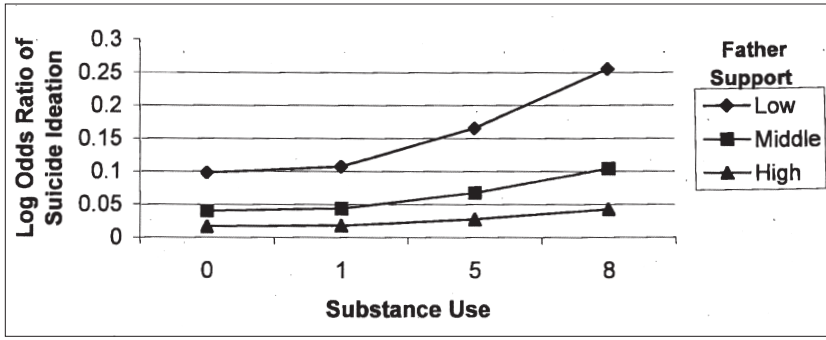

Figure 7.1. Interaction Effect of Father Support and Substance Use for Predicting Suicide Ideation

logistic regression analysis are reported in Table 7.3. Depressive symptoms (Step 1) predicted 44% of the variance in suicide ideation. Step 2, substance use, did not contribute additional variance for predicting suicide ideation. The independent effects of father support (Step 3) contributed an additional 2% of the variance. This finding suggested that father support did have a compensatory effect on suicidal ideation. Father support was a significant predictor of suicidal ideation over and above the effects of depression and substance use. The interaction effect of substance use and father school support (Step 4a) also added 2% of the explained variance in the model. The association between substance use and suicidal ideation varied according to levels of father support. This latter finding suggested that father support was a protective factor in the association between substance use and suicidal ideation. The final model explained 48% of the variance in suicide ideation.

Decomposition of Interaction Effects

We decomposed the interaction effect of substance use and father support following the procedure described by Aiken and West (1991). We computed separate equations to examine the association between substance use and suicide ideation at different levels of father support. Father support was classified into low, middle, and high (where one standard deviation below the mean was classified as low; the mean was classified as middle; and one standard deviation above the mean was classified as high). The lines in Figure 7.1 represent the linear relationship between substance

use and suicide ideation at the different levels of father social support. Figure 7.1 indicates that the effects of substance use on suicidal ideation diminish as the level of father support increases. It also indicates that effects of substance use on suicidal ideation are strongest at the lowest levels of father support.

Discussion

We found suicide ideation to be a fairly common phenomenon among Black adolescent males as one out of every five Black males in our sample reported some degree of suicide ideation. This finding is consistent with Vega et al.'s (1993) finding that adolescent Black males had high prevalence of suicide ideation (20.5%) compared to Hispanic (17.8%) and White (19.3%) male adolescents. It should be noted that due to the sensitive nature of the question, it is conceivable that the 20% prevalence rate found in the present study may be an underestimate of the true prevalence level. Nevertheless, this finding illustrates that suicide ideation is a significant issue among adolescent Black males and highlights the need for prevention efforts for this population.

Furthermore, we found father support to be both a compensatory factor and a protective factor for the risk of suicide ideation associated with substance use. The compensatory model of resiliency was supported by the finding that father support predicted less suicide ideation after controlling for both depressive symptoms and substance use. The protective model of resiliency was supported by the interaction effect of father support and substance use for predicting suicide ideation. The interaction effect suggested that, although substance use is associated with suicide ideation, this association is reduced as father support increases. Interestingly, the effects of substance use for predicting suicide ideation are most dramatic at the lowest levels of father support, but these effects are virtually absent at the highest levels of father support. These results are consistent with previous research that the negative effects of problem behavior and psychological distress may diminish as father support increases (Zimmerman, Ramirez-Valles, et al., 2000; Zimmerman, Salem & Notaro, 2000). Our study, however, does not inform us about the characteristics of the relationship that may be beneficial. Future research that includes in-depth interviews with both

fathers and their sons may help to identify what factors in father/son relationships help reduce risks associated with suicide ideation.

Researchers have noted that depressive symptomatology is the single best predictor of suicide. Our results also indicated that depressive symptomatology was the most consistent predictor of suicide ideation in our sample. Other researchers have noted that substance use also predicts suicide ideation among Black male adolescents (Vega et al., 1993; Juon & Ensminger, 1997). The results from this study, however, are somewhat inconsistent with these previous findings. Our results indicated that although substance use was correlated with suicide ideation, it was not associated with suicide ideation once depressive symptomatology was accounted for (i.e., controlled statistically). One possible explanation for this finding is that depressive symptoms may mediate the relationship between substance use and suicide ideation. Research that examines the effects of substance use on depression and, subsequently, on suicidal ideation may be particularly helpful for understanding how substance use may be indirectly related to suicide ideation.

Researchers have largely neglected the role that fathers play in the development or prevention of suicidal ideation and behavior. The virtual absence of fathers in the suicide ideation literature highlights the often-implicit belief that support given by fathers, other than financial support, is irrelevant for healthy adolescent development. This study provides evidence that father support may be important for their sons' psychological well-being. Most researchers have focused attention on the role of mothers, but we have little information about how mothers and fathers have differential effects on adolescent development. Future research that examines how father support may be similar to and different from mother support will enhance our understanding of the role that parents play in healthy adolescent development.

Several study limitations should be noted. First, the data used in the present study were cross-sectional. Using data at only one point in time limits one's ability to infer causation. Future studies that use longitudinal data can help to determine whether father support is, in fact, decreasing the risk for suicidal ideation or if those at low risk for suicidal ideation are simply more likely to report higher father support. Second, suicide ideation was measured with a single item that was further limited by recoding it to be dichotomous. Thus, we may have both reduced the variance available to explain and missed capturing a more nuanced assess-

ment of suicide ideation. Nevertheless, we found theoretically consistent relationships even though we had limited variance to explain. Thus, our study may have been a conservative test of resiliency theory and father support. Finally, it is likely that the relationships found would be stronger with more in-depth measures for both suicide ideation and father support. Yet, the fact that effects were found with somewhat limited measures suggest that focusing on father support as an asset in the prevention of suicidal ideation is a valuable direction for future research. Future research that uses a qualitative approach may provide a more in-depth inquiry into adolescent suicide ideation and the mechanism by which assets in their lives may help them overcome the effects of risks.

These limitations notwithstanding, this study builds upon the burgeoning research literature documenting the vital role fathers play in healthy adolescent development. Our results provide additional evidence that Black fathers' support may help their adolescent children to be resilient against the risks they face for harmful outcomes. This study is also significant because it conceptualized fathers as an asset in adolescents' lives. Research on fathers often focuses on the negative effects of their absence from the home and assumes that not being present in the home is the same as being absent from their children's lives. This study is also noteworthy because it examines the role of fathers in adolescent resiliency in a sample and on a topic that has not been widely studied. Suicide ideation among Black adolescents is understudied and the focus on assets in the youths' lives (i.e., father support) is even more uncommon. We hope that this study motivates future research that focuses on fathers, assets in youths' lives, and understudied populations to build knowledge about positive youth development.

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