



SIEC ALERT

SIEC ALERT is a quick reference guide to some of the newest resources in the field of suicide prevention.

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In future SIEC Alert will be published on a quarterly basis.

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CHILDREN AND SUICIDE

It is widely believed that childhood is a time which confers a relative immunity from the risk of suicidal behaviours. This belief is based on two notions: childhood is in large measure free of problems and stress, and children do not have the developmental maturity to think of or act upon suicidal thoughts (Pfeffer, 1993: 175). However, recent research has found that by grade 3 children (age 8-9) have a thorough understanding of suicide, and that younger children understand the concept of "killing oneself" (Mishara, 1999: 105, 114). Statistics also verify that children do act upon suicidal thoughts.

INCIDENCE OF CHILD SUICIDE AND SUICIDAL BEHAVIOURS

Data from Statistics Canada indicates that during the period 1993-1997, 229 Canadian children ages 5-14 completed suicide.

- ◆ 2 of these suicides were by boys under age 10
- ◆ Of the remaining 227 children, 155 were male and 72 were female
- ◆ Highly lethal methods were common. For both males and females, hanging and firearms accounted for over 90% of deaths.

Even though suicide is also very rare among Americans under age 14, studies have shown high rates of nonfatal suicidal behaviours and ideation among children, especially those who are psychiatric patients (Pfeffer et al, 1993: 106; Milling et al, 1994: 228; Marciano & Kazdin, 1994: 151). In 1997, it was estimated that nearly 1% of school-aged children attempted to harm themselves and even more contemplated self-harm (Goldman & Beardslee, 1999: 417). In addition, an undetermined number of traumatic injuries and "accidental" self-poisonings are believed to be suicidal in their intent.

MOTIVATIONS FOR SUICIDAL BEHAVIOURS

It is much easier to believe that the suicidal thoughts or behaviours displayed by a child are trivial or are ploys to get attention (Greene, 1994: 231). However, childrens' suicidal behaviours are rarely impulsive and their motives, particularly ones which are interpersonal, can be similar to those of adults. Some reasons that children may engage in suicidal behaviours are (Goldman & Beardslee, 429):

- an attempt to regain control in their lives
- retaliation or revenge against real or perceived wrongs
- reunion fantasies
- relief or escape from unbearable pain
- they see themselves as the family scapegoat
- to distract the family from other issues, e.g. divorce
- acting out a covert or overt desire of the parent to be rid of the child

RISK FACTORS FOR CHILD SUICIDE

Factors which may place children at increased risk for suicide and suicidal behaviours can also be similar to those which place other age groups at risk and include:

- ✓ depression and hopelessness
- ✓ psychiatric disorders
- ✓ poor social adjustment
- ✓ emotional, sexual and/or physical abuse
- ✓ change in the child's role in the family
- ✓ family problems or familial suicide
- ✓ chronic health problems
- ✓ history of suicidal behaviours
- ✓ poor coping strategies

STRATEGIES FOR PREVENTING CHILD SUICIDE

There is a tendency in our society to deny suicide and especially the possibility of child suicide. Greene asserts that there are at least two reasons for this: the desire of families to avoid stigma and the small number of suicides among children (Greene, 230). In order to prevent child suicide, we must first acknowledge that children do have suicidal thoughts and that they might act upon these.

Some strategies for preventing child suicide include:

- strengthening family relationships. Prevention needs to start within the home with parents actively involving themselves in their childrens' lives (Workman & Prior, 1997: 131).
- greater public awareness of risk indicators and intervention techniques (Tousignant & Hanigan, 1993: 113).
- education programmes for students, community workers and school personnel which teach children how to ask for help for themselves or a friend and which give gatekeepers skills in identifying children at risk and sources of help (Workman & Prior, 131; Goldman & Beardslee, 441).
- early intervention programmes which address and treat known risk factors for suicide, e.g. family dysfunction, depression (Goldman & Beardslee, 441).

SIEC thanks Bryan Tanney, MD, FRCPC for reviewing this issue of Alert

Suicide Affects All of Us. Let's Talk About it.

ON THE BOOKSHELF*

Books for Parents:

Dubuque, S. E. (1996). **A Parent's Survival Guide to Childhood Depression.** King of Prussia, PA: The Center for Applied Psychology, Inc.

Dubuque, N. & Dubuque, S. E. (1996). **Kid Power Tactics for Dealing With Depression.** King of Prussia, PA: The Center for Applied Psychology, Inc.

Shamoo, T. K. & Patros, P. G. (1997). **Helping Your Child Cope With Depression and Suicidal Thoughts.** San Francisco, CA: Jossey-Bass Publishers. (SIEC has an earlier version of this book)

Shapiro, P. G. (1994). **A Parent's Guide to Childhood and Adolescent Depression.** New York, NY: Dell Publishing.

Books for Professionals:

Farberow, N. L. & Gordon, N. S. (1995). **Manual for Child Health Workers in Major Disasters.** Washington, DC: US Department of Health and Human Services.

Pfeffer, C. R. (1986). **The Suicidal Child.** New York, NY: Guilford. (This title not available on loan from SIEC)

Sharp, S. & Cowie, H. (1998). **Counselling and Supporting Children in Distress.** London, UK: Sage Publications Ltd.

Simmons-Physick, C. & Kids Help Phone. (1994). **Counselling Young People by Phone. A Kids Help Phone Handbook for Professional and Volunteer Counsellors.** Toronto, ON: Kids Help Phone.

Trad, P. V. (1990). **Treating Suicidelike Behavior in a Preschooler.** Madison, CT: International Universities Press.

* The appearance of a book on this list is not meant in any way to imply endorsement by SIEC. Titles for parents are provided for general information only and should not be used as a substitute for professional guidance or counselling.

Books are available on loan to Alberta residents only. For non-Alberta residents, please check with your local library or bookseller for availability.

SIEC does not distribute these titles.

SOURCES AND RESOURCES

Photocopies available from SIEC for items shown on this list. (Cost per article: \$8.00 plus postage. Prepayment is not necessary. Please use SIEC # when ordering.)

SIEC #990276

Goldman, S. & Beardslee, W. R. (1999). Suicide in children and adolescents. In D. G. Jacobs (Ed.). The Harvard Medical School Guide to Suicide Assessment and Intervention (pp. 417-442). San Francisco, CA: Jossey-Bass Publishers.

SIEC #940540

Greene, D. B. (1994). Childhood suicide and myths surrounding it. Social Work, 39 (2), 230-232.

SIEC #950972

Grizenko, N. & Pisher, C. (1992). Review of studies of risk and protective factors for psychopathology in children. Canadian Journal of Psychiatry, 37 (10), 711-721.

SIEC #940232

Milling, L., Campbell, N., Laughlin, A., & Bush, E. (1994). The prevalence of suicidal behavior among preadolescent children who are psychiatric inpatients. Acta Psychiatrica Scandinavica, 89 (4), 225-229.

SIEC #990238

Mishara, B. L. (1999). Conceptions of death and suicide in children ages 6-12 and their implications for suicide prevention. Suicide and Life-Threatening Behavior, 29 (2), 105-118.

SIEC #970131

Peterson, B. S., Zhang, J., Santa Lucia, R., King, R. A., & Lewis, M. (1996). Risk factors for presenting problems in child psychiatric emergencies. Journal of the American Academy of Child and Adolescent Psychiatry, 35 (9), 1162-1173.

SIEC #930741

Pfeffer, C. R. (1993). Suicidal children. In A. A. Leenaars (Ed). Suicidology: Essays in Honor of Edwin S. Shneidman (pp. 175-185). Northvale, NJ: Jason Aronson Inc.

SIEC #980519

Pfeffer, C. R. (1997). Childhood suicidal behavior: a developmental perspective. The Psychiatric Clinics of North America, 20 (3), 551-562.

SIEC #980642

Workman, C. G. & Prior, M. (1997). Depression and suicide in young children. Issues in Comprehensive Pediatric Nursing, 20, 125-132.



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