The Tragedy of Child and Adolescent Suicide

E mily was a typical tween, too old to be a child and too young to be a teenager. She was obsessed with Selena Gomez, Avril Lavigne, and Bruno Mars.[1] She loved to read, and she loved her friends. She hated her hair, her complexion, and her height. At age 12, she weighed 105 pounds and was 5'6" tall, which is roughly six inches taller than average for her age. Her height made her an easy target for bullying. Her coarse, curly hair and her acne elicited frequent taunts and attacks by bullies.

Emily was also an avid social media user. This gave the bullies virtually unlimited access to her through various accounts and allowed them to send her multiple messages and comments that were waiting for her when she woke up in the morning or got out of school in the afternoon—as well as all the other times that she checked her account each day. Emily completed suicide[2] 17 days before she turned 13. The day before she took her life, she posted a picture of herself to social media, which received 43 comments that Emily considered negative, most of them made by female classmates. Two of those comments suggested that she would be better off dead. Apparently Emily agreed. Her parents knew she was upset about the comments, but they had told her to ignore "those people" and cut back on her social media use. Emily was obsessed, though, with what people thought of her, who was interested in her, and any comment or "like" she received.

This story is a composite—an amalgamation of several true stories—and is used to illustrate the need for more attention to be paid to child and teen suicide, which is becoming a common narrative among young people today.

Statistics

In 2015, the Centers for Disease Control and U.S. Department of Education reported that 20 to 28 percent of U.S. students in grades 6 to 12 have experienced bullying, 30 percent admitted to bullying others, and 70 percent witnessed bullying in some form. According to the report, children and young adults are affected by bullying and cyberbullying during their school-age years, and some even into adulthood.[3] "School violence and bullying occurs throughout the world and affects a significant proportion of children and adolescents. It is estimated that 246 million children and adolescents experience school violence and bullying in some form every year."[4] This problem is real, and it will not go away without intervention.

The National Crime Prevention Council defines cyberbullying as "the process of using the Internet, cell phones, or other devices to send or post text or images intended to hurt or embarrass another person."[5] The advent of portable Internet-capable devices, many of which can be held in the palm of the hand, has increased the incidence of children being bullied, making them easy targets for bullying behavior. Given the portability of these devices, people no longer have to wait until they are in front of a computer to vent their frustrations, or until their target is physically within range; cyberbullying can be implemented instantly, 24/7. Social media users no longer have to be face to face with bullies to suffer the effects of their taunting and threats, nor can they just avoid places where bullies hang out on their way home from school, although studies have shown that cyberbullying and hands-on bullying often occur simultaneously.[6]

Each year in the United States, ap-

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proximately 4,600 young people kill themselves. Fourteen percent of American high school students have thought about suicide, and 7 percent have attempted suicide during their high school years.[7] Specific to cyberbullying, the 2011 U.S. National Crime Victimization Survey, published by the National Center for Education Statistics (NCES), reported that 9 percent (up from 6.2 percent two years earlier) of students reported being cyberbullied. The NCES also reported that more than 70 percent of American students said that they had been cyberbullied once or twice in a school year, with more than 3 percent reporting that this occurred almost every day.[8]

Methods of Suicide Commonly Used by Children and Young Adults

The preferred terminology for someone who dies from a self-inflicted wound or injury is "completed suicide" rather than "committed suicide" because committed denotes more stigma being placed on the individual—which likely contributed to his or her suicide in the first place. "Died by suicide" is also preferable to "committed suicide." In 2017, the World Health Organization reported that suicide was the second most common cause of death globally among 15- to 29-year-olds,[9] and the third most common cause of death among 10- to 14-year olds in the United States.[10] This means that "more teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, COMBINED."[11] The sad part is that it is entirely possible that many young people who complete suicide may not have necessarily wanted to die; perhaps they just wanted the pain to stop.[12] Suicide is a permanent solution to what often turns out to be a very temporary problem. But for young people, the problems often seem to be omnipresent and omnipotent, relentless and overwhelming.

According to the Centers for Disease Control and Prevention,[13] on average,

more than 88 young people complete suicide each week in the United States. Across gender and age the methods most commonly used for suicide are firearms or suffocation (which includes hanging). This is also true internationally, with the addition of ingestion of pesticides as another leading cause of death by suicide. Poisoning rates a distant third among the leading

In terms of gender, females are about four times more likely to attempt suicide, but males are about four times more likely to complete suicide. One of the reasons this is true is because females tend to choose potentially less-lethal means such as pills or exsanguination (slowly bleeding out from a self-inflicted wound), whereas males tend to choose guns or hanging.
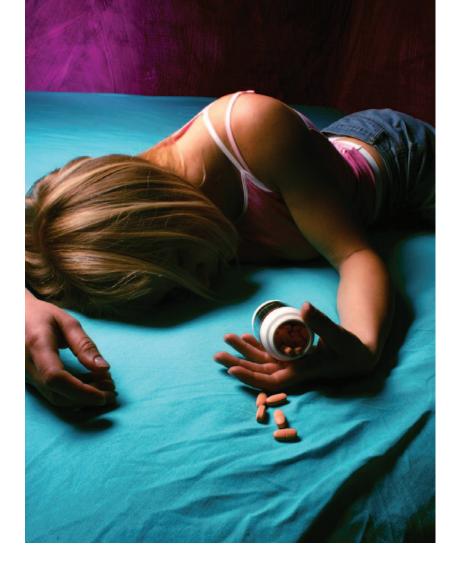
methods in the United States. Internationally, 79 percent of suicides occur in low- or middle-income countries.[14] In terms of gender, females are about four times more likely to attempt suicide, but males are about four times more likely to complete suicide. One of the reasons this is true is because females tend to choose potentially less-lethal means such as pills or exsanguination (slowly bleeding out from a self-inflicted wound), whereas males

tend to choose guns or hanging.[15] Ethnically speaking, within the United States, Native American/Alaskan Natives are typically more likely to complete suicide, but Hispanic females are typically more likely to attempt suicide.[16] About 11 percent of American children will have attempted suicide by their 18th birthday, but many more have doubtless thought seriously about it long before that. In the U.S., almost 40 percent of the children who have attempted suicide made their first try in elementary or middle school.[17]

These statistics should concern everyone, but should be particularly alarming to Christians, who respect life as a gift from God and consider our children a particularly important gift.

Risk Factors

Suicide is a complicated concept with many possible causes and contributing factors. The connection between depression and other mental-health disorders is well known, but it is a myth to think that *all* suicides are related to depression or hopelessness, although some are. A further complicating factor is that many religions view suicide as a shameful act and even a sin. People in helping professions should continue to watch for signs of depression and language of hopelessness, but here are some other key risk factors:

• *Perfectionism.* For young people, perfectionistic tendencies are a recognized risk factor for suicide.[18] In today's society, many students feel driven to succeed, and the bar for success is being pushed ever higher. Some students live in a near-constant state of panic that they are not going to get into the best colleges or receive the praise and admiration of their parents, teachers, and friends. This pressure builds as the child ages; and any mistake, even if seemingly minor, can be magnified in a child's mind, dashing his or her hopes of future success. Christians can be particularly prone to perfectionism because they often view mistakes as sins, an

attitude that can quickly lead to perfectionism.

• *Emotion Regulation.* Students who have difficulty regulating their feelings (being aware of their emotions, accepting negative emotions, and having strategies to respond to strong emotions) are also at increased risk for suicide, especially if these students lack supportive and trusting adults at home and/or at school.[19] Reduced ability to regulate emotions can be accompanied by mental, emotional, and personality disorders, but even people without these disorders can struggle to regulate their emotions. Young people who become easily overwhelmed by emotions and who have difficulty getting help or trying to feel better often are susceptible to depression and anxiety, which, when coupled with a lack of support at home or school, can put them at increased risk for suicide.

Having a history of depression or other mental illness also increases the risk that a child might attempt suicide. Helping children recognize, label, and process their emotions can help ameliorate suicidal ideation.

• *Suicidal History.* If a child has a history of previous suicide attempts or a family history of suicide, this also puts him or her at greater risk for attempting and completing suicide. Having a family member who has completed suicide makes a child psychologically more vulnerable than the general population. An uncompleted attempt by a child should not be dismissed as just a cry for help or an indication that he or she did not want to die. Suicidal thoughts and behaviors should always be taken seriously to, if possible, prevent senseless

deaths. Previous suicide attempts and/or a family history of suicide could make the child more accepting of suicide as an option to deal with his or her problems, which have likely been exacerbated by the history of suicidal behaviors.[20]

• *Alcohol or Drug Abuse.* Abusing drugs or alcohol can not only increase risk for suicide, but also reduce impulse control, making young people more susceptible to act on a fleeting thought of harming themselves. Abusing drugs and alcohol can also lead to other problems that might increase the risk of suicide, such as having disciplinary problems or engaging in a variety of high-risk behaviors.[21]

• *Stressful Life Event or Loss.* Many youth lack a support network to deal effectively with life's stressors, especially the loss of someone close to them, like a friend or relative. The loss of a significant romantic relationship can produce a sense of helplessness, which can add to feelings of stress and loss. Healthy support networks, such as attentive parents, family friends, trusted religious leaders, teachers, peers, and others are important for youth to rely on when they need them. Unfortunately, Christians are not immune from significant negative life events or losses, such as divorce, separation, death, and abuse. Discipline problems, such as legal issues or incarceration, can also bring great stress on young people, who often lack the life experience to face these situations.[22]

Warning Signs

In addition to the risk factors listed above, three other warning signs indicate that individuals are in danger, especially in combination with the above-listed factors:

1. Making verbal comments ranging from wanting to kill themselves to more general statements such as wanting to disappear, or saying that no one would miss them. Suicidal intent was disclosed before action was taken with time for intervention in 29 percent of deaths by suicide by children under 18 years of age, according to Dilillo's 2015 study.[23]

2. Researching online or in person to identify ways to end one's life, such as lethal doses of pills or other poisons, or buying knives or guns or other weapons.

3. Verbal or written comments (including those in social media) indicating hopelessness, purposelessness, anxiety, withdrawal, anger, or despair.

A person who exhibits these and other warning signs and risk factors is in a situation that requires immediate action. School administrators, educators, and staff need to be aware that they can do many things to help even though, in most cases, they are not licensed mental-health professionals.

• If your school employs a counselor, escort the individual to his or her office immediately. If not, consult with your administrator regarding your school's protocol for situations such as these. If you find your school does not have an emergency protocol for students at risk, this article may serve as impetus to develop one.

• Until the student can be under the care of a counselor, provide supervision or make sure he or she is with supportive, caring adults.

• Provide any additional helpful information to the counselor that will support the student's recovery from suicidal ideation.[24]

I have found in my work with clients who are actively suicidal that most do not actually want to die; they just want the pain to stop. If they can make it through the pain, the feeling of wanting to end their life often subsides.

What to Do

In addition to the steps outlined above, there are other, more general, things that schools can do to help students feel safe, valuable, and an integral part of the school, which may help prevent emergencies.

• If you, or someone you know, are concerned about a student, consult with a trained professional to determine how best to help the student.

• Reach out and create a bond with

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at-risk students. Sometimes students may be depressed or feel hopeless because of abusive or difficult home situations (homelessness, abuse, or divorce). Creating a bond with students you feel might be at risk may cause them to be less likely to resort to self-harm and more likely to disclose things that need to be reported to authorities. Listen, but do not judge or suggest that the student is "messed up" or is exaggerating the problems. Tell the student the things you have noticed that are of concern to you and encourage him or her to seek help.

• Pray for and with your students. Our students are under attack for their hearts, emotions, and thoughts from multiple points of entry such as mainstream media, social media, their peers, electronic devices, video games, and many more.

• Be open to being approached. We may never know that students are struggling if they don't feel safe to approach us to share their burdens. If

they fear they are going to be punished for talking to you about their struggles, or that you are going to judge them, you will never perceive the warning signs because they will not consider you someone they can trust with their deepest secrets.

• Consider establishing a school-wide suicide-prevention program that includes protocols on how to craft a response for when a student suicide attempt or death occurs. This is something everyone hopes will not be necessary, but it is too late to create such a response when you actually need it. This plan should include training for all school personnel to help them recognize warning signs, as well as what to do when they encounter these signs, to whom they should report, and obtaining appropriate documentation of what happened (whether creating the documentation or obtaining it from other sources). This school-wide plan should include training on cyberbullying as well as face-to-face bullying, and the steps to take when bullying is suspected or reported. In a number of countries, the school can be held legally responsible if personnel know that a student is being bullied but do nothing. Searching Google will produce a number of school-wide prevention programs. Here is one example: http://www.starcenter.pitt.edu/Files/PDF/Suicide%20Prevention%20in%20Schools%209-26-13.pdf.

Conclusion

Suicide can be an overwhelming topic, and a scary one for both school personnel and the person who is having suicidal thoughts. The most important thing to do is to have a response prepared. Remind the person of God's unbounded love and concern. His estimation of our worth is much greater than our own. He knows everything about us: "'And even the very hairs of your head are all numbered'" (Matthew 10:30, NIV)[25] and loves us unconditionally. Remind students in distress that God is eager to hear our cries for help and ready to answer them. "Hear my prayer, Lord;

listen to my cry for mercy. When I am in distress, I call to you, because you answer me" (Psalm 86:6, 7). ✎

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Helpful Resources

For more information on suicide risks and how to help students deal with suicidal thoughts, please consult a local mental-health professional, the counselor at your school, or one of the links below.

• Information about bullying, cyberbullying, and prevention: http://www.stopbullying.gov.

• The Parent Resource Program (The Jason Foundation): http://jasonfoundation.com/get-involved/parent/parent-resource-program/.

• National Suicide Prevention Lifeline: http://www.suicidepreventionlifeline.org/.

• Suicide Prevention Resource Center: http://www.sprc.org/.

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