



Suicide Awareness & Prevention Advocacy

"Illuminating the facts about behavioral health and rising above the stigma."



Alone in the Dark:

Why Children Attempt Suicide and How to Prevent It



Introduction

This report has been produced to raise awareness of childhood suicide and to provide information about the signs and symptoms of those under the age of fifteen who are at-risk of attempting suicide.

Together through education, awareness, and open conversation, we can begin to address the increase in attempted and completed suicides of all genders and age groups.

Data sourced from reports and publications by the following:

- [The World Health Organization](#)
- [United States Census Bureau](#)
- [The Center for Disease Control and Prevention](#)
- [The American Academy of Pediatrics](#)
- [The Academic Pediatric Association](#)
- [The American Pediatric Society/Society for Pediatric Research](#)
- [The National Center for Health Statistics](#)
- [The National Institutes of Health: National Institute of Mental Health](#)
- [The American Foundation for Suicide Prevention](#)
- [The Society for Academic Emergency Medicine](#)



National Suicide Prevention Lifeline (1-800-273-8255)

Provides 24/7, free and confidential support for people in distress, prevention and crisis resources, and best practices for professionals. Spanish and hearing-impaired communication available.

Substance Abuse and Mental Health Services Administration's (SAMHSA) National Helpline (1-800-662-4357)

Provides free, confidential, 24/7 (even holidays), treatment referral and information service (English and Spanish), for individuals and families facing mental and/or substance use issues.

SAMHSA's Disaster Distress Helpline (1-800-985-5990)

Provides 24/7 (even holidays) assistance with crisis counseling and support for people experiencing emotional distress related to natural or human-caused disasters. Call or text options available.

Crisis Text Line (text the word HOME to 741741)

Provides access via text messaging to trained Crisis Counselors who volunteer their time to provide 24/7, free and confidential support for people in crisis, utilizing active listening and collaborative problem solving.

“Be brave enough to start a conversation that matters.”

– Margaret Wheatley

Alone in the Dark:

Why Children Attempt Suicide and How to Prevent It

According to the Centers for Disease Control and Prevention, from the year 2000 to the year 2014, more than 530,000 Americans completed suicide. In the year 2014 alone, the number of Americans of all genders and all age ranges that had died by suicide was 42,773. It was the highest number in one year during the fourteen-year period since 2000. In comparison, 37,195 Americans died in motor vehicle accidents that same year.

Further, the yearly total of Americans completing suicide has continually and dramatically risen each year since 2000, whereas the number of deaths due to motor vehicle accidents has continued to drop since 2006, except for 2012 when deaths spiked to 38,251. While the elderly have the highest rates of suicide per population, followed by those of middle-age and young adults and teens respectively, children under the age of 14, and even as young as 5 also end their lives by suicide.

In 2006, there were only fifty-six known cases of children under the age of 12 who had completed suicide. Of those children, forty-five were boys, which coincides with the trend that about 79% of all suicide victims in all age groups are males, even though girls attempt suicide more often. In 2013 there were 395 cases of child suicides for the age group 5 to 14. For

those 10 – 14 years in age, there were 409 suicides in 2015. Self-harm and suicide attempts among children under the age of 14 has doubled since 2006.

According to population reports from the United States Census Bureau, there were 73.6 million children aged 17 and under in the United States in 2014. According to the World Health Organization, during that same year in the U.S., one in every 100,000 boys aged 14 and under died by suicide. For boys aged 15 to 24, nearly eighteen in every 100,000 completed suicide. For men 75 and older, thirty-eight out of every 100,000 died by suicide.

From 2008 to 2015, there were 118,000 children between the ages of 5 and 17 admitted to thirty-two hospitals across the country who expressed suicidal thoughts or the desire to harm themselves.

Most children under 14 who attempt and die by suicide do so by hanging or suffocation at home, often in their bedroom. Of those, most have attempted it at least once before, often without anyone knowing about it. In fact, it's estimated that for every child that completes suicide, a dozen others have already attempted it or have thought about attempting it.

The decision to attempt suicide in children under the age of 14 is almost always impulsive and reactionary to an external stimulus, in all cases they feel alone and helpless in what they're dealing with.

This impulsive nature makes it very difficult to prevent child suicide because a child can appear energetic and seemingly happy in one moment, and then one negative experience later they may make the decision to end their life without fully grasping the finality of the act or realizing that circumstances can change over time.

For teens and older age groups, depression is often directly involved, so much so that two-thirds of all suicides in these age groups are connected to depression, often spanning years.

Children on the other hand, do not fit into this trend. Less than half of child suicide victims experience depression and for them it occurs on a rapid scale of days or weeks prior to completing suicide. It's important to note that over half of all children who attempt suicide had previously been diagnosed with ADD or ADHD.

Most child suicides are preceded by a conflict with a parent, friend, classmates, and social interactions with strangers online, including cyber bullying. In recent years, social media sites and apps such as Facebook, Twitter, Instagram, and Snapchat have played a major role in the emotional states of children and pre-teens.

Sometimes the prevalence of online activity can be helpful in identifying at risk youth, due to the child venting frustration, stress, anxiety, or the desire to self-harm. However, in other cases the conflict itself unfolds online where adults are not present, leading the child to be cut off from

support, and later completing suicide without the parent having any prior knowledge of what was happening.

Despite their impulsive nature, there are warning signs that can be observed in a child who may attempt suicide. Mood is always a key factor to monitor, this would include anger, aggression, irritability, frequent crying or easily triggered by sadness, disinterest in previously favored activities, constant involvement in physical fights, theft, constantly withdrawing from social interactions, and refusing to go to school.

Aside from mood, children often let slip things they've been thinking about, especially when they get frustrated or angry. Phrases such as, "I wish I were dead," "I hate being alive," "I just want to die," "I wish I could go to sleep and never wake up," "I just want to sleep forever," are all red flags a parent should pay attention to.

Phrases like these are tell-tale signs a child has witnessed or is experiencing something that is causing them a lot of anxiety or stress that is beyond their ability to cope with alone, and that they have begun viewing death as an escape.

A child's impulsive desire to attempt suicide is met by a desire to escape something they cannot process or handle. Trauma, fear, neglect, abandonment, harassment, bullying, verbal or emotional conflict or threats, embarrassment, physical assault, hazing, and sexual abuse, can all precipitate a suicide attempt in children.

Another common behavior in children with a risk of suicide is self-harm or self-injury. Prior to attempting suicide, children will intentionally harm themselves or engage in risky behavior where they know they can be injured.

Like teens and young adults, children tend to blow events out of proportion and become consumed by them. What may seem like a trivial event or temporary circumstance to you, may appear to be life shattering, permanent or inescapable to a child.

Most children seldom anticipate life beyond several days into the future and it's due to the ongoing development of their brain. They are simply not yet able to anticipate life that far into the future or imagine how the circumstances of their life can be drastically different years, months, or even just weeks into the future.

This inability to envision a distant future adds to a child's belief that current events or circumstances are unchanging, are unable to be fixed, are unavoidable, unforgivable, or unending. Whether with parents, teachers, or mentors, it is fundamentally important that a child have an open relationship with an adult or young adult to whom they look up to and can communicate with freely and rely on for advice, encouragement, safety, emotional support and stability.

Giving a child the opportunity to talk about things without judgement and without repercussions is essential for a trusting, honest, and open

relationship. The sort that could, if need be, save them from making an impulsive and life-ending decision.

After discovery or intervention, appropriate pediatric counseling should be initiated in children who have attempted suicide or are showing suicidal ideology. Never assume it's a phase or that they are too young to be suicidal. Mental health care is as equally important in children as it is in teens and adults, giving them the skills they need to better deal with the issues they are facing and will face in their future.





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For additional information and resources on behavioral health visit:

www.SAPAdvocacy.org
