

Creating an Environment Safe from Self Harm

Diocese of Grand Island

Child Protection Office

1-308-382-6565

www.gidiocese.org





Adolescent Vulnerability

“Increasing your knowledge base is the first step towards enhancing protective factors that can contribute to increased safety of the adolescent.”

*~Donald P. Belau, Ph.D.,2011
Nebraska Suicide Prevention Coalition Co-
Chair*

■ If We Only Knew, If He Only Told Us!

Secrets

- Often youth will not tell of being bullied and, if they do, they are fearful of being shamed by adults or peers.
- Being bullied in the current age of media is far different from being bullied in an age where such media did not exist.
- Not telling or creating secrets can often be a defensive strategy used to minimize shame and/or

Bullying, Cyberbullying, and Suicide

- The most common form of bullying offending reported by respondents was: *“I called another student mean names, made fun of or teased him or her in a hurtful way”*(27.7%)
- The most frequently-cited form of bullying victimization was: *“Other students told lies or spread false rumors about me and tried to make others dislike me”* (29.3%).



Cyberbullying

“Cyberbullying involves the use of information and communication technologies to support deliberate, repeated, and hostile behavior by an individual or group, that is intended to harm others.”

Bill Belsey
www.bullying.org



Cyberbullying cont...

- Bullying and cyberbullying victimization was a stronger predictor of suicidal thoughts and behaviors than was bullying and cyberbullying offending.
- The research shows bullying and cyberbullying experiences may be related to an increased likelihood of an adolescent attempting suicide.



Cyberbullying cont...

Cyberbullying victims were almost twice as likely to have attempted suicide compared to youth who had not experienced cyberbullying.



Let's Check Out What You Know!

Facts about Adolescent Suicide Quiz

ANSWER EACH OF THE FOLLOWING QUESTIONS AS
TRUE OR FALSE




1. Adolescent suicide is an increasing problem in the United States.

✓ True

The suicide rate for Nebraska youth ages 10 to 24 exceeds the national rate, and suicide is the second leading cause of death for Nebraska youth ages 15-19.


Nebraska State Suicide Prevention Summit



2. Most teenagers will reveal that they are suicidal or have emotional problems for which they would like help.

✓ True


Most teens will reveal if they are suicidal, and will share with teens or adults although they are inclined to share with teens 1st.



3. Adolescents who talk about suicide do not attempt or commit suicide.

✓ False


One of the most ominous warnings is the teen talking repeatedly about death, and expressing little or no hope for the future.



4. Educating teens about suicide leads to increased suicide attempts, since it provides them with ideas and methods about killing themselves.

✓ False

Research shows that 77% of teens state that they would first turn to a friend for help. Peer assistance programs have been developed by increasing student knowledge about warning signs, & how to contact adults for help. Directly asking a teen if he or she is thinking about suicide communicates care and concern, and assists with addressing lethality questions.



5. Talking about suicide in the classroom will promote suicidal ideas and suicidal behavior.

✓ False


Talking gives teens an avenue to talk about their feelings, thereby enabling them to be more comfortable with expressing suicidal thoughts, and increasing their chances to seek help.



6. Parents are often aware of their child's suicidal behavior.

✓ True

Studies have shown that as much as 86% of parents are unaware of their child's suicidal behavior.



7. The majority of adolescent suicides occur unexpectedly without warning signs.

✓ False

9/10 teens who kill themselves give clues to others before their suicide attempt.

8. Most adolescents who attempt suicide fully intend to die.

✓ False

Most suicidal adolescents do not want suicide to happen. They are ambivalent or torn between ending their psychological pain and wanting to continue living. 80% of suicidal youth show verbal statements and behavior that indicate they are ambivalent.

9. There is a significant difference between male and female adolescents regarding suicidal behavior.

✓ True

Adolescent females are 1.5 to 2 times more likely than adolescent males to report experiencing suicidal ideation and 3 to 4 times more likely to attempt suicide.

Adolescent males are 4 to 5.5 times more likely than adolescent females to complete a suicide attempt. Adolescent females complete 1 out of 25 attempts, whereas, males complete 1 out of 3 attempts.

10. The most common method for adolescent suicide completion is drug overdose.

✓ False

Guns are the most frequent method. Hanging is the 2nd method. Having a gun in the house whether or not it is locked up or not. Homes with guns are 4.8 times more likely to experience a suicide. When hand guns are restricted, suicide rates decline among 15-24 year olds.

11. Because female adolescents complete suicide at a lower rate than male adolescents, their attempts should not be taken seriously.

✓ False

One of the most powerful predictors of completed suicide is a prior attempt.

Adolescents who have attempted are 8 times more likely to try again. All suicide attempts/threats must be taken seriously.



12. Not all adolescents who engage in suicidal behavior are mentally ill.


✓ True

Most teens have thought about killing themselves at least once in their lives. Most who kill themselves are not suffering from a mental disorder. There are many, however, who do experience trauma, attachment issues, and mental disorders do complete suicide.

13. Suicidal behavior is inherited.

✓ False


No research validates this myth. However, research does show that teen victims of suicide have significantly less communication with parents and that is not as frequent or satisfying.



14. Adolescent suicide occurs only among “high risk” adolescents.

✓ False


Suicide occurs in all socioeconomic groups



15. The only one who can help a suicidal adolescent is a counselor or a mental health professional.

✓ False


Most teens who are thinking about killing themselves are likely to approach a family member, peer, or school professional for help. Showing concern and care, and following through on a referral are critical steps one can take to ensure safety.



16. Adolescents cannot relate to a person who has experienced suicidal thoughts.

✓ False

Research shows that 1 of 5 students have thought about killing themselves in the past year. Almost ½ of teens have a friend who has attempted suicide, but it may not have been reported.



17. If an adolescent wants to commit suicide, there is nothing anyone can do to prevent its occurrence.

✓ False

Identifying the warning signs, and recognize the teen who is at increased risk for suicide. Parents and School professionals need to be aware of these risk factors, and know how to respond.



Depression/Suicide

Suicide is, most often, a fatal response to a treatable disorder – depression



Risk Factors

- Depression
- Substance abuse
- Previous attempts



**CDC – Suicide is 3rd leading
cause of death in children &
adolescents ages 10 – 24**

**In Nebraska it's the 2nd leading
cause of death for youth ages
15 – 24.**



Depression has been linked to:

- Suicide
- Poor school performance
- Substance abuse
- Running away
- Feelings of worthlessness/hopelessness




ACT

Acknowledge

Care

Tell




Acknowledge that you are seeing signs of depression, suicide, or self-injury in a friend and that it is serious.



Care


- Let your friend know that you care about him or her, and that you are concerned that he or she needs help that you cannot provide.



**Tell a trusted adult,
either with your
friend or on his or
her behalf.**



Review Suicide Risk Factors

- 
- Previous suicide attempt(s)
 - History of mental disorder, particularly depression
 - History of alcohol & substance abuse
 - Family history of suicide or child abuse
 - Feelings of hopelessness
 - Impulsive or aggressive tendencies
 - Barriers to accessing mental health treatment
 - Loss or interpersonal conflict (school or the law)
 - Physical illness
 - Easy access to lethal means, especially guns




Risk factors cont...

- Unwillingness to seek help
- Local epidemics of suicide
- Isolation
- incarceration/pending disciplinary incident
- exposure
- history of physical &/or sexual abuse
- Possession of certain cultural & religious beliefs



**Warning signs demanding
immediate action**

- 
- talking or writing about suicide or death
 - giving direct verbal cues *
 - giving less direct verbal cues *
 - Isolating him or herself
 - Expressing the belief that life is meaningless
 - Giving away prized possessions
 - Exhibiting a sudden & unexplained

Improvement in mood after being depressed or withdrawn

- Neglecting his or her appearance & hygiene
- Dropping out of school or social, athletic &/or community activities
- obtaining a weapon *



Factors of Protection



1. Family Patterns

- Good relationships
- Support from Family



2. Cognitive style & Personality

- Good Social skills
- Seeking help
- Seeking advice
- Openness to others
- Openness to Knowledge



3. Cultural/Sociodemographic Factors

- Social integration
- Good relationships
- Support from relevant people



**QPR trainers are available
through a grant received from
the NE Suicide Coalition & Inner
Church Ministries**



Suicide is Preventable

Call the Lifeline @ 1-800-273-TALK (8255)

**The Lifeline is FREE, confidential and
always available.**



Safe Environment Programs

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Youthsuicideprevention.nebraska.edu