



Pathology Biology Section – 2003

G96 Suicide in Children: A 12-Year Retrospective Study

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Suicide in pre-adolescent children (ages 6-12), although unusual, present unique causes, risk factors and potential prevention strategies which serve a specific public health need in the prevention of this unique form of violence.

Methodology: Case files for all deaths in children ages 6 to 12 ruled suicide or undetermined from the Milwaukee County Medical Examiner's computerized case records were reviewed from 1989 through June 2002. In addition, case files for all adolescent suicides reported in the corresponding time period were reviewed. Detailed demographic information, social history, behavioral history, and death scene investigation, autopsy findings, individual and family medical and psychiatric conditions and characteristics has been abstracted and analyzed. Review of the pertinent medical and psychiatric literature, including collaboration with a pediatric psychiatrist treating children and survivors of suicide attempts has been undertaken.

Results: The authors identified trends, frequently occurring factors and consistent findings within characteristics, and in doing so a way to observe the predictive indicators for suicide "prone-ness" in any or all cases. Specific factors will include behavioral factors such as previous suicide attempts, verbalization of suicidal ideation, the presence of depression, parental and family psychiatric history, impulse control history, history of abuse and other factors. Medical factors include: substance abuse disorders, attention deficit hyperactivity disorder, enuresis, parental and family medical history.

Discussion: The Milwaukee County Medical Examiner's office has identified an issue with suicide in children, ages 6-12 and has determined that this is a public health significance do to it being such an unusual phenomenon. Although suicide in the childhood age group is a rare phenomenon, it is encountered in normal practice of medical examiners and child psychiatrists. Characteristics of suicide in children are different than those found in the teenager age group. Identification of the risk factors, personality and behavioral characteristics in completed suicides will provide a framework for the development of prevention strategies. The barriers to consistent death certification and reporting across jurisdictions will also be evaluated, in an effort to develop strategies to increase consistency and improve data comparability and meta-analysis capacity across multiple jurisdictions.

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