

E61 An Evaluation of Child Suicide Death Cases

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Learning Overview: After attending this presentation, attendees will have a better understanding of the importance of child deaths from suicide.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by increasing awareness and identifying children at risk for suicidal behavior.

Adolescent suicidal attempts are a serious public health concern. It causes psychiatric, economic, and physical problems. The incidence of suicides increases rapidly until the age of 18 and accounts for 1.5% of all deaths worldwide, making it the tenth-leading cause of death.¹ It is the third-leading cause of death among children and adolescents aged 10 to 18 years.² The most prevalent factors of adolescent suicide are family conflict, school-related problems, bullying, impulsivity, and depression.³ Psychiatric disorders in young adults significantly increase the risk of suicide. These individuals are more affected by relationship problems. Although suicidal thoughts and suicidal behavior are rare before puberty, there is increasing concern about identifying individuals at risk for suicidal behavior.² This study examined the socio-demographic characteristics and forensic medical significance of suicidal child death cases.

This study examined 204 suicides from 2018 that were autopsied at Adana Group Presidency of Forensic Medicine Institution. This study evaluated age; gender; suicide method; suicidal environment; dates; presence or absence of a diagnosed psychiatric disease; and the presence or absence of prior suicide attempts. The review consisted of the postmortem examination and autopsy records.

The youngest age at suicide was 12, and 20 cases (9.8%) were under age 18. Males comprised 75% ($n=15$) and females comprised 25% ($n=5$). Suicide occurred in domestic settings in 80% of the suicides. The most common month was September, with 20% of the suicides occurring that month. Thursday was the most common day of the week with five cases (25%). Three cases (15%) had received prior psychiatric treatment. Two cases (10%) had previously attempted suicide. Hanging was the most common method of suicide (35%), followed by jumping from height (30%), firearms (20%), and self-poisoning (15%). Firearms were the second preferred method of suicide in adults, while children chose jumping from height as the second most common method. This study hypothesizes that the inability of children to obtain firearms led to the choice to jump.

There are effective techniques for lowering suicide rates.⁴ Once someone attempts suicide, the risk of attempting suicide again may increase. Society and the State must adapt their approaches to suicide. The most important thing to do in this regard is to restrict access to the means of suicide (firearms, chemicals, etc.).¹ The media should avoid suicide contagion by avoiding front-page coverage and sensationalizing suicide, and can assist by providing information on treatment resources. Suicide screening at schools can identify adolescents who have mental health problems. The accurate diagnosis of psychiatric disorders and their successful treatment can significantly reduce suicide rates. Treatment of psychiatric patients should be financially and morally supported; health professionals should be trained on the subject; maximum sensitivity should be shown during the rehabilitation process; and patients should be returned to the community as healthy individuals.^{5,6} Literature highlights the noticeable existence of childhood suicide, although oftentimes unstudied. Recognizing psychic distress and suicidal behavior in childhood is extremely necessary for children to have adequate psychiatric treatment.⁷ Protocols should be developed for the early recognition of suicidal behavior. Health professionals and teachers should be empowered to be able to help children with suicide risk predisposing signs.^{6,7}

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Child Death, Child Suicide, Suicide Prevention