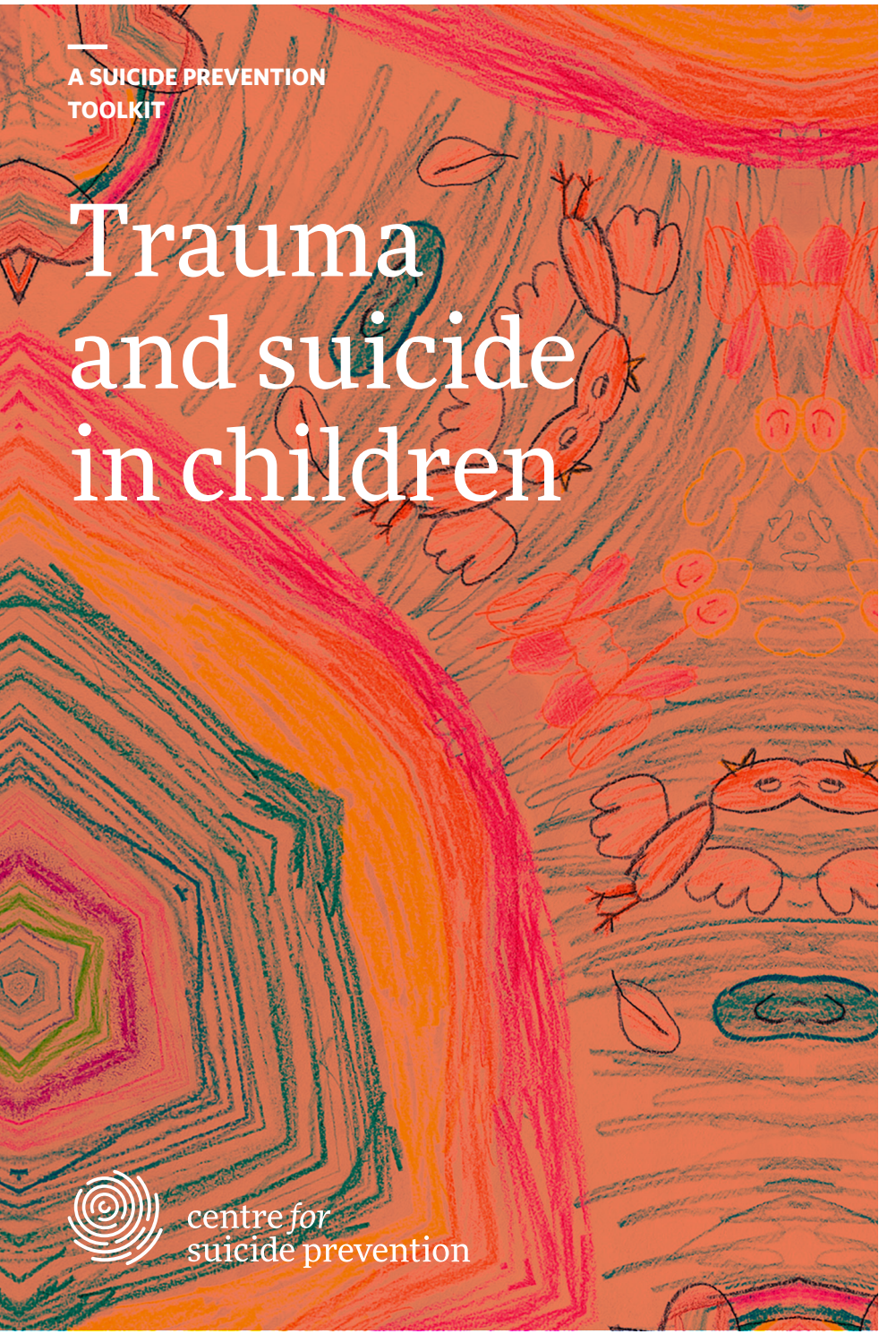
A SUICIDE PREVENTION TOOLKIT

Trauma and suicide in children



centre *for* suicide prevention

IN THIS TOOLKIT

When children and adolescents experience trauma, their personal development can be affected. They may develop mental health issues and have a higher risk for suicide (Felitti, et al., 1998; Hodas, 2006).

Unresolved trauma in childhood and adolescence is linked to an increased risk of suicide ideation and if unaddressed, can escalate with age – potentially leading to suicide attempts or death by suicide. Early intervention post-trauma is crucial (Dube et al., 2001).

What is trauma?

Trauma is "a horrific event beyond the scope of normal human experience" (Greenwald, 2007).

Some examples of traumatic experiences for children and adolescents include:

- neglect;
- violence in their community, home, or school;
- sexual or physical abuse;
- motor vehicle collisions;
- medical trauma (eg. surgery);
- refugee and war zone trauma;
- terrorism; and
- natural disasters (American Psychological Association (APA), 2008; Spinazzola, et al., 2014; The National Child Traumatic Stress Network (NCTSN), n.d.a).

SOME IMMEDIATE AND FUTURE EFFECTS OF TRAUMA ARE:

- poor academic performance;
- insomnia;
- relationship problems;
- depression;
- alcoholism or illicit drug use; and/or
- suicide attempts (Centre for Addictions and Mental Health, 2012; Centers for Disease Control and Prevention, n.d.).

COPING WITH TRAUMA

Children can better cope with trauma if they:

- have positive relationships with family and friends;
- have built up resiliency;
- have access to health care and social services; and
- live in communities that support parents and undertake initiatives to prevent abuse (Centers for Disease Control and Prevention, 2015; Hodas, 2006).

Statistics and facts

CHILDREN WHO HAVE BEEN ABUSED ARE AT MUCH HIGHER RISK OF THINKING ABOUT AND ATTEMPTING SUICIDE (SALZINGER, ROSARIO, FELDMAN & NG-MAK, 2007).

IN 2008, THERE WERE APPROXIMATELY

85,440

CONFIRMED CHILD ABUSE INVESTIGATIONS IN CANADA (PUBLIC HEALTH AGENCY OF CANADA, 2008).

>30%

OF INDIVIDUALS WHO EXPERIENCE CHILDHOOD SEXUAL ABUSE WILL ATTEMPT SUICIDE (FERGUSSON, HORWOOD, & LYNSKEY, 1996).

1 in 5

OF CHILDREN WHO HAVE BEEN EXPOSED TO TERRORIST VIOLENCE WILL DEVELOP POST-TRAUMATIC STRESS DISORDER (FREMONT, 2004).

Warning signs and symptoms of trauma

Children and adolescents who have been traumatized may:

- Develop new fears and anxiety, e.g. fear future trauma
- Feel helpless, numb, alone, and/or depressed
- Exhibit changes in behaviour, e.g. decrease in appetite
- Experience sleep difficulties, e.g. recurrent nightmares, insomnia
- Have feelings of guilt and shame surrounding the traumatic event
- Complain of physical ailments, e.g. upset stomach
- Continually tell others about the event
- Fear separation from parents/ caregivers (young children)
- Exhibit dysregulated behaviour, e.g. crying, irritability, aggression (young children)
- Exhibit regression, e.g. bedwetting, baby talk (young children)
- Ask about death (young children)
- Re-enact traumatic event through play (children)
- Become more attached and reliant on caregivers (children)
- Experience suicidal ideation (teens)
- Engage in risky behaviours, e.g. drug/alcohol abuse and sexual promiscuity (teens)
- Start self-harming behaviours, e.g. cutting, eating disorders (teens) (APA, 2008; Hodas, 2006; Shaw, 2000; NCTSN, n.d.b)

What is trauma-informed care?

Health care professionals are more aware of the effects of trauma than ever, and this has led to the creation of Trauma-Informed Care (TIC) – a determined effort to implement a better approach to treating patients that takes into account the impact that previous traumatic experiences have had on an individual's overall mental health. TIC represents a significant paradigm shift from what has been called a "deficit perspective" to one that is strengths-based (British Columbia Ministry of Health, 2013). The new essential question reflects this shift, having changed from:

"What is wrong with you?" to "What has happened to you?" (Rosenberg, 2011).

Read more about TIC in *iE13: Trauma-Informed Care: Trauma, substance abuse and suicide prevention*

Trauma-Informed Care (TIC) can be adopted by anyone working in the "behavioural health system" including:

- emergency rooms;
- doctors' offices; and
- counselling offices.

BEING TRAUMA-INFORMED MEANS:

- **UNDERSTANDING** the prevalence of trauma and its impact;
- **RECOGNIZING** the signs and symptoms of traumatization;
- **CREATING** an emotionally and physically safe space, and empowering the individual with an active voice in collaborative decision-making; and
- **RESPECTING** the person's experience through active listening, being sensitive to the language used, being transparent, being trustworthy, and offering stability and consistency (Bath, 2008; Hodas, 2006; Rosenberg, 2011; SAMHSA, 2015; Huckshorn & LeBel, 2013).

Trauma-informed interventions and therapies

TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF CBT) An approach that uses a combination of Cognitive Behavioural Therapy (CBT) and trauma-informed practice for working with children who have experienced traumatic events and their parents (Levers, 2012).

CHILD-PARENT PSYCHOTHERAPY (CPP) This treatment is used to restore and protect the child's mental well-being by supporting and improving the child-caregiver relationship (Levers, 2012).

PARENT-CHILD INTERACTION THERAPY (PCIT) PCIT is a two-phase approach, 1. Child-Directed Interaction (CDI) and 2. Parent-Directed Interaction (PDI), with a focus on positive behaviours and techniques for behavioural management (Levers, 2012).

PLAY THERAPY Play therapy gives children the opportunity to reenact their trauma allowing them to process the experience (Levers, 2012).

EYE MOVEMENT DESENSITIZATION AND REPROCESSING FOR CHILDREN AND ADOLESCENTS (EMDR)

Clients process and describe the emotionally difficult memories associated with their traumatic experiences, while keeping their focus on an external stimulus (The California Evidence-Based Clearinghouse for Child Welfare (CEBC), 2014; Levers, 2012).

PROLONGED EXPOSURE THERAPY FOR ADOLESCENTS (PE-A)

PE-A has a main goal of helping clients achieve the ability to emotionally process their traumatic experiences through in vivo exposure, imaginal exposure, education about reactions to trauma and breathing techniques (CEBC, 2014; Levers, 2012).

RESOURCES

- Center on the Developing Child: Harvard University bit.ly/1hegC3f
- Child Trauma Academy childtrauma.org
- The National Child Traumatic Stress Network (NCTSN) nctsn.org
- Substance Abuse and Mental Health Services Administration (SAMHSA) bit.ly/2mBnfEk
- 211 211.ca (Available in British Columbia, Alberta, Saskatchewan, Ontario, Quebec, New-Brunswick, Nova Scotia and Nunavut)
- Kids' Help Phone 1-800-668-6868
- National Domestic Violence Hotline 1-800-799-7233 or 1-800-787-3224 (TDD)

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We educate for life.

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