
Suicide/Homicide Precautions



**DEPARTMENT OF
HEALTH**

AND HOSPITALS

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Disclaimer

Information in this presentation should not be relied upon for diagnosis or treatment of a mental health condition.

Resources referenced do not constitute an endorsement, nor are these resources exhaustive. Nothing is implied by inclusion or when a resource is not referenced.

Learning Objectives

To learn suicide statistics regarding attempts, completions and survivors

To identify warning signs for suicide

To review acronyms for use in suicide assessment

To identify steps used to assess suicidal ideation

To learn homicide statistics

To define homicide, including criminal homicide as recognized in a court of law

To identify risk factors of homicide

To analyze predictors of homicidal behavior

suicide



Current Statistics about Suicide Attempts

Of 1.1 million adults (age 18 and up), **there are 900,875 annual attempts** in U.S.

Translates to **one attempt every 35 seconds**
25 attempts for every death by suicide (100-200:1 for youth; 4:1 for elderly; three female attempts for each male attempt)

Source: www.suicidology.org



Current Statistics about Suicide Completions

10th ranked cause of death for adults - 3rd ranking cause of death in U.S. for youth

1 person every 14.6 minutes kill themselves

- 1 older person every 1 hr/32 min
- 1 young person (age 10-24) every 1 hr/57 min

Source: www.suicidology.org



Current Statistics about Suicide Survivors

Each suicide intimately **affects at least 6** other people

Based on the 780,138 suicides from 1984-2008, estimates are that the number of survivors of suicides in the US is **4.68 million** (1 of every 65 Americans in 2008)

If there is a suicide every 14.6 minutes, then there are at least **6 new survivors every 14.6 minutes** as well

Source: www.suicidology.org

Can you predict suicide?

No individual can predict death by suicide, but a person can identify people who are at an increased risk for suicidal behavior, take precautions and refer them for effective treatment.

The majority of individuals who are suicidal often display cues and warning signs.



Use the acronym **D-A-N-G-E-R**

D epression

A lcohol & drugs

N egativity

G iving possessions away

E strangement

R evenge



Use Acronym - *IS PATH WARM?*

- I** deation (threatened or communicated)
- S** ubstance abuse (excessive or increased)
- P** urposelessness (no reasons for living)
- A** nxiety (agitation or insomnia)
- T** rapped (feeling there's no way out)
- H** opelessness
- W** ithdrawal (from friends/family/society)
- A** nger (uncontrolled/rageful, seeking revenge)
- R** ecklessness (risky activities w/out thought)
- M** ood change (dramatic)



Other Warning Signs for Suicide

Talking about being a burden to others

Looking for a **way to kill oneself**, such as searching online or buying a gun

Sleeping **too little** or too much

In unbearable **physical pain**



Risk is greater if a behavior is new or has

increased and if it seems related to a painful

event, loss or change.

suicide prevention--The **A-C-T** principle

Acknowledge

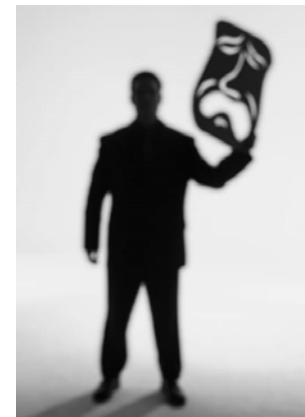
Show concern and LISTEN to them

Care

Take the initiative and offer help

Treatment

Help them seek immediate
treatment



How To Be Helpful to Someone Threatening Suicide

Be direct. Talk openly and matter-of-factly about suicide.

Be willing to listen. Allow expressions of feelings.
Accept the feelings.

Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad.
Don't lecture on the value of life.

Get involved. Become available. Show interest and support.

Don't dare him or her to do it.



How To Be Helpful to Someone Threatening Suicide

Don't act shocked. This will create distance between you.

Don't be sworn to secrecy. Seek support.

Offer hope that alternatives are available but do not offer
unconditional reassurance.

Take action. Remove means, such as guns or stockpiled
medications.

Get help from persons or agencies
specializing in crisis intervention and
suicide prevention.



Be Aware of Feelings

Many people at some time in their lives think about suicide. Most decide to live because they eventually come to realize that the crisis is temporary and death is permanent. On the other hand, people having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control.

Be Aware of Feelings

Here are some of the feelings and thoughts they experience:

Can't stop the pain

Can't make decisions

Can't sleep, eat or work

Can't make the sadness go away

Can't seem to get control

Can't see themselves as worthwhile

- Can't think clearly

- Can't see any way out

- Can't get out of depression

- Can't see a future without pain

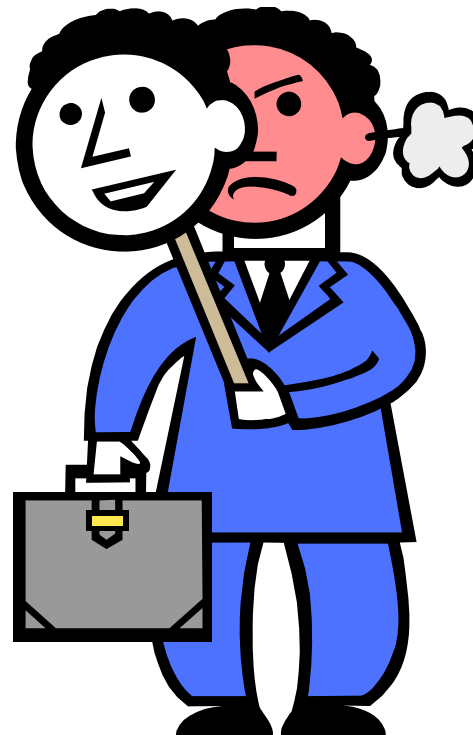
- Can't get someone's attention

Someone you know exhibits these

symptoms, *offer help!*



homicide



Homicide Statistics

According to the Centers for Disease Control and Prevention, homicides are ranked at 15 regarding cause of death.

Number of deaths by homicide in 2007 was 18,361 with deaths per 100,000 population ranked as 6.1 (Death by firearms was 12,632).

Source: www.suicidology.org



Homicide Definitions

*“**Homicide**, as defined here, includes murder and nonnegligent manslaughter, which is the willful killing of one human being by another.”*

Source: <http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=311>

*“The term '**prevalence**' of **Homicide** usually refers to the estimated population of people who are managing Homicide at any given time. The term '**incidence**' of **Homicide** refers to the annual diagnosis rate, or the number of new cases of Homicide diagnosed each year.”*

Source: <http://www.cureresearch.com/h/homicide/stats.htm>

Criminal Homicide

The crime committed in a criminal homicide is determined by the **state of mind of the defendant** and statutes defining the crime. Murder, for example, is usually an intentional crime. In some jurisdictions, certain types of murders automatically qualify for capital punishment, but **if the defendant** in a capital case **is sufficiently mentally retarded** in the United States **he may not be executed** (...similar to those utilizing an insanity defense). **The mental state of the perpetrator of voluntary and involuntary manslaughter differs from that of one who commits murder.**

Predictors of Homicide

It is well known that the **two major demographic predictors** of violent behavior are **gender - male and age - younger**. It is also known that the **two major clinical predictors** of violent behavior are **past history of violence and substance abuse (alcohol and/or drug)**. Recent studies have established that **being severely mentally ill and not taking medication is a third major clinical predictor of violent behavior.**

Source: <http://mentalillnesspolicy.org/consequences/mental-illness-violence-stats.html>

Risk Factors for Homicide

History of violence in current/previous) relationship

Verbally abusive

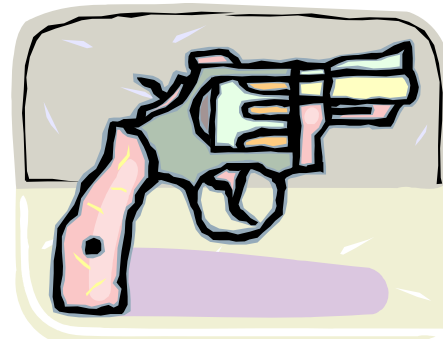
Threats and intimidation

Threats of suicide or murder, drug/alcohol abuse

Controls finances, refuses to accept rejection

Prevents victim from having friends or visiting with family

Possession or access to weapons



Risk Factors for Homicide (Con't)

Strangulation

Minimizing incidents of abuse

Stalking

Jealousy

Monitoring phone calls/texts/emails

Abuser was abused as a child

Victim believes that the abuser will try to kill her/him



Factors Predictive of Violent Behavior

Demographic factors (gender/age/unemployed/race)

Past history (one of most powerful indicators)

Substance abuse (major contributor)

Untreated Psychiatric diagnosis (three-fold among those with psychosis)

Untreated or acute psychiatric symptoms (mania, depression, delusions, hallucinations)



Factors Predictive of Violent Behavior

Antisocial personality disorders

Psychopathy

Organic/Learning Disorders

Biological aspects

Attachment problems experienced in childhood

Adverse childhood experiences



Homicide Prevention

Domestic homicide is the most predictable and preventable murder in the US. There are clear indicators leading up to all (attempted) homicides that should be considered red flags to the victim, police officers, advocates, doctors, co-workers, friends and families. Visible indicators associated with intimate partner violence and leading up to a domestic homicide should be easily recognized by the victim and the support system in place. Appropriate preventive measures based on previous violent histories should be made to prevent tragedies.”

ce:

<http://www.poughkeepsiejournal.com/article/20110923/OPINION03/109230349/Domestic-Violence-Homicide-Prevention>

Conclusions about Suicidal/Homicidal risk

Practitioners cannot rely on spontaneously uttered threats of violence in their assessments. Regardless of the referral issue, they need to probe actively for suicidal and homicidal ideation, keeping in mind the fact that reporting suicidal ideation has become acceptable in our culture, but that reporting homicidal ideation is much less acceptable.”

Source:

http://www.apa.org/divisions/div12/sections/section7/news/sp02/hillbrand_sp02.html

Conclusions about Suicidal/Homicidal behavior

Norman Karon (personal communication, 1987) said it most judiciously:

***“First deal with homicide risk.
Then deal with suicide risk.
Then deal with anything else.”***

Information Sources/Resources

American Association of Suicidology www.suicidology.org

American Psychological Association

http://www.apa.org/divisions/div12/sections/section7/news/sp02/hillbrand_sp02.html

Bureau of Justice Statistics <http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=311>

Cure Research <http://www.cureresearch.com/riskcenter.htm>

Forensic Psychiatry.ca <http://forensicpsychiatry.ca/risk/assessment.htm>

Mental Illness Policy Organization

<http://mentalillnesspolicy.org/consequences/mental-illness-violence-stats.htm>

National Suicide Prevention Lifeline www.suicidepreventionlifeline.org

Suicide Prevention Resource Center www.sprc.org

<http://en.wikipedia.org/wiki/Homicide>