

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.

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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

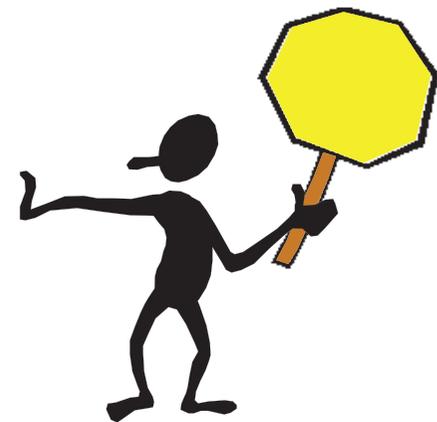
- Each suicide intimately **affects at least 6** other people
- Based on the 780,138 suicides from 1984-2008, estimates are that the number of survivors of suicides in the US is **4.68 million** (1 of every 65 Americans in 2008)
- If there is a suicide every 14.6 minutes, then there are at least **6 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.

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

Acknowledge

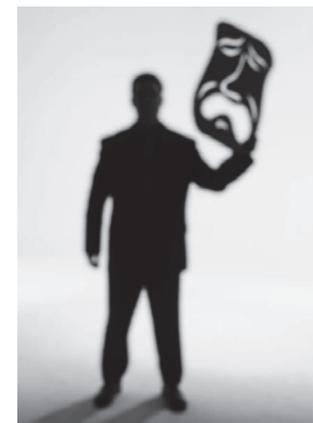
Show concern and LISTEN to them

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 glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills.
- 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

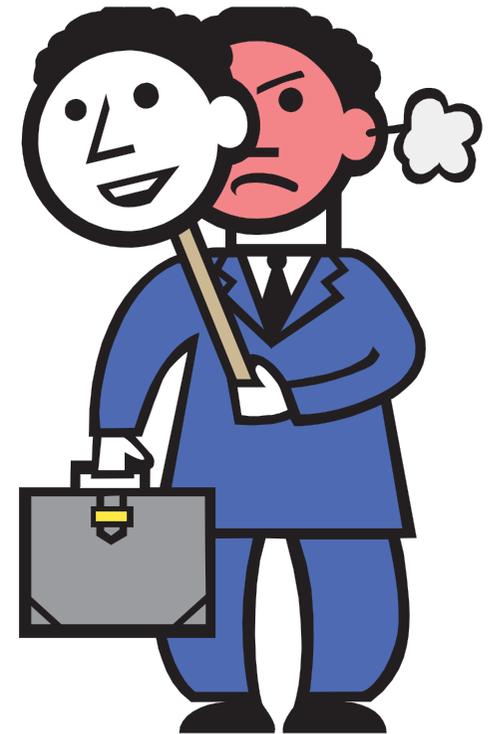
These are some of the feelings and thoughts they experience:

- 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

If someone you know exhibits these symptoms, offer help!



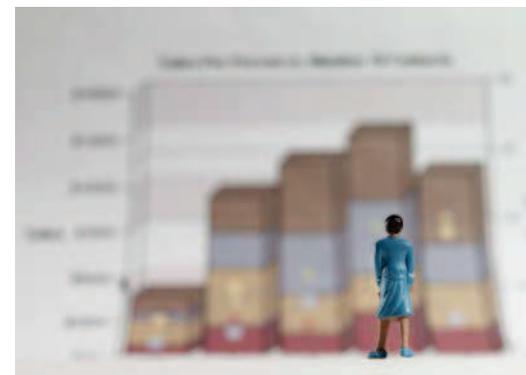
Homicide



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.**

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

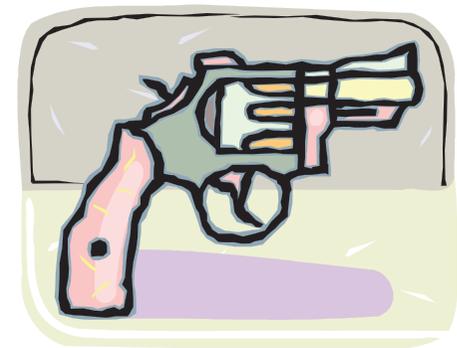
Predictors of Homicide

*“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



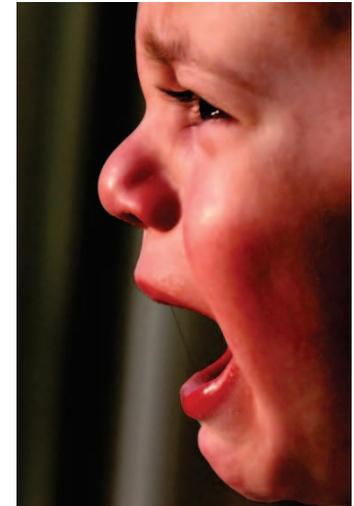
Factors Predictive of Violent Behavior

- 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. Reliable 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 decisions based on previous violent histories should be made to prevent tragedies.”

Source:

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

Conclusions about Suicidal/Homicidal risk

“Clinicians 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

Bertram 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>