

## CHILD SUICIDE: FAMILIE'S REACTIONS

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### Abstract

**Introduction:** Suicide is a major public health problem, in which relatives play an important role in the prevention of the said problem. However, suicide and suicidal behavior affect the relatives' lives profoundly, both emotionally and socially.

**Aim:** This study is an initial investigation of families' emotional and behavioral responses to adolescents' suicide

**Methodology:** An extensive literary review of relevant articles for the period 2000-2017, was performed using Medline, PubMed and Google databases, with the following key words: "child suicide, parent's reactions, bereavement, risk factors, warnings sign, and mental health problems".

**Results:** Suicide is uncommon in childhood but becomes an extremely serious issue among adolescents. Several risk factors have been identified and include the presence of psychiatric illness, a previous suicide attempt, family factors, substance abuse, sexual and physical abuse, or bullying. The death of a child of any age is extremely painful for parents. Most parents experience a profound sense of guilt, shame, pain, depression when harm comes to their child, even if through no fault of their own. The same feelings are often present and are associated with help seeking in siblings bereaved by suicide. All of these factors lead to a devastating grief that is much longer lasting than most people realize.

**Conclusion:** Families that have experienced a suicide present severe prolonged grief with many psychological and physical symptoms such as depression, feelings of guilt, shame, pain, heart failure, hypertension, diabetes. However, the psychosocial impact on families is a very important issue who needs further investigation.

**Key words:** *child suicide, parent's reactions, bereavement, risk factors, warnings sign, and mental health problems*

**Introduction:** Suicide is a serious public health issue and defined as the act of intentionally inflicting one's own death (Pitman A, Osborn D, et al, 2014). Suicide attempts are more frequent than suicides and a person can attempt suicide multiple times. A suicide attempt defined as nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior (Crosby AE, Ortega L, et al, 2011) and is an important predictor for future suicide (Nordentoft, 2007).

According to Shain, 2016 is the third leading cause of death in adolescents, following accidents and homicides and the frequency of this condition drastically increases during adolescence (Dilillo, et al., 2015). About 800 000 people die by suicide annually, resulting in an estimated 48–500 million people experiencing suicide bereavement every year worldwide (WHO, 2014).

### Risk Factors

Numerous risk factors increase the risk for adolescent suicide. These factors include possessing a psychiatric illness, lack of coping skills, emotional turmoil, a distorted view of life, a previous suicide attempt, substance abuse, family factors, and more (Comer, 2014). Almost 90 % of adolescents who commit suicide are suffering from

a psychiatric disorder and more than 60 % of young people are depressed at the time of death (Gould MS, et al, 2003). Literature data shows that a prior history of suicidal or parasuicidal behavior represents an important risk factor for suicide (Hamza CA, Stewart SL, Willoughby T, 2012). “Bullies”, “Victims” of bullying, of sexual and physical abuse, are important risk factors for suicidal behavior or suicidal ideation, especially in subjects aged between 16 and 25 years (Shaffer D, Pfeffer CR, 2001). Safety of the home environment and the environmental precautions are aimed at restricting access to means of suicide (eg guns, ropes, medications), and family members should be aware of the risks related to the situation (Wasserman D, Rihmer Z, et al, 2012).

A person at risk for suicidal behavior most often will exhibit warning signs such as expressed or communicated ideation, threatening to hurt or kill him/herself, increased substance (alcohol or drug) use, with no reasons for living, or no sense of purpose in life, adolescents who are feeling trapped, without hope and withdrawing from friends, family and society (American Association of Suicidology, 2006.)

### **Family’s reactions**

The death of an infant, child, or adolescent, from any cause, has a devastating effect on the family. For parents, the loss of a child defies the natural order. The death of a child is a sad event that represents a source of major stress, anxiety and sorrow for the parents. When the death is a suicide, the parental reaction may be even more difficult, because of the stigma associated with self-destruction (Shear MK, Zisook S, 2014). Families experience a significant loss because they are those who are closest to the victim. Other experiences include pain, shame and distress with the potential for long-term effects including depression, suicidal ideation and other forms of distress that have been reported (Hjelmeland H, Akotia CS, et al, 2008).

For most families where a suicide has occurred, shock is the first and immediate reaction. Guilt feelings are also present in such situations especially when relatives regret things they did. Family survivors may feel that they directly caused the death, and blame themselves for not preventing the suicidal act (Bryan CJ, Rudd MD, 2006).

In 2008 Cerel, Jordan, and Duberstein reviewed a research on the impact of suicide on individuals within families and on family and social networks. After suicide, there are many changes in familial structure. Specific factors assessed include decreased family cohesion, or emotional bonding, and decreased adaptation. The cause of death of a family member may be hidden from the other members of the family, especially children, or from people outside of the immediate family due to fear of negative judgment.

Parent’s relationships with the other members of the family could be affected. The crisis in the family often had the effect of bringing pre-existing problems in relationships to the fore. Parents worried about family members overreacting or getting upset, as well as about judgment and blame. An overall theme was a profound sense of isolation and a desire to keep a child’s problems private. This was often linked to parents’ feelings of guilt and their worries about what others might think. Many parents reported that their child’s self-harm had a detrimental effect on the family’s financial situation, often by making it difficult for parents to maintain a fulltime job (Ferrely AE, Hughes ND, et al, 2016).

According to Dyregrov K, Dyregrov A. 2005, younger bereaved siblings who lost brother or sister after suicide, are suffering from posttraumatic and grief reactions, insomnia, social dysfunction, depression, and anxiety. Feelings of depression, anxiety, guilt, extreme sadness, anger and nightmares are often present and are associated with help seeking in siblings bereaved by suicide (Brent D. (2010).

In a qualitative content analysis of 18 interviews with suicide-bereaved siblings, the authors found that the bereaved sibling’s and the deceased sibling’s unmet needs may generate negative attitudes toward health services, which reduces the likelihood of seeking professional help as well as medication acceptance in some cases (Pettersen, R., Omerov, P., et al , 2014).

In a study of Wilson & Marshall, 2010 among 164 relatives and friends of suicide victims, 56% of first-degree relatives reported great or significant need of professional help, whereas 8% of them reported no such need, but only a small percentage of suicide-bereaved relatives receive professional help.

In a modern study, the authors explored the experiences of seven biological mothers bereaved by suicide. Four themes emerged: (a) silencing grief; (b) shattered assumptions; (c) constructing a narrative; and (d) the depth of a mother's grief. Mothers experience intense prolonged grief with many psychological and physical symptoms. One of them acknowledged strong suicidal thoughts and one had attempted suicide. The findings suggest a need for care professionals to be aware of, and to target, this vulnerable subgroup (Sugrue, J. L., McGilloway, S., & Keegan, O, 2013).

According to Pitman A.L et al 2016, people bereaved by suicide report the highest levels of perceived stigma, shame, responsibility and guilt compared with people bereaved by sudden natural or unnatural mortality causes.

The stresses associated with a young person's suicide can affect relationships between family members, sometimes leading to marriage difficulties and divorce among parents (Byrne S, Morgan S, et al. 2008).

Stressful life events like suicide also impact physical health and the experience of bereavement in particular is associated with negative health outcomes. Bereavement is not only associated with an excess risk of mortality but also physical ill-health and negative psychological reactions and symptoms, including mental disorders or complications related to the grieving process (Stroebe M, Schut H, Stroebe W, 2007). There is also emerging evidence of the effect of suicide bereavement on physical health. For example, a recent case-control study found that suicide-bereaved parents have a higher risk of CVD, hypertension, diabetes and chronic obstructive pulmonary disease (COPD) (Bolton JM, Au W, et al, 2013).

### **Conclusions**

Being the family of a child who attempts suicide meant managing a very difficult and complicated situation and the additional moral stigma. It is obviously that people bereaved by suicide report the highest levels of perceived stigma, shame, responsibility, depression and guilt. Future research should address the lack of interventions to address perceived stigma and shame in bereaved relatives and friends after a suicide.

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