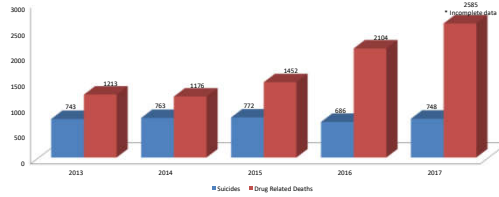


Classification of Pediatric Suicides

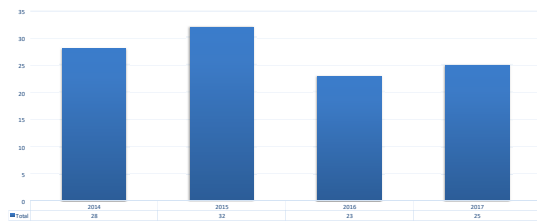


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NJ CHIEF STATE MEDICAL EXAMINER

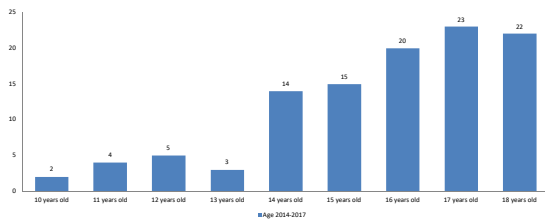
Drug related deaths vs. suicides



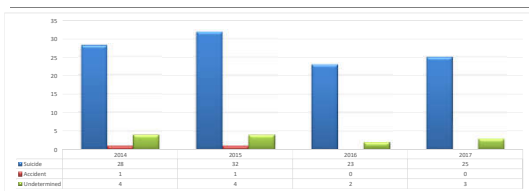
Suicides Age 18 years and under



Suicides by age (2014-17)



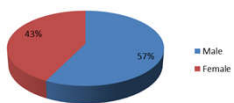
Suicides + possible suicides (2014-2017)



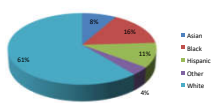
- 2014 and 2015 each had one hanging case listed as Accident.
- The Undetermined cases were either hanging, drug overdose, gunshot wound, or multiple blunt impact injuries.

Demographics- Pediatric suicides (2014-2017)

Gender 2014-2017



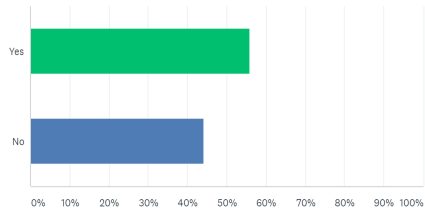
Race 2014-2017

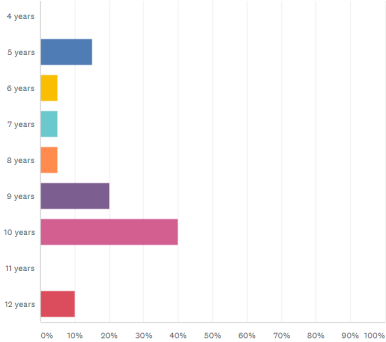


NAME Guide for Manner of Death Classification

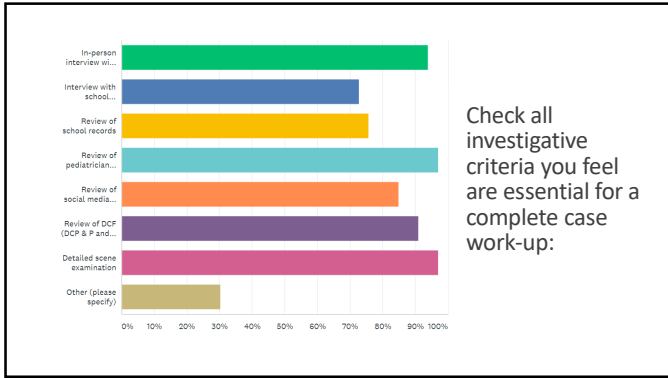
“.....burden of proof need not be beyond reasonable doubt, but should exceed “more likely than not”, i.e. the burden of proof should be more compelling than 51%, which barely exceeds chance.In short, if classification as suicide is little more than an informed guess or mere speculation, accident or undetermined are deemed to be better options.”

Do you believe there should be a minimum age below which deaths from self-inflicted injuries should not be classified as suicides?

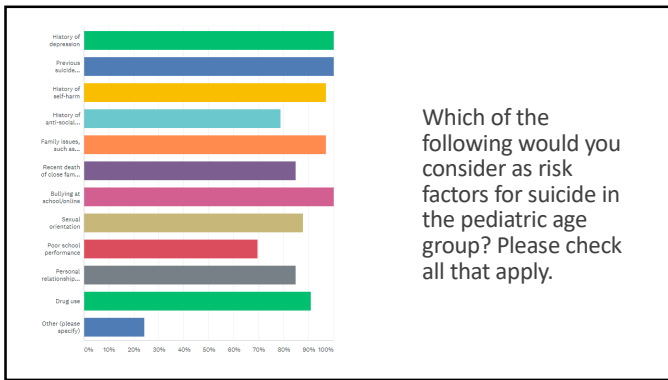




If your answer is “Yes”, what minimum age would you consider as a cut-off?




Check all investigative criteria you feel are essential for a complete case work-up:



Which of the following would you consider as risk factors for suicide in the pediatric age group? Please check all that apply.

Suicidal behavior in young children



- Young children are capable of planning, attempting and completing suicide
- Suicide is the 4th leading cause of death in 12 year old children
- The risk of subsequently completing suicide increases significantly after a suicide attempt
- Most cases of drug overdosage in children are in fact intentional
- The rate of ER visits for attempted suicide are similar for children <14 years and adults >50 years
- A family h/o psychopathology correlates with suicidal behavior in children

Understanding of death in young children



- Children first acknowledge death in the preschool period
- Preschool children do not typically comprehend the finality of death
- The understanding that death is a consequence of the breakdown of body functions is a concept that develops in later childhood
- The understanding of death is positively correlated with age
- Girls have a greater fear of death than boys

Case 1

- 12 year old white male found hanging from top rail of bunk bed
- Shortly before he was in argument with mother over cell phone use which resulted in cell phone being taken away
- As per sister, deceased was being bullied by classmates after coming out as gay
- H/O depression for a couple of years, and was seeing therapist; previously spoke of taking his life

Cause of death: Hanging
Manner of death: Suicide

Case 2

- 13 year old white male found hanging in bathroom at residence with bathrobe belt from towel rack
- Body transported to hospital, no scene examination conducted
- H/O Sydenham's chorea and ADHD
- Attended private school, no known problems at school, no known social/behavioral issues
- No significant postings on social media

Cause of death: Hanging
Manner of death: Accident

Case 3

- 8 year old black female found hanging from bunk bed by belt in secured bedroom after being grounded by mother
- Body transported to hospital, no scene examination conducted
- H/O increased recent moodiness and anxiety, no clinical H/O depression or self-harm
- Unspecified recent problems with classmates at school
- Parents separated, father estranged

Cause of death: Hanging
Manner of death: Undetermined

Conclusions

- Deaths classified as suicide tend to be the most often disputed cases
- When completing cases, the manner of death should be listed as "Pending" in order to fully assess case and avoid perception of cognitive bias
- Uniformity in methodology is required in order to achieve consistency in reporting

Conclusions

- Case review should include interview with NOK/ friends, review of social media, school, pediatrician and child protective services records as well as a detailed scene examination
- Specific questions should be asked regarding h/o depression, self-harm, bullying and sexual orientation

Conclusions

- Medical Examiner need to recognize that children will demonstrate different levels of maturity, and may exhibit depressive disorders early in life
- Each case should be evaluated on its own merits
- Review of all cases by multidisciplinary board recommended