

Youth Suicide Prevention in Child Welfare and Juvenile Justice Systems

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The Center for Suicide Prevention and Research (CSPR)

A combined institute...

Research

- Epidemiology
- Intervention
- Inform policy
- Improve services

Prevention

- Implement effective programming
- Increase community awareness
- Reduce stigma

"We engage each community member to understand their role in youth suicide prevention."



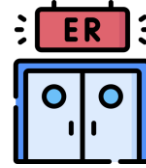
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2nd

Suicide is the 2nd leading cause of death **among younger children ages 10-14 years.**

3rd

Suicide is the 3rd leading cause of death **among youth ages 10-24 years.**



Youth have the **highest rates of emergency room visits** for suicide attempts than any other age group.



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Early Adulthood

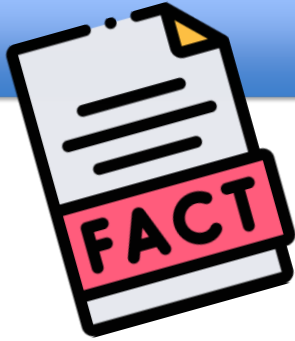
Teens transitioning to new challenges in adulthood experience an increased risk of concerns for suicide.

- In the United States (2023) at age 21:
 - Suicide surpasses homicide as the **2nd** leading cause of death
 - Accounted for **22%** of deaths
 - Pattern persists well into adulthood



WISQARS, 2025

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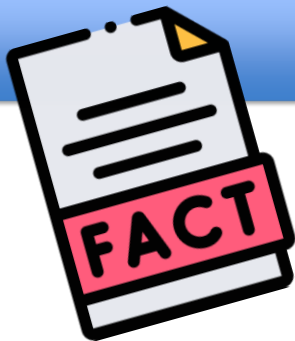
Check the Facts

You do **NOT** cause a person to consider killing themselves by talking about suicide.

In fact, bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.



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Check the Facts

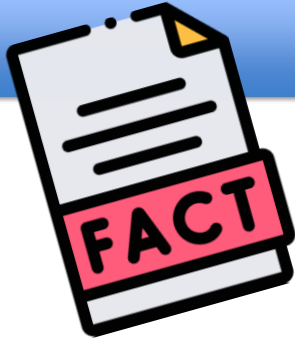
Teens who talk about killing themselves **ARE** more likely to attempt suicide than teens who don't.

Almost everyone who dies by suicide has given some clue or warning.

Do not ignore suicide threats, even when presented as a joke.
In fact, bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.



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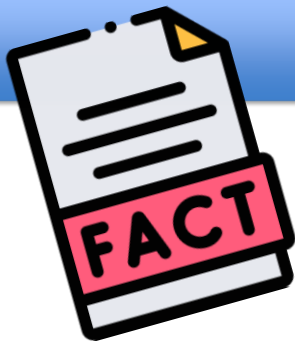
Check the Facts

Youth in the child welfare system are **3 times** more likely to attempt suicide.

In addition, youth in foster care die by suicide at a rate **3.5 times** the rate of youth outside the system (Ruch et al., 2021)



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Check the Facts

Suicide rates are **2 to 3 times higher** for youth involved in the juvenile legal system

Time in the system and lack of services within facilities exacerbate these concerns and have been linked to increased suicide risk.



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Suicide is Preventable

Timely and *effective* mental health treatment.

Awareness and support from our community!



Risk Factors & Warning Signs

Understanding what to look for can prevent suicide



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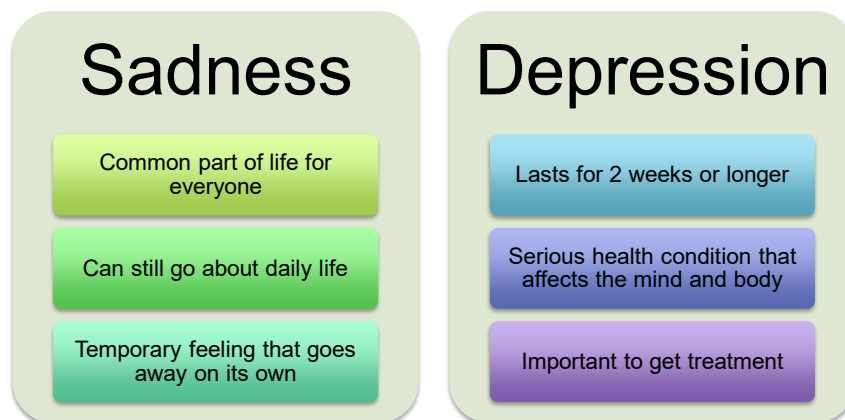
Risk Factors for Suicide

- The strongest risk factors for suicide in youth
 - Mental health conditions (**Depression**, Anxiety, ADHD, Trauma)
 - Alcohol and/or drug use
 - Previous attempts



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What's the difference?



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Depression

Look for changes in several areas for 2 weeks or longer:



Physical Changes

- Tiredness
- Difficulty sleeping
- Change in appetite
- Feeling sick or run-down



Thinking Changes

- "I'm worthless."
- "No one loves me."
- "Things will never get any better."
- "You'd be better off without me."



Behavior Changes

- Withdrawing from others
- Pushing others away
- No longer doing what they enjoy
- Self-injury



Feeling Changes

- Irritability
- Sadness
- Overwhelmed
- Frustration
- Lacking confidence



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Mental Health Challenges

Psychiatric Disorders including ADHD, Bipolar Disorder, Obsessive Compulsive Disorder, and Generalized Anxiety Disorder can increase risk of a suicide attempt for children by...



...increasing psychological distress



...contributing to isolation from others



...increasing impulsivity

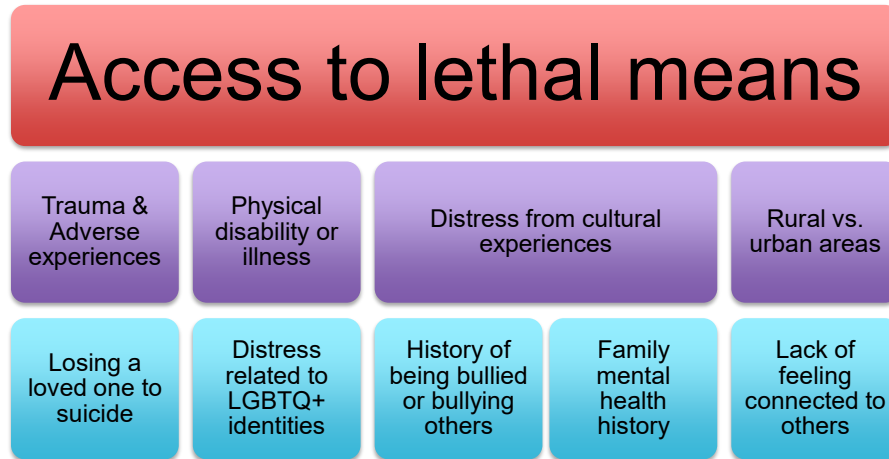


...impairing executive functioning



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Additional Risk Factors for Suicide



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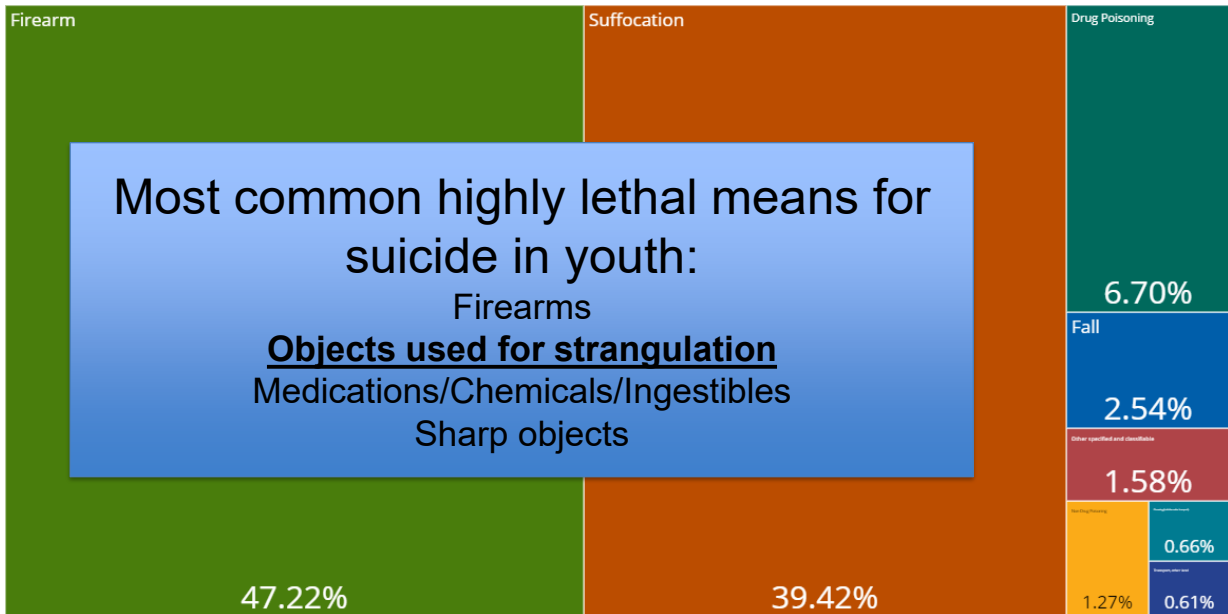
Access to Lethal Means

- Studies show that many suicide attempts:
 - occur during a **short-term** crisis.
 - are **impulsive**.
 - involve **less than 5-10 minutes** between suicidal thought and action.

90% of attempters do NOT go on to later die by suicide.



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CDC, 2021; WISQARS

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Suicide Triggering Events

What leads someone from thinking to acting?

****No single event causes suicidality****

Examples:

- *Placement in kinship/foster care, juvenile justice system, change of living situation, loss
- Breakup
- Bullying
- School problems
- Rejection or **perceived** failure/loss
- Sudden death of a loved one
- Suicide of a friend or relative
- Family stressors like divorce, jail, deployment, financial concerns, community violence



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Youth in High Risk Populations

- Foster and Adoptive
- Juvenile Justice



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Specialized Populations at High Risk for Suicide

Minority & Refugee Youth

- Youth of color are at **2x** higher risk for dying by suicide.
- From 2018 to 2021, black youth saw the **largest increase** in suicide deaths (37%)
- In 2020, the suicide rate for refugee youth increased **11x**.
- > ACE/trauma/discrimination, < resource access, < social connection/acceptance

LGBTQ+ Youth

- **4x** as likely to attempt suicide compared to straight/cisgender peers
- Transgender youth are at particular risk (>**50%** lifetime suicide attempt prevalence)
- Nearly **half** of LGBTQ youth in rural areas and small towns stated that their community was somewhat or very unaccepting (compared to ¼ in urban areas)

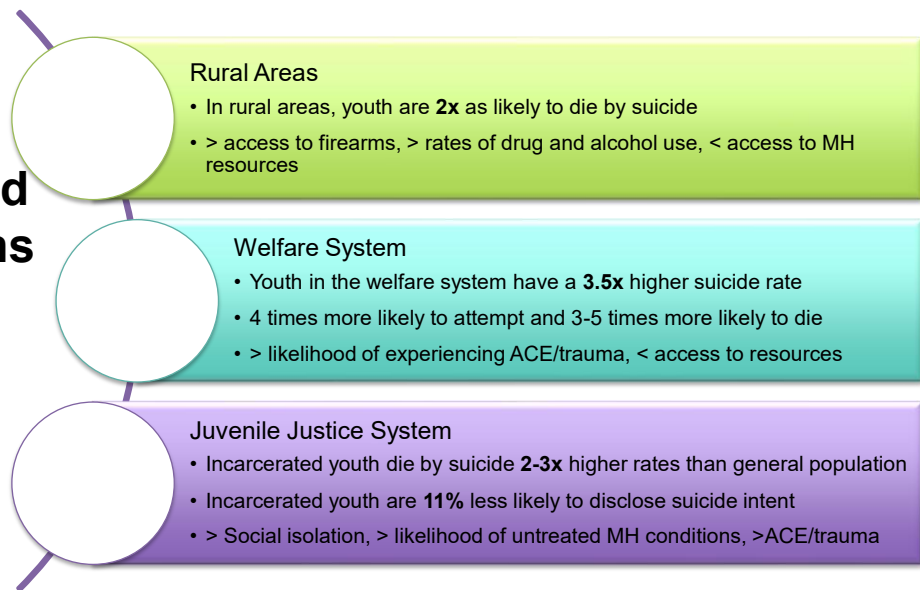
Youth with Disabilities

- **4x** more likely to have attempted suicide
- Youth with multiple disabilities are **8x** as likely to have attempted suicide
- > Negative social interactions, < social connectedness, > feelings of being a burden, < life satisfaction



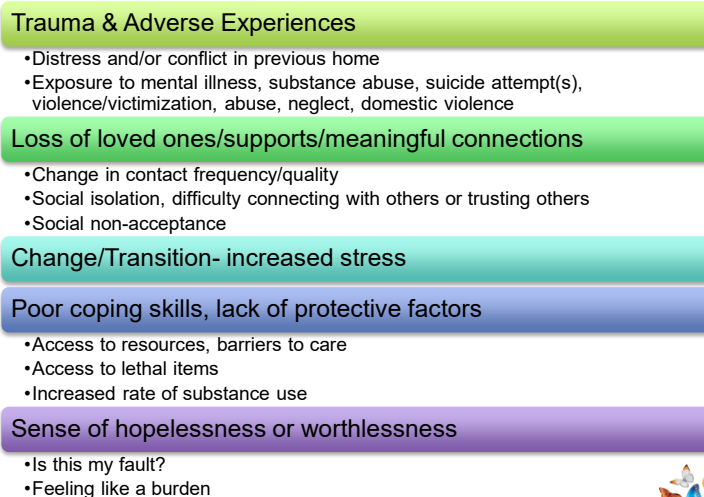
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Specialized Populations at High Risk for Suicide



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Factors Increasing Risk



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Foster & Adoption Care

- Foster care is temporary, supportive housing for children legally removed from their home.
 - Goal to reunite with family.
 - Foster placements may include:
 - Non-relative
 - Relative/Kin
 - Therapeutic
 - Group home, independent living, institution, juvenile justice, residential care
- Adoption is a permanent legal process which removes parental rights and responsibilities from birth parents.



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Children in Foster Care

- 9,801 Ohio children entered foster care in 2025.
 - 3,691 developed a permanency plan for adoption
 - 14.2% re-entered foster care within 12 months of a prior incident (2024)
- Reason for entering foster care:
 - Child abuse and neglect: 83%
 - Child circumstance: 13%
 - Child behavior problem, child request, diagnosed condition
 - Family circumstance: 77%
 - Ex. caretaker impairment, alcohol/drug abuse, domestic violence, homelessness, incarceration, immigration concern



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Core issues of Youth in the Welfare System

- **Grief/ Loss** – mourning the loss of their parents, routines, environment
- **Rejection** – often feel rejected by (birth) parents, systemic neglect
- **Guilt/Shame** – irrational thoughts of something being “wrong” with them and that they deserve their situation
- **Identity** – may feel there is a gap in their family history
- **Security/Intimacy** – difficulty with attachment is common, placements can be unstable
- **Mastery & Control** – loss of control may cause power struggles with authority



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Suicide Risk in Child Welfare

- Youth in child welfare are:
 - 2.5 times more likely to seriously consider suicide
 - 4 times more likely to attempt
 - 3-5 times more likely to die by suicide
- Concerns exacerbated due to
 - Higher rates of abuse, neglect, trauma, and mental health diagnoses
 - Placement instability and frequent changes in attachment figures



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U.S. Juvenile Legal System

- A collection of state and county-level court-based systems whose purpose is to respond to youth who come into contact with law enforcement.
- Distinct and separate from the adult criminal system.
- Established with a focus on **rehabilitation** - not punishment.

Adult	Juvenile
• Arrest • Crimes • Criminal Trail • Jail • Sentencing • Prison	• Referral • Delinquent Act • Adjudication • Detention • Disposition • Correctional Facility



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Prosecution Age Limits

- Ohio has no minimum age for prosecuting children in the justice system. Upper limit is set to 18.
- For more serious crimes and repeat offenders, youth <18 years can be transferred to the adult system.
 - In Ohio, youth as young as **14 years of age** at the time of the offense can be tried as an adult.



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U.S. Statistics

- In 2025...
 - More than 437,000 youth were referred to the justice system
 - Equivalent to ~1100 per/day.
 - Every day, over 31,900 youth are held in facilities away from home as a result of juvenile legal system involvement (Prison Policy Initiative, 2025)
 - More than half of all children in adult prisons were held in seven states— Florida, North Carolina, Arizona, Connecticut, Texas, Ohio, and New York.



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Long-term Correctional Facilities

- 3,603 youth felony adjudications (2025)
- 163 youth transferred to the adult criminal justice system



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Disparities

- Racial disparities have worsened over time...
 - Black youth accounted for 72% percent of committed youth in Ohio (an increase of 14% from 2021) - but represented only 17% of the youth population.
 - While Indigenous youth represent less than 1% of the nation's youth population, they make up about 5% of youth in juvenile facilities
- 85% of youth incarcerated are boys, but girls make up the youngest age group. 45% of girls in confinement are under 16, compared to 30% of boys.

(Prison Policy, 2025)



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Suicide Risk in Juvenile Justice

- Youth in juvenile justice systems are:
 - 60% - 80% more likely to experience significant mental health issues, including suicidal ideation
 - Time spent in the system can exacerbate these conditions
 - 2-3 times more likely to die by suicide
 - 11.3% less likely to disclose suicide intent



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Trauma in Youth



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Trauma Defined

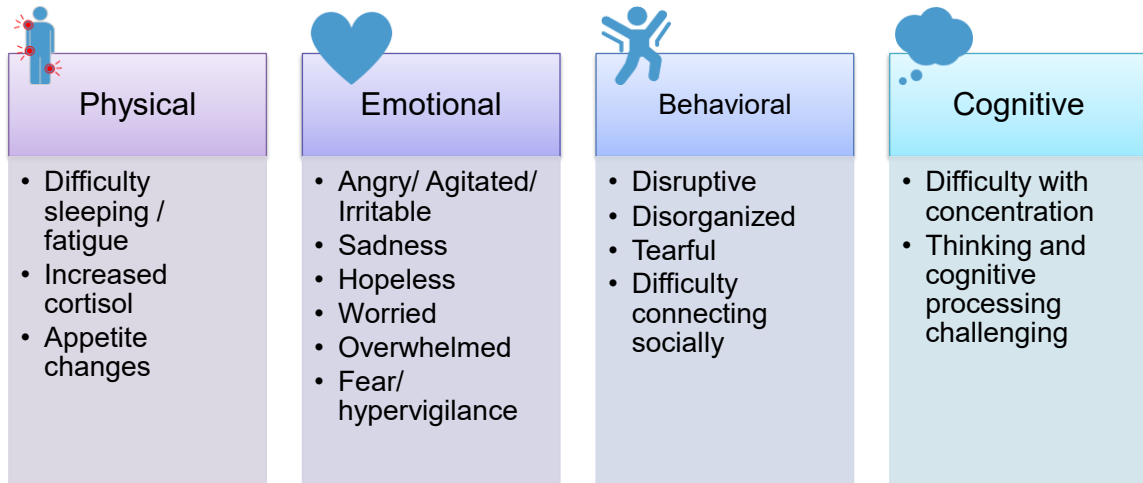
- A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity.
- Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic.
- Toxic Stress- Prolonged, ongoing exposures to trauma(s)

- | | |
|--|---|
| • Physical, sexual, or psychological abuse and neglect | • Refugee and war experiences (including torture) |
| • Natural disaster | • Serious accidents or life-threatening illness |
| • Community violence | • Poverty-homelessness |
| • Intimate Partner Violence | • Bullying |
| • Sudden or violent loss of a loved one | • Racism |
| • Substance use disorder (personal or familial) | |



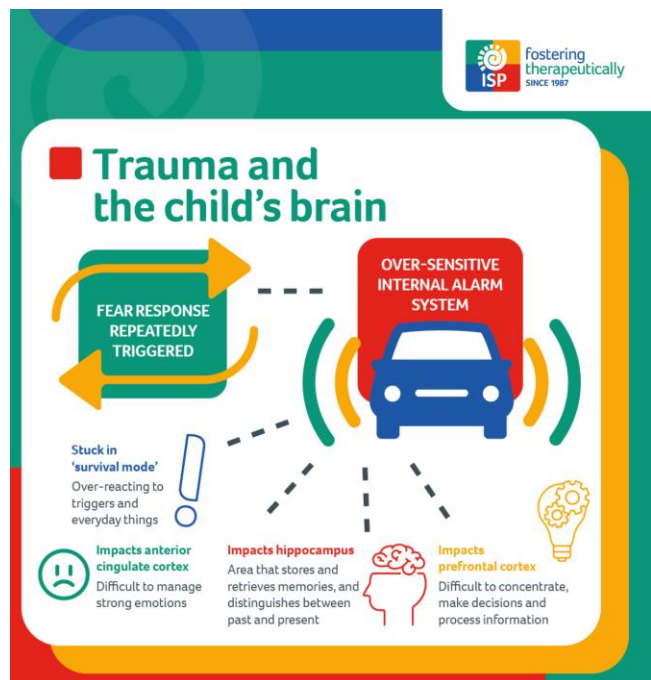
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Trauma Reactions



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Trauma and the Brain



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Automatic Trauma Responses



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Grief and Loss

- Grief can occur for situations other than death
 - Children may grieve the loss of their typical family system, daily routine, or regular interaction with a loved one
- Emotions may be confusing and difficult to express
- Different children grieve in different ways
- Development affects understanding of the situation
- Routines are important to establish/maintain



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Grief and Loss



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Review of Self Injury

- **Self injury** —Purposeful acts of physical harm to the self with the potential to damage body tissue but performed *without* the intent to die

– Nock & Favazza, 2009

- Self injury is not limited to cutting



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Why Do Youth Self Injure?

- To reduce emotional pain
- To feel *something*
- Due to negative cognitions about self
- As a way to seek help
- As a way to avoid suicide
- Related to peer culture



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How Does Self Injury Relate to Suicide?

- Self injury indicates higher risk for suicide, although not every youth who self injures is suicidal
- Shares many risk factors with suicide: history of trauma, substance abuse, presence of mental health diagnosis among others



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Warning Signs of Suicide

Most people who attempt suicide give warning signs of suicide.

- Wanting to be alone all of the time
- ↓ interest in usual activities
- Giving away important belongings
- Risky or reckless behavior
- Self-injury
- Increase in energy following a period of depression

Seek Immediate Help

- Threatening to attempt suicide
- Obtaining a weapon or seeking means to kill oneself
- Talking or writing about wanting to end one's life in school or social media

Do not leave a child alone if these warning signs are present.



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What you can do

Important action steps and approaches to suicidal concerns in youth



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**Trusted adults
can make
talking
about
depression and
suicide less
scary.**



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Asking about Suicide

It's okay to ask about suicide.

Asking about suicide will not put the idea into someone's head.
Instead, it lets them know you are a safe person.

Have you thought
about killing yourself?

Have you had thoughts
about suicide?



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Respond ARTfully



Acknowledge & Ask

Notice the signs that indicate potential risk for suicide and ASK direct questions.



Respond

Express care to the youth and supervise them until they connect with the next provider to help further.



Transfer

Provide a warm handoff to the caregiver and/or next provider.



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Strengthening Connections with Youth

- Set the stage
 - Increase opportunities with low pressure interactions
 - Car rides, meals, walks, etc.
 - Be willing to talk about difficult topics
- Full attention and support
 - Take a curious approach
 - Understand their *perception*
- Be consistent and persistent
- Guide by example
 - Model self-care and support
- Advocate when appropriate



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Communicating in a Trauma Informed Way to Youth

- Use a soft tone of voice; even keeled
- Mirror the child's body image & get on his/her level (i.e. sit down if the child is sitting)
- Don't take anything personally; avoid those power struggles!
- Give physical space between you and the child
- Save consequences and debriefing for later time

Managing Difficult Behaviors

- Consider "skill, not will"
- Recognize steps in the right direction and provide positive affirmations
- Regulate first
- Check yourself (non-emotional response)



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Screening for Suicide

- Asking about suicide saves lives
- Asking directly is one of the most helpful things you can do
 - Direct question → Direct answer
- Important information for crisis response and coordination with other responders/providers
- Duty – Asking with the intent to save lives is taking responsibility, negligence is in *not* asking
- Reduces anxiety and increases preparedness



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The Columbia scale

- C-SSRS
 - Effective - Strong evidence-base supporting use
 - Simple - Questions only take a few moments
 - Efficient - Direct questions increase accuracy
 - Universal – Suitable for all ages and special populations in different settings
 - Structured, but flexible tool that helps identify suicide risk and need for intervention
 - Use of this tool allows for a common language



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Elements of a Risk Assessment

1. Assess risk factors
2. Suicide Inquiry: thoughts/plan /intent/ access to means
3. Assess protective factors/safety plan
4. Assessor judgment
5. Document

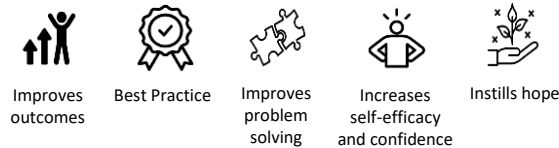


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Safety Planning

What is collaborative safety planning?

- Set of co-created strategies to decrease risk of suicidal behavior during a crisis
- Not a “no-suicide contract” or a box to check
- Seeking a defined commitment to safety



Safety planning is **part** of risk assessment as well as a clinical intervention.



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Safety Planning

Core Features



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Safety Planning

Key Components

- Personal warning signs
 - How do you know when you are in a crisis?
- Coping skills and protective factors
 - What can you do to feel better?
- Supports - peer and trusted adults
 - Who can you turn to if you need help?
- Crisis line numbers and resources
- Assess safety
 - Caregiver ability to keep the child safe
 - Remove access to lethal means



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Safety Planning Considerations for Youth in Child Welfare

- Restricting lethal means across all environments
- Identify trusted adults across settings
 - Help clarify which supports are appropriate for each part of the safety plan
- Emphasizing connection and belonging
- Coordination across multiple systems
- Account for limited control over environments
 - Make plans for family contacts and transitions



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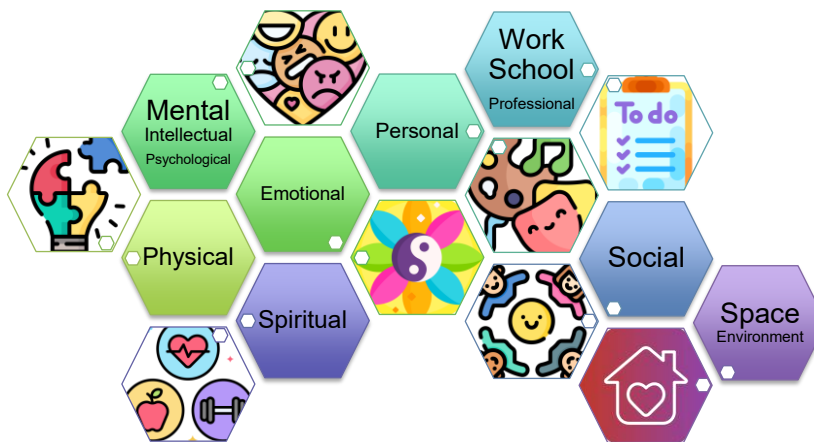
Safety Planning Considerations for Youth in Juvenile Systems

- Realistic coping strategies
 - Timing of access
 - Alternatives for limited access
 - Focus on internal strategies
- Prepare for transition and re-entry
 - Especially if unexpected or non-preferred outcome
- Support identifying access to crisis care
- Emphasizing hope and future goals
- Consider peer influence
- Provide screening at regular intervals
 - Following or awaiting sentencing
 - Around transitions to new living or incarceration placements
 - During adjudication



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Promote Positive Coping Skills



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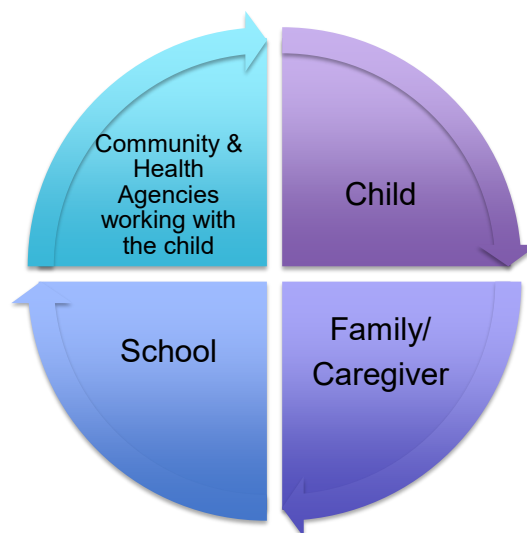
Words matter.
Learning how to talk about suicide in a hopeful, respectful way has the power to save lives.

INSTEAD OF THIS...	SAY THIS!
Commit / Committed Suicide	Died by suicide Death by suicide Lost their life to suicide
Unsuccessful / Successful	Died by suicide Survived a suicide attempt Lived through a suicide attempt
Completed / Failed	Died by suicide Death by suicide Lost their life to suicide



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Communication is essential



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Advocacy

- Screen for suicide risk
 - Asking saves lives
- Develop effective and safe protocols for response to suicide risk
- Establish programming for prevention
 - Early identification and linkage to support changes outcomes



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Juvenile Correction Facility Programming

- The National Action Alliance for Suicide Prevention established the [Youth in Contact with the Juvenile Justice System Task Force](#) to focus attention on the needs of youth in the juvenile justice system, particularly in the areas of:
 - Suicide-related awareness and education
 - Suicide research
 - Suicide prevention programming and training
 - Collaboration between the juvenile justice and mental health systems

[“A lack of appropriate mental health screening and treatment in facilities has been strongly linked to suicide risk among youth involved with the legal system.”](#)



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Prevention in Juvenile Facilities

- Successful prevention includes:
 - Staff training in suicide prevention
 - All direct care staff should receive training
 - Ongoing identification, management, and stabilization
 - Multidisciplinary approach to communication
 - Avoid room confinement and isolation
 - $\frac{1}{2}$ of all suicides in juvenile centers were individuals on “room confinement status” at the time of their death



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Prevention in Juvenile Facilities

- Successful prevention includes:
 - Close monitoring and frequent mental status assessments
 - Consistent and timely
 - Early detection and intervention
 - Safe physical environment
 - Multidisciplinary treatment plans
 - Frequent revisal with improvements to mood/risk
 - Ongoing and sporadic follow up
 - Morality and morbidity reviews for any suicide deaths



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Suicide Postvention

- What is postvention?
 - Interventions to facilitate the grieving process for those affected by a suicide.
- Initiates the healing process
- Mitigates negative effects of exposure to a suicide
- Prevents suicides among people who are at high risk after exposure

Postvention is prevention.



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Suicide Contagion

- Adolescents exposed to suicide directly or indirectly are at increased risk for attempts
- Imitative suicides account for up to 5% of teen suicides
- Media coverage can influence suicide rates positively AND negatively
- Why does this happen?
 - Modeling / observational learning
 - Identification with peers
 - Increased emotional stress



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Goals of Postvention

- Support healthy grieving of youth impacted and staff
- Reduce risk factors for suicide contagion and identify/support vulnerable students
- Re-establish routines after a few days
- Promote self-care in the days and weeks to come



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Managing Reactions

You don't need to be an expert or have all the answers.



Give yourself permission to be human. It's common to feel uncomfortable with this topic.



Talk to a supportive person beforehand and debrief after if needed.



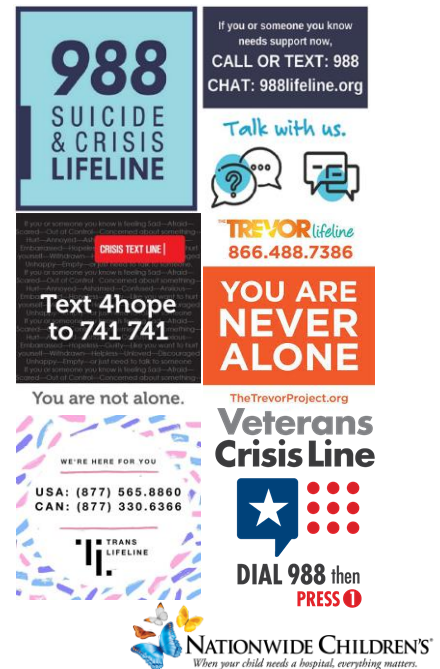
Most importantly, never keep what you learn a secret!



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Crisis Resources

- **Suicide and Crisis Lifeline 988 (call, text, or chat)**
- Crisis Text Line: Text “start” to 741-741
- National Help Line for Substance Abuse: 800-662-4357
- National Sexual Assault Hotline: 800-656-4673
- Online Crisis Network: imalive.org
- Rape, Abuse, Incest National Network: www.rainn.org
- Trevor Lifeline for LGBTQ Youth: 866-488-7388
- Trans Lifeline for Transgender People: 877-565-8860
- <http://www.nationwidechildrens.org/suicide-prevention>
- <http://www.ohiospf.org>
- <http://www.afsp.org>
- <https://nowmattersnow.org>
- <https://seizetheawkward.org>



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The Columbia Scale

Link to full online training (20-30 minutes):
<https://cssrs.columbia.edu/training/training-options/>

Under “**ONLINE OPTIONS**” click “**interactive training module**”



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For more information...

- Visit our website!
 - <http://www.nationwidechildrens.org/suicide-prevention>
 - Go to the “Prevention” tab.
- Check out the Kids Mental Health Foundation!
 - <https://kidsmentalhealthfoundation.org/>



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Questions?

The Center for Suicide
Prevention and Research

nationwidechildrens.org/suicide-prevention

Email:

suicideprevention@nationwidechildrens.org



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