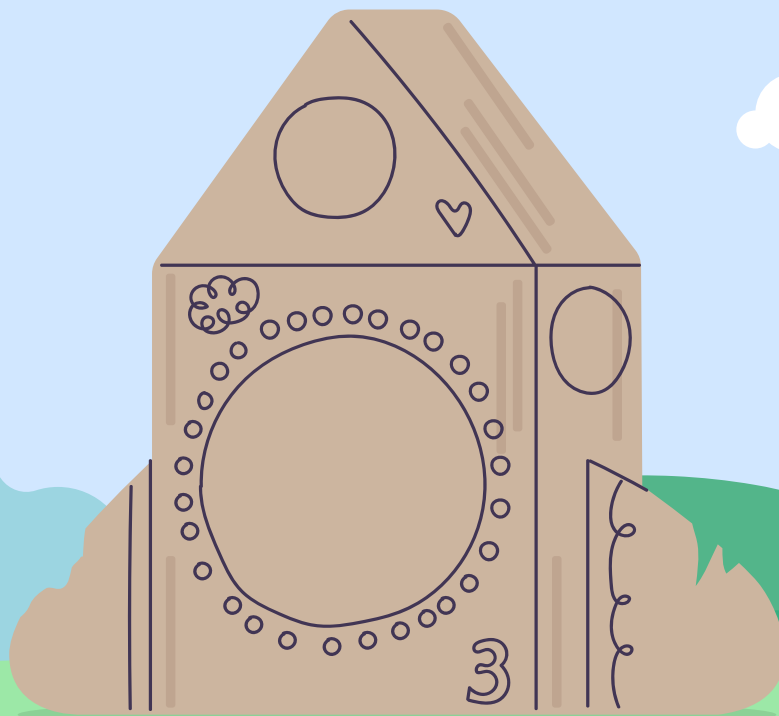


# PREVENTING SUICIDAL BEHAVIOR IN CHILDREN AND ADOLESCENTS *is urgent!*

FOR ADULTS AND GUARDIANS ONLY



**COORDENADORIA DA  
INFÂNCIA E JUVENTUDE**

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## PUBLISHING:

Communication and Institutional Relations Department - NUCRI



**PODER JUDICIÁRIO**  
DO ESTADO DE RORAIMA

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This booklet is dedicated to fathers, mothers, guardians, teachers and people close to children and adolescents.

You may be, in principle, the best person to help a young person or child in a crisis. **PROTECT LIFE!**

Children and adolescents are in a delicate condition of human development. Therefore, psychological, biological, environmental and social issues have a profound impact. Thus, it is necessary to identify potential risk factors to prevent self-inflicted violence.



# UNDERSTAND WHAT IT IS:

**SUICIDAL IDEATION** - Constantly thinking about causing one's own death;

**SELF-AGGRESSION** - A destructive act directed against oneself;

**SUICIDE ATTEMPT** - It happens when there is an attempt at self-injury, that is, an aggression to the body that aims to eliminate one's own life;

**SUICIDE** - Voluntary and intentional behavior to end life;

**CONTAGION EFFECT** - Occurs when there is sharing of photos, videos and letters of those who killed themselves. All of these can be emotional triggers. The likelihood of an individual committing suicide increases when accessing information on how to do so.



# IS THERE SUICIDE AMONG CHILDREN?



**YES!** Children see death as a refuge for some suffering that they consider intolerable, whether for family reasons, impulsiveness, consumption of alcohol and other substances, mental disorders or even as a result of experiencing bullying and/or having suffered sexual abuse.

## WHAT ABOUT IN ADOLESCENCE, IS SUICIDE ALSO A THING?

There is a high rate of teenagers committing suicide. This is one of the main causes of death among teenagers. Teenagers usually talk openly about **suicidal ideation** with close friends, teachers, but rarely confide in family members. Teenager behavior change should not be ignored or seen as a simple phase.



## HOW TO IDENTIFY A POSSIBLE SUICIDAL TENDENCY IN CHILDREN OR ADOLESCENTS?

These are **some** of the behavioral **signs** that are often present in young people with suicidal ideation.

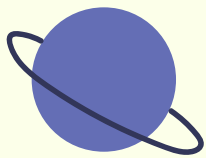
- Social isolation
- Hitting yourself / cutting yourself;
- Sadness;
- Persistent insomnia;
- Radical change in eating habits;
- Significantly reduced self-esteem;
- Expression of self-hatred;
- Loss of interest in activities you've always enjoyed;
- Repeated mention of the desire to die;
- Declining school performance;
- Misconduct in the home and in social life;
- Frequent manifestations of boredom, apathy, hopelessness or irritability;
- High impulsiveness.

The use of alcohol or other drugs can also be a warning sign of suicidal behavior, especially in adolescence.

**Watch out for the signs!** And remember: these signs are hardly ever isolated, it's common for a child or teenager with suicidal ideation to show several signs at the same time.







# RISK FACTORS

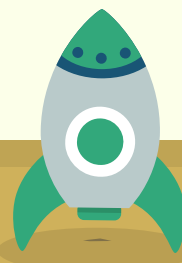
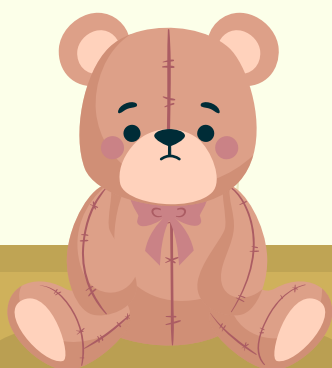


In adolescence, however, some risk factors can be highlighted when it comes to **suicidal behavior**. Pay attention to these factors:

- Family History of Psychiatric Illnesses;
- Mental Disorders;
- Childhood Sexual Abuse or Neglect;
- Reduced Family Support or Troubled Family Life;
- Relationship with Firearms;
- Psychological Abuse and Bullying of Colleagues or People Close to You;
- Disciplinary or legal problems;
- Mood swings;
- Substance use;

**IT IS IMPORTANT TO REMEMBER THAT:** the person who is in crisis does not have the same resources to deal with that problem as you. A child or adolescent is still developing the psychological resources to deal with problems and therefore needs more support.

Each individual carries a story,  
with its own specific pains and traumas.





## DO YOU KNOW HOW TO HELP A CHILD OR ADOLESCENT WITH SUICIDAL IDEATION?

**R.L.R.** (BOTECA, 2018) is a term used to help you help those in need, but first it is important to know the meaning of these acronyms.

**R- Risk** - You must perceive the risk, evaluating if there are risk factors in the places around the child or adolescent, do not ignore the signs presented. Remove sharp objects, perforators, firearms, poisons, drugs that can cause intoxication, etc.) from access.

**L- Listen** - It is important that you listen, without judgment, without reprimanding what is being reported by the child or adolescent, avoiding, if possible, advice. Show that you are willing and available to listen.

**R- Refer** - If you suspect a suicidal ideation on the part of the child or adolescent, it is important to refer that person to a mental health professional, if there is a risk to life, then immediately call 192.





**LOOK FOR THE DETAILS:** On the internet, check statuses, posts, messages, photos or videos with pessimistic, morbid and self-deprecating content.

## TIPS ON HOW TO START THE DIALOGUE:



**Approach affectionately:** Be affectionate but talk openly about it. Ask if the person has thought of self-harming; allow them to say what they want and use dialogue hooks to ask open-ended questions. If he or she confirms that they are thinking about it, find out if they already have a date set and if they already knows how they're going to do it. The more detailed the plan of how they will commit suicide, the greater the alertness and emergency of care and attention.

**Warning!** Avoid phrases like: "why are you like this?", "snap out of it" or "you have no reason to be like this" "so-and-so has been through much worse and didn't turn out like this".

**Be attentive, but respect the other person's time:** It is important that you understand that expressing feelings of pain and anguish is not an easy task. The ideal is that you approach calmly and respect their space and time. If the person doesn't want to talk at that moment, say so and show that you're open to hearing them out as soon as they feel ready.

**Listen:** Your main function will be to welcome and "listen". Therefore, try to listen more than talk, avoid judgments, comparisons or moral lessons.





**Do not judge:** Don't use your parameters and experiences to judge the feelings of others.

**Avoid catchphrases:** Sometimes we say things to help but they have no real effect. Saying "be strong", "think positive", "life is good" won't help to truly improve what the person is feeling, and may make them close themselves off to you. Admitting that you don't know what to say, but that you're there for whatever the other person needs, can be much more helpful than spouting ready-made phrases.

**Welcome:** Your role at the moment is to offer help and support, don't worry about not finding "quick changes." Offer support and be there for them when they need it.

**Be proactive:** Seek professional help, strengthen the support network available to them. Don't wait for the situation to get worse!

**Avoid phrases like:**

- This is a lack of God;  
That's weakness;
- "There are so many people with more serious problems than you."
- "And that's the only reason you want to kill yourself?";
- "Life is good" / "Be strong" / "Think positive";
- "Turn your mouth away" / "Don't talk nonsense!".

These and other phrases of judgment or amazement won't help. If someone talks to you about suicidal ideation, try to stay calm and listen. Listen carefully and be welcoming. Stay close and bring up the possibility of seeking professional help, offer to accompany this process.

# MYTHS AND TRUTHS

## ABOUT SUICIDE

<u>MYTHS</u>	<u>TRUTHS</u>
People who talk about suicide don't mean to kill themselves.	Most people who commit suicide talk, explicitly or implicitly, about their intention before committing the act. You have to be attentive and never take things lightly.
Most suicides happen suddenly, with no warnings or signs.	Most suicides are preceded by signs, some more discreet, others more direct.
Someone with suicidal intent is determined to die.	The person at risk of suicide has ambivalence between wanting to live and dying. Death is usually seen as a solution to the problems faced or as a way of ending the pain/suffering.
Only people with mental disorders commit suicide.	Suicidal behavior is likely when there is intense suffering. Suicidal ideation is common in various disorders, but people who are experiencing difficulties in general can also develop suicidal ideation.
Talking about suicide may encourage the act.	Talking about the subject openly can make the person feel welcome and open the way for them to look for alternatives, such as seeking specialized help.
Suicide is an act of cowardice, courage or lack of God.	Suicide is an act of despair, of those who no longer perceive other alternatives to deal with pain.



Here are some **contacts**  
where you can get help:

### **Life Appreciation Center (CVV)**

188

### **General Hospital of Roraima**

For emergencies. Address: Avenida Brigadeiro Eduardo  
Gomes, No. 1364. Aeroporto.

(95) 2121-0620

### **Santo Antônio Child Hospital**

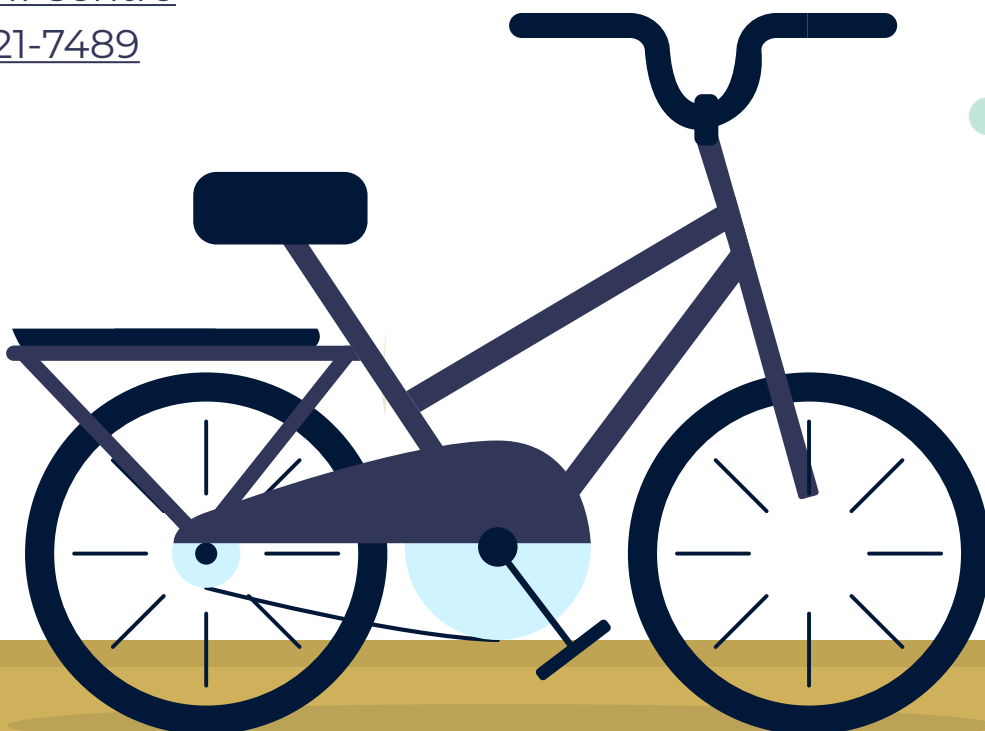
Av. Brasil, 1645. Centro

(95) 3198-3000

### **Hospital Coronel Mota**

Outpatient Service. Address: Rua Coronel Pinto,  
No. 664. Centro

(95) 2121-7489





## **WARNING!**

For severe and persistent cases:

### **Dona Antônia de Matos Campos Psychosocial Care Center**

- CAPS II

Address: Rua Dom José Nepote, No. 901, São Francisco

Telephone: (95) 3624-2384

### **Edna Macellaro Marques de Souza Psychosocial Care Center**

- CAPS III (24/7 operation)

Address: Av. Ene Garcês, 497. Centro

Telephone: (95) 98404-4219

### **Psychosocial Care Center for Alcohol and Other Drugs**

CAPS AD III

(Serious and persistent cases resulting from the harmful use of and dependence on alcohol and other drugs. (24/7 operation)

Address: Rua José Bonifácio, 630. Aparecida

Telephone: (95) 98407-2238

## **Other service options:**

### **Psychological Care Service of the Federal University of Roraima**

Address: Campus Paricarana, next to the UFRR Health Unit, Bairro Aeroporto

Telephone: (95) 3623-2391 or 99170-0621

### **Psychology School Clinic of Cathedral Faculty.**

Address: Av. Luís Canuto Chaves, No. 293, Bairro Caçari

Telephone: (95) 2121-3473



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