Pacific Southwest MHTTC

Our Young Children & Suicide Prevention:

A Resource for Parents and Caregivers

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INTRODUCTION

Learning that your elementary-aged child is thinking about self-harm or using language that signals suicide is frightening and disorienting. Thankfully, suicide is preventable and there are many things that you as parents and caregivers can do to help keep your children safe. This resource is designed to help you prevent suicidal thoughts and behaviors (STBs), recognize the warning signs of STBs, and, when necessary, intervene early and effectively to keep your child safe.

Throughout this resource, we use the term *suicidal thoughts and behaviors* (STBs). STBs comprise the following (Cash & Bridge, 2009; HHS, 2022; NIMH, 2022):

Suicide. A death caused by self-injury with intent to die.

Suicide Attempt. An act with the intent to die that does not result in death. A suicide attempt may or may not result in injury.

Suicidal Ideation. Thinking about, considering, or planning death by suicide[1].

Non-Suicidal Self-Injury. Self-Injury. Injuries inflicted to the body without the intent to die.

Self-Harm. Sometimes used synonymously with non-suicidal self-injury, refers to the purposeful inflicting of pain or damage to one's body.

Social Contagion. Exposure to suicide or suicidal behaviors within one's family, one's peer group, or through media reports of suicide, may result in an increase in suicide and suicidal behaviors in individuals at risk for suicide, especially in adolescents and young adults.

Common Myths And Facts About Suicidal Thoughts And Behaviors Among Elementary-Aged Children

There exist many misunderstandings about STBs in our society. To better understand STBs, the first thing parents and caregivers can do is correct these misunderstandings.

MYTH: Talking to children about suicide or self-harm will put ideas in their heads that they wouldn't otherwise have.

FACT: Talking about suicide does not cause suicide. Children need a calm, supportive, nonjudgmental adult with whom to share their pain. By using developmentally appropriate language to discuss self-injury and suicide, parents and caregivers can intervene early and reduce the potential for harm. Children may hear about suicide through media or from their peers, and they need a trusted adult to help them make sense of this information. Sometimes children are in so much pain that they can't imagine a solution to their problem. Using age-appropriate language, parents and caregivers can teach their children that no feeling is permanent, and that help is available.

MYTH: Children are too immature to understand suicide or to seriously hurt themselves.

FACT: Children as young as 4 and 5 years old can understand death and, although it is extremely rare, young children have died by suicide (NIMH, 2022). Some children can understand the permanence of death, while others may make impulsive decisions without fully understanding the consequences. When children talk about death and dying, it is best to ask them questions to understand their thoughts and ideas, and to explain death in truthful and simple ways that correct any misunderstandings.

[1] The phrase 'death by suicide' is used to communicate a neutral and non-judgmental stance. Other phrases, such as "committed suicide" or "completed suicide" may reinforce stigma and misunderstandings associated with suicide, such as suicide as a sin or crime or suicide as an achievement (CAMH, 2023).

MYTH: Only a small number of children die by suicide, so it's not a serious concern.

FACT: Having thoughts of suicide in young childhood is a risk factor for mental health concerns and suicide attempts in adolescence. Children who attempt suicide in childhood are six times more likely to attempt suicide in adolescence (NIMH, 2022) and most adolescents who have died by suicide made a suicidal statement in the past (NIMH, 2022). When we identify these warning signs early, we can connect children to the support necessary to have healthy futures.

MYTH: Children who make comments about suicide are just looking for attention.

FACT: Children may reference suicide or self-harm for a variety of reasons. Not all references to suicide are necessarily communicating a wish to die. For example, a child may repeat a song lyric or echo a dialogue in a television show. Each comment needs to be taken seriously and thoroughly assessed to understand the context and determine the level of risk. Suicidal statements that involve a wish to die or harm oneself are an indicator of significant pain and distress that require attention. It is also important to keep in mind that children may express their distress differently than adolescents; for example, they may enact their thoughts and feelings in their pretend play. If your child refers to self-harm or suicide in any way, it is best to take a calm and nonjudgmental approach, asking questions to better understand the message your child is trying to communicate.

MYTH: Suicide is an issue amongst White people and their families, not in communities of color.

FACT: Suicide affects people across every racial and ethnic group. Although suicide rates have historically been higher among White children, the rate of suicide for Black male children increased by nearly 50% from 2013 to 2019, and American Indian/Alaskan Native youth are at the highest risk of suicide (Ramchand et al., 2021). While we need more research to fully understand these trends, we know that structural oppression and racism are harmful to children's mental health and they contribute to disparities in access to care (Cave et al., 2020; Cook et al., 2017).

Recognizing signs of STBs in young children

Elementary-aged children may express their pain in different ways than teens or adults, so it's important to learn the warning signs that a child is in distress. Children often show that they are hurting through their behavior, and parents and caregivers are often the first to notice troubling changes. Though every warning sign should warrant attention by parents and caregivers, the presence of a single warning sign does not necessarily mean your child is in severe distress. When parents and caregivers notice the accumulation of warning signs, however, it may suggest the need for comprehensive intervention, a topic addressed later in this resource.

Warning signs of STBs include:

- Dramatic changes in your child's mood or behavior. You may notice your child become more irritable, impulsive, aggressive, and/or sad. You may also notice risky behavior, such as running into the street or climbing to unsafe heights.
- Declines in your child's school grades, participation, and/or engagement. Your child may appear to lose interest in school and learning.
- Loss of interest in activities that once interested your child, such as extracurricular activities or day-to-day play with other children. Your child may resist or decline to participate in activities they once enjoyed.
- Changes in your child's physical appearance. Your child may appear disheveled and lose interest in bathing or other self-care activities.

- Fatigue, loss of energy, and/or sleep disruptions. Your child may seem overly tired and display a loss of energy. They may experience sleep disruptions, including difficulty falling asleep and/or staying asleep, or sleeping more than usual.
- Talking, writing, drawing, or using toys to enact scenes about death. The subject of the conversation, writing, or artwork may be your child's self, loved ones or pets, or fictional characters.
- Statements indicating hopelessness. Your child may make statements such as "I wish I could disappear" or "I hate my life."
- Reporting physical symptoms without apparent cause. Your child may make frequent visits to the school nurse with vague physical complaints, such as stomachaches and headaches.

Some experiences may sensitize children to thoughts of death and may increase the risk of STBs. If your child has experienced any of the below life events, it doesn't mean that they will attempt suicide. Although children respond differently to these experiences, most children benefit from additional support to recover from these developmental challenges. When parents and caregivers identify these risk factors early and provide the appropriate support, children can heal and integrate difficult experiences [Brausch & Gutierrez, 2009; Burstein et al., 2019; Hawton et al., 2020; Ruch et al., 2021; Walsh et al., 2021].

- ***Trauma.*** *Experiences of emotional, physical, or sexual abuse, neglect, or witnessing domestic, community, or State violence.*
- ***Peer-related problems.*** *Experiences of bullying, either as someone who was targeted, caused harm, or both; difficulty making or keeping friends.*
- ***School problems.*** Challenges learning, impulsivity, or disruptive behavior at school.
- ***Family-related problems.*** Severe family conflict and/or family problems such as caregiver substance abuse, divorce, and custody disputes.
- ***Familial rejection.*** *Rejection from parents, including rejection due to sexual orientation, and/or gender identity or expression.*
- ***Recent loss.*** *Death of a loved one, separation from caregivers, or other loss of important relationships.*
- ***Family history of mental health conditions and/or suicide.*** *Having a loved one who struggles with mental health conditions or who has died by suicide.*
- ***Access to unprotected firearms in the home.*** Firearms are present in unsecured locations in the home.
- ***Childhood mental illness.*** Existing childhood diagnoses of mood disorders, attention-deficit/hyperactivity disorder, and/or disruptive disorders.
- ***Exposure to suicide within social networks.*** *Knowing or hearing about someone at school, and/or in the media, who died by suicide. Bonding with peers over suicidal thoughts and behaviors or believing that suicide is widespread.*
- ***Previous suicidal ideation.*** *A history of suicidal thoughts, statements, and/or self-injury.*
- ***Disordered eating.*** Unhealthy eating behaviors, including binge eating and restrictive eating.

If you and/or your child are currently in an unsafe situation, please reach out to a trusted friend or family member that can help you make a safety plan. You may also call a hotline, such as the National Domestic Violence Hotline [1-800-799-7233], for assistance. Additional resources are listed throughout this resource.

A Spotlight on Self-Injury

Self-injury is when a child does something to hurt their body, such as scratching, picking, or burning their skin, or otherwise injuring themself. Sometimes self-injury is a sign of suicide risk. Other times, a child may be doing it to cope with overwhelming feelings, fit in with peers, or due to a disability. If you learn that your child is self-injuring, it is important to ask them if they are also having thoughts of suicide. Even if they are not suicidal but rely on self-injury to cope with their emotions, they should speak with a mental health professional. It's important to remain calm and nonjudgmental when talking to your child about self-injury; punishing your child for self-injury can inadvertently reinforce the behavior. A child's self-injurious behavior may include:

- Scratching themselves with fingernails or sharp objects like thumbtacks
- Using sharp objects to cut their skin
- Burning their skin with an eraser
- Hitting, biting, or choking themselves
- Picking at their skin or nails, causing bleeding
- Banging their head against hard surfaces

Parents and caregivers can monitor for self-injury by watching for these warning signs:

- You may find unexplained cuts, bruises, or burns on your child's body.
- Your child may choose to wear long sleeves or long pants regardless of the weather.
- Your child may avoid activities that require less clothing, such as swimming.
- You may find razors or other sharp objects in your child's personal materials, such as their backpack or bedroom.
- You may find evidence that your child has sought information about self-injury on websites or social media.

Responding Effectively: What parents and caregivers can do when they notice warning signs of STBs in their young child

If you notice any warning signs of STBs or your child's school calls you because they have noticed warning signs of STBs, the first thing to do is to check in with yourself. It is normal for parents and caregivers to experience automatic fight-or-flight reactions when they feel frightened for the safety of their child. Operating just on instinct, a parent or caregiver may display anger or become withdrawn, neither of which is likely to improve the situation. *Remember, it is important that your child doesn't feel like they're in trouble.*

Before doing anything else, take a few moments to find your footing. Consider doing breathing exercises, taking a walk, or calling a trusted friend or family member. After you bring yourself into a calm space, talk with your child about your concerns. It can be scary to raise this topic, but it will help your child know that you love them, that you are not angry with them, and that you will do your part to

keep them safe. Ask your child if they're having thoughts of hurting or killing themself. Talking about it won't cause them to become suicidal; in fact, it can prevent suicide. Asking direct questions shows your child that you care about their distress and it's OK for them to talk about it. Communicate that you are available to listen, understand, and help.

First, assure your child that they are not in trouble. When having these conversations, remember to:

- **Be attentive.** Put distracting objects like phones and computers away and give your child your full attention.
- **Listen carefully.** Try to listen without planning your response. Stay focused on what your child is saying.
- **Be curious.** Show curiosity about your child's experience by asking open-ended questions (questions that aren't answered with yes or no responses) and asking follow-up questions that show you are trying to understand how they think and feel.
- **Affirm and validate.** Affirm your child's thoughts and feelings. Avoid challenging their recollections or perceptions of events. Instead, validate their experience and encourage them to continue sharing.

Using developmentally appropriate, matter-of-fact language, and ask direct, non-ambiguous questions, such as:

- "I know you've been really sad. Sometimes when people are super sad, they have thoughts about hurting themself. Have you ever thought about hurting yourself?"
- "Are you having thoughts of hurting yourself now? Are you having thoughts of killing yourself?"
- "What are you thinking about doing to hurt yourself?"
- "Have you ever done anything to hurt yourself?" If so, "What did you do?". "When was that? Was that (in 2nd grade, during summer vacation, etc.)?"
- "What does it mean to die? If you die, can you come back or is it forever?"
- "What is making you so upset that you're wanting to die? What do you wish was different?"
- "How long have you been feeling this way? Since before (3rd grade, winter break, or other milestone)?"
- "You must have been feeling really bad to do that/have those thoughts. I'm so glad you're telling me about it. How can we keep you safe right now?"
- "We can solve these problems together. I'm going to find us some help because I know things can get better."

If after you've had conversations with your child you learn that your child has a plan to hurt themself or has tried hurting themself, your child may be in crisis. Do the following:

- **Supervise your child at all times.** Do not punish your child. Do not use any discipline strategies that involve isolating your child without supervision, such as sending them to their room alone.
- **Secure your home environment.** The American Academy of Child & Adolescent Psychiatry provides guidance for keeping your home environment suicide safe. Some of their recommendations include:
  - Secure all medications in a lockbox

- Remove guns or other weapons from the home
- Lock up knives or sharp objects
- Ensure they are always supervised by trusted adults

- **Immediately alert appropriate medical professionals to the nature of your child's STB-related crisis.** These professionals have the appropriate training to guide you on the next steps.
  - Alert your child's mental health provider.
  - Alert your child's pediatrician.
  - If your child is not under the care of existing medical providers or their providers cannot be reached, take your child to an emergency room.

In some cases, your family may feel uncomfortable or unsafe seeking medical help at the emergency room due to concerns related to prejudice and discrimination, citizenship, or financial resources. In these cases, consider reaching out for help from other community-based supports designed to serve specific populations, such as LGBTQ+ health centers, and/or to trusted organizations, such as faith-based organizations. A faith leader, such as a priest or rabbi, may be able to help connect you to support. In some faith communities, such as Soul Shop for Black Churches, there are efforts to provide culturally responsive mental health supports.

- **After you have secured your child's immediate safety, alert trusted professionals at your child's school.** The school will need to have a plan in place to protect your child's safety in the school environment. If your child has missed school because of a mental health crisis, the school will want to work with your family to make accommodations to support your child's healthy return to school. For example, your child may benefit from reduced school demands (e.g., start back by coming just for a partial school day), reduced social demands (e.g., may need a quiet, adult-supervised space to go during free play/recess time), and/or may have academic demands reduced (e.g., being given reduced homework assignments). It is best to share your child's needs with someone responsible for monitoring student well-being, such as a school counselor, school psychologist, and/or a school social worker. Also, if your child has an Individualized Education Plan (IEP), alert your child's IEP case manager.
- **Plan for ongoing mental health care for your child.** Finding the right mental health clinician for your family may be challenging, but don't give up! Try multiple routes to find the right clinician. Consider the following:
  - Ask for recommendations from a school social worker, school counselor, or school psychologist at your child's school
  - Contact your child's primary medical provider for referrals
  - Contact your health insurance company for referrals to in-network providers
  - Search Psychology Today's online resource for finding a therapist in your local area
  - Call 211 for resources or search the SAMHSA treatment services locator [findtreatment.org]
  - Locate the Department of Mental Health in your local area
  - Contact a local hospital or medical clinic
  - Mental health services are increasingly available via remote internet-based technology. If there are few or no mental health providers in your locale, seek telehealth support.

My child is *not currently experiencing* STBs, but I want to protect my child from future

STBs. What can I do?

There are many factors, also referred to as developmental assets, that keep children healthy and strong. Of course, children can have supportive and nurturing family lives, yet also experience STBs. Nevertheless, cultivating these assets will put your child on the best possible path toward positive mental health and well-being:

Healthy home relationships. Children benefit from having adult role models who on a day-to-day basis demonstrate healthy relationship-building skills, conflict resolution skills, and skills for regulating stress. Be aware of how you model these important skills for your child. Children learn a lot from watching their parents and caregivers interact with others on a regular basis.

Positive relationships at school. Monitor the growth of your child's social relationships with peers and school adults. Talk with them about healthy relationships and social skills. Read children's books with themes about building and sustaining healthy, supportive friendships.

Academic engagement and success. Monitor your child's academic progress, work with them on their homework, and communicate regularly with their teacher(s). If you are able, volunteer in your child's school and classroom; this will help you understand your child's school context, and will support communication between your family and school professionals.

Extracurricular activities. Build your child's self-confidence and sense of competence by enrolling your child in extracurricular opportunities such as sports, music, and arts. These opportunities allow children to build skills for teamwork, setting and meeting personal goals, and building healthy friendships.

Positive self-identity. Help your child understand and embrace their true selves, including the identities that make them who they are. Adults can help children form positive identities related to race, culture, gender, sexual orientation, disability, body size, and other aspects of human difference. Connect them with other positive role models who embrace these identities. Talk to your child regularly about how they feel in different spaces throughout their day. Identify any areas where they need your help advocating for a positive resolution, such as school.

Community belonging. Involve your child in an extended network of community-based support. Consider the spaces that encourage your child's positive development. Families will vary in terms of the types of community organizations that are good fits for them. Examples are cultural heritage organizations, faith-based organizations, and/or interest-based organizations.

In addition to cultivating the developmental assets described above, all children benefit from the following parent and caregiving supports:

» **Talk to your child about their emotions.** Practice identifying feelings and using coping skills to calm down. Adults can model healthy ways to deal with their own emotions, such as taking deep breaths or going for a walk. Children's books can help frame these conversations between caregivers and their children. Public libraries carry many books with themes like building empathy, learning feeling words, and learning how to regulate stress. Sound It Out Together offers a variety of guides and resources to help parents and caregivers start and sustain conversations about emotions with children.

» **Protect your child from violence or other scary situations.** It is not possible to protect your child

from all upsetting experiences. Instead, when upsetting events occur, take the time to talk about the event, explore your child's perception of the experience, and correct any misunderstanding they have. Answer their questions truthfully, but avoid giving unnecessary details. Our House Grief Support Center offers tools for Explaining Suicide to Children.

» **Monitor your child's media intake and social media use.** Media refers to mass communication and includes the internet, social networking applications, films, and television. The relationship between media and suicidal thoughts and behaviors is complex. Children may be exposed to suicide-related media content without their parents' or caregivers' knowledge or support. They may also use social media to communicate their suicidal thoughts.

Regular exposure to media involving suicide may increase the risk of *social contagion*. Children are more likely than adults to experience suicide clusters, and suicidal ideation or behavior among children in a shared setting, such as a school, can increase following exposure to suicide-related content (Hawton et al, 2020). Be aware of trends in popular culture that glorify suicide, such as television series or viral trends. Children with pre-existing depression and/or suicidal ideation are most vulnerable to the negative effects of media exposure (Leaune et al., 2022).

Parents and caregivers should set limits around media and supervise their children's activity. Follow suggested age limits for video games, television, and movies. Teach your children how to recognize unsafe content and to come to you for help if they see or experience something troubling. To assist your family, the American Academy of Pediatrics has a customizable Family Media Plan.

» **Talk to your child about their relationships with others.** Sometimes children are upset about things happening outside of the home, such as relationships with teachers, difficulties with classmates, or experiences of bias or prejudice. Having safe, stable adults at home to help talk with them about their challenges is a great asset. If you suspect your child may be the victim of bullying, contact the school to seek an intervention plan. It's important to take their distress seriously and advocate for necessary changes. Remind them often that you are here to help them solve problems.

» **Limit your child's exposure to unhealthy family conflict (i.e., fighting, yelling, criticism)**. As a caregiver, work to learn and practice healthy communication and conflict resolution strategies so that you can model these for your child. If a conflict occurs, make sure you communicate with your child about their feelings and thoughts about the conflict and share with them how the conflict can reach a healthy resolution. Family counseling can be effective for building these communication and conflict-resolution skills.

» **Be attentive to where your child spends time and whom they are spending time with.** Get to know the families of your child's friends. Share contact information and share your expectations for your child's safety. When your child visits a friend's home, inquire about the presence and safety procedures of firearms and weapons.

» **Monitor your child's mood and behavior.** If your child is struggling with regulating their mood, attention, and/or impulse control, work collaboratively with their medical team, including a pediatrician trained in identifying and treating developmental behavioral disorders.

» **Monitor your child's overall health.** Some chronic health conditions, such as diabetes, autoimmune diseases, and hypothyroidism can negatively impact mental health. Once properly treated, symptoms of depression and associated STBs may be substantially reduced. Have your child see their pediatrician regularly, and talk with your child's pediatrician about any concerns you have.

» **Monitor your child's access to firearms.** Three in four children who have died by firearm-related suicide have done so with a gun found in their own home, the home of a relative, or the home of a friend (Grossman et al., 1999). When a child is feeling overwhelmed by negative emotions they are more likely to act impulsively, and firearms in the home can attract their attention. Proper storage of firearms reduces firearm-related suicide among children (Azad et al., 2020). If you have firearms in your home, store them in locked gun safes, add trigger locks, and store ammunition in a separate location (American Academy of Pediatrics, 2022). If your child is visiting the home or a relative or friend, inquire about the presence of firearms and firearm storage and safety procedures. The American Academy of Pediatrics provides detailed recommendations for firearm safety.

» **Maintain your communication with your child's school.** If your child is experiencing emotional, behavioral, and/or learning challenges that are affecting their progress at school, they may be eligible for legal protection as students with disabilities. Seek information through the school's special education assessment team. Federal laws, such as the Individuals with Disabilities Education Improvement Act (IDEIA) and section 504 of the Rehabilitation Act of 1973, may protect your child's right to education and may qualify your child for specialized academic and behavioral support.

Special Considerations for Children Experiencing Racism, Homophobia, and/or Transphobia

Racism, homophobia, and transphobia are toxic to childhood mental health. Experiencing stigma and/or prejudice, and/or racism associated with your identity is a risk factor for STBs. All children can benefit from the supports outlined in this resource; however, parents and caregivers of children who have experienced these social threats will also want to cultivate supports and opportunities designed to bolster protective factors associated with their child's specific identities.

- **American Indian and Alaskan Native Youth.** The rate of death by suicide is higher among American Indian and Alaskan Native youth than any other racial/ethnic group (Ramchand et al., 2021). In addition to the risk factors that apply to all children, risk factors specific to American Indian and Alaskan Native youth include historical trauma associated with the deculturation and genocide of Native peoples, emotional disconnection from Native communities, prejudice and discrimination, and concern for a lack of culturally relevant mental health care (SPRC, 2013). For more details about STB risk and protective factors for American Indian/Alaskan Native youth, see this resource by the Suicide Prevention Resource Center: Risk and Protective Factors: American Indian and Alaska Native Populations.

Parents and caregivers of American Indian and Alaskan Native youth can support the mental health of their children by bolstering their connection with ancestral practices and traditions, integrating tribal spirituality practices, and involving their children in efforts to foster self-determination for their tribal communities (Center for American Indian Health, 2021).

- Embrace Race catalogs numerous children's books and provides supportive resources including webinars and action guides for talking with American Indian and Alaskan Native children about race, racial identity, and cultural heritage.
- Commonsense Media catalogs movies and TV shows that support positive American Indian/Native American youth identity.
- The Center for Native American Youth offers culturally-relevant resources for supporting positive youth identity development.
- Sound it Out Together provides resources for caregivers to start conversations about racism and xenophobia.

- **Black Youth.** While overall rates of suicide for Black youth are lower than White or American Indian and Alaskan Native youth, there has recently been an alarming increase in suicide among Black youth (Sheftall et al., 2022). The rate of suicide in Black children ages 5-12 is about twice that of White children of the same age (Bridg et al., 2018). Socioeconomic stress, community violence, and racism are shown to heighten the suicide risk for Black children (American Academy of Child and Adolescent Psychiatry, 2023; Cave et al., 2020). Bias and structural racism in health care and educational systems contribute to mental health conditions in Black youth being mislabeled as behavioral problems and therefore undertreated or mistreated (Sheftall et al., 2022). For more details about STB risk and protective factors for Black youth, consider the following resources:
    - The NAACP's resolution on Curing the Epidemic Black Youth Suicides provides a call to action for supporting the mental health of Black youth.
    - The National Action Alliance for Suicide Prevention publishes "Ring the Alarm: The Crisis of Black Youth Suicide in America," an overview of research and best-practic approaches for reducing STBs in Black youth.

Parents and caregivers can work to develop their child's positive racial identity by reading children's books with Black identity-affirming themes, connecting them to a racial-identity-supporting religious/faith community, and involving them in community activities that introduce them to adult role models who can affirm and nurture their racial identities (Utsey et al., 2007). When seeking mental health care, look for a culturally-responsive therapist who specializes in supporting Black individuals. Additional resources for supporting the mental health of Black youth include:

- Children's books and movies can support family conversations. Embracerace.org catalogs numerous children's books and provides supportive resources including webinars and action guides for talking with Black children about race, racial identity, and cultural heritage.
- Commonsensemedia.org catalogs movies and TV shows that support Black youth identity.
- Sound it Out Together provides resources for caregivers to start conversations about racism and xenophobia.
- Black Girls Smile provides a variety of culturally-responsive resources for supporting the mental health and well-being of Black girls.

- **Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) youth** are more than four times as likely to attempt suicide than their peers (Johns et al., 2019). Transgender and nonbinary youth are 2-2.5 times as likely to seriously consider or attempt suicide than their cisgender LGB peers. This risk is not because of the sexual orientation or gender identity themselves, but rather the stress of experiencing bullying, discrimination, or rejection, especially from their families. LGBTQ+ children who experience high levels of rejection from their families are 8.4 times as likely to attempt suicide as their peers that experience no or low rejection (Family Acceptance Project, 2014). Children with multiple identities that experience stigma and oppression, such as LGBTQ+ youth of color, are at an even higher risk of suicide (Price-Feeney et al., 2020). When students experience a safe and protective environment at home and school, this risk substantially decreases (The Trevor Project, 2020). The following resources are available to help parents and caregivers support their LGBTQ+ youth:

    - The Family Acceptance Project at San Francisco State University provides a resource, *"Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual*

& Transgender Children," is available in multiple languages (i.e., English, Spanish, Chinese) and for specific cultural groups (i.e., LDS Mormon).

- Family Equality maintains a list of LGBTQ+-identity-affirming children's books, as well as a variety of resources for parents and caregivers wishing to support their LGBTQ+ children.
- Sound it Out Together provides resources for caregivers to start conversations about gender and sexuality.
- PFLAG offers numerous resources for parents and caregivers wishing to support their LGBTQ+ child.

Concluding Remarks

Parents and caregivers are powerful sources of strength in their child's lives. By cultivating preventive supports in their homes, becoming knowledgeable about STB warning signs, and building skills and confidence for responding swiftly and effectively to the presence of STBs, parents and caregivers can successfully limit the impact of STBs on the lives of their children.

Suicide Prevention Hotlines and 24/7 Text and Chat Lines

Hotlines

- National Suicide Prevention Lifeline: (800) 273-TALK (8255) or dial 988
- The Trevor Project (LGBTQ+ youth): (866) 488-7386
- National Domestic Violence Hotline: (800) 799-7233
- Childhelp National Child Abuse Hotline: (800) 422-4453
- National Alliance on Mental Illness HelpLine: (800) 950-NAMI (6264) or Text 62640

24/7 Text and Chat Lines

- Crisis Text Line: Text HOME to 741741
- Lifeline Chat: www.suicidepreventionlifeline.org/chat

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