

## Lenten Fast from Violence 2006:

### Week 4

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#### **FAST FROM THE VIOLENCE OF SELF INFLICTED FATALITIES/SUICIDE**

##### **The Problem**

According to the World Health Organization approximately 1.6 million people lost their lives in the year 2000 due to violence. The greatest number of these violent deaths is attributed not to warfare, homicide or even interpersonal violence but rather to suicide. With almost half of the violent deaths worldwide in 2000 attributed to suicide and self-inflicted violence, it is important to ask what can be done to combat it, and to understand the causes that lie behind this disturbing number.

Suicide is a worldwide phenomenon. It touches most every ethnic group, age group and gender, each affected at different rates. There are three times as many reported male suicides as female. Occurrences are more frequent among individuals over the age of 45, however numbers are also high in younger individuals.

The personal nature of suicide makes it difficult to combat or even diagnose. Although there are factors that can contribute to an individual's proneness to suicidal behavior, they are often complex and interact with one another in various ways. Both psychological and social elements can play a part in an individual's tendency towards suicide. Among common factors are depression, mood disorders, anxiety, isolation, unemployment and the availability of a means of suicide.

In reality, the suicides that are reported are only the tip of the iceberg. In many cultures attempted suicide is considered a capital offence, and hospitals are often known to refrain from reporting injuries as self inflicted. In addition, unless a suicide victim actually leaves behind a note of intention or performs the act in front of others, there is no way of knowing for certain if the act was a suicide. Deaths from disorders such as drug addiction, alcoholism and eating disorders are also frequently acts of suicide but are rarely proven so.

##### **What's Being Done**

In 1999 the World Health Organization launched a global initiative for the prevention of suicide, with the following objectives: (from *The International Association for Suicide Prevention (IASP)* website)

1. To bring about a lasting reduction in the frequency of suicidal behaviors, with emphasis on developing countries and countries in social and economic transitions.
2. To identify, assess and eliminate at early stages, as far as possible, factors that may result in young people taking their own lives.
3. To raise the general awareness about suicide and provide psychosocial support to people with suicidal thoughts or experiences of attempted suicide, and to their relatives and close friends of those people who have attempted or completed suicide.

The main strategy for the implementation of this global initiative has two strands, which are closely tied to the WHO's primary health care strategy:

1. The organization of global, regional and national multi-sectoral activities to increase awareness about suicidal behaviors and how to effectively prevent them.
2. The strengthening of countries' capabilities to develop and evaluate national policies and plans for suicide prevention.

The World Health Organization is also working through various projects with other organizations and networks like the International Association for Suicide Prevention and the Violence Prevention Alliance.

Here in the United States, the Surgeon General responded to the WHO's call for a more strategic plan to combat suicide with a National Strategy for Suicide Prevention. The following are the goals of the National Strategy. For more information regarding these goals visit: <http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA01-3518/default.asp>.

- Promote Awareness that Suicide is a Public Health Problem that is Preventable
- Develop Broad-based Support for Suicide Prevention
- Develop and Implement Strategies to Reduce the Stigma Associated with Being a Consumer of Mental Health, Substance Abuse, and Suicide Prevention Services
- Develop and Implement Suicide Prevention Programs
- Promote Efforts to Reduce Access to Lethal Means and Methods of Self-Harm
- Implement Training For Recognition of At-Risk Behavior and Delivery of Effective Treatment
- Develop and Promote Effective Clinical and Professional Practices
- Improve Access to and Community Linkages with Mental Health and Substance Abuse Services
- Improve Reporting and Portrayals of Suicidal Behavior, Mental Illness, and Substance Abuse in the Entertainment and News Media
- Promote and Support Research on Suicide and Suicide Prevention
- Improve and Expand Surveillance Systems

## **What can you do?**

Just as certain risk factors exist which increase the likelihood of suicide in an individual, there are also a variety of protective factors, which include:

- a sense of social connectedness and family support
- being in a stable and happy marriage
- commitment to a religion
- effective care for mental and substance abuse disorders
- easy access to a variety of interventions, clinical and support
- skills in non-violent conflict resolution and problem solving.

The creation and ready availability of such resources within homes and communities can reduce the likelihood of suicidal inclinations and can stop suicide attempts before they happen.

It is important to learn to recognize signs of suicidal intentions, and to strive to understand suicidal thinking. It is also crucial to be aware of what to do if you find yourself in a situation with a suicidal person. Perhaps the most important thing you can do in such a situation is to listen empathetically, and contact professionals who may be able to help, if possible. Remind the individual of the importance of their place in this world, in your life. Be supportive; be aware that anger may occur. Eliminate easy access to suicidal weapons.

When striving to help someone you recognized as suffering from deep depression and/or suicidal thoughts or behaviors, do not hesitate to refer that individual to a hospital or suicide center. A promise to keep confidences regarding thoughts or discussion of suicide should *never* be made. Let the individual know that it is not in their best interests for you to keep such a confidence; suggest bringing them to a place where they can receive professional help and support. And as you provide support for this person, make sure that you also seek out the care you need to allow for your own emotional healing and strength.

## **Prayer:**

Gracious God, we are grateful for your grace and love that abounds for all people. We are grateful to feel your presence and love in our lives. We know that there are many who suffer, who are alone, who do not know where to turn. There are many who, in their pain, look to suicide as an option. Gracious God, we are your hands here on the earth. Bless us to be sensitive, to be aware of the needs of those around us. We know that suicidal thoughts are often unnoticed and unnoticeable. You who see all, bless us with your vision, that we may see needs and bless us with your wisdom that we may know how to fill them. Help us to recognize those in our lives who battle with suicidal thoughts that we may help and be a calming influence in their lives. And bless us, God, when we ourselves are overburdened and overwhelmed. Bless us with hope and the reminder that life is precious.

We pray, Gracious God that you will send the comfort on the wings of your Spirit to bless those worldwide that despair. Help us to be informed and socially motivated to create more protection factors throughout the world, to support economic stability and peaceful conflict resolution.

**Resources:**

If you or someone you know is having thoughts of suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), or [visit the website](#).

American Association of Suicidology (AAS)  
[www.suicidology.org](http://www.suicidology.org)

American Foundation for Suicide Prevention  
[www.afsp.org](http://www.afsp.org)

Institute of Medicine  
[www.iom.edu](http://www.iom.edu)

The Institute of Medicine released a report entitled *Reducing Suicide: A National Imperative*.

National Center for Suicide Prevention Training  
[www.ncspt.org/courses/orientation](http://www.ncspt.org/courses/orientation)

National Institute of Mental Health (NIMH)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)  
NIMH's publication, [In Harm's Way: Suicide in America](#), is available from the NIMH website.

The National Strategy for Suicide Prevention (NSSP)  
[www.mentalhealth.samhsa.gov/suicideprevention](http://www.mentalhealth.samhsa.gov/suicideprevention)

National Youth Violence Prevention Resource Center  
[www.safeyouth.org](http://www.safeyouth.org)

The Office of Juvenile Justice and Delinquency Prevention (OJJDP)  
[ojjdp.ncjrs.org](http://ojjdp.ncjrs.org)

Reporting on Suicide: Recommendations for the Media  
[www.afsp.org/education/newrecommendations.htm](http://www.afsp.org/education/newrecommendations.htm)

Substance Abuse and Mental Health Services Administration (SAMHSA)

[www.samhsa.gov](http://www.samhsa.gov)

Suicide Awareness Voices of Education (SAVE)

[www.save.org](http://www.save.org)

Suicide Prevention Resource Center

[www.sprc.org](http://www.sprc.org)

The Suicide Prevention Action Network

[www.spanusa.org](http://www.spanusa.org)

The Surgeon General's Call to Action to Prevent Suicide

[www.surgeongeneral.gov/library/calltoaction/default.htm](http://www.surgeongeneral.gov/library/calltoaction/default.htm)

Training Institute for Suicide Assessment and Clinical Interviewing

[www.suicideassessment.com](http://www.suicideassessment.com)

World Health Organization (WHO)

*World Report on Violence and Health*

[www.who.int/violence\\_injury\\_prevention/violence/world\\_report/wrvheng/en/](http://www.who.int/violence_injury_prevention/violence/world_report/wrvheng/en/)

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