TENNESSEE COMMISSION ON CHILDREN AND YOUTH

CHILD AND TEEN DEATH

DATA SNAPSHOT

TN Tennessee State Government

TENNESSEE COMMISSION ON CHILDREN & YOUTH

Leading Cause of Death Among Children 1-17

Tennessee

2016
16.6% - Motor Vehicle Traffic
14.1% - Firearm
9.8% - Non-Injury: All other diseases (Residual)
9.5% - Non-Injury: Malignant neoplasms (Cancers)
6.8% - Fire/Flame

2017
17.8% - Firearm
11.7% - Motor Vehicle Traffic
11.0% - Non-Injury: All other diseases (Residual)
8.9% - Non-Injury: Malignant neoplasms (Cancers)
6.5% - Suffocation

2018
17.3% - Firearm
14.3% - Motor Vehicle Traffic
9.2% - Non-Injury: All other diseases (Residual)
8.9% - Non-Injury: Malignant neoplasms (Cancers) - 8.88%
7.0% - Non-Injury: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

2019
17.2% - Motor Vehicle Traffic
13.2% - Firearm
9.7% - Non-Injury: All other diseases (Residual)
9.2% - Non-Injury: Malignant neoplasms (Cancers) - 8.62%
6.6% - Non-Injury: Congenital malformations, deformations and chromosomal abnormalities

2020
19.1% - Firearm
14.8% - Motor Vehicle Traffic
7.9% - Non-Injury: Malignant neoplasms (Cancers)
6.3% - Suffocation
6.0% - Non-Injury: All other diseases (Residual)

2021
20.2% - Firearm
16.6% - Motor Vehicle Traffic
7.48% - Non-Injury: All other diseases (Residual)
5.9% - Non-Injury: Malignant neoplasms (Cancers)
5.2% - Non-Injury: Congenital malformations, deformations and chromosomal abnormalities

United States

2016
15.8% - Motor Vehicle Traffic
11.3% - Firearm
11.2% - Non-Injury: Malignant neoplasms (Cancers)
11.1% - Non-Injury: All other diseases (Residual)
7.0% - Suffocation

2017
15.2% - Motor Vehicle Traffic
12.6% - Firearm
10.7% - Non-Injury: All other diseases (Residual)
10.5% - Non-Injury: Malignant neoplasms (Cancers)
8.0% - Suffocation

2018
13.9% - Motor Vehicle Traffic
12.3% - Firearm
11.0% - Non-Injury: Malignant neoplasms (Cancers)
10.6% - Non-Injury: All other diseases (Residual)
8.6% - Suffocation

2019
14.0%- Motor Vehicle Traffic
12.6% - Firearm
10.8% - Non-Injury: All other diseases (Residual)
10.1% - Non-Injury: Malignant neoplasms (Cancers)
7.9% - Suffocation

2020
15.6% - Firearm
14.9% - Motor Vehicle Traffic
9.7% - Non-Injury: Malignant neoplasms (Cancers)
9.5% Non-Injury: All other diseases (Residual)
7.1% Suffocation

2021
16.3% - Firearm
14.9% - Motor Vehicle Traffic
9.5% - Non-Injury: All other diseases (Residual)
9.1% - Non-Injury: Malignant neoplasms (Cancers)
9.5% - Poisoning

DEATH BY INTENT

HOMICIDE

FROM 2018 - 2021

There were 222 homicide deaths among children under 18.[1]

73 percent were from Firearms[1]
Representing 162 deaths

15 percent were from an Unspecified Injury[1]
Representing 34 deaths

6 percent were from an Other Specified, Classifiable Injury[1]
Representing 13 deaths

The cause of death for the remaining 16 deaths are not listed due to data suppression.

In 2012 Tennessee had 45 homicide victims under 18, representing a rate of 3 per 100,000.[2]

17 were due to an Unspecified Injury[2]
13 were due to a Firearm.[2]

In 2022 Tennessee had 66 homicide victims under 18, representing a rate of 4.3 per 100,000.[2]

57 were due to a Firearm.[2]

Victim Offender Relationship 2021[3]

Among homicides under 18 in the largest number of cases, 41 percent, the relationship to the offender was unknown or missing.

- In 24 percent of cases the offender was an acquaintance
- In 19 percent of cases the offender was family.

Weapons Used 2021[3]

All Homicides Under 18:
1. Firearms (71.4%)
2. Knife (4.8%)

10 to 17:
1. Firearms (80.4%)
2. Knife & Poison/ Drugs(3.9%)

Under 10:
1. Firearms (33.3%)
2. Personal Weapons (hands, etc) (16.7%)

In 2021, Tennessee had among the highest rates of all states on both under-18 homicides and under-18 homicides using a firearm.[1]

2021 UNDER 18 HOMICIDE RATES

10 Highest		10 Lowest Available Rates*	
Louisiana	12.4	Washington	1.9
Mississippi	10.0	New York	2.1
Alabama	7.1	Minnesota	2.2
South Carolina	6.8	California	2.3
Arkansas	6.3	New Jersey	2.4
Missouri	6.1	Connecticut	2.9
Illinois	6.0	Michigan	3.5
Georgia	5.5	Arizona	3.6
Tennessee	5.5	Colorado	3.6

*Rate for DE, D.C., IA, MA, NE, NV OR, UT & WV were unreliable but all had fewer than 20 total deaths. Deaths for AK, HI, ID, ME. MT, NH, ND,. RI, SD, VT, & WY were suppressed due to being fewer than 10.

2018-2021 UNDER 18 HOMICIDE BY FIREARM RATES

10 Highest		10 Lowest Available Rates*	
Washington D.C.	9.8	Massachusetts	0.6
Louisiana	6.9	Utah	0.9
Mississippi	5.7	New York	0.9
Missouri	4.3	Oregon	1.0
South Carolina	4.3	Minnesota	1.0
Alabama	4.1	Connecticut	1.0
Tennessee	4.0	New Jersey	1.0
Illinois	3.8	Nebraska	1.0
Arkansas	3.7	Washington	1.2

*Rate for AK & WV were unreliable but each had fewer than 20 total deaths. Deaths for HI, ID, ME. MT, NH, ND, RI, SD, VT, & WY were suppressed due to being fewer than 10.

DEATH BY INTENT

SUICIDE

Tennessee saw an increase in death by suicide among those under 18 from 2020 - 2021, going from 2.9 per 100,000 to 3.7 per 100,000. Nationally, there was a slight increase from 3.0 to 3.1 per 100,000.[1]

FROM 2018 - 2021

There were 164 suicide deaths among Tennessee children age 9 -17.[1]

54 percent were from Firearms[1]
Representing 80 deaths

37 percent were from Suffocation[1]
Representing 55 deaths

17 percent were from Poisoning[1]
Representing 10 deaths

2021 Tennessee Suicide Rates per 100,000
Under 18[1]:
Firearm 1.4

Suicide among young adults (18-24)[1]:
Firearm: 14.1
Suffocation: 3.7

2021 National Suicide Rates per 100,000
Under 18[1]:
Firearm 1.2
Suffocation 1.1
Poisoning: 0.2
Fall: 0.1

Suicide among young adults (18-24)[1]:
Firearm: 10.0
Suffocation: 4.8
Poisoning 1.6
Fall: 0.6

In 2021, Tennessee ranked among the top twenty states in rate of death by suicide among children 9 -17 and in the top 10 in rate of death by suicide with a firearm among those age 9 - 17.[1]

In 2021, 27.8 percent of high school students who had attempted suicide in the previous 12 months reported that they had asked someone for help such as a doctor, counselor or hotline prior to their attempt.[4]

The majority of people with a Medically Serious Suicide Attempt (MSSA) do not later die by suicide.[5]
In a long-term study of individuals with a MSSA, 6.7 percent had died by suicide or suspected suicide within 5 years.
Three out of four were still alive 20 years later.[5]

2020 NON-FATAL SELF-HARM

United States Non-Fatal Self-Harm Injuries Resulting in Emergency Room Visits ages 1–24

	Estimated Number	Crude Rate
Poisoning	95,006	95.86 per 100,000
Cut/Pierce	87,844	88.63 per 100,000
Other Specified	18,673	18.84 per 100,000
Stuck by/ Against	11,278	11.38 per 100,000
Inhalation/Suffocation	2,376	2.4 per 100,000
Total	225,027	227.04 per 100,000

Injuries by Drowning/Submersion, Fall, Fire/Burn, Foreign Body, Firearm, Motor Vehicle Occupant, Pedestrian, Bite: Other, including sting, and Unknown/Unspecified are suppressed due to low counts but together total to 9,850

2021 AGE 9-17 SUICIDE RATE PER 100,000

10 Highest		10 Lowest Available Rates*	
Montana	20.2	New York	2.2
Idaho	9.6	California	3.0
Colorado	7.9	Florida	3.4
Kansas	7.3	Maryland	3.7
Oklahoma	6.8	Illinois	3.8
Georgia	6.4	Minnesota	4.2
Washington	6.3	Pennsylvania	4.4
Nevada	6.0	Ohio	4.4
Indiana	5.9	Virginia	4.7

*Rate for AK, AR, CT, MA, MS, NE, NJ, NM, OR, SD, WV, & WY were unreliable but all had fewer than 20 total deaths.

2021 AGE 9-17 SUICIDE BY FIREARM RATE PER 100,000

10 Highest	
Alabama	5.0
Georiga	3.9
Missouri	3.5
Indiana	3.4
Colorado	3.2
Washington	2.9
North Carolina	2.8
Virginia	2.8
Tennessee	2.6

UNINTENTIONAL DEATHS

FROM 2018 - 2021

There were 502 unintentional deaths among children 1 -17.[1]

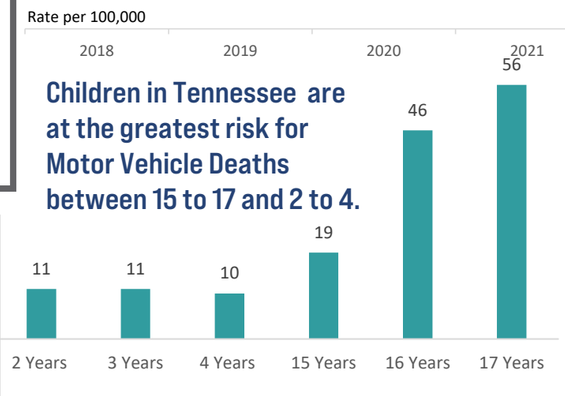
47 percent were from Motor Vehicle Traffic[1]
Representing 237 deaths

8 percent were from Poisoning[1]
Representing 41 deaths

6 percent were from Fire/Flame[1]
Representing 28 deaths

4 percent were from Suffocation[1]
Representing 19 deaths

In 2021, Tennessee had the 13th highest rate of in unintentional deaths. Tennessee has the 11th highest rate of Unintentional Motor Vehicle Deaths.[1]

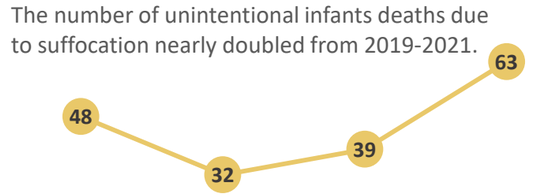


UNINTENTIONAL INFANT DEATHS FROM 2018 - 2021

There were 211 unintentional deaths among children under 1.[1]

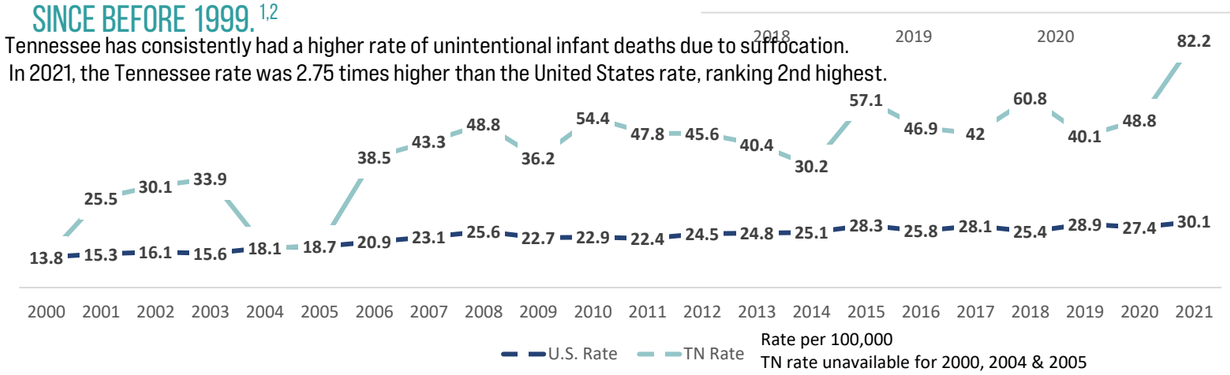
86 percent were from Suffocation[1]
Representing 182 deaths

6 percent were from Motor Vehicle Traffic[1]
Representing 13 deaths



IN 2021, TENNESSEE SAW THE HIGHEST NUMBER AND RATE OF UNINTENTIONAL INFANT DEATHS DUE TO SUFFOCATION SINCE BEFORE 1999.[1,2]

Tennessee has consistently had a higher rate of unintentional infant deaths due to suffocation.
In 2021, the Tennessee rate was 2.75 times higher than the United States rate, ranking 2nd highest.



Firearms

Firearms have become the leading cause of death among children and teens (1 through 17) in Tennessee. Though primarily driven by homicides, suicides and accidental shootings contribute to this increase as well.

Increasing the safe storage and safe use of firearms is critical to preventing child and teen deaths. The National Shooting Sports Foundation outlines 10 key safety principals. [6]

1. Always keep the firearm pointed in a safe direction
A safe direction means a direction in which a bullet cannot possibly strike anyone, taking into account possible ricochets and the fact that bullets can penetrate walls and ceilings. The safe direction may be "up" on some occasions or "down" on others, but never at anyone or anything not intended as a target. Even when "dry firing" with an unloaded gun, you should never point the gun at an unsafe target.

2. Firearms should be unloaded when not actually in use
When not in use, firearms and ammunition should be secured in a safe place, separate from each other. It is your responsibility to prevent children and unauthorized adults from gaining access to firearms or ammunition. Unload your gun as soon as you are finished. A loaded gun has no place in or near a car, truck or building. Unload your gun immediately when you have finished shooting, well before you bring it into a car, camp or home.

3. Don't rely on your gun's "safety"
Treat every gun as though it can fire at any time. The "safety" on any gun is a mechanical device which, like any such device, can become inoperable at the worst possible time. Besides, by mistake, the safety may be "off" when you think it is "on." The safety serves as a supplement to proper gun handling but cannot possibly serve as a substitute for common sense. You should never handle a gun carelessly and assume that the gun won't fire just because the "safety is on."

4. Be sure of your target and what is beyond it
Don't shoot unless you know exactly what your shot is going to strike. Be sure that your bullet will not injure anyone or anything beyond your target. Firing at a movement or a noise without being absolutely certain of what you are shooting at constitutes disregard for the safety of others. No target is so important that you cannot take the time before you pull the trigger to be absolutely certain of your target and where your shot will stop.

5. Use correct ammunition
Be absolutely certain that the ammunition you are using matches the specifications that are contained within the gun's instruction manual and the manufacturer's markings on the firearm.

6. If your gun fails to fire when the trigger is pulled, handle with care
Any time there is a cartridge in the chamber, your gun is loaded and ready to fire even if you've tried to shoot and it did not go off. It could go off at any time, so you must always remember Rule #1 and watch that muzzle!

7. Always wear eye and ear protection while shooting
All shooters should wear protective shooting glasses and some form of hearing protectors while shooting. Exposure to shooting noise can damage hearing, and adequate vision protection is essential.

8. Be sure that the barrel is clear of obstructions before shooting
Before you load your firearm, open the action and be certain that no ammunition is in the chamber or magazine. Be sure the barrel is clear of any obstruction. Even a small bit of mud, snow, excess lubricating oil or grease in the bore can cause dangerously increased pressures, causing the barrel to bulge or even burst on firing, which can cause injury to the shooter and bystanders.

9. Don't alter or modify your gun, and have guns serviced regularly
Firearms are complicated mechanisms that are designed by experts to function properly in their original condition. Any alteration or change made to a firearm after manufacture can make the gun dangerous and will usually void any factory warranties. Do not jeopardize your safety or the safety of others by altering the trigger, safety or other mechanism of any firearm or allowing unqualified persons to repair or modify a gun.

10. Learn the mechanical and handling characteristics of the firearm you are using
Since guns can be so different, never handle any firearm without first having thoroughly familiarized yourself with the particular type of firearm you are using, the safe gun handling rules for loading, unloading, carrying and handling that firearm, and the rules of safe gun handling in general.

Read more from the National Shooting Sports Foundation at: nssf.org/safety/rules-firearms-safety/

Motor Vehicle Traffic - Infants & Toddlers

In Tennessee, the majority of Unintentional Motor Vehicle Traffic Deaths among children and teens occur between age 2 to 4 and 15 to 17. This means that ensuring proper car seat usage and safe driving practices among teens are a critical component to lowering the child and teen death numbers we are seeing across the state.

The following information from the American Academy of Pediatrics provides guidance on appropriate car seat usage for infants and toddlers.[7]

"The AAP recommends that all infants ride rear facing starting with their first ride home from the hospital. All infants and young children should ride in a rear-facing seat as long as possible until they reach the highest weight or height allowed by their car safety seat manufacturer.

Most convertible seats have limits that will allow children to ride rear facing for 2 years or more. When children reach the highest weight or length allowed by the manufacturer of their rear-facing–only seat, they should continue to ride rear facing in a convertible or all-in-one seat. Once infants outgrow their rear-facing–only seat, a convertible seat installed rear facing is needed."

"When using a rear-facing seat, keep the following tips in mind:

- Place the harnesses in your rear-facing seat in slots that are at or below your child's shoulders.
- Ensure that the harness is snug (you cannot pinch any slack between your fingers when testing the harness straps over the child's shoulders) and that the retainer clip is placed at the center of the chest, even with your child's armpits.
- Make sure the car safety seat is installed tightly in the vehicle with either lower anchors or a locked seat belt. Many car safety seats have an integrated lock-off to keep the seat belt locked. If your seat has one, follow the manufacturer's recommendations on how to use it. If you can move the seat at the belt path more than an inch side to side or front to back, it's not tight enough.
- Never place a rear-facing seat in the front seat of a vehicle that has an active front passenger airbag. If the airbag inflates, it will hit the back of the car safety seat, right against your child's head, and could cause serious injury or death.
- If you are using a convertible or all-in-one seat in the rear-facing position, make sure the seat belt or lower anchor webbing is routed through the correct belt path. Check the instructions that came with the car safety seat to be sure.
- Make sure the seat is at the correct angle so your child's head does not flop forward. Check the instructions to find out the correct angle for your seat and how to adjust the angle if needed. All rear-facing seats have built-in recline indicators.
- Check the car safety seat instructions and vehicle owner's manual about whether the car safety seat may contact the back of the vehicle seat in front of it. "

If you have questions or need help installing your car seat, find a certified child passenger safety technician (CPST) by going to the National Child Passenger Safety Certification website at http://cert.safekids.org and clicking on "Find a Tech

Read more from the American Academy of Pediatrics at:
healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx

Motor Vehicle Traffic - Teens

The Centers for Disease Control has identified eight danger zones that contribute to teen motor vehicle accidents and steps parents can take to reduce the risk of these danger zones.[8]

Danger Zone #1: Driver Inexperience

Crash risk is highest in the first year a teen has his or her license. Crash risk is particularly high during the first several months of licensure

What Parents Can Do

- Provide as many hours of supervised driving practice as possible over at least six months.
- Practice on a variety of roads, at different times of day, and in varied weather and traffic conditions.
- Stress the importance of continually scanning for potential hazards including other vehicles, bicyclists, and pedestrians.

Danger Zone #2: Driving with Teen or Young Adult Passengers

Crash risk goes up when teens drive with other teens or young adults in the car.

What Parents Can Do

- The best practice is for your teen to have no teen or young adult passengers for at least the first six months after they get their license. If that's not possible, limit your teen to just one teen or young adult passenger.
- Learn about passenger restrictions and other important requirements of your state's Graduated Driver Licensing system on the Insurance Institute for Highway Safety's graduated licensing laws by state webpage.

Danger Zone #3: Nighttime Driving

Fatal crashes are more likely to occur at night, but the risk is even higher for teens.

What Parents Can Do

- Make sure your teen is off the road by 9 or 10 pm for at least the first six months of licensed driving.
- Practice nighttime driving with your teen when you think your teen is ready.

Danger Zone #4: Not Using Seatbelts

The simplest way to prevent car crash deaths and injuries is to buckle up.

What Parents Can Do

- Require your teen to wear a seat belt on every trip—regardless of whether they're the driver, the front seat passenger, or a back seat passenger. This simple step can reduce your teen's risk of dying or being seriously injured in a crash by about half.

Danger Zone #5:Distracted Driving

Distractions increase your teen's risk of being in a crash.

What Parents Can Do

- Don't allow activities that take your teen's attention away from driving, such as talking on a cell phone, texting, eating, or playing with the radio.

Danger Zone #6:Drowsy Driving

Young drivers are at high risk for drowsy driving. Teens are typically most tired and at risk when driving in the early morning or late at night.

What Parents Can Do

- Know your teen's schedule so you can be sure they are well rested before getting behind the wheel.

Danger Zone #7: Reckless Driving

Research shows that teens lack the experience, judgment, and maturity to assess risky situations.

What Parents Can Do

- Make sure your teen knows to follow the speed limit and to adjust speed to match road, traffic, and weather conditions.
- Remind your teen to maintain enough space behind the vehicle ahead to avoid a crash in case of a sudden stop.

Danger Zone #8: Impaired Driving

Even small amounts of alcohol will impair your teen's driving ability and increase their risk of a crash. Many other types of drugs/substances (including marijuana, other illicit drugs, prescription medications, or over-the-counter medications) also can impair a teen's ability to drive safely.

What Parents Can Do

- Be a good role model:
- Never drink and drive.
- Never drive while impaired by other drugs/substances.
- Reinforce this message with a Parent-Teen Driving Agreement.

Read more from the Centers for Disease Control at:
cdc.gov/parentsarethekey/danger/index.html

Safe Sleep

In Tennessee, the vast majority of unintentional infant deaths occur due to suffocation, often caused by an unsafe sleep environment.

In 2022, The American Academy of Pediatrics published updated recommendations regarding safe sleep practices.[9]

These recommendations include:

1. Back to sleep for every sleep.
To reduce the risk of sleep-related death, it is recommended that infants be placed for sleep in a supine (back) position for every sleep by every caregiver until the child reaches 1 year of age. Side sleeping is not safe and is not advised.

2. Use a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/ entrapment.
Place infants on a firm, flat, non-inclined sleep surface (eg,tightly fitting crib mattress in a safety-approved crib) covered by a fitted sheet with no other bedding or soft objects. Sleep surfaces with inclines of more than 10 degrees are unsafe for infant sleep.

3. It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first 6 months. There is evidence that sleeping in the parents' room but on a separate surface decreases the risk of SIDS by as much as 50%. In addition, this arrangement is most likely to prevent suffocation, strangulation, and entrapment that may occur when the infant is sleeping in the adult bed.
Couches and armchairs are extremely dangerous places for infants and should never be used for infant sleep. Sleeping on couches and armchairs places infants at extraordinarily high risk (with 22- to 67-fold increased risk) for infant death, including SIDS, suffocation through entrapment or wedging between seat cushions, or overlay if another person is also sharing this surface. Therefore, parents and other caregivers need to be especially vigilant as to their wakefulness when feeding infants or lying with infants on these surfaces.

The safest place for a baby to sleep is on a separate sleep surface designed for infants close to the parents' bed. Infants sleeping in a separate room are 2.75 to 11.5 times more likely to die suddenly and unexpectedly than infants who are room sharing without bed sharing. When all bed-sharing or surface-sharing circumstances are included in meta-analyses, the risk of dying suddenly and unexpectedly is almost 3 times higher than room sharing without bed sharing.

4. Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, and loose bedding, such as blankets and non-fitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment/wedging, and strangulation.
Airway obstruction from soft objects or loose bedding is the most common mechanism for accidental infant suffocation.

Read more from the American Academy of Pediatrics at:
https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022

Child and Teen Death Prevention

Suicide

Suicide accounted for 9.25 percent of deaths among those 1 to 17, knowing the warning signs of suicidal ideation, proper screening, access to treatment and safety planning can all contribute to reducing the number of child and teen suicides.

Warning Signs

John Hopkins Medicine outlines warning signs of teen suicide including:[10]

- Changes in eating and sleeping habits
- Loss of interest in usual activities
- Withdrawal from friends and family members
- Acting-out behaviors and running away
- Alcohol and drug use
- Neglecting one's personal appearance
- Unnecessary risk-taking
- Obsession with death and dying
- More physical complaints often linked to emotional distress, such as stomachaches, headaches, and extreme tiredness (fatigue)
- Loss of interest in school or schoolwork
- Feeling bored
- Problems focusing
- Feeling he or she wants to die
- Lack of response to praise

Another warning sign is making plans or efforts toward committing suicide:

- Says "I want to kill myself," or "I'm going to commit suicide."
- Gives verbal hints, such as "I won't be a problem much longer," or "If anything happens to me, I want you to know ...."
- Gives away favorite possessions or throws away important belongings
- Becomes suddenly cheerful after a period of depression
- May express weird thoughts
- Writes one or more suicide notes

Screening

Teens are much more likely to have visits with a pediatrician or general health care provider than a mental health provider. Screening for suicidal ideation at pediatrician visits can open up the opportunity for conversation and identify youth who might be in need of further evaluation or services.

The American Academy of Pediatrics provides the following age recommendations for screening:[11]

Age Recommendations for Screening:

- Youth ages 12+:
  Universal screening
- Youth ages 8-11:
  Screen when clinically indicated
- Youth under age 8:
  Screening not indicated. Assess for suicidal thoughts/behaviors if warning signs are present

Using an evidence-based, validated tool for screening is a necessary component to effective screening. The ASQ (Ask Suicide-Screening Questions) is a validated tool to be used in health care settings which takes approximately 20 seconds and is comprised of four main questions:[12]
In the past few weeks, have you wished you were dead?
In the past few weeks, have you felt you or your family would be better off if you were dead?
In the past week, have you been having thoughts about killing yourself?
Have you ever tried to kill yourself?

If the patient indicates yes to any of the above, the provide will ask the follow-up question of are you having thoughts of killing yourself right now?

Safety Planning

When a child or teen has disclosed suicidal ideation, a mental health provider might work with them to develop a safety plan. Components of a safety plan may include:[13]
1. Recognizing warning signs and personal triggering events
2. Creating a safe environment
3. Identifying reasons to live
4. Identifying things I can do by myself
(internal coping strategies)
5. Connecting with people and places.
6. Reaching out to trusted family and friends in a crisis
7. Professional help

One key component of insuring safety is addressing and developing a plan for the child's access to lethal means including firearms, knives and medication.

Read more from Johns Hopkins Medicine at:
hopkinsmedicine.org/health/conditions-and-diseases/teen-suicide

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