

If you need crisis support, call Lifeline on 13 11 14, or call Kids Helpline on 1800 55 1800, 24 hours a day. For general support, talk to your GP or local health professional.

4 Characteristics of the young people who died by suicide

4.1 Young people whose deaths were notified to the Ombudsman

The Department for Child Protection and Family Support receives information from the State Coroner on reportable deaths of children and notifies the Ombudsman of these deaths. The notification provides the Ombudsman with a copy of the information provided to the Department for Child Protection and Family Support by the State Coroner about the circumstances of the child's death together with a summary outlining the Department for Child Protection and Family Support's past involvement with the child.

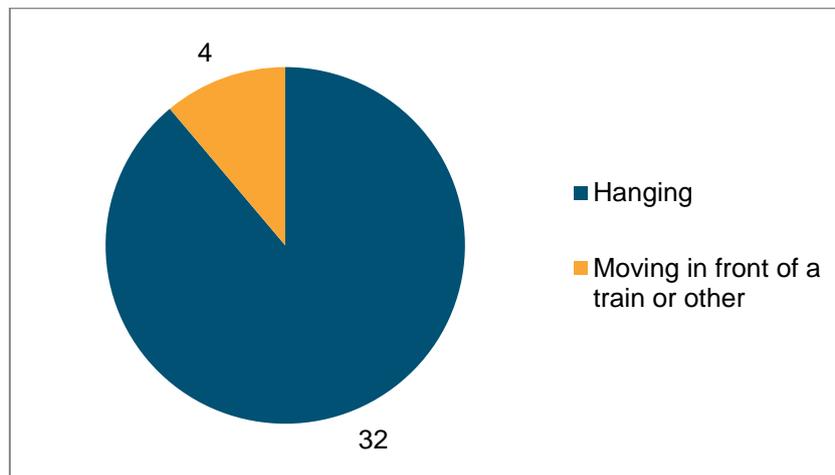
The Office analysed 36 deaths in which a young person had either died by suicide (for those deaths where the State Coroner has completed an investigation and found that the cause of death was suicide) or was suspected of having died by suicide (for those deaths where the State Coroner has not yet completed an investigation). In this report, these young people are referred to as **the 36 young people**.

4.2 Circumstances of death

4.2.1 Method of suicide

Among the 36 young people, hanging was the most common method of suicide for both males and females, with 32 (89 per cent) young people using this method (Figure 6). Moving in front of a train was the next most common method of suicide.

Figure 6: Method of suicide, for the 36 young people



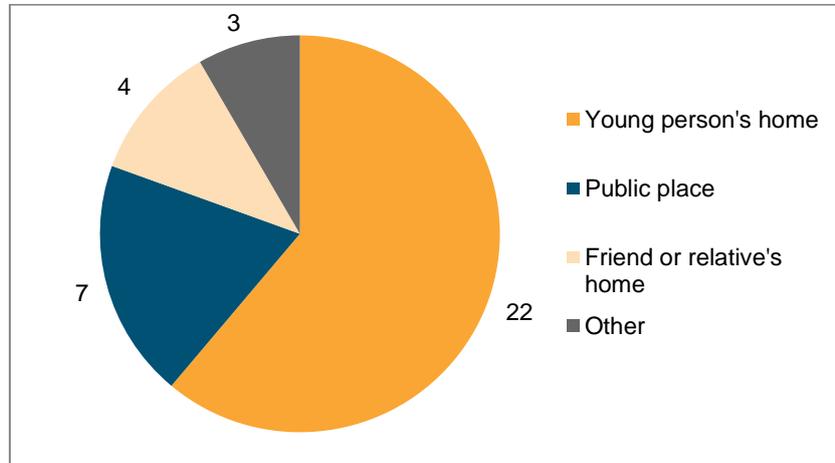
Source: Ombudsman Western Australia

4.2.2 Location of suicide

Among the 36 young people, the most common location of suicide was the young person's home. Twenty two (60 per cent) young people died by suicide in their own home and a further four young people (12 per cent) died by suicide at a relative's or friend's home.

Seven young people (20 per cent) died by suicide in public places including parks, school grounds and community buildings (Figure 7).

Figure 7: Location of suicide, for the 36 young people

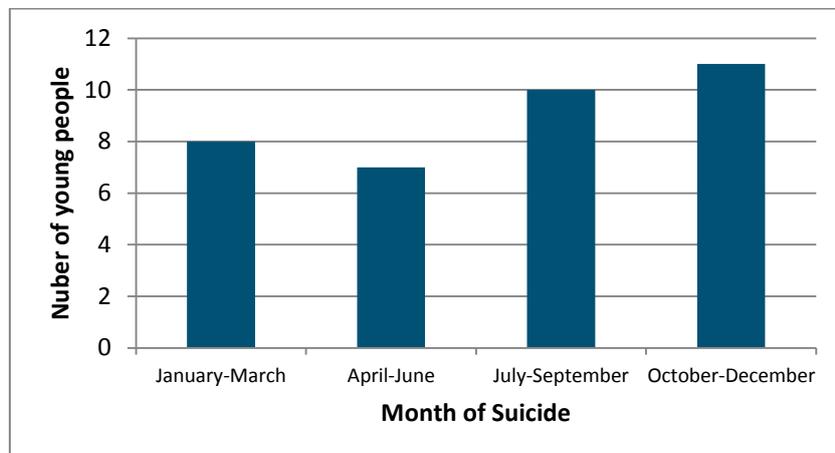


Source: Ombudsman Western Australia

4.2.3 Month of suicide

The figure below shows the average number of deaths by quarter for the 36 young people (Figure 8).

Figure 8: Month of suicide, for the 36 young people



Source: Ombudsman Western Australia

4.2.4 Contagion and suicide clusters

Suicide contagion is a process whereby 'one suicide or suicidal act within a school, community, or geographical area increases the likelihood that others will attempt suicide.'¹⁰⁵ Our investigation indicates that of the 36 young people, three young people had a family member who died by suicide and four young people had a friend, or knew a person, who had died by suicide.

¹⁰⁵ Headspace National Youth Mental Health Foundation, *Suicide Contagion*, Headspace School Support, 2012, viewed 5 March 2014, <<http://www.headspace.org.au/search?q=suicide+contagion>>.

Contagion can also lead to suicide clusters.¹⁰⁶ *The Western Australian Suicide Prevention Strategy 2009-2013: Everybody's Business* outlines that there is currently 'no generally agreed upon operational or statistical definition of a suicide cluster,'¹⁰⁷ identifying that the term is loosely defined as a number of suicides or suicide attempts occurring within a close timeframe, and geographical area.¹⁰⁸

Previous investigations have identified that the clustering of suicides has occurred in Western Australia. For example, when conducting an inquest into the deaths of five young people in the Balgo community, the State Coroner found that 'this concentration of suicides in one small community [of Balgo] over a 12 month period clearly constituted a cluster.'¹⁰⁹ These young people were not in the cohort of young people whose deaths were examined by the investigation.

At the time of the investigation, no suicide clusters wholly within the group of 36 young people were identified. However, it is possible that some of the 36 young people were part of a suicide cluster involving other people who were not the subject of this investigation (for example, people who were aged 18 years or over at the time of their death).

4.3 Characteristics examined in this investigation

The remainder of this chapter discusses the characteristics of the 36 young people, drawing on the information collected from State government departments and authorities, schools and registered training organisations during the investigation. A full list of the sources of the information used during this investigation is provided in Figure 1.

The Office drew on the information collected to identify the demographic characteristics of the 36 young people.

The research literature discussed in Chapter 3 identifies a range of risk factors, warning signs and precipitating events associated with suicide by young people. These risk factors, warning signs and precipitating events are referred to here as **factors associated with suicide**. While no single cause of suicide has been identified,¹¹⁰ the factors associated with suicide have been shown to increase the risk of suicide, particularly when multiple factors are present and interact with each other.¹¹¹ The Office was able to draw on the information collected to identify the factors associated with suicide experienced by the 36 young people.

¹⁰⁶ Headspace National Youth Mental Health Foundation, *Suicide Contagion*, Headspace School Support, 2012, viewed 5 March 2014, <<http://www.headspace.org.au/search?q=suicide+contagion>>.

¹⁰⁷ Government of Western Australia, Department of Health, *Western Australian Suicide Prevention Strategy 2009-2013 Everybody's Business*, Department of Health, Perth, 2009, p. 21.

¹⁰⁸ Olson, R, *InfoExchange 10: Suicide Conagion and Suicide Clusters*, Centre for Suicide Prevention, Brisbane, 2013, viewed 6 March 2013, < [http://suicideinfo.ca/LinkClick.aspx?fileticket=WXg70KbEYsA%3D](http://suicideinfo.ca/LinkClick.aspx?fileticket=WXg70KbEYsA%3D;)>; State of Queensland Commissioner for Children and Young People and Child Guardian, *Reducing youth suicide in Queensland discussion paper*, Commissioner for Children and Young People and Child Guardian, Brisbane, Queensland, 2009, p. 20; Government of Western Australia, Department of Health, *Western Australian Suicide Prevention Strategy 2009-2013 Everybody's Business*, Department of Health, Perth, 2009, p. 21.

¹⁰⁹ Government of Western Australia, Office of the State Coroner, *Annual Report 2011-2012*, Perth, 2012, p. 38.

¹¹⁰ Government of Western Australia, Department of Health, *Western Australian Suicide Prevention Strategy 2009-2013 Everybody's Business*, Department of Health, Perth, 2009, p. 2.

¹¹¹ Australian Government, Department of Health and Ageing, *Living Is For Everyone: Research and Evidence in Suicide Prevention*, Australian Government Publishing Services, Canberra, 2008, p. 12.

Figure 9 lists the demographic characteristics and factors associated with suicide that were identified and analysed during the investigation, and are discussed in this report. As discussed in Chapter 3, the research literature identifies some of the demographic characteristics as also being factors associated with suicide.

Figure 9: Demographic characteristics and factors associated with suicide, discussed in this report

<i>Demographic characteristics</i>	
<ul style="list-style-type: none"> • Age • Sex • Country of birth • Aboriginal status¹¹² 	<ul style="list-style-type: none"> • Region of residence • Structure of household • Experience of homelessness
<i>Factors associated with suicide</i>	
<ul style="list-style-type: none"> • Mental illness • Self-harming behaviour • Suicidal ideation • Communicated suicidal intent • Previous suicide attempts • Family and domestic violence • Sexual abuse • Physical abuse 	<ul style="list-style-type: none"> • Neglect • Parent with mental illness • Parent with problematic drug and alcohol use • Parent imprisoned • Family member, friend or person known to the young person died by suicide • Alcohol or other drug use • Experience of a significant event • Use of social media

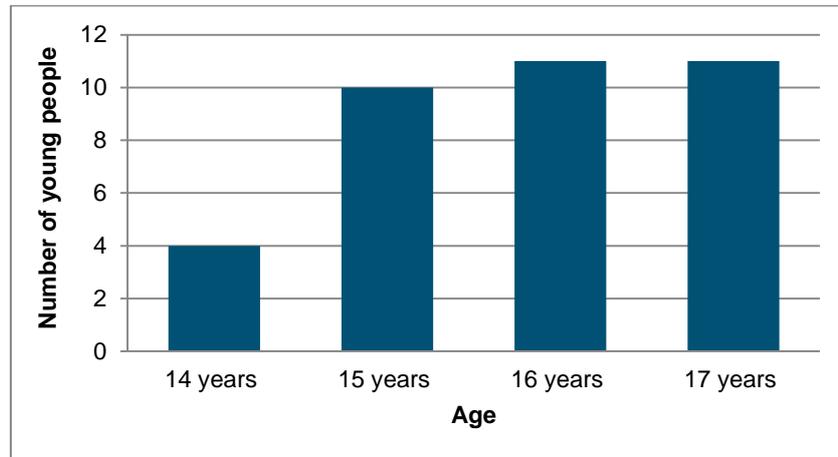
4.4 Demographic characteristics

4.4.1 Age

The 36 young people ranged in age from 14 to 17 years at time of death (Figure 10). Four young people were aged 14 years, 10 were aged 15 years, 11 were aged 16 years and 11 were aged 17 years at time of death.

¹¹² As noted at section 3.4, Aboriginal young people experience elevated rates of suicide.

Figure 10: Age at time of death, for the 36 young people

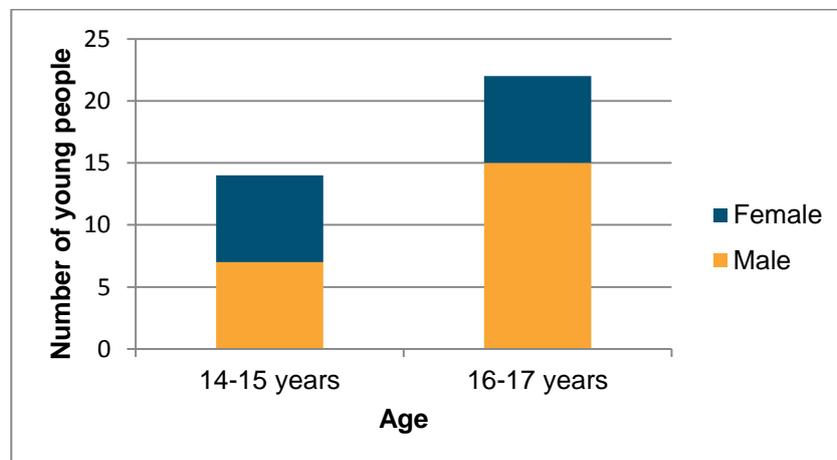


Source: Ombudsman Western Australia

4.4.2 Sex

Among the 36 young people, 22 (61 per cent) were male and 14 (39 per cent) were female (Figure 11). Figure 11 also shows that the number of male suicides was higher among older males, with seven males committing suicide at 14-15 years of age to 15 males committing suicide at 16-17 years of age. Female suicides remained constant at 7 suicides at 14-15 years of age and 16-17 years of age.

Figure 11: Age at time of death by sex, for the 36 young people



Source: Ombudsman Western Australia

4.4.3 Country of birth

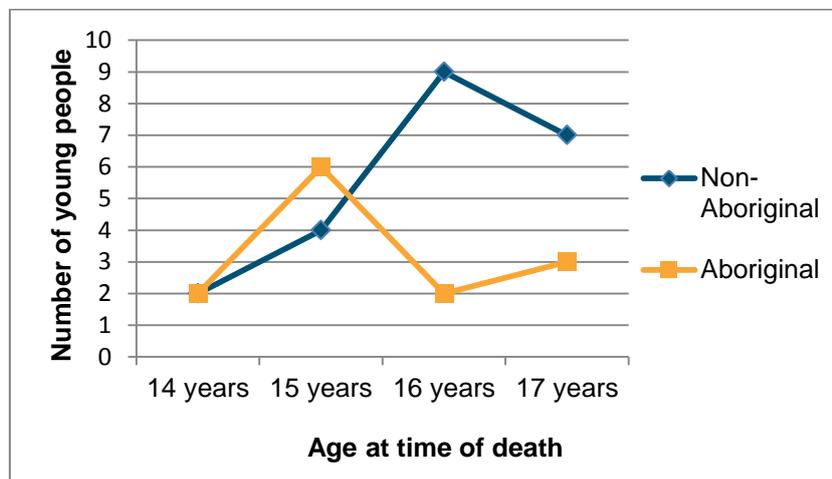
Thirty-three (92 per cent) of the 36 young people were born in Australia. Three young people were born outside Australia.

4.4.4 Aboriginal status

Aboriginal young people are significantly over-represented among the 36 young people. Thirteen (36 per cent) of the 36 young people were identified as Aboriginal and 23 (64 per cent) were identified as non-Aboriginal. For comparison, six per cent of children and young people aged 0 to 17 years in Western Australia are Aboriginal.¹¹³

Among the 36 young people, Aboriginal young people died by suicide at a slightly younger age than non-Aboriginal young people (Figure 12).

Figure 12: Aboriginal status by age at time of death, for the 36 young people

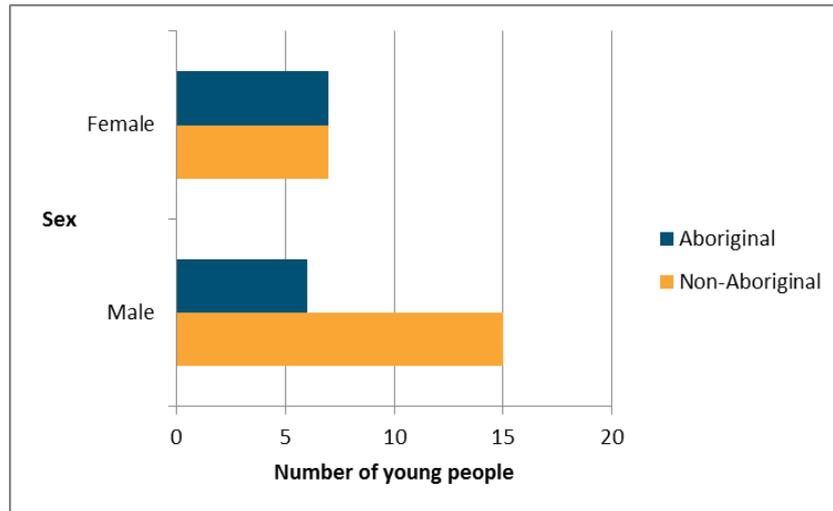


Source: Ombudsman Western Australia

Aboriginal males and Aboriginal females were almost equally represented among the 36 young people with six Aboriginal males and seven Aboriginal females dying by suicide. For comparison, among the 36 young people, just over twice as many non-Aboriginal males died by suicide as non-Aboriginal females (Figure 13).

¹¹³ Commissioner for Children and Young People, *Profile of children and young people in Western Australia*, Perth, 2013, viewed 26 September 2013, <<http://www.ccp.wa.gov.au/maps/map.php>>.

Figure 13: Aboriginal status by sex, for the 36 young people

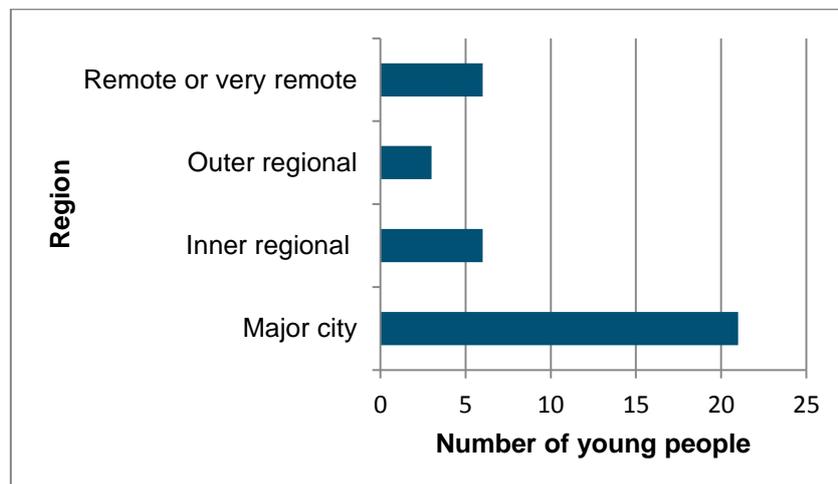


Source: Ombudsman Western Australia

4.4.5 Region of residence

The majority of the 36 young people were residing in the metropolitan area of Perth at the time of their death. Using regions defined by the Australian Bureau of Statistics,¹¹⁴ 21 young people were residing in a major city, six young people were residing in an inner regional area, three young people were residing in an outer regional area, and six young people were residing in a remote or very remote region (Figure 14).

Figure 14: Region of residence at time of death, for the 36 young people



Source: Ombudsman Western Australia

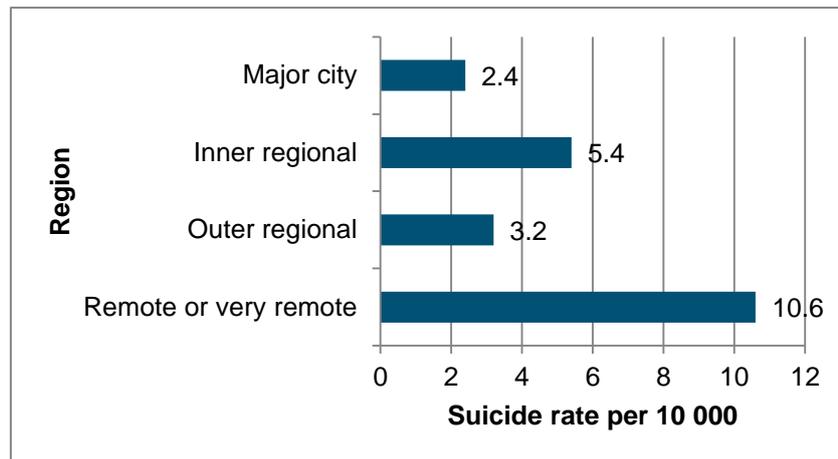
Taking into account the numbers of young people residing in each of these regions, the mortality rates for young people who died by suicide were as follows:

- 2.4 per 10 000 young people resided in a major city;

¹¹⁴ Australian Bureau of Statistics, *2011 Census of Population and Housing*, cat. no. 2049.0, ABS, Canberra, 2011.

- 5.4 per 10 000 young people resided in an inner regional area;
- 3.2 per 10 000 young people resided in an outer regional area; and
- 10.6 per 10 000 young people resided in a remote or very remote region (Figure 15).¹¹⁵

**Figure 15: Suicide rate per 10 000 young people,
for the 36 young people**



Source: Ombudsman Western Australia

4.4.6 Structure of household

Of the 36 young people, 34 resided in households at the time of their death. The structure of these households is set out below:

- thirteen (36 per cent) of the young people came from intact families, living with two biological or foster parents, compared to 73 per cent of surveyed Australian households;¹¹⁶
- three (eight per cent) of the young people came from step or blended families, living with two parents (one biological), compared to seven per cent of surveyed Australian households;
- eleven (31 per cent) came from a one parent household, compared to 20 per cent of surveyed Australian households; and

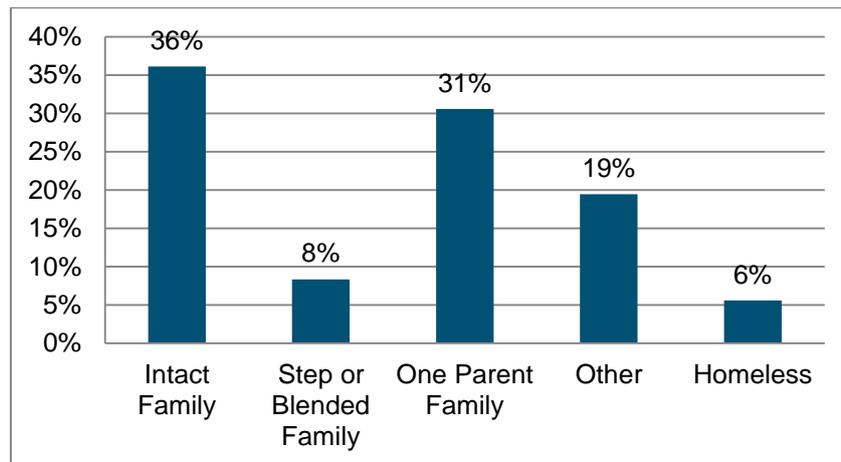
¹¹⁵ Australian Bureau of Statistics, *2011 Census of Population and Housing*, cat. no. 2049.0, ABS, Canberra, 2011.

¹¹⁶ In the financial year 2009-2010 the Australian Bureau of Statistics (ABS) collected information on the topic of Family Characteristics through a 'Multi-Purpose Household Survey'. The ABS survey collected information from randomly selected persons in private dwellings about their household and about every person in the household, including all children: Australian Bureau of Statistics, *Family Characteristics, Australia, 2009-10, Explanatory Notes: Data Collection*, ABS, cat. no. 4442.0, Canberra, 2010, viewed 26 September 2013, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4442.0Explanatory%20Notes12009-10?OpenDocument>>; The Australian Institute of Family Studies (AIFS) analysed the ABS survey data and reported on the characteristics of households with children under 18 years. The AIFS categorised these households into the various family types used here for comparative purposes: Australian Institute of Family Studies, *Family Facts and Figures: Australian families*, Australian Institute of Family Studies, Melbourne, 2011, viewed 26 September 2013, <<http://www.aifs.gov.au/institute/info/charts/familystructure/index.html#children>>.

- seven (19 per cent) were categorised as coming from an 'other' family type, compared with one per cent of surveyed Australian households. 'Other' families consists of related individuals residing in the same household, however, these individuals do not form a couple or parent-child relationship. For example, a household consisting of a brother and sister only (Figure 16).

Two (six per cent) of the 36 young people were homeless at the time of their death. This is discussed further in section 4.4.7.

**Figure 16: Structure of household,
for the 36 young people**



Source: Ombudsman Western Australia

4.4.7 Experience of homelessness

The Australian Bureau of Statistics uses the following definition of homelessness:

- **Primary homelessness** - people without conventional accommodation such as those who 'sleep out', or use derelict buildings, cars, railway stations for shelter;
- **Secondary homelessness** - people who frequently move from temporary accommodation such as emergency accommodation, refuges, and temporary shelters. People may use boarding houses or family accommodation on a temporary basis; and
- **Tertiary homelessness** - people who live in rooming houses, boarding houses medium or long-term where they do not have their own bathroom and kitchen facilities and tenure is not secured by a lease.¹¹⁷

Applying these definitions, eight (22 per cent) of the 36 young people experienced at least one of these forms of homelessness at some time in their lives. For comparison, Australian

¹¹⁷ Australian Government, Department of Health and Ageing, *Homelessness and mental health linkages: review of national and international literature*, Canberra, 2005, viewed 26 September 2013, <<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-homeless-toc~mental-homeless-1~mental-homeless-1-2>>.

Bureau of Statistics census data reports that in 2011 less than 0.6 per cent of children aged 12 to 18 years were homeless at the census date.¹¹⁸

4.5 Factors associated with suicide

Several factors associated with suicide have already been discussed as demographic characteristics of the 36 young people.

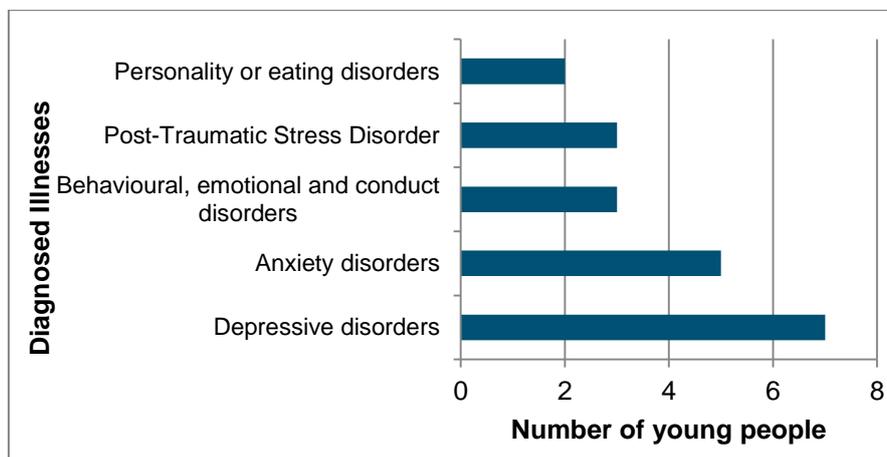
4.5.1 Mental health problems

4.5.1.1 Mental illness

Mental illness is defined as a clinical diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities.¹¹⁹ Twelve (33 per cent) of the 36 young people were recorded as having one or more diagnoses of mental illness. Their recorded diagnosed mental illnesses were as follows (Figure 17):

- Depressive disorders;
- Anxiety disorders;
- Behavioural, conduct and emotional disorders, including Attention Deficit Disorder;
- Post-Traumatic Stress Disorder; and
- Personality and eating disorders, including Anorexia Nervosa and Bulimia Nervosa.

**Figure 17: Recorded diagnoses of mental illness,
for the 36 young people**



Source: Ombudsman Western Australia

¹¹⁸ Australian Bureau of Statistics, *2011 Census of Population and Housing: Estimating homelessness*, cat. no. 2049.0, ABS, Canberra, 2011.

¹¹⁹ Council of Australian Governments, *Improve the mental health and social and emotional wellbeing of all Australians*, Priority 2, Canberra, 2006, p. 17.

4.5.1.2 *Self-harming behaviour*

The research literature recognises self-harm as a form of behaviour in its own right, distinct from suicide. Self-harming behaviour is defined as someone deliberately harming themselves without suicidal intent¹²⁰ as discussed in Chapter 3.

Fifteen (42 per cent) of the 36 young people were recorded as having demonstrated self-harming behaviour.

4.5.2 **Suicidal ideation and behaviour**

4.5.2.1 *Suicidal ideation*

Suicidal ideation is defined by the *Diagnostic and Statistical Manual of Mental Disorders* as recurrent thoughts of death (not just fear of dying) with or without a specific plan for committing suicide.¹²¹ The research literature further describes suicidal ideation as thoughts that life is not worth living, which range in intensity from fleeting thoughts to concrete, well-thought out plans for killing oneself or a complete preoccupation with self-destruction.¹²²

Twenty two (61 per cent) of the 36 young people were recorded as having had thoughts about attempting or completing suicide. For comparison, studies have estimated that between 22 per cent and 38 per cent of young people have thought about suicide at some point in their lives.¹²³

4.5.2.2 *Communicated suicidal intent*

Twenty of the 36 young people (56 per cent) were recorded as having communicated their intention to commit suicide to a friend, family member or health professional.

4.5.2.3 *Previous suicide attempts*

Sixteen (44 per cent) of the 36 young people were recorded as having previously attempted suicide, with six of these young people recorded as having attempted suicide on more than one occasion (Figure 18).

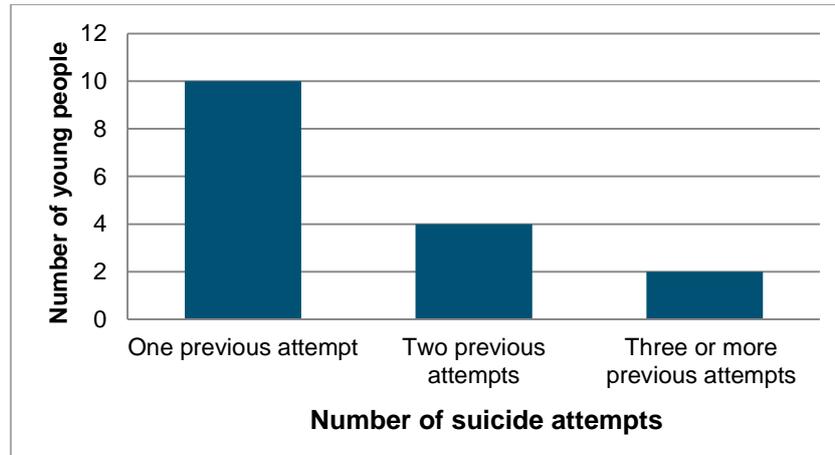
¹²⁰ Lifeline Australia, *Self-harm*, viewed 26 September 2013, <<http://www.lifeline.org.au/Get-Help/Facts---Information/Self-harm/Self-harm>>.

¹²¹ American Psychiatric Association, *Diagnostic and statistical manual of mental disorders*, 4th ed, Masson, Barcelona, 2003.

¹²² F Scanlan & R Purcell, *Mythbuster, Suicidal ideation, Asking young people about suicidal thoughts or behaviours will only put ideas into their heads*, Headspace, National Youth Mental Health Foundation Australia, 2009, p. 1.

¹²³ F Scanlan & R Purcell, *Mythbuster, Suicidal ideation, Asking young people about suicidal thoughts or behaviours will only put ideas into their heads*, Headspace, National Youth Mental Health Foundation Australia, Melbourne, 2009, p. 1.

**Figure 18: Recorded number of previous suicide attempts,
by the 36 young people**



Source: Ombudsman Western Australia

4.5.3 Experience of child maltreatment

Child maltreatment consists of any act of commission or omission by a parent or caregiver that results in harm, the potential for harm, or the threat of harm to a child (0-18 years of age), even if the harm is unintentional.¹²⁴ In the research literature child maltreatment is commonly divided into five main 'subgroups', including family and domestic violence, sexual abuse, physical abuse, neglect and emotional abuse. The Office examined four forms of child maltreatment: family and domestic violence, sexual abuse, physical abuse and neglect.¹²⁵

4.5.3.1 Family and domestic violence

Family and domestic violence refers to violence involving persons in a family and domestic relationship. A family and domestic relationship is defined by section 4(1) of the *Restraining Orders Act 1997* as being a relationship between two persons:

- (a) who are, or were, married to each other;
- (b) who are, or were, in a de facto relationship with each other;
- (c) who are, or were, related to each other;
- (d) one of whom is a child who —
 - (i) ordinarily resides, or resided, with the other person; or
 - (ii) regularly resides or stays, or resided or stayed, with the other person;
- (e) one of whom is, or was, a child of whom the other person is a guardian; or

¹²⁴Australian Institute of Family Studies, *Effects of child abuse and neglect for children and adolescents*, Australian Institute of Family Studies, Melbourne, 2010, viewed 25 February 2014, <<http://www.aifs.gov.au/cfca/pubs/factsheets/a146141/index.htm>>.

¹²⁵ Australian Institute of Family Studies, *What is child abuse and neglect?* Australian Institute of Family Studies, Melbourne, 2012, viewed 26 September 2013, <<http://www.aifs.gov.au/cfca/pubs/factsheets/a142091/>>.

- (f) who have, or had, an intimate personal relationship, or other personal relationship, with each other.

Section 4(2) of the *Restraining Orders Act 1997* defines 'other personal relationship' as a personal relationship of a domestic nature in which the lives of the persons are, or were, interrelated and the actions of one person affects, or affected the other person. Related, in relation to a person, means a person who:

- (a) is related to that person taking into consideration the cultural, social or religious backgrounds of the 2 persons; or
- (b) is related to the person's —
 - (i) spouse or former spouse; or
 - (ii) de facto partner or former de facto partner.

Section 6(1) of the *Restraining Orders Act 1997* defines acts of family and domestic violence as acts including: assaulting; kidnapping; damaging the person's property (including animals); behaving in an ongoing intimidating, offensive or emotionally abusive manner; pursuing a person with intent to intimidate; and threatening to commit any of the preceding acts.

A child or young person is exposed to family and domestic violence if they see or hear family and domestic violence or experience the effects of family and domestic violence.¹²⁶ In this report this is referred to as 'experiencing' family and domestic violence.

Sixteen (44 per cent) of the 36 young people were said to have experienced family and domestic violence. For comparison, the research literature indicates that an estimated four to 23 per cent of Australian children: witness family and domestic violence; are present while a parent or sibling is subjected to physical abuse, and/or sexual abuse, psychological maltreatment; or are exposed to the damage caused to persons or property by a family member's violent behaviour.¹²⁷

4.5.3.2 *Sexual abuse*

The Department for Child Protection and Family Support defines sexual abuse in relation to a child as including sexual behaviour in circumstances where:

- (a) The child is the subject of bribery, coercion, a threat, exploitation or violence; or
- (b) The child has less power than another person involved in the behaviour; or
- (c) There is a significant disparity in the developmental function or maturity of the child and another person involved in the behaviour.

Sexual abuse occurs when a child has been exposed or subjected to sexual behaviours that are exploitative and/or inappropriate to his/her age and developmental

¹²⁶ Legal Aid Western Australia, *Family violence and family law*, Perth, 2013, viewed 26 September 2013, <<http://www.legalaid.wa.gov.au/InformationAboutTheLaw/DomesticandOtherViolence/Pages/FamilyViolenceAndFamilyLaw.aspx>>.

¹²⁷ D Scott, *The prevalence of child abuse and neglect*, Australian Institute of Family Studies, Melbourne, 2013, viewed 26 September 2013, <<http://www.aifs.gov.au/cfca/pubs/factsheets/a144254/index.html>>.

level. Examples include sexual penetration, inappropriate touching, and exposure to sexual acts or pornographic materials.¹²⁸

Nine (25 per cent) of the 36 young people were recorded as having allegedly experienced sexual abuse.

4.5.3.3 *Physical abuse*

The Department for Child Protection and Family Support defines physical abuse as occurring 'when a child is severely and/or persistently hurt or injured by an adult or a child's caregiver that results in or has the potential to result in physical injury. It may also be the result of putting the child at risk of being injured.' Possible signs of physical abuse include:

- broken bones or unexplained bruises, burns, welts;
- the child is unable to explain an injury or the explanation is vague;
- dehydration or poisoning;
- the child is unusually frightened of a parent or caregiver;
- arms and legs are covered by clothing in warm weather;
- when parents delay getting medical assistance for their child's injury; and
- brain damage through shaking or hitting.¹²⁹

Eight (22 per cent) of the 36 young people were recorded as having allegedly experienced physical abuse.

4.5.3.4 *Neglect*

The Department for Child Protection and Family Support defines neglect as follows:

Neglect is when children do not receive adequate food or shelter, medical treatment, supervision, care or nurturance to such an extent that their development is damaged or they are injured. Neglect may be acute, episodic or chronic. Some examples are:

- Leaving a child alone without appropriate supervision;
- Not ensuring the child attends school, or not enrolling the child at school;
- Infection because of poor hygiene or lack of medication;
- Not giving a child affection or emotional support; [and]

¹²⁸ Government of Western Australia, Department for Child Protection and Family Support, *Fact Sheet 6 – Indicators of child sexual abuse*, DCPFS, Perth, 2008, viewed 26 September 2013, <http://mandatoryreporting.DCP.wa.gov.au/Resource%20Documents/MR_FS6_final_web.pdf>.

¹²⁹ Government of Western Australia, Department for Child Protection and Family Support, *Physical Abuse*, DCPFS, Perth, 2012, viewed 26 September 2013, <<http://www.DCP.wa.gov.au/ChildProtection/ChildAbuseAndNeglect/Pages/Physicalabuse.aspx>>.

- Not getting medical help when required.¹³⁰

Twelve (33 per cent) of the 36 young people were recorded as having allegedly experienced one or more of the elements of neglect listed in the Department for Child Protection and Family Support definition during their childhood.

4.5.4 Adverse family experiences

The research literature identifies that adverse family experiences increase the risk of attempted suicide among adolescents.¹³¹ These adverse family experiences are: living with other family members who engage in substance use; are mentally ill; or who have been imprisoned.

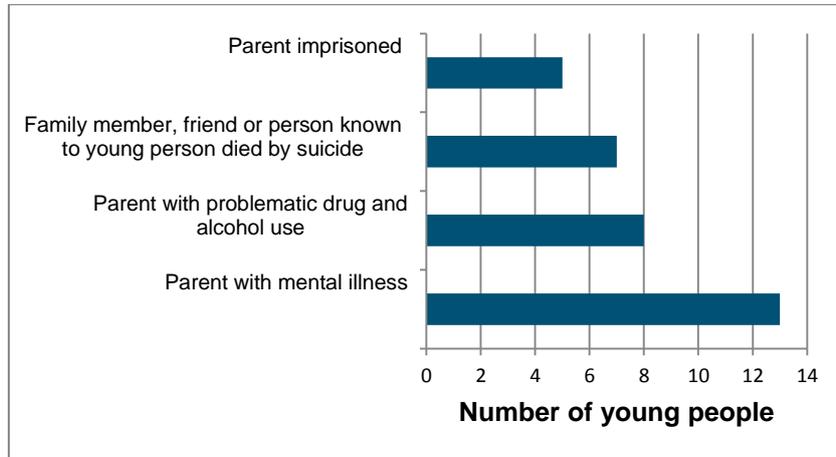
Among the 36 young people, the recorded frequency of adverse family experiences was:

- Thirteen (33 per cent) were recorded as having a parent who had been diagnosed with a mental illness;
- Eight (22 per cent) were recorded as having a parent with alleged problematic alcohol or other drug use;
- Five (14 per cent) were recorded as having a parent who had been imprisoned; and
- Three (eight per cent) were recorded as having a family member who died by suicide and four (11 per cent) had a friend who died by suicide or knew a person who had died by suicide (Figure 19).

¹³⁰ Government of Western Australia, Department for Child Protection and Family Support, *Child Neglect*, DCPFS, Perth, 2012, viewed 26 September 2013, <<http://www.dcp.wa.gov.au/ChildProtection/ChildAbuseAndNeglect/Pages/Childneglect.aspx>>.

¹³¹ S Dube, R Anda, V Felitti, D Chapman, D Williamson & W Giles, 'Childhood abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings from the Adverse Experiences Study', *Journal of the American Medical Association*, vol. 266, no.24, 2001, p. 3089; A Beautrais, 'Risk factors for suicide and attempted suicide among young people', *Australia and New Zealand Journal of Psychiatry*, vol. 34, no. 3, 2000, p. 174.

Figure 19: Recorded adverse family experiences, for the 36 young people

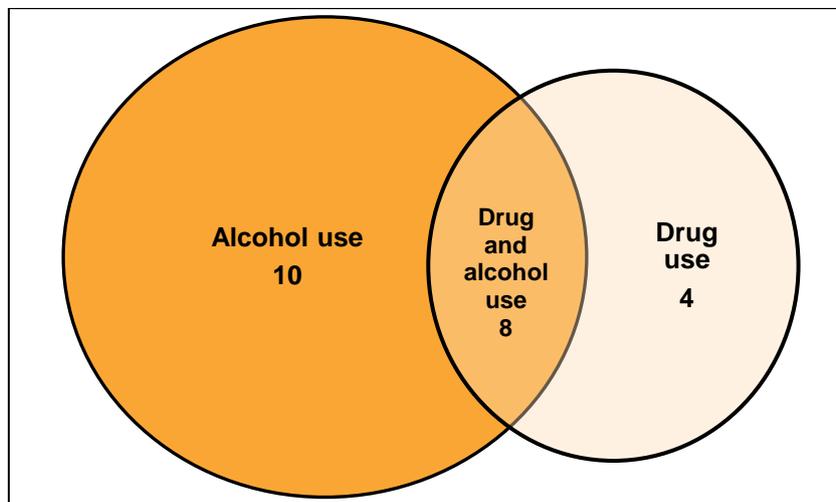


Source: Ombudsman Western Australia

4.5.5 Alcohol or other drug use

The records of State government departments and authorities reviewed during this investigation identified that 22 (61 per cent) of the 36 young people had consumed alcohol and/or other drugs at some point in their lives (Figure 20).

Figure 20: Recorded alcohol or other drug use, by the 36 young people



Source: Ombudsman Western Australia

4.5.6 Experience of a significant event

As discussed in Chapter 3, the research literature identifies that many people who attempt suicide experience a precipitating event. Examples of these include an argument or relationship breakdown with a family member or significant person, onset or recurrence of

a mental or physical health problem, an unexpected change in circumstances or a traumatic life event.¹³²

Twenty-four (67 per cent) of the 36 young people were recorded as having experienced one or more significant events in the 48 hours prior to their deaths (Figure 21).

Figure 21: Recorded significant events in the 48 hours prior to suicide, for the 36 young people



Source: Ombudsman Western Australia

4.5.7 Use of social media

Social media are electronic interactive communications facilitated by internet and mobile technologies. Among the 36 young people records indicate that: eight young people (22 per cent) used at least one form of social media in the 24 hours before their death; 13 did not; and for 15 no data is available. The eight young people used a social networking site or micro blog in the 24 hours before death. Three of these eight young people spoke of self-harm and an intention to commit suicide online.

In the 24 hours before death, records indicate that nine of the 36 young people (25 per cent) used their mobile phones, 17 did not and for 10 there is no data available.

¹³² J Mendoza & S Rosenberg, *Suicide and suicide prevention in Australia: Breaking the silence*, Lifeline Australia & Suicide Prevention Australia, Sydney, 2010, viewed 26 September 2013, <<http://sydney.edu.au/bmri/docs/Breaking-the-Silence.pdf>>.

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