Child Death Review
A TEAM DEDICATED TO PRESERVING THE LIVES AND SAFETY OF OUR CHILDREN

ANNUAL REPORT 2018
SANTA CLARA COUNTY CHILD DEATH REVIEW TEAM
Case Report for Calendar Year 2018

PREPARED BY:

Michelle A. Jorden, MD
Chair of the Child Death Review Team (CDRT) and Chief Medical Examiner and Neuropathologist for the Santa Clara County Medical Examiner-Coroner Office

Lynn Chamberlin, PHN
Child Death Review Team Coordinator, Maternal, Child and Adolescent Health Program

Mandeep Baath, MPH
Epidemiologist II, Public Health Department

Anandi Sujeer, MPH
Health Care Program Manager, Public Health Department

COVER DESIGN

The cover design is meant to reflect our commitment to support the diversity and well-being of children.

Michelle A. Jorden, MD
Chair, CDRT

ACKNOWLEDGEMENTS

We wish to acknowledge the dedication of all those who have contributed in the review of childhood deaths. The members’ continued commitment and expertise are valuable to the success of the Child Death Review Team.

We would like to thank the Medical Examiner-Coroner’s Office staff for their assistance prior to each CDRT meeting. Lastly, we would like to thank Dnyanada Kadav for contributing to the data analysis.

SANTA CLARA COUNTY BOARD OF SUPERVISORS
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SANTA CLARA COUNTY HEALTH OFFICER AND PUBLIC HEALTH DIRECTOR
Sara H. Cody, MD
“I do not believe the loss of a child is something one ever overcomes. One puts on the faces one needs, but inside, one bleeds and bleeds.”

Elizabeth Berg
## SANTA CLARA COUNTY
CHILD DEATH REVIEW TEAM

### COMMITTEE ROSTER 2018

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle A. Jorden, MD*</td>
<td>Chief Medical Examiner, Neuropathologist - Current Chair</td>
<td>SCC Medical Examiner/Coroner’s Office</td>
</tr>
<tr>
<td>Lynn Chamberlin, RN, PHN*</td>
<td>CDRT Coordinator</td>
<td>SCC Public Health Dept. MCAH Program</td>
</tr>
<tr>
<td>Martha Wapenski</td>
<td>Deputy County Executive</td>
<td>SCC Office of the County Executive</td>
</tr>
<tr>
<td>Rhoda Blankenship, RN</td>
<td>Maternal, Children, Adolescent Health (MCAH) Director</td>
<td>SCC Public Health Dept. MCAH Program</td>
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<tr>
<td>Marlene A. Sturm, MD</td>
<td>Medical Director</td>
<td>Santa Clara Valley Medical Center Center for Child Protection</td>
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<tr>
<td>John Sum, MD*</td>
<td>CCS Medical Director</td>
<td>SCC Public Health Department</td>
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<tr>
<td>Steve Baron</td>
<td>Retired</td>
<td>Director Family Court Services</td>
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<tr>
<td>Sumerle Davis*</td>
<td>Deputy District Attorney</td>
<td>SCC Office of the District Attorney</td>
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<td>Michel Amaral*</td>
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<td>Cindy Hendrickson</td>
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<tr>
<td>Christopher Duncan*</td>
<td>EMS Specialist</td>
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<td>Tracy Fleming*</td>
<td>Senior Mediator</td>
<td>Family Court Services</td>
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<td>Carmen Castillo</td>
<td>Medical Social Worker-III</td>
<td>Kaiser Permanente</td>
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<td>Sarah Scofield</td>
<td>Director</td>
<td>Family Court Services</td>
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<tr>
<td>Donna Conom, MD</td>
<td>Neonatologist-Retired</td>
<td>Private Practice-Santa Clara County</td>
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<tr>
<td>Margaret Ledesma*</td>
<td>Hospital Liaison for SCC MHD</td>
<td>RAIC Mental Health Clinic</td>
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<td>Lt. Ray Hernandez</td>
<td>Homicide and Sexual Assault Team</td>
<td>SCC Office of the District Attorney</td>
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<tr>
<td>Anne Marcotte, RN, MSN</td>
<td>Specialty Programs Nurse Coordinator</td>
<td>SCC EMS</td>
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<td>Sandy Knight*</td>
<td>Program Manager</td>
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<td>Tony Studebaker</td>
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<td>Carolyn Powell, JD*</td>
<td>Deputy District Attorney/ Homicide Team</td>
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<tr>
<td>Kelly Mason</td>
<td>RN</td>
<td>Valley Medical Center/Main Jail</td>
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<td>Kimberly Nielsen*</td>
<td>Director</td>
<td>California Superior Court, County of Santa Clara, Family Court Services</td>
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<tr>
<td>Mego Lien, MPH, MIA</td>
<td>Suicide Prevention Manager</td>
<td>Behavioral Health Services, SCC</td>
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<tr>
<td>Catherine Johnson*</td>
<td>Supervising Probation Officer</td>
<td>SCCO Probation Department</td>
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<tr>
<td>Natali Mendoza-Perez</td>
<td>Safe and Healthy School Specialist</td>
<td>Santa Clara County Office of Education</td>
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<tr>
<td>Dr. Ken Miller</td>
<td>EMS Medical Director</td>
<td>Santa Clara County EMS Agency</td>
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<tr>
<td>Mary Segura*</td>
<td>Program Manager</td>
<td>Community Care Licensing-Child Care</td>
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<tr>
<td>Nathan Thomas, LCSW</td>
<td>Clinical Social Work Supervisor</td>
<td>Legal Advocates for Children &amp; Youth</td>
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<tr>
<td>Saul Wasserman, MD</td>
<td>Child Psychiatrist</td>
<td>Private Practice-Santa Clara County</td>
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<tr>
<td>Jonathan Weinberg*</td>
<td>Social Services Program Manager III</td>
<td>SCC Dept. of Family &amp; Children’s Services</td>
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<tr>
<td>Jennifer Hubbs, LCSW*</td>
<td>Social Service Supervisor</td>
<td>SCC Dept. of Family &amp; Children’s Services</td>
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<tr>
<td>Melody Kinney, LCSW</td>
<td>Retired - previously Director, Medical Social Services</td>
<td>Good Samaritan Hospital</td>
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<tr>
<td>Nicole Steward, MSW, RYT</td>
<td>Community member, former member of Child Abuse Council</td>
<td>San Jose, CA</td>
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<tr>
<td>Lizette Estrada-Valencia</td>
<td>Survivor Advocacy Coordinator</td>
<td>YWCA Silicon Valley</td>
</tr>
<tr>
<td>Kiersten Wells</td>
<td>CPNP</td>
<td>LPCH/PICU – Stanford Medical Center</td>
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<tr>
<td>Theresa Bovey</td>
<td>MDT Coordinator</td>
<td>Santa Clara County Office of Education</td>
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<tr>
<td>Marilyn Cornier, MPA</td>
<td>CCS Administrator</td>
<td>SCC Public Health Department</td>
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<tr>
<td>Sonia Gutierrez, MPH*</td>
<td>Supervisor Health and Wellness</td>
<td>Santa Clara County Office of Education</td>
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<tr>
<td>Annie Liu</td>
<td>MFT</td>
<td>Child Abuse Prevention Council</td>
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<tr>
<td>Carol Marcroft*</td>
<td>Regional Manager</td>
<td>Community Care Licensing-Child Care</td>
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<tr>
<td>Lt. Paul Joseph*</td>
<td>Homicide</td>
<td>San Jose Police Department</td>
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<tr>
<td>Manny Valdivia</td>
<td></td>
<td>Office of the Sheriff, Santa Clara County</td>
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<tr>
<td>Rosa Vega</td>
<td>Chief Investigator</td>
<td>SCC Medical Examiner-Coroner Office</td>
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<tr>
<td>Sylvia Mata</td>
<td>Supervising Victim Advocate</td>
<td>SCC Office of the District Attorney</td>
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<tr>
<td>Guests*</td>
<td></td>
<td>Community, county agencies, rotating resident physicians from Valley Medical Center and Stanford University Medical Center</td>
</tr>
</tbody>
</table>

*Members who perform Records Checks
MISSION STATEMENT

It is the mission of the Santa Clara County Child Death Review Team (CDRT) to review and investigate the circumstances surrounding the deaths of children that occur in Santa Clara County. The review is conducted through a process of interagency collaboration and discussion. The objectives of this inquiry are to discover ways to improve children’s lives, and to prevent serious childhood injury and deaths in the future. The CDRT’s review is not intended to assess fault by a particular agency or childcare professional.

“Our children can be our greatest teachers if we are humble enough to receive their lessons.”

Bryan McGill

BACKGROUND

In 1988, California enacted legislation that allowed the development of interagency child death review teams intended to assist local agencies in identifying and reviewing suspicious child deaths and facilitating communication involved in the investigation of such cases.

The Santa Clara County Child Death Review Team is a multidisciplinary, collaborative body of professionals guided by agreed upon goals and objectives. Its primary purpose is to provide professional review of unexpected child deaths (birth up to teenagers under the age of 18) reported to the Medical Examiner/Coroner’s Office. Due to the sensitivity of the material discussed, confidentiality is maintained pursuant to Penal Code Section 11167.5 and reinforced with a signed confidentiality agreement which is signed by every new member as well as any guests attending the meeting. Case material is prepared for each member prior to the meeting and given to each member in the form of a packet at the start of the meeting. To preserve confidentiality of sensitive case material, the packets are secured and accounted for by the CDRT coordinator at the end of each monthly meeting. A sign in and sign out sheet is presented at the start and end of each meeting to further track the packets to prevent the potential for inadvertent dissemination.

Legislation enacted in 1997 required the State Department of Social Services to collect data related to the investigations conducted in child deaths. This data, provided by child death review teams and child protective agencies, is maintained in order to identify deaths occurring in high risk family situations and aid in future identification of children at risk as a preventative measure. Since that time, Santa Clara County Social Services Agency has been reporting data related to cases reviewed.

Actions taken by the Team are intended to prevent child deaths through identification of emerging trends, safety problems and increased public awareness of risks to children in our community. The purpose of the team is to provide prompt, planned, coordinated multidisciplinary response to child fatality reports, and review programs and interventions and compare county data with statistics at the state and national level. Our team continues to strategize educational forums collaboratively within the team and with major stakeholders in the county to help educate the community in making more informed choices regarding the health and safety of our children in Santa Clara County.

1Refer to end of this report for “Deaths Reportable to the Medical Examiner-Coroner”.

EXECUTIVE SUMMARY

TEAM MEMBERSHIP

The Santa Clara County Child Death Review Team (CDRT) reviews selected child deaths, specifically deaths reported to the Medical Examiner-Coroner Office, to determine ways to prevent future injuries and deaths, improve responses to the needs of our children, and improve interagency collaboration.

The CDRT is multidisciplinary and composed of representatives from:

- Santa Clara County Department of Public Health
- Medical Examiner’s Office
- Child abuse experts
- District Attorney’s Office and Legal Advocates for Children and Youth
- Law Enforcement (several jurisdictions)
- Valley Medical Center-Pediatrics Department
- California Children’s Services
- Social Services Agency, Department of Family and Children’s Services
- Child Psychiatry and Neonatology
- Mental Health Department
- Family Court Services
- DADS/Children Family & Community Services
- Juvenile Probation Department
- Faith Community
- Santa Clara County Office of Education
- Good Samaritan Hospital Social Work Department
- Santa Clara County EMS Agency

Our team is comprised of dedicated members who volunteer their time each month discussing the death of children in our county. Their dedication and resilience to discuss these cases and make a difference cannot be over emphasized. Every month, the CDRT meetings are well attended and nearly full to capacity. During the COVID-19 pandemic, meetings are conducted via a virtual format.

The Medical Examiner-Coroner prepares a PowerPoint presentation of all the child deaths for each month and each case is presented in detail to allow for questions and discussion among the members with the Medical Examiner prior to the record checks (see below) and state classification.

CASE SELECTION

We review the circumstances of the deaths of children (birth up to teenagers under the age of 18) investigated by the Santa Clara County Medical Examiner/Coroner’s Office. In certain cases, the Medical Examiner has the discretion of accepting the cause and manner of death proposed by the reporting source and as such, would receive no further investigation or review by the CDRT. An example would be the death of a premature baby in an NICU who died from complications of prematurity or a child dying from a long history of battling leukemia. Natural medical deaths may be brought before the team if the case falls under the jurisdiction of the Medical Examiner (e.g. sudden unexpected child death) and when deemed a Medical Examiner case, the Medical Examiner-Coroner Office performs an investigation.

This report only includes cases reviewed by the CDRT who residents of Santa Clara County were. The CDRT reviewed approximately 24.8% of the deaths of all children during the 2018 period.

Dr. Michelle Jorden continues to review all pediatric death certificates for ages 0-17 years issued in Santa Clara County, regardless of whether the death falls under the jurisdiction of the medical examiner, to ensure an element of child abuse or neglect has not contributed to the death.

Prior to each meeting, selected CDRT members collect record check information for each child’s death. Each member researches their own agency’s files for additional information on the child and his/her family. All information is then brought to the monthly CDRT meeting for disclosure, compilation, discussion, review and classification. At the conclusion of the review, each case is classified for the state providing meaningful statistics which can be tracked at the county or state levels. The team reviews cumulative data annually and creates reports for public review. Case review does not conclude until the Medical Examiner finalizes the report of autopsy.

In 2018, 28 child deaths met criteria for review by the Child Death Review Team.

2 Refer to end of this report for “Classifications of Death.”
KEY FINDINGS

SLEEPING

Sudden infant death syndrome (SIDS) continues to be rare in Santa Clara County. The majority of sudden unexpected infant deaths are still attributed to an unsafe sleep environment to include overlay and accidental suffocation.

Of the 13 infant deaths (age <1-year-old/ <12 months old) occurring in 2018 that were reviewed, 6 infant deaths were directly due to either unsafe sleep practice (overlay, etc.) or in an unsafe sleep environment. Although in one (1) case, an unsafe sleep environment existed, the infant had a history of respiratory issues. This number does not include stillborn deaths. In one case, a fetus, approximately 24-25 weeks gestation, was delivered in the setting of chorioamnionitis and maternal recreational drug abuse but did not survive.

A safe sleeping environment for an infant is to be routinely placed on his or her back in a crib or bassinette. There should be a firm mattress, no toys or stuffed animals, and the clothing should be light to avoid overheating. Bed sharing with an adult puts the child at risk and is not recommended. As of October 2011, bed sharing is defined as an adult sleeping on the same sleeping surface as the infant, whereas co-sleeping is defined as the adult and baby sleeping in the same room and not necessarily sharing the same sleeping surface. The term overlay encompasses situations in which parents/caretakers roll on top of the baby but also encompasses any adult body part (e.g. arm, leg) that may contact the infant in such a way as to prevent effective breathing. This tragedy is entirely preventable by using the bassinet or crib for the child’s first year. By placing the bassinette next to the bed, breastfeeding can occur without the mother rising from bed. She should be encouraged to return the infant to the bassinet on his or her back after feeding. The team also encourages safe sleep teaching to all those in the immediate household to include the mother’s partner, grandparents, aunts, uncles and caregivers/babysitters. Also available are the cribs which can attach to the adult bed to ensure the baby has his/her own sleep surface. With further investigation into these deaths and interviewing the parents, sleep deprivation of the parent/caregiver may pose a risk for parents being unaware that they have rolled onto the baby while asleep.

Unsafe sleep environment means the infant died alone on an adult bed, couch, or pillow. The babies either rolled and became wedged between the bed and wall or rolled to a prone position (face down) with the face pressed into the couch or bed pillows.

The team continues to recommend and to participate in efforts to increase the public’s awareness of the dangers of placing a child to sleep on any surface other than a crib or bassinette. The back to sleep approach is enforced by the team. Further, bed sharing should be explicitly discouraged. This advice should be disseminated by health educators at pre and postnatal visits, pediatric office visits, daycare provider educational programs, childcare/babysitter training in middle and high school and all parent training programs.

The team as well as the Medical Examiner continue to approach the sudden and unexpected death of an infant in this county as Sudden Unexpected Infant Death (SUID) instead of SIDS given the above data emerging from the MEC Office and data which is being collaborated by other Medical Examiner Offices in the country.

SUICIDES

Sadly, our county continues to review those adolescents who take their own lives.

Four (4) youths died by suicide in 2018. Three (3) cases involved ligature hanging. One (1) case involved carbon monoxide toxicity. In two (2) cases, trans gender issues were identified based on the scene investigation and review of the case. The team recognized the need for more discussion and support systems for our LGBTQ youth community. As of this writing, the team has included a representative from the Office of LGBTQ Affairs allowing for a more insightful and robust discussion on the issues and support systems available for LGBTQ youth.

Youths express feelings of despair, suicidal ideations and notes using the social media platform. The team recognizes the need for community resources to aid in identifying signs and symptoms of depression, suicidal ideations and suicide acts.

Our review as a team is not inherently designed to determine the complex motivations of the individuals who complete suicide but instead to understand and identify stressors in the case review. In some cases, a note and/or interviews with friends and family indicate common themes of feelings of worthlessness, despair after a failed romance, and personal crisis leading to impulsive acts. Yet in many other cases, our review did not reveal the motivation of the suicide.
HOMICIDE BY A PARENT/RELATIVE

In the 2018 reporting period, one (1) infant was murdered by a family member. The infant died of abusive head trauma in the setting of other acute and remote injuries.

One (1) case involved a toddler who died of head injuries in the setting of a fall downstairs and a probable second head injury. This case was classified by the team as undetermined.

HOMICIDE BY A NON-RELATIVE

No children died of homicide by a non-relative in the 2018 reporting cycle.

ACCIDENTAL DEATHS

Five (5) cases were classified as accidental by the Medical Examiner and CDRT in the 2018 reporting period. These cases are in addition to those cases classified as accidental suffocation for unsafe sleep. Two (2) accidental deaths involved motor vehicle fatalities in which speeding resulted in the driver losing control of the vehicle. Deaths occurred in a 17-year-old male and 16-year-old female who died of multiple injuries because of the accident. In one (1) case, the driver was under the influence of alcohol and marijuana. These deaths were further classified by the team as high-risk adolescent behavior.

One (1) case involved an 18-month-old who was struck and run over when the motor vehicle was backing out of the driveway and was not seen by the driver. This case serves as a reminder for the need to constantly monitor children and their whereabouts.

One (1) case involved a 12-year-old who was walking alongside railroad tracks at night with head-phones and a cell phone when a train traveling at 70-80 miles per hour struck the decedent. It was concluded based on the circumstances of the death and review of the case that the preteen did not see or hear the train approach when he was fatally struck. Teenagers should be reminded on the importance of eliminating distractions especially when walking or riding bicycles in areas outside of bike lanes, walkways and crosswalks.

One (1) case involved an 11-year-old with cerebral palsy who at the age of 13-months-old swallowed a push pin and developed hypoxic-ischemic brain damage (lack of oxygen) and died of complications following the choking episode.
These numbers do not encompass two (2) other children who died in San Benito County but autopsied in Santa Clara County. These cases involve an infant and 3-year-old who along with their mother died in a mobile home fire. These cases are not reviewed by the Santa Clara County Child Death Review Team because record checks do not cross county lines, and thus referred to the respective CDRT in the originating County for complete analysis and classification.

DROWNING

We reviewed the drowning deaths of four (4) children in the 2018 period. The deaths occurred in an infant, 19-month-old, 2-year-old and 6-year-old.

The drowning of the infant occurred when he was placed in a bathtub by his 3-year-old sister for play time and then she left him alone in the tub unattended where he drowned. The 19-month-old was found drowned under the cover of a swimming pool after an older caretaker lost track of the child. A 2-year-old drowned when the parent took off the life jacket thinking the child was done swimming and then reentered the home leaving the child unsupervised for a short amount of time. The 2-year-old was subsequently found drowned in the spa next to the pool. A 6-year-old drowned after being dropped off at a pool party by her parents. She could not swim and was found on the bottom of the pool although multiple adults and children were in attendance. The 2 and 6-year-old deaths were classified as neglect and involved lack of parental/caregiver supervision.

The current cases and cases in prior years underscore the necessity to supervise a child around water at all times no matter how familiar the surroundings or circumstances.

The team continues to emphasize the following messages:

1. Children should never be left unattended for any amount of time, even a few minutes.
   - PARENTS: Make sure your children are supervised at all times when around water!

2. Children can drown even in a bucket of water.

3. The majority of drowning cases were observed in the <1 year-2-year age range.

4. In this study, brain damage can occur in as little as 5 minutes.

5. Regardless of age, race, or gender of the child, small children remain extremely vulnerable around water, when not being watched carefully by their caregivers. Having fences, locks, and the knowledge of how to act around bodies of water can help to prevent a child from drowning. Pool safety measures HAVE TO BE IN PLACE at all times and need to be working.

The CDRT continues to emphasize the need for all homes to have a child-safe fence/barrier with a self-latching gate around the full perimeter of all private home pools. In addition, this team promotes the importance of constant parental/caregiver supervision of babies and children in and around water.

Our Emergency Medical Services (EMS) providers assist the CDRT with safe pool messaging in the early spring months.

NATURAL DEATHS

In 2018, five (5) children died of natural causes. In four (4) cases, the cause of death was of an infectious etiology and included myocarditis. One (1) case involved a sudden unexpected death of probable cardiac origin.

CHILD ABUSE COUNCIL (CAC)

In 2013, the CDRT agreed to closer collaboration with the Child Abuse Council so both entities can work together more cohesively addressing child abuse and neglect issues in Santa Clara County.

Each month, time is dedicated under the business item category at the start of the meeting for CAC business. A designated CDRT member who is also a member of the Child Abuse Council verbally discusses main agenda items discussed at the prior CAC meeting.
SAFE SLEEPING

Safe sleep is as easy as ABC:

A = ALONE
B = BACK
C = CRIB OR BASSINET

The best sleeping position for an infant is alone, on his/her back in a crib or bassinet. In the first year of an infant’s life, all parents and caregivers should ensure that the infant’s sleeping environment is made as safe as possible. If parents want to be in close proximity to their infant room-sharing may be indicated with emphasis that the baby is placed in his or her own crib/bassinet, but not bed-sharing. Infants should be placed on their back on a firm mattress in a crib or bassinette and covered with a light sheet to the chest with the remainder of the blanket dangling at the sides and foot of the crib tucked under the mattress. No pillows, comforters or stuffed animals or toys should be in the crib. Infants should not be placed on an adult bed, couch or pillow to sleep, neither alone nor with another person or pet. These recommendations are in accordance with recommendations by the Center for Disease Control and Prevention (CDC) and the American Academy of Pediatrics. We recommend that parents ensure that other caregivers of their children follow the guidelines as well.

We recommend these infant safe sleeping practices be discussed at any forum that includes childcare instruction, including middle and high school health classes, prenatal classes and daycare centers. We strongly discourage the improper use of nursing pillows (such as Boppy pillows™) being used as pillows to place an infant to sleep. We strongly encourage parents to actively read warning labels on products acquired for a new baby. We specifically recommend that health care providers ask about the sleeping environment at each infant health care visit.

Based on observations made by the various experts on the team, the team also recommends babies not be placed on their stomachs for sleep until they can fully roll over (front to back AND back to front) to further reduce the risk of possible suffocation or compromising position obstructing the airway within soft bedding.

SUICIDES

Suicide is a profound and preventable tragedy no matter what the age of the victim or method used. For teens, we encourage educational programs to help peers and adults identify the youth at risk for suicide or who are suicidal. We continue to encourage parents to become more engaged in youth activities particularly monitoring the Internet as well as text messages through a cell phone and social media. The Internet proves to be a resource to individuals, youth and adults alike, of obtaining means to commit the act. We also encourage parents to talk to their children about bullying. By establishing this interaction with their teenagers/children earlier, parents will be educated more about the subtle messages as they relate to bullying. In addition, we would also encourage the active involvement of schools as it relates to this growing problem. We work with Stanford/the HEARD Alliance to support schools in implementing the K-12 Toolkit for Mental Health Promotion and Suicide Prevention: http://heardalliance.org/help-toolkit.
DRUG USE

The drug abuse death observed in this county in 2010 allowed the CDRT as well as other county agencies to become more educated on a drug initially thought as “harmless”. With the increase in the manufacture of designer drugs and the relative ease of acquiring these drugs, the CDRT will continue to monitor drug trends of children/teenagers as they relate to death.

Fortunately for this reporting cycle, no child died as a result of a drug overdose.

The CDRT is also monitoring marijuana use in the youth.

Resources for parents and guardians provided by the Santa Clara County Office of Education include:

- https://tupe.sccoe.org/resources/Pages/default.aspx
- https://www.parentsagainstvaping.org
- https://www.becomeanex.org/helping-a-child-quit-vaping/

Resources for Parents and Guardians:

- E-Cig Parent Talk Sheet English/Spanish: https://e-cigarettes.surgeongeneral.gov/
- CATCH Health At Home: https://www.catch.org/pages/health-at-home#educator

GOALS FOR 2019-2020

Topic of unsafe sleep:
Continued education on this topic is encouraged.

Topic of suicide:
The Medical Examiner-Coroner’s Office works collaboratively with the Suicide Prevention Task Force in Santa Clara County and provides data to the team for continued research and identification of potential risk factors.

Topic of drowning deaths:
The team will continue to work with Emergency Medical Services and other partners on annual messaging about drowning prevention. We will share this information with other counties.

Team logistics:
The team will review business items such as the By-Laws for potential revisions.
STATISTICS

TABLE 1
CHILD DEATHS REVIEWED BY THE CHILD DEATH REVIEW TEAM COMPARED TO ALL SANTA CLARA COUNTY CHILD DEATHS, 2018

<table>
<thead>
<tr>
<th>YEAR</th>
<th>CHILD DEATHS REVIEWED</th>
<th>SANTA CLARA COUNTY TOTAL CHILD DEATHS*</th>
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<tr>
<td>2018</td>
<td>28</td>
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<td>TOTAL</td>
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Source: Santa Clara County Child Death Review, 2018; Santa Clara County Death Statistical Master File 2018
* Only includes deaths to residents of Santa Clara County

TABLE 2
DEMOGRAPHICS OF CHILD DEATHS REVIEWED BY THE CHILD DEATH REVIEW TEAM

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<tr>
<td>MALE</td>
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Source: Santa Clara County Child Death Review, 2018

TABLE 3
CHILD DEATHS, CDRT CLASSIFICATION, 2018

<table>
<thead>
<tr>
<th>MANNER AND CAUSE OF DEATH</th>
<th>2018</th>
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<tbody>
<tr>
<td>A. HOMICIDE</td>
<td></td>
</tr>
<tr>
<td>1. By parent</td>
<td>1</td>
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<tr>
<td>2. Third party or caretaker</td>
<td>0</td>
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<tr>
<td>B. ABUSE RELATED</td>
<td>0</td>
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<tr>
<td>1. By parent or caretaker</td>
<td>4</td>
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<tr>
<td>2. Third party neglect</td>
<td>0</td>
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<tr>
<td>C. NEGLECT</td>
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<tr>
<td>1. By parent or caretaker</td>
<td>4</td>
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<tr>
<td>2. Third party neglect</td>
<td>0</td>
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<tr>
<td>D. NON-MALTREATMENT</td>
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<tr>
<td>1. Natural (non-SIDS)</td>
<td>4</td>
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<tr>
<td>2. Sudden Unexpected Infant Death (SUID)</td>
<td>1</td>
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<tr>
<td>3. Inadequate Caretaking - Bed sharing</td>
<td>1</td>
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<td>4. Inadequate Caretaking - Unsafe sleep surface</td>
<td>5</td>
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<tr>
<td>5. Inadequate Caretaking - Failure to protect child (please see classification of death)</td>
<td>1</td>
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<tr>
<td>6. Accident</td>
<td>2</td>
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<tr>
<td>7. Suicide</td>
<td>4</td>
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<tr>
<td>8. Adolescent High-Risk Behavior</td>
<td>3</td>
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<tr>
<td>E. Undetermined</td>
<td>2</td>
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</tbody>
</table>

Source: Santa Clara County Child Death Review, 2018
### TABLE 4
CHILD DEATHS RESULTING FROM INJURIES, 2018

<table>
<thead>
<tr>
<th>MODE OF INJURY</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicle and other transport</td>
<td>3</td>
</tr>
<tr>
<td>Drowning</td>
<td>4</td>
</tr>
<tr>
<td>Hanging</td>
<td>3</td>
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<tr>
<td>Weapon, including body part</td>
<td>0</td>
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<tr>
<td>Fire, toxic exposure, burn, or electricution</td>
<td>1</td>
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<tr>
<td>Other</td>
<td>17</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>28</strong></td>
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</tbody>
</table>

Source: Santa Clara County Child Death Review, 2018
DEATHS REPORTABLE TO THE MEDICAL EXAMINER-CORONER

1. Known or suspected homicide.
2. Known or suspected suicide.
3. Accident: Whether the primary cause or only contributory, whether the injury occurred immediately or at some remote time.
4. Injury: Whether the primary cause or only contributory, whether the injury occurred immediately or at some remote time.
5. Grounds to suspect that the death occurred in any degree from a criminal act of another.
6. No physician in attendance. (No history of medical attendance)
7. Wherein a physician has not attended the deceased in the 20 days prior to death.
8. Wherein a physician is unable to state the cause of death (must be genuinely unable and not merely unwilling).
10. All deaths due to occupational disease or injury.
11. All deaths in operating rooms.
12. All deaths where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room, or elsewhere.
13. All solitary deaths (unattended by a physician, family member, or any other responsible person in period preceding death).
14. All deaths in which the patient is comatose throughout the period of a physician’s attendance, whether in home or hospital.
15. All death of unidentified persons.
16. All deaths where the suspected cause of death is Sudden Infant Death Syndrome (SIDS).
17. All deaths in prisons, jails, or of persons under the control of law enforcement agency.
18. All deaths of patients in state mental hospitals.
19. All deaths where there is no known next of kin.
20. All deaths caused by a known or suspected contagious disease constituting a public health hazard, including AIDS.
21. All deaths due to acute alcoholism or drug addiction.
REPORTABLE DEATHS

REPORTABLE DEATH

PLEASE CALL THE
COUNTY OF SANTA CLARA
MEDICAL EXAMINER-CORONER OFFICE
408-793-1900

MEDICAL EXAMINER-CORONER OFFICE
COUNTY OF SANTA CLARA, CALIFORNIA
MICHELLE A. JORDEN, MD
850 THORNTON WAY
SAN JOSE, CA 95128

HOMICIDE
UNEXPECTED BABY/CHILD DEATH
IN-CUSTODY DEATH/LAW ENFORCEMENT INVOLVMENT
ALL DEATHS WITHIN 24 HOURS OF ADMISSION
BURNS OR FIRE RELATED
DEATH RELATED TO HOT OR COLD WEATHER EXPOSURE
ACUTE ALCOHOL OR ANY DRUG INTOXICATION
ABUSE OR NEGLECT RELATED
SUICIDE
FALL, ACCIDENT, OR TRAUMA-RELATED (RECENT OR DELAYED COMPLICATION)
POISONING/CARBON MONOXIDE
ELECTROCUTION
UNIDENTIFIED DECEDEDENT
FETAL DEATHS WITH +DRUG OR TRAUMA ACCIDENT
DECEDEDENT HAS NO PRIMARY CARE PHYSICIAN
CHOKING ON FOOD BOLUS
NEXT OF KIN CANNOT BE LOCATED
CONTAGIOUS DISEASE/MASS CASUALTY
MOTOR VEHICLE ACCIDENT
DROWNING

INTRAOPERATIVE DEATH OR WITHIN 24 HOURS
OCCUPATIONAL INJURY OR DISEASE
A. Homicide: Death ruled a homicide, either by the Medical Examiner’s report or criminal investigation.
   1. Abuse by Parent/Caretaker
   2. Third Party
   3. High Risk Behavior
      (e.g. gang affiliation participant; resulting from verbal and/or physical altercation).

B. Abuse Related: Death related to previously documented abuse (e.g. death occurs several years following brain damage due to abuse; suicide in a previously abused child).

C. Neglect Related: Death clearly due to neglect, supported by the Medical Examiner’s report or criminal investigation.
   1. Neglect by Parent/Caretaker
      a. Failure to protect child from safety hazards by parent or caregiver according to recognized community standards (e.g. substance abuse that may have caused the parent/caretaker to use impaired judgment, substance abuse of parent leading to overlay, child drowning in family pool no gate in place etc.)
      b. Failure to provide for basic needs (i.e., medical neglect)
   2. Third Party Neglect
      (not a parent or caregiver)

D. Non-Maltreatment:
   1. Natural Medical Death
      (e.g. viral infection, pneumonia, etc.)
   2. Sudden Infant Death Syndrome
   3. Inadequate Caretaking Skills
      Death related to poor caretaking skills and/or lack of judgment includes actions that contributed to the child’s death but do not rise to the severity of neglect.
      a. Bed sharing leading to possible overlay without evidence of substance abuse by co-sleeper
      b. Provision of unsafe sleep environment: placing infant to sleep prone, inappropriate bedding (pillow, heavy covers, couch, adult bed etc.)
      c. Failure to protect child from other safety hazards not universally recognized by the local community
   4. Accident/Unintentional Injury
      An unintentional death due to injury that had no elements of neglect and where reasonable precautions were taken to prevent it from occurring. This would also include unintentional accidental medical mishaps (operating room deaths)
   5. Suicide
      a. Current or history of child abuse or neglect
      b. Bullying
      c. Loss of significant other (loss of boyfriend/girlfriend, family member etc.
      d. History of clinical mental illness. Confirmation required.
   6. Adolescent High-Risk Behaviors
      (Behavior of the Decedent with no direct parental/caregiver contribution of neglect or abuse).
      a. Firearm related
      b. Substance use/abuse
      c. Transportation fatalities
### Table 6
Santa Clara County Demographics, 2018

<table>
<thead>
<tr>
<th>ALL AGES</th>
<th>2018</th>
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<tbody>
<tr>
<td>MALE</td>
<td>982,419</td>
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<tr>
<td>FEMALE</td>
<td>955,151</td>
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<td>TOTAL</td>
<td>1,937,570</td>
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<table>
<thead>
<tr>
<th>CHILDREN 0-17 YEARS OF AGE</th>
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<tbody>
<tr>
<td>MALE</td>
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<tr>
<td>FEMALE</td>
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<tr>
<td>TOTAL</td>
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<table>
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<th>BIRTHS</th>
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<td>TOTAL</td>
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#### E. Undetermined

1. **Suspicious or Questionable Factors**
   No findings or abuse or neglect but other factors exist such as: previous unaccounted for deaths in the same family: history of prior abuse or neglect of a child.

2. **SUID**
   Used for the undetermined deaths in which multiple factors are at play (e.g. unsafe sleeping practice plus consideration of prematurity).

**FOR ALL CASES:** Using the CDC Definition of Child Maltreatment, i.e. “Any act or series of acts of commission or omission by a parent or other caregiver (e.g., clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child,” did this child’s death result from Child Maltreatment? Yes  No
Family Behaviors that Increase Your LGBTQ Child’s Risk for Serious Health & Mental Health Problems

Research from the Family Acceptance Project® shows that more than 50 family rejecting behaviors contribute to serious health risks for lesbian, gay, bisexual, transgender and queer (LGBTQ) youth. These include depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs).

Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities.

Most parents and families that engage in these behaviors do so out of care and concern - to help their LGBTQ / gender diverse child fit in, have a good life and to protect them from harm. Help families understand that these and other rejecting behaviors are harmful.

**BEHAVIORS THAT HURT…**

| Prevent your child from having an LGBTQ friend | Don’t talk about your child’s LGBTQ identity | Blame your child when others mistreat them because of their LGBTQ identity / gender expression | Try to change your child’s LGBTQ identity or gender expression | Exclude your LGBTQ child from family events & activities |
| Tell your LGBTQ child that you’re ashamed of them | Pressure your child to be more (or less) masculine or feminine | Don’t use the name or pronoun that matches your child’s gender identity | Don’t let your child participate in LGBTQ support groups or services | Let others speak badly about LGBTQ / gender diverse people in front of your child |
| Tell your child that being LGBTQ is “just a phase” | Take your child to a therapist or religious leader to try to change their LGBTQ identity | Hit, slap or physically hurt your child because they are LGBTQ / gender diverse | Tell your child that God will punish them because of their sexual orientation or gender identity | Don’t let your child wear clothes or hairstyles that express their gender identity |
| Use religion to reject your child’s sexual orientation, gender identity and expression | Make your child pray or attend religious services to change or prevent their LGBTQ identity | Call your child negative names because they are LGBTQ / gender diverse | Make your child leave home because they are LGBTQ |
| Tell your child to “tone down” how they look, dress or behave | Use or LOW Family Rejecting Behaviors | No or LOW Family Rejecting Behaviors | MORE or Moderate Levels of Family Rejecting Behaviors | HIGH Levels of Family Rejecting Behaviors |

For more information about acceptance and rejection and your LGBTQ child’s risk & well-being - Family Acceptance Project®: https://familyproject.sfsu.edu

Biden Foundation’s Family and Community Acceptance Campaign: https://bidenfoundation.org/pillars/equality/asyouare

©2018, Caitlin Ryan, PhD
Family Behaviors that Increase Your LGBTQ Child’s Health & Well-Being

Research from the Family Acceptance Project® found more than 50 family accepting behaviors that help protect your lesbian, gay, bisexual, transgender and queer-identified (LGBTQ) child against health risks like depression, suicide and illegal drug use and help to increase your LGBTQ child’s self-esteem, health and well-being. A little change makes a difference in decreasing your child’s isolation and risk and giving them hope that their family will be there for them.

Family support saves lives!

**BEHAVIORS THAT HELP ...**

<table>
<thead>
<tr>
<th>Tell your LGBTQ / gender diverse child that you love them</th>
<th>Support your child's gender expression</th>
<th>Talk with your child or foster child about their LGBTQ identity and listen respectfully – even when you feel uncomfortable or think that being gay or transgender is wrong</th>
<th>Require other family members to treat your child with respect</th>
<th>Show affection when your child tells you or when you learn that your child is LGBTQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask your child if – and how - you can help them tell other people about their LGBTQ identity</td>
<td>Welcome your child’s LGBTQ friends to your home</td>
<td>Bring your child to LGBTQ groups and events</td>
<td>Get accurate information to educate yourself about your child’s sexual orientation, gender identity and expression</td>
<td></td>
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<tr>
<td>Find a congregation that welcomes your LGBTQ / gender diverse child and family</td>
<td>Participate in family support groups and activities for families with LGBTQ and gender diverse children to get support for yourself and your family and guidance for supporting your LGBTQ child</td>
<td>Use your child’s chosen name and the pronoun that matches their gender identity</td>
<td>Tell your LGBTQ / gender diverse child that you’re proud of them</td>
<td></td>
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<tr>
<td>Tell your LGBTQ / gender diverse child that you will be there for them – even if you don’t fully understand</td>
<td>Connect your child with LGBTQ / gender diverse adult role models</td>
<td>Express enthusiasm for your child having an LGBTQ / gender diverse partner when they’re ready to date</td>
<td>Stand up for your child when others mistreat them because of their LGBTQ identity or gender expression – at home, at school, in your congregation and in the community</td>
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<tr>
<td>Welcome your child’s LGBTQ partner to family events and activities</td>
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<td>Speak openly about your child’s LGBTQ identity</td>
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The Q Corner | Behavioral Health Services Department
Offers peer services to support LGBTQ+ community members and allies to access resources and referrals, community building activities, support and mentoring, and training opportunities
(408) 977-8800 | theqcorner@hhs.sccgov.org
www.sccbhsd.org/theQcorner

Gender Health Center | Valley Health Center Downtown
Offers medical care, referral coordination, mental/emotional health care, and social work support for transgender, gender-non-binary, and gender expansive people
(408) 977-4550
www.scvmc.org/genderhealth

Office of LGBTQ Affairs | Office of the County Executive
Supports LGBTQ communities to thrive and Providers to be LGBTQ inclusive through policies, trainings/consultations, coalition building, program development and funding, resource navigation, and more
(408) 678-2900 | lgbtq@ceo.sccgov.org
www.sccgov.org/lgbtq

LGBTQ Social Worker | Dept. of Family & Children Services
Provides support, advocacy, education, and resources related to LGBTQ youth involved in the child welfare system
(408) 501-6889 | lgbtq@ssa.sccgov.org
Tips for Being LGBTQ+ Inclusive

Identify Yourself as an Advocate
- Create a welcoming space
  - Post rainbow signs, wear pronoun pins, offer inclusive resources
- Be mindful of gendered spaces – provide access to all-gender/gender-neutral spaces whenever possible (including restrooms!)
- Respect confidentiality and privileged information

Use Affirming and Expanded Language
- Ask for and use correct names and pronouns with everyone
  - Make sure to check the chart; is there a “goes by” name?
- Use gender neutral language and pronouns whenever possible
  - “Hey everyone!” or “They are here for their appointment.”
  - Don’t assume someone’s pronouns based on appearance or name
- Respect the diversity of relationships and family configurations

Practice Cultural Humility and Educate Yourself
- Know the terms and concepts, and practice talking about them
  - Sexual Orientation, Sexual Behavior, Gender Identity, Gender Expression, and Sex Assigned at Birth are all distinct
  - Identities can evolve, and folks may share more information as rapport builds over time
- Stay up to date on news and events that impact the LGBTQ+ community
- Continue your own training and education:
  www.sccbhsd.org/lgbtq
Wellbeing & Suicide Prevention Resources for the LGBTQ+ Community

Get Services

The Q Corner
Offers peer services to support LGBTQ+ community members and allies to access resources, referrals, social and community building activities, mentoring, and training.
(408) 977-8800, TheQCorner@hhs.sccgov.org
sccbhsd.org/theQCorner
1075 E. Santa Clara Street, San Jose
Serves: All ages

LGBTQ Wellness
Supports the mental health of LGBTQ community members and allies by providing outreach, education and advocacy services.
(408) 841-4300
452 S. 1st Street, San Jose
lgbtwell.org
Serves: Adults

The LGBTQ Youth Space
A community drop-in center and mental health program for LGBTQ+ and ally youth and young adults who live in Santa Clara County.
(408) 343-7940
452 S. 1st Street, San Jose
youthspace.org
Serves: Ages 13-25

Bill Wilson Center LGBTQ Connections
Provides a safe drop in space, support groups, and services to connect to housing, education, and mental health resources.
(408) 925-0233
693 S. 2nd Street, San Jose
billwilsoncenter.org/services/all/lgbtq-outreach.html
Serves: Ages 18-25

Outlet, Adolescent Counseling Services
Outlet empowers LGBTQ+ youth through support services, leadership training, community education and advocacy.
(650) 424-0852 x107
590 W. El Camino Real, Mountain View
acs-teens.org/what-we-do/outlet/
Serves: Ages 13-18

Billy DeFrank LGBTQ+ Community Center
Provides community, leadership, advocacy, services and support to the Silicon Valley’s LGBTQ People and their Allies.
(408) 293-3040
938 The Alameda, San Jose
defrankcenter.org
Serves: Adults

Avenidas LGBTQ Seniors Initiative
New programs and services in the areas of Socialization and Health Education/Cultural Competency through strategic partnerships with LGBTQ organizations.
(650) 289-5417, tkingery@avenidas.org
avenidas.org/programs/lgbtq-seniors-initiative/
Serves: Older adults

Social Services Agency: Department of Family and Children’s Services
LGBTQ Social Worker who provides support, advocacy, education, and resources related to LGBTQ youth involved in the child welfare system.
(408) 501-6889, lgbtq@ssa.sccgov.org
Serves: Students and families

Sexual and Gender Identities Clinic – The Gronowski Center
Affordable and affirming psychological services for individuals who identify as LGBTQ as well as those questioning their sexual orientation or gender identity.
(650) 961-9300
5150 El Camino Real, Building C, Suite 15, Los Altos
paloaltou.edu/gronowski-center/sexual-gender-identities-clinic
Serves: Youth and adults

Talk to Someone

Crisis Text Line
Crisis Text Line is free, 24/7 support for those in crisis. Text from anywhere in the US to access a trained Crisis Counselor.
Text LGBTQ to 741741
Serves: Youth & Adults

SAGE National LGBT Elder Hotline
The SAGE LGBT Elder Hotline is available 24 hours a day, 7 days a week, in English and Spanish, with translation in 180 languages.
(877) 360-LGBT (5428)
Serves: Older Adults
Wellbeing & Suicide Prevention Resources for the LGBTQ+ Community

**The Trevor Project**
The only accredited, nationwide, 24/7 crisis and suicide prevention helpline for LGBTQ youth.
TrevorLifeline: (866) 488-7386
TrevorText: Text START to 678-678
TrevorChat: thetrevorproject.org/get-help-now/
Chat forums: Trevorspace.org
Serves: Youth under 25 and their friends and allies

**Gender Affirming Resources**

**Trans Lifeline**
Our peer support hotline is run by and for trans people. Volunteers may be available during off hours.
(877) 565-8860, 7 days a week, 7am-1am
Serves: Transgender Youth & Adults

**VHC Downtown Gender Health Center**
Offers medical care, medical referrals, mental-emotional support, and social work services for transgender, nonbinary, and gender expansive people of all ages.
(408) 977-4550
777 E. Santa Clara Street, San Jose
www.scvmc.org/genderhealth
Serves: All ages

**Valley Homeless Healthcare Program – Gender Clinic**
A safe space and walk-in clinic for transgender, nonbinary, and gender diverse people experience homelessness in Santa Clara County.
(408) 272-6050
2101 Alexian Drive, Suite D, San Jose
Serves: All ages

**TransFamilies of Silicon Valley**
A community of families with transgender and gender-creative children, offering an active online support group, monthly playgroups and peer-led support meetings for parents/caregivers with teens and young adults.
transfamiliessv@gmail.com
transfamiliesca.org
Serves: Families

**Callen-Lorde Safer Binding and Tucking Brochures**
Learn the do's and don'ts of binding and tucking in this helpful brochure series.
callen-lorde.org/transhealth
Serves: Transgender youth and adults

**LGBTQ+ Friendly Shelter**

**Life Moves-New Haven Inn**
A referral-only inclusive shelter in downtown San Jose with focused support for individuals who identify as LGBTQ+.
(650) 533-9299
lifemoves.org/directory/new-haven-inn/
Serves: Homeless Adults

**Get More Information**

**LGBTQ Resources**
Access a list of resources compiled by Santa Clara County’s Behavioral Health Services.
scbhsd.org/lgbtq

**Office of LGBTQ Affairs**
Provides leadership and support for the well-being and longevity of LGBTQ communities in Santa Clara County through coordinated, integrated approaches.
scgov.org/lgbtq

**LGBT National Help Center**
Serving the LGBTQ+ community by providing free and confidential peer-support and local resources.
LBGTHotline.org

**Santa Clara County Office of Education LGBTQ+ Resources**
Resources and Information for LGBTQ+ students and their families, including the LGBTQ+ Information and Resource Guide and OUT for Safe Schools Campaign.
sccoe.org/safe-and-healthy/LGBTQ/Pages/default.aspx

**National Resource Center on LGBT Aging**
The country's first resource center providing training, technical assistance and educational resources to providers, LGBT organizations and LGBT older adults.
gbtagingcenter.org

**Family Acceptance Project (FAP)**
The Family Acceptance Project teaches evidence-based approaches and strategies to increase family support for culturally diverse LGBTQ+ children and youth.
familyproject.sfsu.edu/

**PFLAG**
PFLAG provides support, information, and resources for LGBTQ+ people, their parents and families, and allies.
pflagsanjose.org
Supportive Families, Healthy Children

Helping Families with Lesbian, Gay, Bisexual & Transgender Children

SAN FRANCISCO STATE UNIVERSITY
“You have to start with the family.

Now we know how harmful it is for gay kids not to be accepted, not to be loved, and to be victimized. The more we talk about it, and the more people embrace their gay children and form families where they are accepted and loved—and not discriminated—they will thrive, the kids will thrive.”

LEONORA, MOTHER OF A LESBIAN DAUGHTER, WITH 2 GRANDCHILDREN
Supportive Families, Healthy Children

Helping Families with Lesbian, Gay, Bisexual & Transgender Children

BY
Caitlin Ryan, PhD, ACSW
Director, Family Acceptance Project™
San Francisco State University

Funded by
The California Endowment
2009
The Family Acceptance Project™ is developing a new family model to increase family support, decrease risk and promote the well-being of LGBT children and youth, based on our research. We are developing a series of written and visual materials for families, caregivers and providers. This booklet offers basic information to help parents and caregivers support their LGBT children, to reduce their risk for depression, suicide, substance abuse and HIV infection and to promote their well-being. It is available in English, Spanish and Chinese.

For additional information, visit our webpage at http://familyproject.sfsu.edu or write to us at fap@sfsu.edu

Funded by the California Endowment

We are grateful to our funder and to the many LGBT adolescents, families and young adults who shared their lives with us to help other families learn how to support their LGBT children.

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Citation:
Introduction

Families love their children and want the best for them. They want to protect their children and keep them from harm, and from anyone who might hurt their child or adolescent.

When parents hold their newborn infant, few of them think their child might be gay or transgender. In fact, many parents dream of special times in their child’s future, especially of their wedding and when their children become parents themselves – with heterosexual partners.

But many young people and adults are not heterosexual. Research shows that between 2-7% of adults are lesbian, gay or bisexual (LGB). Studies also show that young people – both gay and heterosexual – first become aware of being sexually attracted to another person at around age 10. As more information has become available about homosexuality, it has been easier for many children and adolescents to realize that they are gay at younger ages.

In our study of lesbian, gay, bisexual and transgender (LGBT) adolescents and families, we found that the average age that youth realized they were gay was a little over age 13. Many of them knew they were gay at even younger ages – such as age 7 or 9. And some of them told their parents or other family members.

But many of them didn’t tell anyone because by then most had learned that being gay was shameful and wrong from family, friends and other people in their community. They learned that gay people were called names, could be discriminated against and hurt by others, and they could embarrass and shame their families. So from an early age, many gay children and adolescents learn how to hide their deepest feelings from people they love.

Support Your Child’s LGBT Identity Even When You Feel Uncomfortable

“When we hold our baby in the nursery for the first time, no one tells us that our baby might be gay. By the time we know who our children are, we may have hurt them in many ways.

No one teaches us how to help and protect our gay or transgender children. We may think we can help by trying to change them – but we need to love them for who they are.”

—Erica, mother of a 14-year-old transgender youth
The parents and family members in our study – parents, grandparents, aunts and uncles, older brothers and sisters, guardians and foster parents — like you – told us that all parents and families should learn about our study. They want other parents and caregivers to learn about our research to help their gay and transgender children from early childhood – long before they realize that their child might be gay or transgender. What those parents and family members realized – and what our research has shown – is that families need to create a nurturing and supportive environment long before they know who their children will become.

What This Booklet Can Tell You

This booklet was written for families like yours to help strengthen families and foster families with gay and transgender children and adolescents. And to help you provide support and to decrease your gay or transgender child’s risk for serious health and mental health problems in adulthood. The information in this booklet comes from research we did with families with LGBT adolescents and young adults.

This research is new and is just starting to be published in medical journals. This kind of study has never been done before. So information on how family acceptance and rejection affects a gay child’s well-being has not been available before now.

We studied LGBT adolescents and their families who were accepting, unsure or conflicted and rejecting of their child’s gay or transgender identity. Our research identified more than 100 behaviors that families and caregivers use to respond to their child’s gay or transgender identity. This includes behaviors such as telling your child he or she can’t come to a family event because they are gay or lesbian, or welcoming your child’s gay or transgender friends to your home.

Talk with Your Child

“Darnell came up to me and said, ‘Mommy, I like boys.’ At first I didn’t pay much attention. I wasn’t sure what he meant. A couple of weeks later, he said it again: ‘I like boys. You know, like you like Daddy.’ I said ‘Darnell, we’re going to read Scripture.’ So I picked up the Bible and read him a passage.

I did that every time he tried to talk with me, and then I realized that his eyes were just looking off. He didn’t understand what I was saying, but he knew I wasn’t listening. So then I asked him to talk with me and tell me what he felt. I was really afraid of what he was saying, but he is my little boy. And I love him.”

—Keisha, mother of a 7-year-old son
Then we studied how each of these behaviors that families use to react to their child’s gay or transgender identity affects the young person’s risk for health and mental health concerns. We studied how each of these family behaviors affects a gay or transgender young person’s risk for depression, suicide, substance abuse, HIV and STDs. And we studied how these family behaviors affect their self-esteem, sense of the future, life satisfaction and social support.

Now we can show families how to support gay and transgender children. We can also tell parents and caregivers which behaviors can increase your child’s risk for suicide, drug abuse and HIV. We can show you how to increase your gay or transgender child’s self-esteem. This will help your child have a positive sense of the future and become a successful, happy and productive adult.

We wrote this guide for families like yours to give you the basic information you need to help support your gay or transgender child. We will also develop more resources for families and providers. These will help decrease your gay or transgender child’s risk for health problems and help promote their well-being.
What Our Research Shows: How Parents’ Reactions Affect Their LGBT Children

Our research shows that families, parents, foster parents, caregivers and guardians can have a very dramatic impact on their LGBT children. We found that family acceptance promotes well-being and helps protect LGBT young people against risk. And family rejection has a serious impact on a gay or transgender young person’s risk for health and mental health problems.

Family Rejection

Many parents believe that the best way to help their gay or transgender children thrive as adults is to help them try to fit in with their heterosexual peers. This may mean trying to change their child’s sexual orientation or gender identity. It also often means preventing them from learning about homosexuality or from finding gay or transgender resources to help them develop a positive sense of the future as a gay or transgender adult.

Because parents see these behaviors as loving or caring for their gay children, they are often surprised and shocked to learn that their gay children experience these behaviors as rejection or abuse. Young people feel that by rejecting their gay or transgender identity – a very core part of who they are as a person – their parents are rejecting all of who they are. Instead, these very different ideas about how best to help their gay children lead to family conflict and increase the adolescent’s distress and loss of hope. Parents think they are helping their children survive in a world they feel will never accept them by trying to prevent them from learning about or from being gay. But adolescents feel as if their parents don’t love them, are ashamed of them or even hate them.

Many gay and transgender youth feel like they have to hide who they are to avoid being rejected, thrown out of their home, or hurting their parents and other family members – who believe that homosexuality is wrong and even sinful. But hiding has a cost. It undermines a gay or transgender adolescent’s self-esteem and sense of self-worth.

Being valued by their parents and family helps children learn to value and care about themselves. But hearing that they are bad or sinful sends a deep message that they are not a good person. This affects their ability to
love themselves and care for themselves. And it increases risky behaviors, including risk for HIV, substance abuse and other negative behaviors. It also affects their ability to plan for the future. Youth who are rejected may do poorly in school. And they are much less likely to want to have a family or to be parents themselves.

**Family Rejection Affects Health & Mental Health**

Our research shows that gay and transgender youth who were rejected by their families because of their identity had much lower self-esteem. They had fewer people they could turn to for help. And they were more isolated than youth who were accepted by their families.

Gay and transgender teens who were highly rejected by their parents and caregivers were at very high risk for health and mental health problems when they become young adults (ages 21-25). Highly rejected young people were:

- More than 8 times as likely to have attempted suicide
- Nearly 6 times as likely to report high levels of depression
- More than 3 times as likely to use illegal drugs, and
- More than 3 times as likely to be at high risk for HIV and sexually transmitted diseases

compared with gay and transgender young adults who were not at all or only rejected a little by their parents and caregivers – because of their gay or transgender identity.
Gay and transgender young adults who were highly rejected by their parents and caregivers had poorer health than other gay or transgender young people who were not rejected by their families. They had more problems with drug use. They felt more hopeless. And they were much less likely to protect themselves from HIV or sexually transmitted diseases. This puts them at higher risk for getting HIV and AIDS.

For parents and caregivers, a little change – being a little less rejecting and a little more accepting – can make an important difference in reducing a young person’s risk for serious health problems, including suicide and HIV.
As with risk for suicide, gay and transgender young people with high levels of family rejection were more than 3 times as likely to use illegal drugs compared with young people from families with little or no rejection. Their use of illegal drugs is cut in half when families are moderately rejecting.

**Illegal Drug Use**

<table>
<thead>
<tr>
<th>Level of Family Rejection</th>
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<tbody>
<tr>
<td><strong>LOW</strong> rejection</td>
</tr>
<tr>
<td><strong>MODERATE</strong> rejection</td>
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<tr>
<td><strong>HIGH</strong> rejection</td>
</tr>
</tbody>
</table>

LGBT young people from highly rejecting families are more than 3 times as likely to be at high risk for HIV and for sexually transmitted diseases than young people from families that were not rejecting. Their risk is cut in half when families are moderately rejecting.

**Risk for HIV Infection**

<table>
<thead>
<tr>
<th>Level of Family Rejection</th>
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</thead>
<tbody>
<tr>
<td><strong>LOW</strong> rejection</td>
</tr>
<tr>
<td><strong>MODERATE</strong> rejection</td>
</tr>
<tr>
<td><strong>HIGH</strong> rejection</td>
</tr>
</tbody>
</table>
**Family Responses to Learning How Their Behavior Affects Their Child’s Risk**

We found that families from all ethnic groups were shocked to learn that reactions they thought would help or would protect their children from being gay or transgender – instead put their children at very high risk for health and mental health problems.

These behaviors – such as trying to change their children’s identity or trying to keep them away from gay friends to protect them – instead, isolated their children and made them feel alone and unwanted. Many youth who are rejected actually feel like their parents and family members hate them.

Parents may react with anger, fear, sadness or disgust when they learn that their child is gay or transgender. Some parents or family members may call their children names or get into physical fights with them. Others may prevent their children from attending support groups for gay and transgender youth, or from learning about their gay or transgender identity. Or parents and foster parents may prevent them from attending family events because how the gay or transgender youth looks or behaves is shameful and embarrassing to them.

Our research identified many behaviors that parents and caregivers use to reject their child’s gay or transgender identity. We found that some of these rejecting behaviors – such as blocking access to gay friends and resources or preventing a gay youth from attending family events – were just as harmful as physically beating a gay or transgender child.

Instead, these behaviors that parents and caregivers may use to try to protect their children from harm put them at very high risk for suicide, depression and other health problems.

A list of harmful behaviors that increase your gay or transgender

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**Some Family Behaviors that Increase Your LGBT Child’s Risk for Health & Mental Health Problems**

**Behaviors to Avoid**

- Hitting, slapping or physically hurting your child because of their LGBT identity
- Verbal harassment or name-calling because of your child’s LGBT identity
- Excluding LGBT youth from family and family activities
- Blocking access to LGBT friends, events & resources
- Blaming your child when they are discriminated against because of their LGBT identity
- Pressuring your child to be more (or less) masculine or feminine
- Telling your child that God will punish them because they are gay
- Telling your child that you are ashamed of them or that how they look or act will shame the family
- Making your child keep their LGBT identity a secret in the family and not letting them talk about it

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child's risk for health and mental health problems in adulthood is included in the box on page 8. These behaviors should always be avoided.

Uncertainty and Concern

Many parents feel conflicted when they learn that their child is gay. They are unsure how to react. They may feel disappointed, concerned and don't know how to help their gay or transgender child. They may respond cautiously since they don't want to encourage their child's gay or transgender identity, but they also don't want to push their child away.

Parents often fear that others may try to hurt their gay or transgender children. And fear motivates many parents to react negatively to their child's LGBT identity – to try to protect their children. Fear motivates many parents, foster parents and caregivers to try to discourage or change their child's gay or transgender identity.

The most important way that parents, families and foster families can help their gay or transgender children is to support that child. This helps their LGBT child develop a deep sense of self-worth and self-esteem. For many families, this may not seem possible – at first. But building a child's inner strength by helping them learn to value themselves can help your gay or transgender child deal with discrimination and rejection from others. How you react to your gay or transgender children has a deep and lasting impact on their lives. It affects your relationship with your child and your family. And our research shows that your reactions affect your child's health and well-being.

Our research has identified many ways to express support that can help your gay or transgender child and show them that you love them, even if

Some Family Behaviors that Reduce Your LGBT Child's Risk for Health & Mental Health Problems & Help Promote Their Well-Being

Behaviors that Help

- Talk with your child or foster child about their LGBT identity
- Express affection when your child tells you or when you learn that your child is gay or transgender
- Support your child's LGBT identity even though you may feel uncomfortable
- Advocate for your child when he or she is mistreated because of their LGBT identity
- Require that other family members respect your LGBT child
- Bring your child to LGBT organizations or events
- Talk with clergy and help your faith community to support LGBT people
- Connect your child with an LGBT adult role model to show them options for the future
- Welcome your child's LGBT friends & partners to your home
- Support your child's gender expression
- Believe your child can have a happy future as an LGBT adult

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you disagree with their being gay or transgender. We tell parents and caregivers to be honest about their feelings, because children know how their parents really feel. If you are conflicted about having a gay or transgender child, be honest with your child about your feelings and concerns. And be sure to tell your child that you love them.

Knowing that you love your child will reassure them that you won’t reject them, and though you may feel disappointed or upset, you will not throw them out of the home or abandon them. This will also help you create the space to communicate and to talk with your child about things that are difficult or shameful. Talking with your child and sharing your feelings and experiences will help you and your child – and your family – stay connected with each other and grow together as a family.

**Family Acceptance Helps Protect Against Risky Behaviors**

In our study, we spoke with many parents and caregivers who openly accepted their gay or transgender children. From the very beginning, when they first learned that their children were gay or transgender, these parents and foster parents reacted with affection. They told their children they loved them, and showed their care in many other ways. For example, they expressed support by advocating for their LGBT children when they were discriminated against, or by welcoming their child’s gay or transgender friends into their home. Or they asked their child to talk about being gay or transgender in a way that felt supportive to their child.

A list of supportive behaviors that decrease your LGBT child’s risk for health and mental health problems in adulthood and promote their well-being is included in the box on page 9.

We found that young adults whose parents and foster parents supported their gay or transgender identity had better overall health, and mental health. They had higher self-esteem and were much less likely to be depressed, to use illegal drugs, or to think about or try to kill themselves.
“We tell parents and caregivers to be honest about their feelings, because children know how their parents really feel...

And **be sure** to tell your child that you love them.”
We also found that when gay and transgender youth were accepted by their families, they were much more likely to believe they would have a good life and would be a happy, productive adult. In families that were not at all accepting of their adolescent’s gay or transgender identity, only about 1 in 3 young people thought they would have a good life as a gay adult. But in families that were extremely accepting, almost all LGBT young people thought they would have a good life.

**Youth Believe They Can Be A Happy LGBT Adult**

<table>
<thead>
<tr>
<th>Level of Family Acceptance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTREMELY accepting</td>
<td>92%</td>
</tr>
<tr>
<td>VERY accepting</td>
<td>77%</td>
</tr>
<tr>
<td>A LITTLE accepting</td>
<td>59%</td>
</tr>
<tr>
<td>NOT AT ALL accepting</td>
<td>35%</td>
</tr>
</tbody>
</table>

Gay and transgender young people who are accepted and not rejected by their families are much more likely to want to have a family themselves. They have much closer relationships with their families. And they are much more satisfied with their lives than LGBT people who are not accepted by their families.

**Youth Want to Become a Parent**

<table>
<thead>
<tr>
<th>Level of Family Acceptance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTREMELY accepting</td>
<td>69%</td>
</tr>
<tr>
<td>VERY accepting</td>
<td>50%</td>
</tr>
<tr>
<td>A LITTLE accepting</td>
<td>35%</td>
</tr>
<tr>
<td>NOT AT ALL accepting</td>
<td>10%</td>
</tr>
</tbody>
</table>
Helping Yourself and Your LGBT Child

We know that many families may find it very hard to think about accepting a gay or transgender child because these issues make them feel very uncomfortable or may go against their beliefs. So instead, think about trying to support your child, trying to keep your family from fracturing, and strengthening family bonds.

We know you love your child and want the best for them. We know you would protect your child from anyone who might try to hurt them. Our research shows that specific behaviors – such as preventing your child from having a gay friend or from getting accurate information about their LGBT identity – are harmful for them and put them at high risk for suicide and other serious health problems. At the same time, we found that behaviors such as finding a positive role model for your gay or transgender child or talking openly with them about their LGBT identity are ways of supporting them.

Start by finding time to talk with them. Ask your child to tell you about their experiences and what they are feeling. Ask them how you can support them and what they need from you to help them. Don’t interrupt – just listen.

Find a support group for yourself to talk with other parents and family members with gay and transgender children and adolescents. We include national resources at the back of this booklet and we have left space for you to write down other resources in your community.

Learning about your child’s sexual orientation and gender identity will help you understand and help them. We have learned from many families about their journey to understand their gay and transgender children. Information and education are always the first step.

Advocate for Your LGBT Child

“One day Jose came home from school with bruises all over his face and arms. I asked him what happened and he didn’t want to tell me. But I found out that some boys had beaten him up and threatened him. They called him ugly names and he said he hated school. But I could tell he was afraid to go back there.

I said, “You go in tomorrow and tell your teacher what happened, and I’m going to talk to the principal’. I went in to the principal, Jose spoke to his teacher and I made sure they took care of the situation right there. He’s not a fighter and I needed to show him how to stand up for himself. I wouldn’t always be around to stand up for him. And I didn’t want him to be afraid.”

—Jorge, foster parent of a 12-year-old gay son
Resources from the Family Acceptance Project

We have listed basic information in this booklet about some family reactions that can hurt your gay or transgender child as well as others that can help your child. This information is based on our research with LGBT young people and their families. We are developing other publications and materials. And we are also developing a new family approach to help families increase support for their gay and transgender children. We will share these resources on our webpage (http://familyproject.sfsu.edu) and with community and national organizations. And we will share them with groups in other countries, as we develop them.

We encourage you to visit our webpage and to use our materials. Let us know how we can improve them and make them more useful for you and your family. Share our materials with your family physician and with your child’s health and mental health providers, school counselors and teachers.
Resources for Families

Resources for families with LGBT family members are different for each community. Here are a few resources to help you get started to find information and support to help yourself and your LGBT child.

**Family Acceptance Project™**

The Family Acceptance Project™ develops research-based educational materials, assessment tools and resources, and provides services to help ethnically and religiously diverse families support their LGBT and gender variant children. FAP is developing a new family service model to help families decrease their LGBT children’s risk and promote their well-being that will be disseminated to communities throughout the U.S. and to groups in other countries.

http://familyproject.sfsu.edu

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**Require Respect in the Family for Your LGBT Child**

“My brother was coming over for a holiday dinner with our families. Before he came, I told him, ‘You have always been welcome in our home. But if you come, I don’t want you to speak badly about gay people in front of our daughter. She is the same wonderful niece that you always loved before you found out she was gay. And we want you to respect her.’

—Ed, father of an 18-year-old lesbian daughter

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**Gender Spectrum Education & Training**

Gender Spectrum Education & Training provides information and support for parents and families and an annual conference for families with gender-variant and transgender children. They also provide training on gender identity and expression for schools and providers for helping gender non-conforming and transgender children and youth.

www.genderspectrum.org

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**PFLAG**

PFLAG (Parents, Families and Friends of Lesbians & Gays) is a national organization with state and local chapters that provide education, information, and support for parents and families with LGBT family members, and referrals to LGBT community resources and services.

www.pflag.org

(202) 467-8180
What Does LGBT Mean?

Sexual Orientation

Sexual orientation is a core part of a person’s identity that is believed to be developed by adolescence. It includes patterns of sexual and emotional attraction and connection with:

- persons of the opposite sex (heterosexual)
- same sex (homosexual), and
- both sexes (bisexual).

Homosexuality and bisexuality are part of normal sexual identity. Homosexual and bisexual people have lived throughout history. The words that people use to describe their homosexual identity are different in many cultures and languages. Many people who are attracted to people of the same-sex may call themselves “gay.” Women who are attracted to other women may call themselves “lesbian.” Just like heterosexuals, people can know they are lesbian, gay or bisexual without ever being sexually active with another person.

No one knows what causes homosexuality. But sexual diversity is believed to be related to genetics and human development. No one, including parents, can make a child “gay.” Many people know they are gay from a very early age. But many children hide their gay identity because they have learned that homosexuality is shameful or wrong and they are afraid of rejection.

Research shows that young people first start to feel sexual attraction or have their first “crush” on another person, on average at about age 10. This age is the same for young people who are heterosexual and those who are gay. Many parents assume that children know they are heterosexual from early childhood. But parents assume — wrongly — that their children have to be adults before they know they are gay. In research from many studies, many young people said they knew they were gay in childhood, before they became adolescents. And today most young people “come out” or identify as lesbian, gay or bisexual during adolescence.
Gender Identity and Transgender Children & Youth

Everyone also has a gender identity – a deep sense of being male or female – that is very clear by age 3. Researchers are learning that gender identity is very personal and diverse.

Some children feel very deeply that their inner sense of being male or female (their “gender identity”) is not the same as their physical body. These children often tell their parents and others that they believe their gender identity does not match their physical body. Some children do not feel like they are male or female and some feel like they are both male and female.

People who identify as transgender feel like their gender identity is different than the gender that people saw when they were born. Children who feel this way may identify as transgender once they learn about other people who feel like they do.

Children learn how girls and boys in their ethnic group and culture are expected to behave from others, especially from their families. Children and adolescents who do not look or behave the way that girls and boys are expected to behave by their families and by society are often ridiculed by others. Their behavior may be called gender variant or gender non-conforming.

Both transgender and gender variant children are at risk for physical abuse and violence, and parents often fear that these children will be hurt by others. Parents, families and caregivers can have a very important impact on promoting these children’s well-being. This includes helping them learn positive coping skills and how to deal with ridicule and discrimination from others.

Transgender and gender non-conforming children who are supported by their families have higher self-esteem, a more positive sense of the future and are at lower risk for health and mental health problems as young adults. They also have greater life satisfaction and well-being than those who lack family support or who are rejected by their families.
About the Family Acceptance Project™

The Family Acceptance Project™ (FAP) is a community research, intervention, education and policy initiative that studies the impact of family acceptance and rejection on the health, mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) young people. Results are being used to help ethnically and religiously diverse families provide support for their LGBT children; to improve their health and mental health; to strengthen families, help maintain LGBT youth in their homes and reunify families; and to develop a new model of family care to decrease risk and promote the well-being of LGBT children and youth in the context of their families and caregivers. FAP is affiliated with San Francisco State University.

FUNDED BY THE CALIFORNIA ENDOWMENT

Family Acceptance Project™
San Francisco State University
http://familyproject.sfsu.edu
fap@sfsu.edu
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**County of Santa Clara Behavioral Health Services**

**Technology-Aided Suicide Prevention**

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**Mobile Apps**

**MY3**
Designed for individuals who may experience suicidal crises to help them avert crises and practice self-care, as well as reach out for help.
*Available on iTunes & Google Play*

**Circle of 6**
Two taps lets your circle know where you are and how they can help. Circle of 6 app makes it quick and easy to reach the people you choose.
*Available on iTunes & Google Play*

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**Online Text and Chat**

**Crisis Text Line**
Text message for free, 24/7 crisis support. Text **RENEW** to **741741**

**Lifeline Crisis Chat**
A national suicide prevention and crisis chat.
[www.crisischat.org](http://www.crisischat.org)

**7 Cups of Tea**
Provides online chat and therapy.
[www.7cups.com](http://www.7cups.com)

**The Trevor Project**
Provides crisis intervention and suicide prevention for LGBTQ youth.
If you’re thinking about suicide:
Call **Trevor Lifeline** at **1-866-488-7386** or Text **TREVOR** to **1-202-304-1200**

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**County Suicide and Crisis Hotline 24/7**
**1-855-278-4204**
[www.sccbhsd.org/suicideprevention](http://www.sccbhsd.org/suicideprevention)
#chatsafe

A young person’s guide for communicating safely online about suicide
Acknowledgements

Orygen’s #chatsafe Project is supported by funding from the Australian Government, under the National Suicide Prevention Leadership and Support Program.

Orygen was first established on the lands of the Wurundjeri people of the Kulin Nation. We pay our respect to Elders past, present and emerging and to Aboriginal and Torres Strait Islander peoples throughout Australia.

The authors thank our project partners: The University of Melbourne, Everymind and Facebook.

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We acknowledge young people, as well as their friends and families, who have lived experience of suicide; including those who have attempted suicide and those bereaved by suicide. We remember friends we have lost by suicide and recognise the suffering that suicide brings when it touches our lives and community.

We recognise the communities of young people who are at increased risk of suicide, including Aboriginal and Torres Strait Islander young people, indigenous young people internationally, LGBTQIA+ young people, those people in rural and remote areas, and those suffering from mental illness or social disadvantage across the globe.

The voices of young people are vital in our suicide prevention work and we join them in hope for the future.
What are you looking for?

I want to help... I want to know about memorial pages

Myself Someone else

What do you want to do? Do you think they are currently at risk of suicide?

Post or comment online Share my thoughts safely No, but I want to talk about suicide with them I think so. I want to be able to talk to them about it

Section 1 Section 2 Section 3 Section 4
Before you post anything online about suicide Sharing your own thoughts, feelings or experience with suicidal behaviour online Communicating about someone you know who is affected by suicidal thoughts, feelings or behaviour Responding to someone who may be suicidal

Memorial websites, pages and closed groups to honour the deceased
Background

Many countries, including Australia\(^1\), have developed media guidelines for safe reporting of suicide. These guidelines target media professionals and have been largely focused on traditional forms of news and print media, rather than the internet and social media. However, young people increasingly use social media platforms to discuss suicide in a number of ways. Strategies focused on involvement of professionals and on traditional forms of media are therefore less likely to be helpful for young people.

To date, there is a lack of evidence about safe and helpful online peer-to-peer communication about suicide, and there is little guidance available to help young people safely discuss suicide online. The aim of this project was to develop a set of evidence-informed guidelines that could help young people to communicate safely online about suicide.

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How the guidelines were developed:

The Delphi Consensus Method.

The #chatsafe guidelines were developed using the Delphi consensus methodology, that draws on expert opinions to identify best practice when evidence is lacking, and has been used in the development of guidelines for other mental health topics².

Our Delphi study consisted of two parts. The first was a systematic search of peer-reviewed and grey literature (e.g., websites and reports), in order to identify specific actions that young people could take when communicating online about suicide. These action statements were then entered into a questionnaire and their importance for inclusion in the guidelines was rated by two expert panels. The first panel included young people identified through Orygen’s youth networks. The second panel consisted of suicide prevention experts, and media and communications professionals.

The role of the panel members was to rate each item according to how important they considered it to be for inclusion in the guidelines, across two rounds of questionnaires. Items that were endorsed as ‘essential’ or ‘important’, by at least 80% of both panels, were included in the final guidelines.

The #chatsafe guidelines provide tools and tips for young people to help them communicate safely online about suicide.

These guidelines consist of the following sections:

1. Before you post anything online about suicide;
2. Sharing your own thoughts, feelings or experience with suicidal behaviour online;
3. Communicating about someone you know who is affected by suicidal thoughts, feelings or behaviours;
4. Responding to someone who may be suicidal;
5. Memorial websites, pages and closed groups to honour the deceased.
Glossary of terms

**Clickbait:** content designed to encourage users to click on a link to a specific page or website.

**Comment:** refers to the process that allows users to respond or give feedback to a post.

**Communicating about suicide:** refers to any time that you are sharing, exchanging, or engaging with information, news or ideas about suicide. This includes creating your own posts; sharing someone else’s post; sharing images, websites or links that might involve suicide content; or responding to someone who might be experiencing suicidal thoughts, feelings or behaviour.

**Copycat suicide:** occurs when exposure to suicide influences suicidal behaviour in another person. It can occur through direct exposure to suicidal content or indirectly through knowledge of another person’s suicide.

**Direct message:** also known as a “DM”, is a form of online communication sent between users privately on social media. It might also be referred to as “inboxing.”

**Emoji:** refers to a small image or icon that can be used to express a reaction to a user’s post. Some examples of emojis are below:

😍😘😭😢🔍

**Links:** refers to a hyperlink to another document, website or online content. It is often activated by clicking on a highlighted word or image.

**Like:** refers to a positive response that can be made to a post. Some online platforms may have a range of reactions that users can select when responding to posts. Facebook, for example, includes emoji reactions that can be used to respond to a post in various ways, including a ‘sad face’, ‘angry face’ and ‘laughing face.’

**Post:** refers to the act of publishing your own original content online. This includes, but is not limited to, art, GIFs, images, links, memes, messages, photos, poetry, videos, Vines or vlogs to other websites/posts.

**Private message:** also known as a “PM”. This term is often used interchangeably with “DM.” Some online platforms, such as forums, use the term “PM”.

Orygen #chatsafe A young person’s guide for communicating safely online about suicide
Glossary of terms

Reply/respond: refers to the act of responding to a comment or direct message from another user online.

Safety plan: refers to a structured plan that has been developed with support from a health professional. It outlines actions, coping strategies, and supportive people that could assist you when you are experiencing suicidal thoughts, feelings or behaviour.

Screenshot: refers to the action of capturing content that is displayed on your screen and converting it to an image file that is stored on your personal computer or mobile device. Screenshots can also be referred to as “screen recording” or “screen grabs.”

Share: refers to the act of re-publishing posts or content created by others on social media to friends or followers. This includes, but is not limited to, art, GIFs, images, links, memes, messages, photos, poetry, videos, Vines or vlogs to other websites/posts.

Social media: refers to online platforms such as websites and mobile applications (apps) that allow users to share, communicate and create content that can be viewed by others. Popular examples include but are not limited to, Facebook, Instagram, Twitter, Tumblr, SnapChat, WeChat and Youtube.

Story/stories: refers to photos or videos that are taken throughout the day and published as a temporary post online. Some platforms, such as Snapchat, allow users to post stories that will disappear after 24 hours.

Trigger warning: also known as a ‘Content notice’. Refers to a statement at the start of your post that alerts other users that the post may potentially contain distressing content. Trigger warnings can also be abbreviated to “TW” or “CN.”

Trolling: negative content posted online with an intent to provoke or upset users.

Trusted adult or friend: refers to another person whom you feel comfortable talking to. It may be a person whom you feel is there for you and listens to you express your thoughts and feelings without judgment.

User: Refers to any individual who is exposed to content from social media platforms.

Viral: rapid online circulation of an image, video or other content from one user to another.
Before you post anything about suicide online

Before you communicate online about suicide, take some time to think about why you want to share this post. Reflect on how your post could affect other people and whether or not there is a different way to communicate this information in a way that is safer or more helpful.

It can also be helpful to be aware of some of the warning signs of suicide risk before you post online, as well as some of the suicide prevention resources offered by the social media or online platform you are using. For example, Facebook’s Suicide Prevention Help Centre provides information on how to report suicide content to Facebook, as well as a number of resources and links to suicide helplines in Australia and internationally.
1.1 Remember that posts can go viral

Any image, photo, video or written post can quickly go viral online. If the post is inaccurate, stigmatising or unsafe, it could have a negative impact on yourself and others. It’s important to be aware that once your post is published, you will have no control over who will see it or who will share it. It can be helpful to check the privacy of your profile or online account and remember that if your account is not set to ‘private’, anyone can access the content that you post.

1.2 The permanency of the internet: “Once posted, always posted”

It is possible that what you post or share online may be there forever. Even if you have sent a private message to a friend, or you have made a post that you later delete, it is possible that it will never be permanently erased. For example, other users could take screenshots of your messages and posts or they could create screen recordings of a live stream or story. As a consequence, your friends, parents, caregivers, work colleagues and current or future employers may later see it.
1.3
It can be helpful to monitor your post

Interacting with others through comments and posts is a key element of engaging with others online. If you have made a post that refers to suicide or suicidal behaviour, or you have shared or replied to a post that involves suicide-related content, it can be helpful to monitor your post regularly for unsafe or harmful comments (see below for examples of harmful comments).

If you do come across unsafe or harmful responses to your post, you should avoid arguing with other users in the comments section. Instead you could consider doing the following:

- Hide the user’s post, if the platform allows it.
- Report unsafe content to the relevant social media suicide prevention help centre, if available.

Responding to someone who may be at risk of suicide can feel like a big responsibility. If you see a post that suggests someone may be at risk of suicide, you can find some tips on how to respond on page 28.

If you do come across suicidal content online, it’s important that you also look after yourself. Some helpful tips for looking out for your own wellbeing are available on page 13.

Some examples of unsafe content

- Bullying
- Comments that include an invasion of privacy
- Graphic descriptions of suicide
- Graphic images of suicide
- Means or methods of suicide
- Plans of suicide (e.g., when or how)
- Spamming or repetitive content
- Statements that encourage people to take their own life
- Statements that appear to deliberately seek to trigger difficult or distressing emotions in other people
- Statements that include suicide pacts or suicide partners
- Statements that place blame or make others feel responsible for another person’s safety
- Statements that provide vulnerable people information about how to end their life
- Suicide notes or goodbye notes
- Swearing
- Trolling
- Verbal attacks
1.4 When monitoring isn’t an option

Sometimes you may not be able to monitor your own post regularly, you may no longer want to monitor your post, or you have shared content that can’t be monitored on the social media platform you are using. If this is the case, in your original post, you could include the phone numbers or links to appropriate help services, such as helplines, local suicide prevention services, or local emergency services. Some Australian examples are provided on page 16.

1.5 Some tips on self-care

Whether you are an occasional or frequent user of social media, be aware that sometimes repeated exposure to negative content (e.g., conversations, images or videos about suicide) could impact upon your own wellbeing. It’s also possible that a one-off post may trigger negative thoughts and feelings. It’s important to have a plan in place in case you do feel upset or troubled by posts that you have shared or seen. If you are feeling upset or overwhelmed, there are a few things that you could try:

- Talk to someone about how you are feeling.
- Take a break. This might include physically stepping away for a while, logging out of your social media accounts or engaging in a different activity that doesn’t involve social media.
- Take control of the content that you see. For example, if you are going through a rough patch, you may want to minimise the amount of suicide-related content you are exposed to by hiding certain posts on your feed or unfollowing content that may cause you distress.
1.6 General safety tips for communicating about suicide online

There are many complex factors that lead to someone feeling suicidal, so it is important to communicate about suicide in a safe way. This is particularly important when communicating online, because the information you share can reach tens of thousands of people, extremely quickly. It is possible that some people, who already feel vulnerable, may engage in copycat suicide behaviour or may be negatively affected following exposure to suicide-related content online. Particularly when the content is extensive, exaggerates, or sensationalises suicide; repeats myths or misperceptions about suicide; or presents suicide in a positive or glorified way.

Pages 17-20 include some general tips for communicating about suicide. This includes some things that are unhelpful, as well as helpful alternatives that you could use.

1.7 Posting and sharing images, photos, or video content

Social media platforms often encourage the use of images, photos, videos and other multimedia. However, these can sometimes have unintended harmful consequences, particularly if they portray a person who has died by suicide.

Images, photos, video content or animations that depict a method of suicide or self-harm or the location of a suicide should be avoided. These can be upsetting to others who may be grieving and may lead to copycat behaviour by other people who are feeling vulnerable.

It is also recommended not to post or share images of people who have died by suicide looking dishevelled, threatening or clutching their head in distress. These images can reinforce negative stereotypes of a suicide and may be upsetting to others.
Australian suicide prevention resources available through different social media platforms

Facebook

Facebook Help Centre has a number of tools to help people who have come across suicide-related material. The Suicide Prevention Help Centre provides information on how to report suicide content to a trained member of their safety team who will identify the post and the location of the user. If necessary, they can contact emergency services to assist those at risk of suicide or self-harm. The Suicide Prevention Help Centre also provides information on country-specific suicide prevention helplines to assist people who may be experiencing suicidal thoughts, feelings or behaviour.

Instagram

Instagram Help Centre provides details to assist users to report content that suggests a person may be at risk of suicide or self-harm. Users can report content by:

1. Selecting ••• (on iOS) or : (on Android) above the post and tapping "Report";
2. Tap "It’s inappropriate";
3. Selecting "Suicide or self-injury";
4. Tapping "Submit Report".

The Help Centre also provides links to suicide prevention websites and hotlines that can assist people during a suicidal crisis.

Snapchat

Snapchat Support Centre recommends users who are concerned about a fellow user encourage the person to seek help or consult with a professional service. If users don’t feel comfortable engaging with the person who may be at risk of suicide, they can report a safety concern by:

1. Going to the snap you want to report;
2. Opening the snap and tapping the ••• (on iOS) or : (on Android) that appears on the top-right corner;
3. Tap the button that appears on the bottom-left corner;
4. Select "More options; select I’m worried that this Snapchatter might hurt himself/herself".

Twitter

Twitter Help Centre provides information on how to report self-harm and suicide-related content to a trained team devoted to responding to people who share content that suggests they may be at risk of self-harm or suicide. Information on how to recognise the signs of self-harm and suicide are provided, as well as an online form to alert the Twitter suicide prevention response team.
National phone and online support services available in Australia

**e-headspace**
Provides email, chat and phone counselling for young people aged between 12 and 25 years. eheadspace operates seven days a week, from 9:00am to 1:00am AEDST.

- Website: [https://www.eheadspace.org.au/](https://www.eheadspace.org.au/)
- Phone: 1800 650 890

**Kids Helpline**
Provides free and confidential 24/7 phone and online counselling for children and young people aged between five and 25 years.

- Website: [https://kidshelpline.com.au](https://kidshelpline.com.au)
- Phone: 1800 551 800

**Lifeline Australia**
Provides free 24/7 online and phone personal crisis support and suicide prevention services to all Australians.

- Website: [https://www.lifeline.org.au/](https://www.lifeline.org.au/)
- Phone: 13 11 14

**Suicide Call Back Service**
Provides free 24/7 telephone, online, and video counselling and crisis support to all Australians affected by suicide.

- Website: [https://www.suicidecallbackservice.org.au/](https://www.suicidecallbackservice.org.au/)
- Phone: 1300 659 467
Language and safety tips for discussing suicide online

Unhelpful language

Don’t use words that describe suicide as criminal or sinful. This may suggest to someone that what they are feeling is wrong or unacceptable, or make someone worry that they’ll be judged if they ask for help.

Examples:

- Don’t say “committed suicide”.
- Don’t say that suicide is a “solution” to problems, life stressors or mental health difficulties.

Don’t use words that glamourise, romanticise, or make suicide seem appealing.

Examples:

- Don’t share, quote or “like” the content of a suicide note or message.
- Don’t post, share or include links to pro-suicide sites or forums. Don’t provide information about suicide pacts.

Helpful alternatives

- Try to say the person “died by suicide”.
- Indicate that suicide is complex and that many factors contribute to a person ending their life.
- Include messages of hope and recovery (e.g., you can post links to video’s or poetry which has content about hope and recovery).
- Inform others that suicide can be prevented and include links to sources of help and websites that contain information about suicide prevention. Some examples include:
  - eheadspace
  - Kids Helpline
  - Lifeline
- Tell others who might be thinking about suicide where and how they could get help.
- Include information on factors that protect against suicide (e.g., engaging in meaningful activities and building and maintaining meaningful connections and relationships).
- Indicate suicide is preventable, help is available, treatment can be successful, and that recovery is possible.
Language and safety tips for discussing suicide online (continued)

Unhelpful language

Don’t use words that trivialise or make suicide seem less complex than it really is.

Examples:

• Don’t blame one event or imply the suicide was the result of a single cause, such as bullying or social media.

• Don’t say that suicide is a solution to a problem, life stressors or mental health difficulties.

Don’t sensationalise suicide.

Examples:

• Don’t provide links to sensational “clickbait”.

Helpful alternatives

• Try to say the person “died by suicide”.

• Indicate that suicide is complex and that many factors contribute to a person ending their life.

• Include messages of hope and recovery (e.g., you can post links to video’s or poetry which has content about hope and recovery).

• Inform others that suicide can be prevented and include links to sources of help and websites that contain information about suicide prevention. Some examples include:
  • eheadspace
  • Kids Helpline
  • Lifeline

• Tell others who might be thinking about suicide where and how they could get help.

• Include information on factors that protect against suicide (e.g., engaging in meaningful activities and building and maintaining meaningful connections and relationships).

• Indicate suicide is preventable, help is available, treatment can be successful, and that recovery is possible.
Language and safety tips for discussing suicide online (continued)

Unhelpful language

Don’t use judgmental phrases which reinforce myths, stigma, stereotypes or suggest nothing can be done about suicide.

Examples:

- Don’t say suicide is for “cowards”, “a cry for help”, “attention seeking” or “a selfish act”.
- Don’t use stigmatising words such as “crazy”, “psycho”, “nuts”, “lunatic”, “deranged”, “defective”, “insane” or “abnormal”.
- Don’t suggest that if someone wants to end their life then there is nothing you could do.
- Don’t provide detailed information about the actual suicide or suicide attempt.

Examples:

- Don’t provide information about suicide methods, the location of a suicide. Don’t acknowledge if that there have been a number of suicide acts at a particular location or “hotspot”.

Helpful alternatives

- Try to say the person “died by suicide”.
- Indicate that suicide is complex and that many factors contribute to a person ending their life.
- Include messages of hope and recovery (e.g., you can post links to video’s or poetry which has content about hope and recovery).
- Inform others that suicide can be prevented and include links to sources of help and websites that contain information about suicide prevention. Some examples include:
  - eheadspace
  - Kids Helpline
  - Lifeline
- Tell others who might be thinking about suicide where and how they could get help.
- Include information on factors that protect against suicide (e.g., engaging in meaningful activities and building and maintaining meaningful connections and relationships).
- Indicate suicide is preventable, help is available, treatment can be successful, and that recovery is possible.
Language and safety tips for discussing suicide online (continued)

Unhelpful language

Don’t describe suicide as a desirable outcome.

Examples:

- Don’t use words or phrases such as “successful”, “unsuccessful” or “failed attempt”.
- Don’t mention any positive consequences of suicidal behaviour that refer to suicide as a “relief”, that the person is “finally at peace” or that suicide is “quick” or “painless”.
- Don’t say a suicide was “achieved”, was “noble” or that it was a “brave act”.

Helpful alternatives

- Try to say the person “died by suicide”.
- Indicate that suicide is complex and that many factors contribute to a person ending their life.
- Include messages of hope and recovery (e.g., you can post links to videos or poetry which has content about hope and recovery).
- Inform others that suicide can be prevented and include links to sources of help and websites that contain information about suicide prevention. Some examples include:
  - eheadspace
  - Kids Helpline
  - Lifeline
- Tell others who might be thinking about suicide where and how they could get help.
- Include information on factors that protect against suicide (e.g., engaging in meaningful activities and building and maintaining meaningful connections and relationships).
- Indicate suicide is preventable, help is available, treatment can be successful, and that recovery is possible.
There may be times where you want to share your own experience with suicidal thoughts, feelings or behaviour. If you are currently experiencing suicidal thoughts, feelings or behaviours you should talk to a trusted adult or friend or reach out to a professional mental health service before posting online. If you have a ‘Safety Plan’, you can use the strategies outlined in it to help keep yourself safe. If you are feeling unsafe due to your own suicidal thoughts, feelings or behaviour you should contact your local emergency department by phone or go to emergency for assistance.

Sharing your own thoughts, feelings or experience with suicidal behaviour online
2.1 Your privacy

If you decide to post about your experience with current or previous suicidal thoughts, feelings or behaviour online, consider that other people in your life who don’t know about your experiences might find this out as a result of your post. You may also receive a mixture of both positive and negative responses. Think about what aspects of your personal experience you wish to disclose and remember that you don’t have to share everything. Only disclose the personal details you feel comfortable letting others know about and leave out any information you would not want everyone you have ever met, or will ever meet, to know about you.

Before you post about your own experience it can be helpful to ask yourself the following:

• How will sharing your experience make you feel? For example, if you think it could be distressing, you could ask a sibling, trusted adult or friend to review your post before you share it.

• What do you hope to achieve by sharing your experience? Do you want to raise awareness or are you looking for support? Are there more effective ways of achieving those things?

• Do you think you would benefit from seeking help about your current or previous experience with suicidal thoughts, feelings or behaviour? What resources, people or friends are available to help you?

• Who will see your post? For example, are you posting on a professional mental health site, an anonymous platform or a public platform? For example, if you are looking for professional help consider reaching out to a professional website.

• How might your post might affect your friends, family and peers?

• Will people who have read your post know how to help themselves or their loved ones after reading about your experience? If not, it could be helpful to provide some suggestions.
2.2 Sharing your experience in a safe and helpful way

You might find it helpful to have a plan in place about what to do if a person indicates that they are feeling distressed as a result of your post. For example, you could provide them with information outlined on page 16 or provide a link to a support service such as a suicide prevention or counselling helpline. If you include links to support services, they should be placed clearly at the beginning of your post and only include services that you know are reputable.

It can also be helpful to emphasise parts of your experience that demonstrate the importance of seeking help early and messages that reduce stigma and promote hope and recovery. Some examples include:

- The people, activities and actions that supported your recovery and how you coped.
- The positive experiences you had when seeking help.

2.3 The use of “trigger” or “content” warnings

If your post does include graphic or descriptive content or content that might be distressing to others, you should consider providing a trigger warning in your post. A trigger warning is a statement at the start of your post that alerts other users that the post may contain distressing content. The trigger warning should be positioned at the beginning of your post so readers can make an informed decision about whether or not they continue to read the post. It should also include a link or information on available support services.

If your post contains images, photos or videos, you should consider providing a trigger warning first and posting the content in the comment section or feed below so that other users can decide whether they want to see your post or not.

Remember to check your post for any unhelpful language, descriptions, images or graphic references to self-harm or suicide and remove them before you publish your post (see page 14 and pages 17-20 for some general tips).
Communicating about someone you know who is affected by suicidal thoughts, feelings or behaviour

Be aware that everyone is entitled to privacy, including those who have died by suicide. If you are concerned about someone who has experienced suicidal thoughts, feelings, or behaviour, do not post anything you would not say directly to them in-person. Where possible, ask for permission before posting or sharing content about another person and only share their personal information if you have permission to do so.

If you're concerned about someone because of the content of their post, talk to the person directly, either on or offline, before posting your concerns. It may also be helpful for you to inform a trusted adult or friend and, if available, seek professional advice.
3.1 When someone has died by suicide

If you know someone who has died by suicide, be aware that their family members or friends might see your post about their loved one’s death. They are likely to be grieving and struggling with a range of intense feelings, so it’s important to be sensitive to those feelings and careful with the language you use.

If you are writing or sharing a post about someone who has died by suicide, only post what you know to be true and encourage others to do the same. You should avoid:

- Speculating about an individual’s thoughts or feelings leading up to the suicide or about why the person took their life.
- Posting or sharing information that you are unsure of or that you know is inaccurate.

3.2 The suicide of celebrities and other public figures

Celebrity suicides often receive a lot of attention online. It is common for people to read and share stories from a number of different feeds and sources. Too much exposure to the suicide of a celebrity or other well-known public figure can be upsetting and may lead to copycat suicide. Therefore, when communicating about the suicide of a celebrity, the following is advised:

- Do not post or share content that speculates about the suicide of a celebrity before it has been confirmed by an official source (e.g., a well-known and reliable news website).
- Do not post or share too many posts about the celebrity suicide back to back, as too much exposure to this type of content can have a negative effect on vulnerable people.
- Avoid sharing content that discusses the celebrity suicide in an unsafe way. Where possible, share media articles that adhere to suicide prevention guidelines or the general tips outlined on pages 17-20.
- If you share a post on a celebrity suicide, you should also provide links to available support services.
Responding to someone who may be suicidal

Reaching out to others online can be an important source of affirmation, connection and support for many. Always take any content that suggests a person may be thinking about suicide seriously, but make sure you set boundaries about the type of support you are able to offer and when you are able to offer it.

Regardless of whether you think someone may be at immediate risk of suicide or not, you should put your own wellbeing first and do not put yourself in any physical danger.
Before responding to someone who has indicated they may be at risk of suicide, ask yourself the following:

- How are you feeling?
- Are you able to provide support to the person if needed?
- Do you know where you could seek support and where you could refer the other person to for more comprehensive support?
- Is there someone else who is better placed to help?
- Will responding to the person make you feel unsafe or upset?
- Are you confident about how to deal with this situation?
- Do you understand your role and the limits of the support you could provide?

If you are concerned or do not feel comfortable responding to a post that suggests someone may be at risk of suicide, that is ok. Do not feel like it is your responsibility to reach out on your own. Instead you could do the following:

- Inform a trusted adult or friend.
- Seek professional advice (e.g., a phone or online service, or health professional).
- Report suicidal content to the relevant platform (e.g., Facebook Help Centre).
How to respond to someone who might be at risk of suicide

If you decide to respond to a person who may be at risk of suicide, let the person know that you care about them and respond without judgment, assumptions or interruptions. Let the person at risk explain their thoughts, feelings and experiences in their own words. When responding to someone who may be at risk of suicide, here are a few things that you could do:

- Always respond in private (e.g., through DM or PM), as the conversation may become upsetting or triggering for others.
- Look at the person’s posts to acknowledge their feelings and specify exactly why you are worried about them (e.g., “from what you’ve posted it seems as though you are having a tough time”).
- If the comment is on your own post, consider removing or hiding it, and providing them with support or help seeking options privately.

Ask the person directly if they are thinking of suicide. Research has shown that there is no evidence that asking about suicide increases the likelihood of a person engaging in suicidal behaviour. If you are worried or concerned that someone might be experiencing suicidal thoughts, feelings or behaviour, here are some questions that you could ask:

- “Are you thinking of suicide?”
- “Do you feel suicidal?”
- “Are you thinking of ending your life?”

You could also look at the person’s posts to specify exactly why you are worried about them. For example, in a direct or private message you could say:

“I just wanted to check in, because you posted [content], and I am worried about you. It sounds like you might be feeling suicidal, is that the case?”

Don’t let embarrassment or concern about offending or upsetting the person stop you from reaching out and offering help. There is no “perfect” or “right” thing to say to someone in these situations and it is better to make a supportive attempt to reach out than to make no attempt at all.
4.3
If the person indicates they are not at immediate risk of suicide

If you contact the person and they indicate that they are not at immediate risk of suicide, reassure the person that support is available and encourage them to seek professional help. Some examples of things you could do are:

- Ask the person “do you want to talk about it?” or “what can I do to help?”
- Ask the person if they know where to get help.
- Ask the person if they would like the phone number or link to a local crisis support, mental health helpline or e-mental health service (e.g., e-headspace or Kids Helpline).
- If the person agrees, provide them with the phone number, links and relevant information to local support services.

If the person does not want help, respect what they tell you. If you feel comfortable, you could check in with the person to demonstrate that you care. For example, you could DM, text, or call them to offer support.

If they say “no”, it’s best not to pressure them. Don’t always expect a positive response and don’t take this personally; this person might be struggling to cope and may feel angry, upset or ambivalent. They may appreciate your help later, when they’re feeling better.

If the person doesn’t want help, here are some helpful ways you can respond:

- Tell them “it’s okay if you don’t want to talk to me, but it is important that you talk to someone.”
- Report the post to the appropriate social media Safety Team or Help Centre (e.g., Facebook Help Centre).
- Follow up with the person at risk to check they are safe and can remain safe.

If at any time you think you might have said the wrong thing, don’t panic. Show that you care and that you can see that they are going through a tough time.
4.4
How to respond to a person at immediate risk of suicide or in the process of making a suicide attempt

Sometimes it will be clear that a person is at immediate risk of suicide or a person may be in the process of making a suicide attempt. If this occurs, you should:

- Encourage the person at risk to call 000
- Contact the person’s family or someone in their social network who may be able to check on them.

If you cannot reach the person, or anyone in their family or social network, or the person refuses to call emergency services you should:

- Call emergency services on their behalf.

Once you have contacted emergency services, you should:

- Contact a trusted adult or friend and let them know what is happening.
- Report the post to the appropriate social media Safety Team or Help Centre (e.g., Facebook Help Centre) who can trace the address of the person posting and alert emergency services.

If you contact emergency services on the person’s behalf, keep the person at risk informed about what is happening, unless this might increase the risk to them or someone else. If possible, try to maintain a conversation with the person until help arrives. Be prepared to provide emergency services with the following information:

- Your name and contact details.
- The fact that someone has told you online they have a plan to end their life or are in the process of making a suicide attempt.
- What the person online has said that indicates that they are at immediate risk of suicide.
- The date and time of their post.
- The person’s identity and current location, if you know this information.
Memorial websites, pages and closed groups to honour the deceased

There may be times when you want to set up a website, page or closed group to memorialise a person who has died by suicide. Setting up a page or group to remember someone who has died can be a good way to share stories and receive and provide support. But there is also the potential that certain content could negatively impact the thoughts and feelings of others. For this reason, some concerns have been raised about the potential for copycat suicides. If you create a page or closed group to memorialise someone who has died by suicide, there are a few things that you can do to make the memorial page or group safe for others. These include:

- Monitoring comments for harmful or unsafe content (see page 12 for harmful content, and pages 17-20 for language tips).
- Deal with any disagreements or unsupportive comments quickly, as they can discourage people from sharing how they feel.
- Include a ‘Terms of Use’ that outlines the rules for participating in the online memorial page or group.
5.1 The terms of use for memorial pages or groups

The ‘Terms of Use’ states the purpose of the memorial page or group, and outlines safety rules for communicating about suicide on the platform. The ‘Terms of Use’ should be accessible by users via a link at the top of the page, and all potential members/followers of the account, website, page, or group should be asked to read and accept these before they are granted access to the memorial page or group. The ‘Terms of Use’ should:

- Encourage users to look after their own wellbeing, and to take a break if things are getting too much.
- Make it clear that discrimination of any kind is unacceptable.
- Make it clear that graphic details about the suicide are not allowed.
- Outline the approval process for comments and feedback from other users.
- Explain when and how users can report harmful suicidal content to the appropriate social media monitoring authority (e.g., Facebook Help Centre), or to the memorial page or group administrators.
- If you choose to accept reports yourself, then provide a ‘Contact Form’ or other contact method (e.g., email address) for users to report unsafe or concerning content.
- Explain how administrators will respond to comments that indicate that a person may be at risk of suicide.
- Explain that violation of the ‘Terms of Use’ will result in having the comment/s deleted.
- Outline the steps that will be taken to remove comments or users who violate the ‘Terms of Use.’

If you, as the administrator, decide to suspend, delete or block a user, let the person know you are concerned about their behaviour and clearly and carefully explain the reasons why you are concerned to the user.
5.2 Responding to comments that indicate a person is struggling or distressed

There may be times when members of the memorial page indicate that they are struggling or are feeling distressed. People who have experienced the suicide of a close friend or loved one may experience different stages of grief at different periods of time and reach out to others on the memorial page for support themselves. In addition to the guidelines on responding to someone who may be at risk of suicide on pages 26-30, administrators could consider developing a standard template for responding to members in distress. These tips will help you create a template:

- Personalise the message by using the person’s name.
- Express concern for the person (e.g., “I am worried about you, because of X”).
- Adapt your message to the person’s situation, and reflect the language they have used to describe their feelings.
- Encourage the person to seek help, but do not recommend a service if the person has indicated they did not find it helpful (e.g., they have had a bad experience with a particular helpline or professional). Encourage them to keep an open mind about what might help in the future.
- Adapt your message to accommodate any barriers they feel are stopping them seeking help (e.g., if they don’t have mobile phone credit, recommend an accessible service that has a call back feature or online chat).
- Administrators should be mindful to minimise repeated use of templates if the person has reached out for support before.
Grief Support in Santa Clara County

Find local support for bereavement after experiencing any kind of death or loss

COUNTY OF SANTA CLARA
Behavioral Health Services
## Grief Counseling

<table>
<thead>
<tr>
<th>Agency</th>
<th>Website</th>
<th>Location</th>
<th>Phone</th>
<th>Hours</th>
<th>Support for</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kara</td>
<td>kara-grief.org</td>
<td>457 Kingsley Avenue Palo Alto, CA 94301</td>
<td>650-321-5272</td>
<td>Monday-Thursday: 9am - 4pm Friday: 9am - 1pm</td>
<td>• Children and teens • Families • Adults • Schools • Organizations • Caregivers • First Responders</td>
<td>• Peer support • Crisis Response • Training &amp; Education • Grief Therapy • Caregiver Support</td>
</tr>
<tr>
<td>Bill Wilson Center - Centre for Living with Dying</td>
<td>billwilsoncenter.org/services/all/living.html</td>
<td>3490 The Alameda Santa Clara, CA 95050</td>
<td>408-243-0222</td>
<td>Monday-Friday: 9am - 5pm</td>
<td>• Children • Adolescents • Adults</td>
<td>• Emotional support to adults and children facing life-threatening illness • Crisis intervention services • Educational programs on grief and loss • The Healing Heart Program • Support groups</td>
</tr>
<tr>
<td>Hospice of the Valley Center for Grief &amp; Loss</td>
<td>hospicevalley.org</td>
<td>4850 Union Avenue San Jose, CA 95124</td>
<td>408-559-5614</td>
<td>Monday-Friday: 9am - 4pm</td>
<td>• Those with serious illness • Those needing end of life care (older adults)</td>
<td>• Living with an illness • Caring for a loved one • Receiving care at home • Grieving a loss</td>
</tr>
<tr>
<td>Pathways Hospice</td>
<td>pathwayshealth.org/grief-support</td>
<td>585 North Mary Avenue Sunnyvale, CA 94085</td>
<td>408-773-4329</td>
<td>Monday-Friday: 8:30am - 5pm</td>
<td>• Open to all</td>
<td>• Grief counseling • Grief support groups • Workshops • Memorial services</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>catholiccharities.scc.org/behavioral-health</td>
<td>2625 Zanker Road Suite 201 San Jose, CA 95134</td>
<td>408-468-0100</td>
<td>Monday-Friday: 9am - 5pm</td>
<td>• Children • Teens • Families • Adults • Older Adults</td>
<td>• CalWORKs Mental Health Services • Children’s Behavioral Health Services • Golden Gateway Program • Older Adult Behavioral Health Services</td>
</tr>
<tr>
<td>Discovery Counseling</td>
<td>mydiscoverycc.com/index.html</td>
<td>16275 Monterey Road Suite C Morgan Hill, CA 95037</td>
<td>408-778-5120</td>
<td>Monday-Thursday: 9am - 5pm Friday - Saturday by appointment only</td>
<td>• Individuals • Couples • Families</td>
<td>• Counseling services</td>
</tr>
<tr>
<td>Community Solutions</td>
<td>communitiesolutions.org</td>
<td>9015 Murray Avenue Suite 100 Gilroy, CA 95020</td>
<td>408-842-7138</td>
<td>Monday-Friday: 8:30am - 5:30pm</td>
<td>• Children &amp; youth • Adults &amp; older adults • Survivors of violence</td>
<td>• Support programs • Education • Prevention services</td>
</tr>
</tbody>
</table>
## Suicide-Specific Support Groups

<table>
<thead>
<tr>
<th>Agency</th>
<th>Website</th>
<th>Location</th>
<th>Phone</th>
<th>Hours</th>
<th>Support</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Clara County Suicide Prevention &amp; Crisis: Survivors of Suicide Support Group</td>
<td>bit.ly/supportgroupsc</td>
<td>871 Enborg Court San Jose, CA 95128</td>
<td>408-885-6216</td>
<td>Call for meeting times</td>
<td>• Suicide loss survivors</td>
<td>• In-person support group</td>
</tr>
<tr>
<td>Hospice of the Valley Suicide Loss Support Group</td>
<td>hospicevalley.org</td>
<td>4850 Union Avenue San Jose, CA, 95124</td>
<td>408-559-5600</td>
<td></td>
<td>• Suicide loss survivors</td>
<td>• In-person support group</td>
</tr>
<tr>
<td>Family Community Church “Hope after Suicide Loss”</td>
<td></td>
<td>478 Piency Road San Jose, CA 95138</td>
<td>408-640-7144</td>
<td>Wednesdays: 7pm - 8:30pm</td>
<td>• Suicide loss survivors</td>
<td>• In-person support group</td>
</tr>
<tr>
<td>AFSP Healing Conversations</td>
<td>afsp.org/healingconversations</td>
<td>Email: survivingsuicid <a href="mailto:LOSS@afsp.org">LOSS@afsp.org</a></td>
<td></td>
<td></td>
<td>• Suicide loss survivors</td>
<td>• Online and phone</td>
</tr>
</tbody>
</table>

## Additional Support Groups

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contact</th>
<th>Location</th>
<th>Phone</th>
<th>Hours</th>
<th>Support</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zephyr Self-Help Center</td>
<td>sccbh.org</td>
<td>1075 E. Santa Clara (back of building) San Jose, CA 95116</td>
<td>408-792-2140</td>
<td>Mondays: 2pm - 3pm</td>
<td>• Adults</td>
<td>• Peer support group for grief and loss</td>
</tr>
<tr>
<td>The Compassionate Friends of Santa Clara County Supporting Family After a Child Dies</td>
<td>compassionate friends.org</td>
<td>1957 Pruneridge Avenue Santa Clara, CA 95050</td>
<td>408-249-9570</td>
<td>1st Tuesday of each month 7:30pm</td>
<td>• Families who have lost a child</td>
<td>• Support groups • Online communities</td>
</tr>
</tbody>
</table>

## Commemorative Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFSP International Survivors of Suicide Loss Day</td>
<td>afsp.org/find-support/ive-lost-someone/survivor-day</td>
</tr>
<tr>
<td>AFSP Overnight Walk</td>
<td>bit.ly/afspoovernight</td>
</tr>
<tr>
<td>AFSP South Bay Walk</td>
<td>bit.ly/southbaywalk</td>
</tr>
<tr>
<td>The Dinner Party: Life After Loss</td>
<td>thedinnerparty.org</td>
</tr>
<tr>
<td>Kara Walk’n’Run to Remember</td>
<td>bit.ly/walknrun</td>
</tr>
</tbody>
</table>

## For More Information

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>grievingchildren.org</td>
<td>Uplift Center for Grieving Children helps children grieving a death to heal and grow through their grief while strengthening families, communities and professionals’ understanding of how best to respond to their needs.</td>
</tr>
<tr>
<td>dougy.org</td>
<td>The Dougy Center provides support for children, teens, young adults and their families grieving a death.</td>
</tr>
<tr>
<td>goodgrief.org</td>
<td>Support for children, teens, young adults, and families after the death of a mother, father, sister, or brother through peer support programs, education, and advocacy.</td>
</tr>
<tr>
<td>heardalliance.org/youth-grief</td>
<td>The HEARD Alliance (Health Care Alliance for Response to Adolescent Depression) provides resources for treating depression and related conditions, and preventing suicide in adolescents and young adults.</td>
</tr>
</tbody>
</table>
## Books

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHILDREN</strong></td>
<td></td>
</tr>
<tr>
<td>Tear Soup: A Recipe for Healing After Loss</td>
<td>P. Schweibert &amp; C. DeKlyen</td>
</tr>
<tr>
<td><strong>TEENS</strong></td>
<td></td>
</tr>
<tr>
<td>Straight Talk about Death for Teenagers: How to Cope with Losing Someone You Love</td>
<td>E.A. Grollman</td>
</tr>
<tr>
<td>Fire in My Heart, Ice in My Veins: A Journal for Teenagers Experiencing a Loss</td>
<td>E. Samuel Traisman</td>
</tr>
<tr>
<td>You Are Not Alone: Teens Talk About Life After the Loss of a Parent</td>
<td>L. Hughes</td>
</tr>
<tr>
<td><strong>ADULTS</strong></td>
<td></td>
</tr>
<tr>
<td>After a Parent’s Suicide: Helping Children Heal</td>
<td>Margo Requarth</td>
</tr>
<tr>
<td>Children, Teens and Suicide Loss</td>
<td>AFSP</td>
</tr>
<tr>
<td>After Suicide Loss: Coping with Your Grief</td>
<td>Jack Jordan and Bob Baugher</td>
</tr>
<tr>
<td>A Journey Toward Health and Hope</td>
<td>SAMHSA</td>
</tr>
<tr>
<td>Living When a Loved One Has Died</td>
<td>E.A. Grollman</td>
</tr>
<tr>
<td>The Upside of Stress: Why Stress Is Good for You, and How to Get Good at It</td>
<td>K. McGonigal</td>
</tr>
<tr>
<td>The Rite of Return: Coming Back from Duty-Induced PTSD</td>
<td>K. Lansing</td>
</tr>
<tr>
<td>Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others</td>
<td>L. Van Dernoot Lipsky</td>
</tr>
<tr>
<td>Permission to Mourn: A New Way to Do Grief</td>
<td>T. Zuba</td>
</tr>
</tbody>
</table>
SANTA CLARA COUNTY
BEHAVIORAL HEALTH RESOURCES
Services are available in other languages unless noted.

**Mental Health Services Call Center**
(800) 704-0900
24/7 assistance in accessing County mental health services, referrals to community services, and assistance during a mental health crisis.

**Gateway Call Center**
(800) 488-9919
Access substance use treatment services. Monday - Friday 8am to 5pm.

**Suicide and Crisis Hotline 24/7**
(800) 278-4204
Free, 24/7 suicide prevention hotline that provides confidential phone intervention and emotional support to individuals in crisis.

**Crisis Text Line**
Text RENEW to 741741
Free, 24/7 crisis support via text message. English only.

**Mental Health Urgent Care**
(408) 885-7855
Walk-in outpatient clinic for residents who are experiencing behavioral health crisis and need help. Monday - Sunday, 8am to 10pm.

**Mobile Crisis Response Team**
(800) 704-0900; press 2
Speak to a clinician who can screen and assess crisis situations over the phone and intervene wherever the crisis is occurring. Monday - Friday, 8am to 8pm.

**Uplift Mobile Crisis Unit**
(408) 379-9085
24/7 intervention for children and teens who are in acute psychological crisis.

**C.I.T. Officer**
911
In emergency situations, ask for a C.I.T. officer trained in mental health issues.

FOLLOW US ON FACEBOOK: @cscbehavioralhealth
FOLLOW US ON INSTAGRAM: @cscbehavioralhealth
FOLLOW US ON YOUTUBE: @behavioralhealth
EMAIL: SuicidePrevention@hhs.sccgov.org
Addendum: Grief Support in Santa Clara County

Service status for local bereavement support agencies during COVID-19 and shelter-in-place

### Grief Counseling

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<th>Offering Virtual Sessions</th>
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<tr>
<td><strong>Bill Wilson Center</strong></td>
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<td>Centre for Living with Dying</td>
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<td>Website: billwilsoncenter.org/services/all/living.html</td>
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<tr>
<td>Phone: 408-243-0222</td>
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<td>Website: communitiesolutions.org</td>
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<td>Phone: 408-842-7138</td>
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<td>Website: mydiscoverycc.com</td>
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<td>Phone: 408-778-5120</td>
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<tr>
<td><strong>Kara</strong></td>
</tr>
<tr>
<td>Website: kara-grief.org</td>
</tr>
<tr>
<td>Phone: 650-321-5272</td>
</tr>
<tr>
<td><strong>Pathways Hospice</strong></td>
</tr>
<tr>
<td>Website: pathwayshealth.org/grief-support/</td>
</tr>
<tr>
<td>Phone: 408-773-4329</td>
</tr>
<tr>
<td><strong>BHSD Grief Response Team (Covid-19 Specific)</strong></td>
</tr>
<tr>
<td>Phone: 408-243-0222</td>
</tr>
</tbody>
</table>

### Services Postponed

| **Hospice of the Valley Center for Grief & Loss** |
| Website: hospicevalley.org |
| Phone: 408-559-5614 |
| **Catholic Charities** |
| Website: catholiccharitiesscc.org/behavioral-health |
| Phone: 408-468-0100 |

### Suicide-Specific Support Groups

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<tr>
<td>Website: afsp.org/healingconversations</td>
</tr>
<tr>
<td>Phone: N/A</td>
</tr>
<tr>
<td><strong>Santa Clara County Suicide Prevention &amp; Crisis: Survivors of Suicide Support Group</strong></td>
</tr>
<tr>
<td>Website: bit.ly/supportgroupscscc</td>
</tr>
<tr>
<td>Phone: 408-885-6216</td>
</tr>
<tr>
<td><strong>Hospice of the Valley: Suicide Loss Support Group</strong></td>
</tr>
<tr>
<td>Website: hospicevalley.org</td>
</tr>
<tr>
<td>Phone: 408-559-5600</td>
</tr>
</tbody>
</table>

### Additional Support Groups

<table>
<thead>
<tr>
<th>Services Cancelled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zephyr Self-Help Center</strong></td>
</tr>
<tr>
<td>Website: scbhd.org/zephyr</td>
</tr>
<tr>
<td>Phone: 408-792-2140</td>
</tr>
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</table>

Better Health for All