## Talking with Your Child about Suicide

## For Families of Primary-Aged Students (1st–3rd Grade)

When talking with your child about suicide, young children need very simple, gentle language and lots of reassurance. Please see the guidance below to support you and your family; drawn from child-psychology research, national suicide-prevention guidelines (including MIRECC, AFSP, AAP), and school-based postvention frameworks. This guidance includes:

1. **General Guidance for Approaching the Conversation**
2. **Guidance for Language**
3. **Step-by-Step Framework for the Conversation**

## 1. General Guidance for Approaching the Conversation:

- Choose a private, comfortable place to talk. Be mindful of what your child might overhear about the situation from peers, siblings, and other family members.
- Young children may only be able to take in a little bit of information at a time; share small amounts and expect ongoing questions.
- As your child continues to process, their follow-up questions may come at inopportune times. Have an answer prepared in your mind if this happens so they do not feel discouraged from talking about it, such as "That's an important question. Let's talk about it later tonight when we get home."
- Keep explanations simple, honest, and age-appropriate. Let your child's questions guide how you share.
- Notice your own emotions and tone - stay calm and gentle so your child feels safe opening up.
- Ask age-appropriate questions and allow your child to express all feelings without judgment.
- Young children may express emotions through play. Spend playtime together and encourage expression through art, music, or other creative outlets.

## 2. Guidance for Language:

**Why It Is Important to Use Direct Language With Students**

Children cannot learn safety skills around something that is not named. If adults avoid the naming a cause of harm, many children misunderstand what happened:

- "They got hurt."
- "They had an accident."
- "They went to sleep."
- "They disappeared."

Vague explanations can create fear, misunderstanding, or magical thinking ("Could I go to sleep and not wake up?").

Using the term "suicide" may not be appropriate for young children, or perhaps it is a term they already know. If it does not feel appropriate for your child, consider alternative phrasing suggested below in the "Framework for Conversations" section.

**Clear language reduces stigma and shame.**

When adults whisper or hide language:

- Children assume it is a "bad" or "secret" act.
- Bereaved peers may feel the friend did something wrong.

Thus,

- Children who struggle with their own feelings may feel ashamed or unsafe sharing.

Discussing the reality calmly and respectfully teaches: "This is something we can talk about openly with safe adults."

**Research shows that *discussing suicide does NOT increase risk*.**

Multiple studies demonstrate:

- Asking children or teens about suicide does not plant the idea.
- Using the word does not increase suicidal thoughts.
- Honest conversations may decrease distress.

**Direct words help students express what they already know.**

Even young children absorb information from:

- siblings
- peers
- overheard conversations
- TV / internet

If adults use vague language while kids hear of the cause of harm elsewhere, they may:

- stop trusting adults
- fill in details with misinformation
- assume the adults are hiding something scary

Using correct language builds trust and invites questions.

**It creates a pathway to model healthy coping and communication, and for children to disclose their own worries.**

Children can understand:

- difficult topics can be talked about openly
- strong feelings can be shared
- adults can help them stay safe

Children may express suicidality through:

- "I want to disappear."
- "I don't want to be here."
- "I wish I wasn't alive."

When adults use clear language, children understand: "You can talk to me if you ever feel unsafe inside." This is a critical protective factor and builds lifelong emotional-health skills.

## 3. Step-by-Step Framework for the Conversation

**1. Start by asking what they've heard**

- You might begin with: "You may have heard that something very serious happened to a student at school. What have you heard?"
- This helps you correct any confusing or scary details.

**2. Use simple, calm language**

- You can say something like: "A student at our school hurt their body very badly on purpose and is in the hospital. The doctors are working very hard to help them. It's very serious, and many people feel sad and worried."
- Avoid details about how the student was hurt.

**3. Normalize feelings**

- Let your child know that whatever they feel is okay: "You might feel sad, confused, scared, or maybe you don't feel much at all. All of those feelings are okay. I'm here to listen."

**4. Reassure them about safety**

- You can say: "There are many grown-ups at school and at home whose job is to help keep kids safe. When kids have big, big feelings, adults can help them."
- Keep your tone steady and calm; your child will take cues from you.

**5. Encourage them to talk to adults about big feelings**

- You might add: "If you ever feel really sad or worried, or you don't understand something, you can always talk to me or another grown-up you trust. You never have to keep big feelings a secret."

**6. Limit exposure to media and adult conversations**

- Try to keep news adult conversations about this situation out of earshot.
- If your child hears something upsetting from others, reassure them and come back to your simple, calm explanation.

**7. Keep checking in**

- You can say: "I'm going to check in with you again, because this is a lot to think about. You can always ask me questions later too."

If you notice big changes in sleep, appetite, behavior, or mood, please reach out to your pediatrician or our Lower School Counselor, Lauren Tipton (ltipton@hamlinrobinson.org).