Introduction

The tragic phenomenon of student suicides, especially among middle schoolers, has reached an all-time high in the United States. Not surprisingly, parents have initiated litigation against school boards and individual educators seeking redress after their children committed suicide due to bullying, generally as well as due to their sexuality, and/or disabilities, or via sexting, or in response to having been disciplined at school.

In an effort to help stem the epidemic of student suicides, the remainder of this article is divided into three sections. The first part reviews counseling literature about suicide and how to recognize potential risk factors in students. The second section examines litigation wherein students committed suicide. The third part offers recommendations for educational leaders as they develop policies to combat student suicides. The article ends with a brief conclusion.

Background

A fundamental duty of educators is to provide students with safe learning environments. Unfortunately, though, many administrators, teachers, counselors, and parents are uncertain how to deal with children who express suicidal ideations or exhibit suicidal behaviors. Suicide, broadly defined as the intentional act of violence against one’s self resulting in death, is often linked to or the result of existing mental health disorders, including depression, bipolar disorders, and substance abuse disorders, combined with external or environmental stress. Individuals at-risk for suicide may demonstrate suicidal behaviors observable by others.

Suicide is a preventable cause of death. Even so, data from the Centers for Disease Control and Prevention (CDC) identifies suicide as the second leading cause of death for persons ages 10 to 24 in 2014. More alarming, researchers posit that for every suicide among young people, 100-200 individuals attempt to take their own lives.

Compounding the problem of high suicide rates in students is that educators and parents may not be comfortable discussing this topic with young people. Further, individuals may not have experience in identifying signs and symptoms in young people who may be exhibiting suicidal tendencies. Insofar as the impact and effects of suicide extend beyond school walls, effective suicide prevention, intervention, and postvention policies require targeted efforts buttressed by school-community partnerships.

Suicide can impact individuals of all races, ethnicities, genders, and socioeconomic statuses. However, suicide statistics reveal higher suicide rates associated with varying demographic variables. For example, despite a higher rate of suicide attempts in females, males are more likely to die by suicide. As to ethnicity, American Indian and Alaska Natives, as well as Hispanics, have higher suicide rates than Caucasian and African American students. Also, lesbian, gay, bisexual, transgender, and questioning students may be at particular risk, with estimated rates of suicidal ideation, thoughts, and behaviors in excess of their heterosexual peers.

Risk Factors

No single predictor characteristic is associated with suicidal ideation or behavior. Still, identifiable factors are associated with higher suicide risks. One of the most reoccurring risk factors in individuals who commit suicide is prior histories of one or more mental health disorders. According to data from the U.S. Department of Health and Human Services, over 90% of children and adolescents who committed suicide had mental health disorders. Moreover, individuals with histories of depression, schizophrenia spectrum disorders, substance-related disorders, and borderline personality disorder, as well as those with histories of psychological trauma, may be at more risk for suicide.

Researchers have also found that histories of suicidal ideations or previous suicide attempts are strong risk factors for future suicide attempts. Students who have attempted suicide in the past may have a stronger intent to die than their peers who have had thoughts of suicide but have not engaged in previous suicidal behaviors. Similarly, family histories of completed suicides or suicidal behaviors may also increase the risk of suicidal ideation and behavior in children and adolescents.

Suicidal ideation and behavior may be associated with stressful environmental or social situations. Accordingly, suicidal thoughts or behaviors may be “associated with a stressful event, particularly one resulting in humiliation, shame, or despair for the student.”

Given the importance of social acceptance, especially during school years, interpersonal conflicts, such as breaking-up with significant others or falling outs with friends, may be risk factors for suicidal behavior for students. Environmental factors such as the lack of parental support, histories of domestic violence in households, or parental substance abuse may further increase the risk of suicide in children and adolescents compared to those not exposed to these conditions and stressors.

Warning Signs

Identifying warning signs is the first step in preventing suicides. Most children and adolescents who are at risk of harming themselves demonstrate some type of warning signs possibly revealing their risks for suicide. Having knowledge of these warning signs, while not always overt, can be integral in helping students get needed support.

Expressed direct or indirect threats to one’s self are warning signs individuals may be at risk of suicide. Individuals may make overt comments such as “I am going to kill myself,” or more indirect comments such as “no one would miss me if I were gone.” Regardless of the straightforwardness of threats, such comments are serious warning signs of suicidal ideation and the potential for future suicidal behaviors. Additionally, individuals who have thought about or created plans for suicides, especially those with access to a means for completing suicides such as owning guns, or leaving suicide
notes are at particular and serious risk for suicide and should get immediate treatment.

Changes in thoughts, feelings, appearance, and/or behavior may be other warning signs of potential suicidal behavior. For example, excessive moodiness or social isolation in adolescents who are typically gregarious and happy may be indications that they are considering suicide.

Of specific concern are noticeably elevated moods or happiness after periods of depression; these may be indications of senses of catharsis accompanying students’ acceptances of their decisions to attempt suicide and have come to terms with their deaths. Of course, these changes do not necessarily mean that students are suicidal. Consequently, noticeable and sudden changes should not be ignored as educators should consider suicidal risk assessments when they are observed. Other suicide warning signs include sudden changes in social networks, preoccupations with death or suicidal themes, the inability to concentrate, giving away personal possessions, loss of interest in once pleasurable activities, and sudden changes in eating or sleeping patterns.

**Litigation**

Not surprising, the increase in the frequency of student suicides has resulted in litigation as discussed under the following headings.

**Title IX**

A federal trial court in Ohio rejected the Title IX and other claims filed by the parents of a sixteen-year-old who committed suicide. The court rebuffed the parental charges that officials failed to prevent the peer-to-peer bullying and harassment of their daughter, determining that educators acted reasonably in seeking to protect her from the actions of others.

Conversely, a federal trial court in Pennsylvania denied a school board’s motion to dismiss Title IX charges where a student committed suicide after allegedly being sexually assaulted by a high school teacher/coach with whom she had an inappropriate relationship.

The court pointed out that the parents sufficiently plead that educators demonstrated deliberate indifference to the student’s plight and violated Title IX.

A federal trial court in California rejected a board’s partial motion for summary judgment in the Title IX and state law suit filed by the mother of a thirteen-year-old who committed suicide after allegedly being harassed and bullied at school for being gay. The court held that issues of fact remained over whether officials’ responses caused the student to have the uncontrolable impulse to commit suicide.

**Disability**

A federal trial court in Georgia, in an unpublished, but instructive, opinion that was summarily affirmed by the Eleventh Circuit rejected parents’ contention that the failure of school officials to prevent the bullying of their son, who committed suicide, rose to the level of being conscience-shocking such that it justified an award of damages. The parents insisted that school officials failed to take action to protect their son, who had Asperger syndrome, from bullying which they claimed was the sole or a substantial contributing cause of his suicide. In rejecting those allegations, the court conceded that educators had knowledge of the harassment and bullying, but refused to interpret their responses as deliberately indifferent. The court found evidence showing that administrators responded to each incident, disciplined the perpetrators, and took measures to prevent future harm. Even though the measures taken by school officials were ultimately ineffective, the court was satisfied that they had taken reasonable steps to prevent future abuse.

The Fifth Circuit, in a case that arose in Texas, affirmed that a board was not liable when a fourth-grade special-needs child locked himself inside a school nurse’s bathroom and committed suicide. The court noted that educators were neither deliberately indifferent to peer harassment in violation of Section 504 of the Rehabilitation Act of 1973 (Section 504) nor had they entered into a special relationship with the child’s parents giving rise to a heightened duty of care to protect their son. The court emphasized that “the deliberate indifference inquiry does not transform every school disciplinary decision into a jury question.”

A federal trial court first excused parents from having to exhaust administrative remedies under the Individuals with Disabilities Education Act (IDEA) after their daughter committed suicide due to bullying and disability harassment by peers. The court later granted the board’s motion for summary judgment because the parents failed to prove that school officials had actual knowledge of the harassment.

Conversely, in another dispute from Arkansas, a federal trial court rejected a school board’s motion to dismiss Section 504 and Title IX claims parents filed after their son, who was on the autism spectrum and had attention deficit hyperactivity disorder, committed suicide after allegedly being harassed due to his disabilities. The court thought that further proceedings might have resulted in sufficient evidence supporting the parental claim.

A federal trial court in New York rejected parental claims under the IDEA and Section 504. The court explained that absent evidence officials failed to act to stop or prevent the harassment and bullying of their son, who committed suicide allegedly after having been subjected to such treatment by peers, their claim lacked merit.

**Sexting**

After an eighteen-year-old in Cincinnati, Ohio, e-mailed a nude photograph of herself to her boyfriend, he passed it on to four of her friends who apparently forwarded it to other students. Over the ensuing weeks, hundreds of teenagers in local high schools viewed the student’s picture. As a result, of being inundated with bullying and humiliating taunts, even at her graduation, she took her own life in July 2008.

The student’s parents filed suit in the federal trial court in Ohio. The court rejected the board’s motion for summary judgment on Title IX and Section 1983 liability because questions of fact remained about whether school officials did all they could to protect the student who committed suicide. The court did grant the board’s motion with regard to the parents’ negligent infliction of emotional distress charge on the basis that the board and individual school officials were entitled to immunity.

**School Infractions**

The Supreme Court of Montana affirmed that a board was not liable when a student committed suicide at his home on being suspended from his school’s wrestling team for disciplinary infractions. The court ruled that because the suicide was unforeseeable, and absent a special relationship, educators did not owe the student or his parents a duty to prevent him from taking his own life.
In a non-precedential order, the Sixth Circuit reached the same result when a student in Michigan committed suicide away from school when he was suspended for stealing a board-owned laptop. The court affirmed that the board was not liable because the student took his own life after being released to the custody of his parents.39

Recommendations

Given the unfortunate growth of student suicides, educational leaders, working with their attorneys, may wish to consider the following suggestions when devising or revising their suicide prevention policies.40

First, school boards should develop clear, up-to-date suicide prevention policies. Policy writing teams should include school counselors and psychologists, a school administrator, a teacher, a school nurse, representatives of local mental health organizations, parents, a community representative, and, perhaps, a student in high school along with the board attorney.

Second, policies should include procedures for staff and students to follow when referring students demonstrating suicidal behaviors, assurances of confidentiality for making good faith reports, chains of reporting so individuals know who to inform, and procedures for notifying school families and the media following tragedies.

Third, boards should develop partnerships with local mental health agencies and suicide prevention coalitions to help increase awareness about student suicide. Combining the efforts of schools and community groups, as reflected in the Yellow Ribbon Suicide Prevention Program, can greatly support suicide prevention and intervention efforts.

Fourth, educational leaders should offer regular professional development sessions for all staff members on suicide awareness and prevention, paying particular attention to liability arising under Title IX,41 disabilities,42 sexing,43 and disciplinary matters.44 Sessions should also focus on the warning signs and risk factors while readying participants to refer students for assessments by professionals such as school counselors and psychologists, when they observe or learn of student suicidal behaviors.

Fifth boards should modify curricula to include instruction about suicide prevention and awareness in health classes and school assemblies.

Sixth, educators should develop peer intervention programs because students may be more comfortable sharing personal information with peers rather than adults. These school-based suicide prevention programs should stress the importance of early detection and intervention for students expressing suicidal tendencies. Student-led activities can help build general knowledge and awareness of suicide while assisting participants in understanding warning signs they may recognize in peers. Programs, and policies, should inform students about whom they should notify, typically, a school’s head counselor, when referring peers they suspect may be considering suicide.

Seventh, boards should create district and/or building-level crisis teams to provide resources and services whether for prevention, intervention, and/or postvention. Teams should consist of school counselors and psychologists, along with professionals from community organizations. Teams can work to develop prevention programs and complete risk assessments for students demonstrating suicidal behaviors.

Eighth, educators should conduct assessments to establish the level of risk to ensure that students can be referred for help if they display risk factors.45 Educators should notify parents or guardians directly by phone when making referrals because their children may well have access to their email.

Ninth, in response to student suicides or attempts, support procedures should be in place. Plans should, for instance, identify who will communicate with a student’s family if a suicide occurs at school, how information is to be disseminated in school, and who will serve as a spokesperson for the media.

Tenth, boards should make counseling available to staff and students following suicides or attempted suicides. Also, conducting large-scale gatherings, whether in classes or assemblies, can help students and staff discuss their reactions after tragedies. Counseling should be available on such key days as the anniversary dates of when suicides occurred, as well as the birthdays of those who died, because these dates can be especially stressful.

Eleventh, officials should work to restore senses of normalcy to schools as quickly as possible after suicides while caring for those in need of assistance. In helping school life return to normal, policies should suggest that teachers lighten academic workloads in the immediate aftermath of student suicides.

Twelfth, review and, if necessary, revise suicide prevention policies periodically. When reviewing policies, educational leaders would be well served by waiting, rather than acting immediately after controversies, so as to afford themselves time to reflect carefully on events and not act prematurely in making changes.

Conclusion

Pro-actively reviewing and revising suicide prevention policies certainly does not guarantee the prevention of all student suicides. However, careful planning can help educational leaders to reduce, if not eliminate the epidemic if student suicides while helping to ensure the safety of all in their learning communities.

ENDNOTES

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1 E. Nadworny, Middle School Suicides Reach an All-Time High, Nov. 6, 2016, http://www.npr.org/sections/ed/2016/11/04/500659746/middle-school-suicides-reach-an-all-time-high
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PETERSBURG TIMES, 1 A, 2009 WLNR 24167487 (Nov. 29, 2009), (reporting on the suicide of a thirteen-year-old in the Tampa, Florida, area who took her life three months after sending a picture of her naked breasts to a male she liked and he forwarded the image to others, resulting in her being harassed at school).


CDC, Lesbian, Gay, Bisexual, and Transgender Health (Nov. 12, 2014). Available at http://www.cdc.gov/lgbthealth/youth.htm (noting that lesbian, gay, and bisexual youth were more than twice as likely to have attempted suicide as their heterosexual peers).

R. Lieberman., Poland, & Cassel, supra note 8.


Id.

Brock & Riffey, supra note 9.

Hart & Brock, supra note 13 at 2.


PSYCH. 31 (2015).

Lieberman, Poland, & Cassel, supra note 8.

Hart & Jimerson, supra note 10.


Vidovic, supra note 2.


Walsh, supra note 3.


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