Research Article

Child Suicide News: A Comprehensive Case Study from Turkish Media

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Abstract: This study aims to analyze news on child suicides and suicide attempts in Turkey's high-circulation national newspapers over a ten-year period. This qualitative study systematically content-analyzed news on suicidal behavior in three high-circulation national newspapers in Turkey from January 1, 2013, to December 31, 2022. Data were collected by searching for the keywords "child" and "suicide" and analyzed. The study found that 60.2% of suicidal children were male, and 39.8% were female, with a mean age of 15.09±2.16 years. The majority were high school (56.2%) and middle school (38.1%) students. Suicidal behavior peaked in 2022, with the highest incidences occurring in winter (29.9%) and spring (26.2%). Depression (30%) was the most frequently reported reason for suicidal behavior, followed by family problems (19.8%) and the Blue Whale Challenge (16.5%). Hanging (47.5%) was the most common method of suicide, followed by jumping from heights (23.8%). The increasing trend of suicidal behavior among children, particularly adolescents, highlights the need for targeted prevention strategies. The findings suggest that mental health support, family interventions, and societal awareness are crucial in addressing this issue. The influence of digital challenges and the need for gender-specific approaches also warrant further attention.

Keywords: child, news, suicide, content analysis

1. Introduction

Suicide, a significant public health issue, occurs when an individual intentionally harms themselves with the intent to end their life, resulting in death [1]. Durkheim defined suicide as "any death which results directly or indirectly from a positive or negative act of the victim themselves, which they know will produce this result" [2]. Conversely, when an individual harms themselves with the intent to end their life but does not result in death, it is referred to as a suicide attempt. It is important to note that not all suicide attempts result in injury [1].

According to the World Health Organization (WHO), over 700.000 individuals die by suicide annually. This equates to one person dying by suicide every 40 seconds, with suicide accounting for approximately 1.3% of all deaths globally [3]. In the United States, reports from the Centers for Disease Control and Prevention (CDC) indicate that suicide rates increased by 36% between 2000 and 2021, making it the second leading cause of death among children aged 10-14 years as of 2023 [4]. In Turkey, the crude suicide mortality rate stands at 4.88 per 100.000, with an observed increase in suicides among the 0-19 age group compared to previous years [5]. Studies have shown a corresponding rise in suicidal thoughts and attempts, corroborating these statistics [6, 7, 8].

Suicides occur when multiple factors converge over time, making it crucial to identify the temporal and causative factors that lead individuals to decide to commit suicide [9, 10, 11]. Literature indicates that childhood suicide attempts are associated with various factors, including mental disorders, family conflicts, sexual abuse, peer victimization, and online virtual games [12, 13, 14, 15, 16]. Suicides, often triggered by a negative and precipitating event, can be either planned or impulsive [17]. Children who

attempt suicide employ various methods, such as hanging, jumping from heights, and suffocation [18, 19].

The greatest risk factor for suicides, which can often be prevented with timely and appropriate interventions, is a previous suicide attempt [1, 20]. Previous studies have established that children and adolescents who attempt suicide often have a history of previous attempts [21, 22, 23]. For instance, Doğan et al. (2018) found that 8% of children who attempted suicide did not regret their attempt and continued to harbor a desire for death [24]. Moreover, a notable factor in children who have attempted suicide is the presence of psychiatric diagnoses [25]. Research has shown that adolescents who attempt suicide frequently have a diagnosis of depression [26, 27]. These findings underscore the necessity of improved monitoring of suicide and suicide attempts, which the WHO has identified as a public health priority [20].

To prevent suicide and suicide attempts, it is essential to identify their causes. Family members, teachers, and health professionals should remain vigilant and consider all potential factors. A comprehensive approach requires determining when, where, and why suicides and attempts occur, and identifying influencing factors.

This study aims to analyze print media reports on child suicides and attempts to inform better prevention strategies. By examining the portrayal and frequency of child suicides in the media, we seek to understand the media's role in public perception and its potential impact on preventive measures.

2. Materials and Methods

2.1. Study Design and Scope

This study covers the period from January 1, 2013, to December 31, 2022, and employs a qualitative research design. It involves a systematic content analysis of news reports on suicidal behavior from three national newspapers with high circulation in Turkey (names of the newspapers are withheld for ethical reasons). Content analysis is a versatile method used across various disciplines, providing researchers with a tool to conduct an in-depth analysis of texts and uncover significant features within the content.

2.2. Data Collection

Newspapers were selected based on their daily circulation figures. The newspapers were accessed online, and searches were conducted using the keywords "child" and "suicide." The resulting news reports were analyzed and digitized according to predetermined variables. Duplicate reports were identified and removed to ensure the uniqueness of the data set. A total of 244 news reports, deemed relevant for the study's objectives, were selected for content analysis.

2.3. Variables Analyzed

The analysis evaluated the following variables:
- Age of the child
- Gender
- Education status
- Place of residence
- Year of suicide
- Season of suicide
- Method of suicide
- Cause of suicide

2.4. Data Analysis

The data were analyzed using SPSS (Statistical Package for the Social Sciences) version 23.0. Descriptive statistics were employed to provide a comprehensive overview of the current situation. Descriptive statistics aim to depict the existing conditions based on the collected data.

2.5. Limitations of the Study

This study has several limitations. Accessing official data was challenging, and many suicide incidents remain unreported. Some incidents are not covered by the media due to perceived lack of

newsworthiness, which may affect the completeness of the data. Therefore, the findings may not represent a complete national picture. Additionally, the study only includes three high-circulation national newspapers, excluding other newspapers and communication mediums such as radio and television. Consequently, the results should be interpreted within these limitations.

3. Results

Among the children who committed suicide, 60.2% were male and 39.8% were female, with a mean age of 15.09±2.16 years (range: 8-18 years). The educational status of 43% of the children was reported in the news. Of these, 56.2% were high school students, and 38.1% were middle school students. Additionally, 77.5% of the children resided in city centers. Regionally, 19.3% lived in the Aegean, 15.2% in the Marmara, and 14.8% in the Mediterranean regions (Table 1).

Table 1. Socio-Demographic Characteristics of Children Who Committed Suicidal Behaviour (n=244)

Characteristics	Groups	
	X±Sd	min.- max.
Age	15.09±2.16	8-18
	n	**%**
12 years and older	230	94.3
Below 12 years of age	14	5.7
Gender		
Female	97	39.8
Male	147	60.2
Education Status		
Not specified	139	57
Specified	105	43
High School	59	56.2
Middle School*	40	38.1
Primary School*	5	4.8
University*	1	1
Variables	**n**	**%**
Place of Residence		
City centre	189	77.5
Other segments	55	22.5
Geographical Regions		
Aegean region	47	19.3
Marmara region	37	15.2
Mediterranean region	36	14.8
Black Sea region	34	13.9
Southeastern Anatolia	34	13.9
Central Anatolia	32	13.1
Eastern Anatolia	24	9.8

*Percentage distribution of educational status in the news content (n=105)

The provinces with the highest frequency of suicidal behaviors were Istanbul, Adana, Şanlıurfa, and İzmir. Conversely, the least common provinces were Ankara, Eskişehir, and Balıkesir.

Table 2. Variables Related to Children's Suicidal Behaviour (n= 244)

Variables	n	%
Years		
2022	36	14.8
2021	33	13.5
2020	26	10.7
2019	23	9.4
2014	23	9.4
2018	22	9
2013	22	9
2016	21	8.6
2017	20	8.2
2015	18	7.4
Seasons		
Winter	73	29.9
Spring	64	26.2
Summer	54	22.1
Autumn	53	21.7
Patterns of suicidal behaviour		

Hanging	116	47.5
Firearm	58	23.8
Jumping from height	57	23.4
Other	11	4.5
Suffocation in Water	2	0.8
Causes of suicidal behaviour		
Not specified	153	62.7
Specified	91	37.3
Reasons *		
Depression	30	33
Other	20	22
Family problems	18	19.8
Blue Whale Challenge	15	16.5
Sexual abuse	8	8.8
Consequences of suicidal behaviour		
Death	227	93.0
Survival	17	7.0

*: Percentage distribution of reasons for suicidal behaviour in the news content (n=91)

Suicidal behaviors were found to occur most frequently in 2022 (14.8%), followed by 2021 (13.5%) and 2020 (10.7%). Seasonally, 29.9% of the suicides occurred in winter and 26.2% in spring (Table 2). The months with the highest incidences of suicide were February (9.8%), November (9.8%), and December (9.8%), while August had the lowest incidence (4.5%). Regarding the methods of suicide, 47.5% of the children chose hanging, 23.8% chose jumping from heights, and 23.4% used firearms (Table 2).

It was found that 57.4% of the children performed suicidal behaviors at home, while 42.6% did so in out-of-home environments. Additionally, 14.3% of the children left a note, whereas 85.7% did not. It was observed that 93% of suicidal behaviors resulted in death, while 7% resulted in survival (Table 2). The reasons for 37.3% of the suicidal behaviors were mentioned in the news reports. Among these, 33% of the children attempted suicide due to depression, 20% due to other reasons (such as peer relations and forced marriage), and 19.8% due to family problems (Table 2).

Table 3. Distribution of Children's Methods and Reasons for Suicidal Behaviour by Gender (n=244)

Ways of performing suicidal behaviour		Gender			
		Female		**Male**	
		n	**%**	**n**	**%**
Hanging		34	35.1	82	55.8
Firearm		37	38.1	20	13.6
Jumping from height		22	22.7	36	24.5
Other		1	1	1	0.7
Suffocation in Water		3	3.1	8	5.4
Causes of suicidal behaviour					
Not specified		63	64.9	90	61.2
Specified	Depression	9	9.3	21	14.3
	Other	9	9.3	9	6.1
	Family problems	2	2.1	13	8.8
	Blue Whale Challenge	6	6.2	2	1.4
	Sexual abuse	8	8.2	12	8.2
Consequences of suicidal behaviour					
Death		86	37.9	141	62.1
Survival		11	64.7	6	35.3

According to Table 3, which shows the distribution of the methods and reasons for suicidal behaviors by gender, 38.1% of the female children committed suicide by jumping, while 55.8% of the male children committed suicide by hanging. The study found that females frequently committed suicidal behavior due to depression and family problems, whereas males were more likely to commit suicidal behavior due to depression and the Blue Whale Challenge. It was also determined that 37.9% of females and 62.1% of males committed suicidal behavior resulting in death, indicating a significant difference between genders (U: 6612.0; p<0.05).

4. Discussion

Suicides, which continue to increase over the years, have far-reaching physical, emotional, and economic consequences [20]. In our study, the mean age of children who exhibited suicidal behavior was 15.09±2.16 years (range: 8-18 years), with 94.3% being 12 years or older. This aligns with Uran (2019), who reported a mean age of 15.29±1.78 years (range: 7-18 years) among children and adolescents who attempted suicide, with the 15-year-old age group being the most frequent [25]. Similarly, Talay and Kanğın (2023) found that 96.4% of self-destructive poisonings involved children over 13 years of age [28]. Li et al. (2023) also identified the highest prevalence of suicidal thoughts among 12-year-old children [29]. These findings suggest that suicidal behavior in children increases with age and is more prevalent during adolescence.

Our study found a higher frequency of suicidal behavior among males (60.2%) compared to females (39.8%). Among those who exhibited suicidal behavior, 62.1% of males resulted in death, while 64.7% of females survived. No directly comparable studies were found in the literature. It is hypothesized that female children, often stigmatized as fragile and weak, may attempt suicide to draw attention to their problems, whereas male children, whose failures are less socially accepted, may resort to more lethal methods. Additionally, considering that child marriages significantly contribute to suicidal behavior among females, raising awareness about this issue across all societal segments is crucial.

The majority of children in our study were high school (56.2%) and middle school (38.1%) students. Other studies also found that high school students frequently attempt suicide [21, 25]. The high prevalence of suicidal behaviors in middle and high school ages, coinciding with adolescence, may be attributed to physiological and psychological changes and the effort for self-realization during this period. Adolescence is marked by significant stressors, including family problems, neglect and abuse, peer issues, academic challenges, and future anxiety. Adolescents who cannot find alternative solutions to these stressful situations may resort to suicidal behavior as a coping mechanism.

Our study observed a continuous increase in the rates of suicidal behavior over the years, reaching the highest level in 2022. This trend is consistent with other studies showing increased suicide attempts. Plemmons et al. (2018) reported an increase in suicidal thoughts and attempts among children over the last decade [8], and Burstein et al. (2019) noted a doubling of emergency room visits for similar reasons [7]. Seasonally, our study found that children most frequently engaged in suicidal behavior during winter (29.9%) and spring (26.2%). Similar seasonal patterns were reported by Kırcı et al. (2023) and Elmas and Uluğ (2019) [21, 30]. Although no studies have shown a statistically significant difference between seasons and suicidal behaviors, it is hypothesized that increased exposure to school and peer-related problems during the winter may contribute to this pattern.

Before the suicide attempt, Dinleyici et al. (2018) found that 30.4% of children had a psychiatric diagnosis [31], while Görücü et al. (2020) reported a rate of 50.8% [32]. Depression was identified as the most common diagnosis in several studies [27, 33, 34]. Many children had previously attempted suicide one or more times [22, 23, 35]. In our study, while the previous medical histories of the children were not available from the news content, it was determined that depression was the reason for suicidal behavior in 30% of the cases. This suggests that observations and interventions for depressed children by families, teachers, and healthcare workers may be insufficient.

Family problems (19.8%), the Blue Whale Challenge (16.5%), sexual abuse (8.8%), and peer relations were significant factors in the suicidal behavior of children. Similarly, other studies have found that children frequently attempt suicide due to domestic problems [16, 33, 34]. Kavurma et al. (2023) reported significant negativity in family assessment scales, higher divorce rates among parents, and lower parental attachment scores in adolescents with self-harm behavior [36]. Destructive attachment patterns developed in infancy were also associated with suicidal and self-harming behaviors in childhood and adolescence [37]. Sexual abuse has been identified as a contributing factor to suicide in multiple studies [14, 38, 39]. Kılıç (2016) found higher rates of suicide attempts (32%) and suicidal ideation (30%) in sexually abused children compared to a control group.

The Blue Whale Challenge, identified as the second leading cause of suicidal behavior in our study, involves children and adolescents completing tasks with threatening content over 50 days. Talu (2019)

analyzed this phenomenon using Shneidman's "suicide cube" model, finding that the tasks overlapped with factors of pain, pressure, and restlessness [41]. The game induces psychological depression and culminates in the final task of suicide [13, 42]. The immersiveness of the Blue Whale Challenge may drive children with computer game addiction to attempt suicide.

In terms of methods, 47.5% of children in our study performed suicidal behavior by hanging, 23.8% by jumping from heights, and 23.4% by firearms. This is consistent with Ruch et al. (2021), who found that 78.4% of children used hanging [17], and Laido et al. (2017), who reported that 57.4% used hanging and 17% used jumping [18]. In contrast, other studies in Turkey have found drug overdose to be the most common method [21, 25, 43], likely due to the accessibility of drugs.

Durkheim (2013) posited that religion has a protective effect against suicides, with higher suicide rates observed among non-religious individuals [2]. Although the majority of the Turkish population is Muslim (90%), and suicide is explicitly forbidden in the Qur'an, our study found an increasing rate of suicide among children each year. This discrepancy suggests that the protective influence of religious beliefs may be waning or insufficient in preventing suicidal behavior among children.

5. Conclusions

This study highlights the increasing trend of suicidal behavior among children in Turkey over a decade, with significant findings regarding age, gender, educational status, and seasonal patterns. The majority of suicidal behaviors were observed among adolescents, particularly high school and middle school students, indicating that the transition period from childhood to adulthood is a critical phase requiring focused attention. The higher frequency of suicidal behavior among males, and the lethality of their methods compared to females, underscores the need for gender-specific prevention strategies.

The significant role of depression, family problems, and the Blue Whale Challenge as contributing factors suggests that targeted interventions addressing mental health, family dynamics, and digital safety are essential. This study emphasizes the importance of comprehensive observation and intervention by families, educators, and healthcare professionals for children showing signs of depression and other mental health issues.

Despite the high prevalence of religious beliefs in Turkey, the increasing rate of suicide suggests that additional cultural, social, and psychological factors need to be addressed. This discrepancy highlights the potential waning of the protective influence of religious beliefs or their insufficiency in preventing suicidal behavior among children.

Overall, this study underscores the urgent need for multifaceted suicide prevention strategies that include mental health support, family interventions, educational system involvement, and societal awareness. Developing and implementing comprehensive suicide prevention programs tailored to the specific needs of different age groups and genders is crucial. Furthermore, enhancing digital literacy and safety, particularly regarding online challenges like the Blue Whale Challenge, is imperative to protect vulnerable children.

Future research should focus on longitudinal studies to better understand the evolving patterns of suicidal behavior and the effectiveness of various intervention strategies. Collaboration between policymakers, mental health professionals, educators, and community leaders is essential to create a supportive environment that fosters the well-being and resilience of children and adolescents.

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