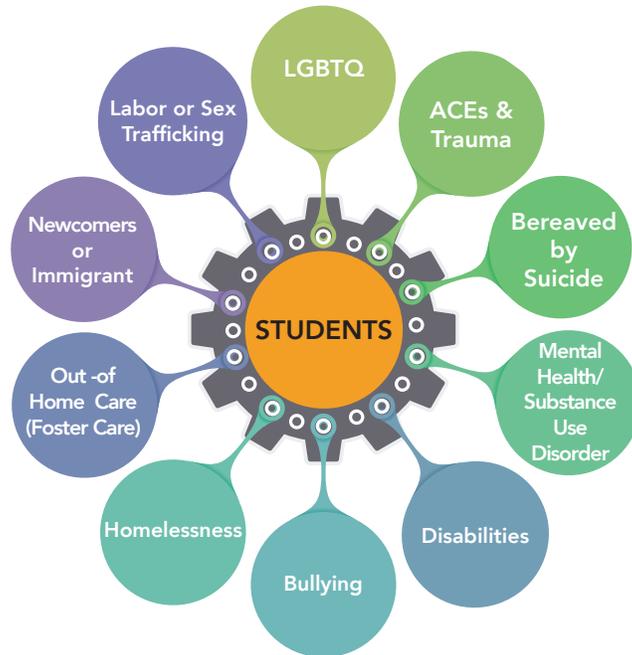




Considerations for Supporting Vulnerable Student Populations

Suicide is a preventable public health problem. Children and teens spend a significant amount of their young lives in school; the personnel who interact with them daily are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help. Creating safe, affirming, and inclusive schools is a universal/prevention Tier I strategy for supporting all students.

Suicide risk may increase when an individual experiences several risk factors at the same time. Factors such as discrimination, traumatic life circumstances, stigma, familial and community rejection, mental illness, and other factors that compromise life functioning may result in elevated suicide risk, particularly for vulnerable student populations, including:



STUDENTS WHO MAY BE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING (LGBTQ+)

The elevated rate of suicidality among Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and non-binary youth is strongly associated with family and community rejection. LGBTQ+ and non-binary students with rejecting families have an eightfold increased risk for suicidal ideation compared to LGBTQ+ students with affirming families.

When working with LGBTQ+ youth:

- Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is greatest among students who are in hostile environments and/or struggling to hide or suppress their identity.
- Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages. Your acceptance can make a big difference.
- Never "out" students to anyone, including parent(s)/guardian(s). Students have the right to privacy about their sexual orientation or gender identity.
- Promote social emotional learning and resiliency, including emotional management and positive coping skills in the classroom.
- Ensure safe campuses.
- Provide LGBTQ+ affirming resources (see BUL-2637, Attachment R–Resource Guide).

Resources and Contact

- Human Relations, Diversity & Equity, 213.241.3840
- BUL-6224 Gender Identity and Students - Ensuring Equity and Nondiscrimination

LGBTQ+



STUDENTS WITH ADVERSE CHILDHOOD EXPERIENCES (ACEs) AND EXPOSURE TO TRAUMA

Students who have experienced multiple adverse experiences are at significantly greater risk for suicide. The Adverse Childhood Experiences (ACEs) study includes trauma such as child abuse (physical, sexual, emotional), child neglect (physical, emotional), and household dysfunction (domestic violence, familial substance abuse, incarceration of a family member, separation/divorce, familial mental illness). Those who have experienced four or more ACEs may be up to 12 times more likely to attempt suicide, and those with seven or more ACEs are up to 51 times more likely to attempt suicide. Up to 80% of childhood/adolescent suicide attempts may be attributable to ACEs.

Higher numbers of ACEs predict significantly higher risks for neurobiological effects, such as brain abnormalities and stress hormone irregularities; psychosocial effects, such as poor attachment, poor socialization, and poor self-efficacy; and health risk behaviors, such as smoking, substance abuse, and promiscuity. Long-term consequences of exposure to multiple ACEs include major depression, post-traumatic stress disorder, heart disease, suicide, and early death.

Students with a high number of ACEs may exhibit some of the following behaviors:

- Difficulty regulating emotions.
- Hyperactivity.
- Unprovoked aggression.
- Pervasive mistrust of authority figures.
- Social withdrawal or difficulty developing close or lasting relationships.
- Difficulty asking for/accepting help.
- Difficulty understanding information and following directions.

STUDENTS BEREAVED BY SUICIDE

Studies show that those who have experienced loss by suicide, through the death of a friend or loved one, are at increased risk for suicide themselves. The process leading to this increased risk of suicide is called contagion. Youth ages 15-19 experience a suicide rate that is two to four times higher when they have experienced the death of a peer who died by suicide (Survivors of Suicide Loss Task Force, 2015).

A suicide cluster is comprised of an excessive number of suicides occurring in close time and/or geographical proximity (Lake & Gould, 2014). Schools are encouraged to mitigate contagious behaviors that increase the risk of suicide clusters in school communities by ensuring appropriate implementation of postvention strategies outlined in BUL-2637 Suicide Prevention, Intervention, and Postvention.

When working with students with ACEs, exposure to trauma, or those bereaved by suicide:

- Promote the five resilience factors: sense of safety, ability to be calm, self-efficacy and community efficacy, connectedness, and hope.
 - Support students to feel safe physically, socially, emotionally, and academically by establishing predictability and consistency.
 - As an important aspect of self-regulation, have conversations with students about healthy techniques they can utilize to self-soothe/feel better.
 - Encourage students to direct their attention to positive experiences in real time and provide opportunities to participate in meaningful activities with peers.
 - Connect with students using a trauma-informed lens, by asking, "What happened?" rather than "What's wrong with you?"
 - Cultivate optimism while offering students hope for the future.
- Make appropriate referrals to school or community-based services for treatment, as needed.



ACES

Resources and Contacts

- School Mental Health 213.241.3841
- School Mental Health <http://smh.lausd.net>
- Division of Special Education: Positive Behavior Support <https://achieve.lausd.net/site/Default.aspx?PageID=4137>

MENTAL HEALTH/SUBSTANCE USE DISORDERS

STUDENTS WITH MENTAL HEALTH AND/OR SUBSTANCE USE DISORDERS

Suicide is not simply the result of stress or difficult life circumstances. A key suicide risk factor is an undiagnosed, untreated, or ineffectively treated mental health disorder. It is estimated that over 90% of people who die by suicide had a mental disorder at the time of their death. In teens, the mental disorders most closely linked to suicide risk are major depressive disorder, bi-polar disorder, generalized anxiety disorder, conduct disorder, substance-use disorder, and eating disorders. The majority of youth suffering from these disorders are not engaged in treatment. Symptoms are often misinterpreted or attributed to normal adolescent mood swings, laziness, poor attitude, irritability, or immaturity. School staff play a pivotal role in recognizing warning signs and risk factors for students exhibiting suicidal ideation/behavior and referring them to treatment. They can make a referral to a qualified mental health provider who can make the appropriate diagnosis and provide treatment.

When working with students with mental and/or substance use disorders:

- Consider the type and severity of the student’s mental health or substance use disorder.
- Promote social emotional learning and resiliency, including emotional management and positive coping skills in the classroom.
- Make appropriate referrals to school or community-based services for treatment, as needed.
- Develop and foster positive relationships and support networks within home, school, and community settings.

Resources and Contacts

- School Mental Health 213.241.3841
- School Mental Health <http://smh.lausd.net>

¹ <https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/index.html>



STUDENTS WITH DISABILITIES

The definition of “child with a disability” explains how and why children are found to be eligible – or ineligible – for special education and related services under Individuals with Disabilities Education Act (IDEA). A “child with a disability,” as defined by IDEA, is entitled to a free appropriate public education that emphasizes special education and related services designed to meet the child’s unique needs. IDEA includes 14 primary terms under the main definition of “a child with a disability:”

- Autism
- Deaf-Blindness
- Deafness
- Developmental Delay
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment including Blindness

When working with students with disabilities:

- Consider the type/severity of the student’s disability.
- Ensure that all accommodations and modifications in the Individualized Education Program (IEP) are being implemented with fidelity.
- Promote social emotional learning and resiliency, including emotional management and positive coping skills in the classroom, in general and special education program settings, to support access to Least Restrictive Environments (LRE).
- Support students with disabilities who exhibit behavioral challenges using evidence-based practices found in a Multi-Tiered System of Support (MTSS).
- Follow process and procedure for determining the need to include behavior support and counseling services as part of a student IEP.
- Develop and foster positive relationships and support networks within home, school, and community settings.

When students with disabilities have behavioral and emotional needs that are severe in frequency, duration, or intensity; affect their ability to benefit from their special education program; and are manifested at the school, at home, and in the community, follow guidelines as indicated in BUL-5577 Counseling and Educationally Related Intensive Counseling Services (ERICs) for Students with Disabilities.

Students with profound disabilities may exhibit self-injurious behaviors without being indicative of suicide or suicidal ideation. Please follow District guidelines as indicated in BUL-6269 Multi-Tiered System (MTSS) of Behavior Support for Students with Disabilities

Resources and Contacts

- Division of Special Education 213.241.6701
- Division of Special Education ERICS 213.241.8303
- BUL-5577 Counseling and Educationally Related Intensive Counseling Services (ERICs) for Students with Disabilities
- BUL-6269 Multi-Tiered System (MTSS) of Behavior Support for Students with Disabilities
- Division of Special Education <https://achieve.lausd.net/sped>



STUDENTS INVOLVED WITH BULLYING

STUDENTS INVOLVED WITH BULLYING

The relationship between bullying and suicide is highly complex. Youth who are involved with bullying (as a student targeted, engaged in, or witnessing bullying behavior) are more likely to report high levels of suicide-related behavior, particularly when coupled with other risk factors. However, most children who are involved in bullying do not become suicidal.

When working with students who are involved in bullying:

- NEVER perpetuate the false notion that suicide is a natural response to bullying.
- Focus on response, support, protection, and treatment instead of blame and punishment.
- Make appropriate referrals for other important risk factors that may need to be addressed (e.g., substance use, mental disorder, or family dysfunction).
- Help students feel connected to school and teach coping/life skills.
- Follow bullying response protocols delineated in BUL-5212 and contact the Local District Operations staff.
- When students are bullied based on their actual or perceived association with an identity group (such as being Muslim), address both the bias and the harassment/bullying behaviors.
- Promote social emotional learning and resiliency, including emotional management and positive coping skills in the classroom.

Resources and Contacts

- Human Relations, Diversity & Equity, 213.241.3840
- BUL-5212 Bullying and Hazing Policy (Student-to-Student and Student-to-Adult)
- BUL-2047 Hate-Motivated Incidents and Crimes–Response and Reporting

STUDENTS EXPERIENCING HOMELESSNESS

STUDENTS EXPERIENCING HOMELESSNESS

Rates of suicide attempts are higher for youth experiencing homelessness than they are for the general adolescent population. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth have expressed some form of suicidal ideation. The term homeless is defined by the Federal McKinney-Vento Homeless Assistance Act as individuals who lack a fixed, regular, and adequate nighttime residence, including but not limited to living in: a shelter, transitional housing program, a vehicle, substandard housing, or living “doubled-up” due to loss of housing stemming from financial hardship. Also included are youth who are not in the physical custody of a parent/guardian, including youth who have run away from home, have been told to leave, or are pregnant/parenting not living with their parents or guardians. For additional definitions, see BUL-6718, Attachment M -Student Housing Questionnaire.

When working with students experiencing homelessness:

- Determine if there are additional supports in place, (e.g., mental health).
- Do not make assumptions about why the student is experiencing homelessness. Often this population has experienced a history of trauma and loss.
- Ask student if they have a current place to sleep and if they would complete a Student Housing Questionnaire (reference BUL-6718).
- Promote social emotional learning and resiliency, including emotional management and positive coping skills in the classroom.
- Consult with designated School Site Homeless Liaison.

Resources and Contacts

- Homeless Education Office 213.202.7581
- BUL-6718 Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System



STUDENTS RESIDING IN OUT-OF-HOME CARE SETTINGS

Students residing in out-of-home care settings are those involved in the Child Welfare System (e.g., foster youth) or the Juvenile Justice System. Youth involved in child welfare or juvenile justice systems have a high prevalence of risk factors for suicide. One researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care. The rate of deaths by suicide for youth involved in the juvenile justice system is four times greater than the rate for youth in the general population.

When working with students in out-of-home settings:

- Determine if there are additional supports in place, (e.g., mental health, probation, Child Welfare System).
- Do not make assumptions about why the student is involved in the Juvenile Justice System and/or Child Welfare System, often they have a significant history of ACEs and victimization.
- Promote social emotional learning and resiliency, including emotional management and positive coping skills in the classroom.

Resources and Contacts

- Student Support Programs 213.241.3844 - to identify specialized support services
- BUL-6718 Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System



STUDENTS IDENTIFIED AS NEWCOMERS OR IMMIGRANT (Unaccompanied, Accompanied, Undocumented, Mixed Status Families)

Some of the stressors our newcomer or immigrant youth may experience include unaddressed/unidentified trauma, abuse, persecution, or exploitation. They may also have mental health needs stemming from traumatic experiences in their countries of origin, their journey to the United States and adjusting to a new family structure; realities of reunification; fear of deportation; catapulted development; school interruption; academic challenges; and acculturation considerations.

The Office of Refugee Resettlement defines an **unaccompanied youth** as a person under the age of 18 who has no lawful immigration status in the U.S. upon entry and who:

1. Has no parent or legal guardian in the U.S., or
2. Has no parent or legal guardian in the U.S. available to provide care and physical custody.

Most apprehended unaccompanied youth are placed with family members living in the U.S., who are appointed as their sponsor. Sponsors agree to care for the youth, enroll them in school and participate in immigration court proceedings; although they are not legally bound to do so.

An **accompanied youth** is a person under the age of 18 who has no lawful immigration status in the U.S.; and who at the time of entry into the U.S. was apprehended with a biological parent.

An **undocumented youth** is a person under the age of 18 who does not have legal documentation to live in the U.S. or who has overstayed his/her visa.

A **mixed-status family** is a family whose members have different citizenship or immigration statuses. This may include family members that are either undocumented, citizens, or those who have lawful immigration status in the U.S.

When working with immigrant youth:

- Do not ask or make assumptions about the student's immigration status.
- Students may have limited familial/social supports.
 - Students may have a difficult living situation and may be experiencing homelessness.
 - Students may have a history of abuse, exploitation, and/or victimization.
- Students may be fearful of disclosing any information.
- Determine if there are additional supports in place, (e.g., legal referrals, mental health, Child Welfare System).
- Students may have legal concerns that are not being addressed and/or must attend immigration court proceedings.

Resources and Contacts

- School Enrollment, Placement & Assessment (SEPA) Center, 213.482.3954
- Student Health and Human Services Resources <https://achieve.lausd.net/Page/11883>
- We Are One website (includes resource guides with legal provider services, immigrant related information and upcoming events) <https://achieve.lausd.net/weareone>



STUDENTS WHO EXPERIENCE LABOR OR SEX TRAFFICKING

Under the Trafficking Victims Protection Act of 2000, federal law regards any minor who is induced into forced labor as a victim of labor trafficking. Minors who are forced into sex trafficking are regarded as Commercially Sexually Exploited Children (CSEC)—regardless of whether the trafficker used force, fraud, or coercion. Trafficked youth are commonly involved with the Child Welfare System or Juvenile Justice System. They may also have a history of poor school attendance and running away.

When working with youth who experience labor or sex trafficking:

- Students may have limited familial social supports.
- Students may be fearful of disclosing information for fear of harm/retaliation.
- Determine if there are additional supports in place (e.g., mental health, probation, Child Welfare System).
- As a mandated reporter, you must report any suspicion of CSEC involvement or forced labor immediately to the appropriate child protective services agency.
- Do not make assumptions about why the student is in these circumstances; often they have experienced a history of trauma, abuse, and loss.

Resources and Contacts

- BUL-1347 Child Abuse and Neglect Reporting Requirements
- Student Health and Human Services <https://achieve.lausd.net/Page/11883>