

Los Angeles Times

EDITION:
121 DAILY / 1,391,076 SUNDAY

SUNDAY, MARCH 9, 1997
COPYRIGHT 1997 / THE TIMES MIRROR COMPANY / CCI / 500 PAGES

COLUMN ONE

They are as young as 10, and see life clouded in pain and isolation. More of them seek—and too often find—a way to end it. Experts search for reasons, while those left in grief's wake try to learn and cope.

Children Who Kill Themselves

By SONIA NAZARIO
TIMES URBAN AFFAIRS WRITER

Brian Alan Owens, a 13-year-old boy with freckles and blue eyes, woke one summer morning and talked of getting his bicycle handlebars tightened. That afternoon, reportedly upset by family problems, he found his grandfather's Smith & Wesson and put a bullet in his brain. His grandmother found him curled up in front of her living room TV, a bowl of chocolate ice cream at his side.

Eleven-year-old Giovanni Hernandez balked at boarding the school bus one afternoon, upset over teasing by other children. As his mother drove

permits increasingly are thinking about ending their lives. Sometimes they try. Too often they succeed.

The deaths of Brian, Giovanni and Jorge—described in heartbreaking detail in Los Angeles County coroner's reports—reflect what researchers say is a sense of growing depression and impulsiveness among youngsters.

Mark DeAntonio, director of inpatient adolescent services at UCLA's Neuropsychiatric Institute, says he is stunned by the numbers of children rushed into the university's emergency room after gulping bleach, slashing themselves or using whatever means they can to try to end their pain.

"It's really scary," he says. "I didn't see this 10 to 12 years ago."

The number of young people who kill themselves remains relatively small—34 in Los Angeles County during the last four years, 318 nationwide in 1994—far below those of adults and older teens from 15 to 19. "This isn't the scourge that is wiping out the junior high school generation," argues suicide expert Mike Males of UC Irvine.

But most experts see the seeds of a potential crisis.

The Centers for Disease Control and Prevention recently reported that the 1994 nationwide suicide rate among 10- to 14-year-olds had increased 120% since 1980, the biggest jump of any age group.

And fatalities give only a hint of the problem's reach.

Last year, the Los Angeles Unified School District found that 30% of students identified by teachers and counselors as exhibiting suicidal tendencies were in elementary school. That amounts to up to 660 children, a large increase from

Please see SUICIDE, A28

SUICIDAL TENDENCIES *When Kids See Death as an Answer*

■ First of two parts

him home, she scolded him and swatted his leg. That evening, she found the 78-pound boy hanging by his karate belt from the top post of his bunk bed, wearing a shirt with chipmunk, rabbit and dinosaur cartoon characters.

Ten-year-old Jorge David Licea couldn't bear to give his parents a note from his teacher requesting a meeting over his use of foul language. The next morning, the boy began crying before class on the playground. He yanked his father's .38-caliber gun out of his backpack, begged two friends to shoot him, then put the muzzle to his right temple and fired.

Kids this young didn't use to kill themselves in America.

While teenage suicide for years has been one of the nation's most wrenching problems, a grim and baffling new trend has emerged: Children too young to get their learner's



GENARO MOLINA / Los Angeles Times

Pinora Romero mourns beside the casket of Joey Ortiz, a friend who committed suicide by hanging at 15.



In a Family Hit by Tragedy, a New Life Brings Hope

Joey Ortiz, seen in a snapshot at top left, was preoccupied by thoughts of death since the age of 13. He took his own life last fall at 15, leaving behind a pregnant girlfriend and a grief-stricken family. Clockwise from left, in the bedroom closet where Joey hanged himself, a candle burns beside a memorial of photos and flowers; his mother, Teresa, caresses his favorite jersey; Teresa shows Joey's girlfriend, Candie, some clothes she knitted for the young couple's child as Joey's father, Jose, grieves over his son's grave; Teresa kisses her grandson shortly after his birth in January.



SUICIDE: Grim Toll Is Rising Among Younger Children

Continued from A1

the district's previous annual survey. "Children are turning to suicide more and more as a way to find an answer," says 68th Street Elementary School counselor Jessie Freeman, who gives anti-suicide talks to fifth-graders.

Although some suicidal adolescents have obvious mental illnesses, many others show no symptoms of psychological turbulence. They may just be ill-equipped to handle the swiftly shifting realities of growing up in the 1990s.

Many children no longer see their homes as shelters of stability. In California, three out of four children grow up without both original parents. In many households, whether headed by one or two parents, work often is the dominating force, leaving scarce time or energy for deep conversations. Feelings of isolation and rejection often fill the void.

Then there are the outside pressures—academic competition, drugs, the push to have sex at younger ages, the obsession to fit in, a drumbeat of songs, movies and news stories about suicide and violence.

It is, of course, difficult to know exactly what drives someone—especially a young person—to the brink of death and beyond. But researchers have identified some common threads.

Many child and teen suicide victims come from middle- and upper-income families that expect their children to achieve success and status. Certain

personalities prevail: the overly anxious, perfectionists, high achievers or those easily distressed by family upheaval.

The accessibility of guns also has introduced an increasingly lethal dimension. In homes with firearms, according to a 1992 study, the risk of suicide among family members is nearly five times higher. Today, an estimated 41% of the nation's households have guns. Many are loaded and not locked away—a dangerous combination for a troubled and impulsive youngster.

There is debate among experts whether the rise in both child and teenage suicides is real or a reflection of better tracking. Some argue that deaths once called accidental are now being more accurately counted as suicides. Most, however, believe the opposite is true, that coroners' officials still bow to pressure from families who, for personal and insurance purposes, want the deaths of their children ruled accidental.

For years, the conventional thinking has been that any public discussion of teenage suicide invites copycats. And because of societal shame, most families have kept their painful—and often instructive—experiences to themselves. Both these factors have worked against creating a sense of urgency that some now believe is crucial.

As a result, growing numbers of parents, suicide experts and mental health professionals have come to be-

lieve that only by openly talking about the problem can these puzzling acts of self-destruction be better understood.

'Everything's Going Wrong for Me'

Teresa Ortiz is sitting on the floor of her son's small walk-in closet. A white candle burns, illuminating the bar that holds his clothing. Eight days before, her 15-year-old, Joey, hanged himself here.

"Where did I fail? What did I do?" Teresa says, her chest heaving with each sob. She unfurls Joey's favorite jersey, draws it to her face with both hands and inhales deeply, taking in his smell.

Rosary incantations from the family room downstairs fill her ears. "Hail Mary!" dozens of friends and family repeat while gazing at two bulletin boards covered with photos of a boy with combed-back hair and brown eyes.

Here, in the closet where he died last fall, Teresa confesses that the boy everyone saw as normal, who dreamed of being an architect or engineer, was plagued by hopelessness and fear.

bed. He had nightmares. Mild scoldings reduced him to tears, his mother says. "I want you together as a family," he begged, saying that in a dream God said his parents should be one.

Joey's father vowed to give up beer. But at the time, he now admits, he couldn't. He says it was his way of coping with his wife's addiction—work.

Teresa was determined to maintain her own parents' middle-class lifestyle. She slogged through 70-hour workweeks, holding down three nursing jobs, boosting the family's annual income to \$70,000. She amassed enough money to send Joey to a private Catholic school and salt away some for her other dream: a house in a better neighborhood.

Despite the benefits the money brought, Joey resented the time apart from his mother. "You work too much!" she says he once screamed. Sometimes, while his mother slept, Joey would lie beside her, tug on her nightgown sleeve and whisper, "Mommy, hug me. Talk to me," as he kissed her neck.

Joey's relationship with his father, meanwhile, was superficial and strained, both parents admit. Jose, who came from Mexico as a teenager, thought a boy should be raised to be macho and learn to fend for himself. When Joey, who was class president in the fourth and fifth grades, brought home As, Bs and an occasional C, his father would say: "You're so smart. Why can't you do better than that?"

In two poems written just before his

death—titled "Death" and "The Call of Death"—Joey wrote that when he looked into his father's eyes, he saw hatred, a wish that Joey were dead. "I'm always in the shade, never in the light."

"I tried to do the best by him," his father says. "But at times I didn't know how to deal with him." Jose says he even attended a school parenting workshop.

Joey found the attention he craved in his girlfriend, Candie, whom he met at a dance at her school, Ramona Convent, in Alhambra. The two called each other 15 times a day. Candie wrote every day, sometimes baring her own troubled soul.

"I want to die," she once wrote. "really I do, I have nothing going for me and nobody to listen to me and back me up on my decisions."

Candie—whose father rarely surfaced after her parents were divorced when she was 10—told Joey she wanted a baby. By last April, she was pregnant. Joey was swelling with pain.

No one seemed to sense his growing preoccupation with death, which he had carried with him since 13. He told his mother he loved a dance called "suicide"—an aerial flip that ends with a body-slam. He told Candie of thoughts about dying in a car crash and of slitting his wrists. He once asked if she had ever considered a suicide pact. In a poem to Candie last May, titled "The Ugliness of Life," he said he didn't expect to live more than a year or two.

Please see SUICIDE, A29

suicidal tendencies WHEN KIDS SEE DEATH AS AN ANSWER

SUICIDE: Claiming More Young Victims

Continued from A28

The night before his death, Joey told his longtime friend Fabian Beltran, "Everything's going wrong for me."

As they sat in the cab of a truck owned by Fabian's father, Joey spoke of a jealous teenager who had threatened his life. Fabian says Joey also said that while he loved Candie and was happy about the baby, he was too young to be a father or leave high school.

An abortion, he said, would cost \$600, which he didn't have. One scribble across his notebook suggested he had moral qualms about that option anyway. "You're going to die! Today or Tomorrow! Your choice, but not for babies."

Then there was the prospect of disappointing his mother with the pregnancy. "His mother wanted him to excel," says Fabian, "to be better than anybody."

As Joey got out of the truck that night last September, he asked: "What am I going to do? What's going to happen?"

The next morning, Joey, like many teens who give away prized possessions before dying, took a batch of Nintendo games to his cousin.

Later, he beeped Candie—"187187187," their code for "death, murder, killed." Joey was furious, Candie recalls. His mother had slept in until 3 p.m. after working all night. He and Candie arranged to take a twilight park stroll. But soon after, he called her back, angrily reporting that his father had refused to let him out of the house because he hadn't done his chores.

"Babe, they just don't understand," Joey sobbed. His parents remember him stomping upstairs to his room, shutting the door and not answering when his sister Karina knocked at around 7 p.m. to say that pizza had arrived. The coroner believes this is about the time Joey took his last breath.

At dawn, Joey's sister walked into his bedroom and saw her 6-foot brother in the closet, hanging from the pole, hands clenched under his knees as if he were determined to keep himself from standing. He had taken a crucifix off his wall and placed it on the floor in front of him. The cross was stained with his blood.

Candie's mother says she urged her daughter to have an abortion. "Think of the reaction of the baby when he realizes what happened!" she said. But Joey's parents begged Candie to let the child live. "It's all my son has left us," said his father. On the day of the funeral, Candie, at age 16, chose motherhood.

Joey's parents pledged to make their grandson's birth joyful, perhaps cushioning the sorrow of their son's suicide.

They bought Candie a crib and helped her ready the nursery. Teresa knitted baby clothes and took Candie to Lamaze classes. Together, as the pregnancy progressed, they read the Bible and wept at Joey's grave.

At 2:19 a.m. Jan. 4, after 13 hours of labor, Candie gave birth to a healthy 7-pound, 12-ounce boy. Candie's mother looked proudly on the boy, who had a red rash on his face and a wispy sprinkling of brown hair on his crown. As more than a dozen family members gathered around the infant, a somberness pervaded. "He has Joseph's beautiful feet," Teresa said, as Joey's sister sobbed in the hospital corridor. Teresa too lost her composure as she put her hand up to the clear plastic incubator where the newborn lay.

Candie will christen the boy Joseph Ortiz in honor of his father.

After lunch each day, Joey's classmates at Don Bosco Technical Institute in Rosemead also honor the life of their friend. He is the school's fifth suicide victim in a decade. His buddies gather around a campus picnic table where Joey once presided over a daily ritual: poker. The table's benches are jammed,



"It is the most anguished pain. . . . There is no end to it, no way to tie up loose ends."

Rosemary White
Director, Institute for Suicide Prevention

save for a corner spot, respectfully left empty.

"He used to deal from here," says Noah Blanton, flipping cards to the boys at the table. "We plan to leave it open forever."

Voices in the Night

It is early evening on a recent Thursday and the calls are pouring into Teen Line. Here, and at other hotlines for troubled youths throughout Southern California, the magnitude of adolescent angst becomes all too clear.

At Teen Line's home deep inside Cedars-Sinai Medical Center, high

school student and phone volunteer Rochelle Israel lifts the receiver with trepidation. Calls can end with immense satisfaction—a suicidal child thanking her for listening. Or they can be harrowing—talking to children as they swallow pills and slide into unconsciousness. A quarter of the calls come from 12- to 14-year-olds, up from 15% in the early 1990s.

Tonight, a teenage caller tells Rochelle she doesn't want to be here any more. The girl quietly confides that she slit her wrists when she was 13.

"I can tell from what you're telling me that you have a lot of good qualities," Rochelle says, nervously twiddling her Nike shoelaces. "You can get through it."

Julie, above left, a Cedars-Sinai Teen Line volunteer, tries to persuade a distraught caller not to kill himself. At support group in Torrance, Lois Bloom, far left, hugs Victoria McCauley; both lost sons to suicide.

Therapist Dale Rose—who lost her own 14-year-old son to suicide—supervises the teenage volunteers. She kneels by Rochelle, madly scribbling notes. "Try to empathize with her!" she scrawls in red ink. The caller says she doesn't talk to friends much any more. Only exercise makes her happy—three hours a day. She's lost so much weight she no longer has a period.

Gingerly, Rochelle inquires about the girl's parents. "Does he touch you?" she asks. The girl says her father, a movie producer, rapes her often. Then, realizing she has revealed a shameful secret, the girl gets jittery, suggesting that maybe the rapes were her fault. "It's so hard to hold on to something like this," Rochelle says calmly. "It's OK."

The girl, scared, asks if she can come to Rochelle, who instead urges her to go to a friend or hotel. "I care about your safety tonight," says Rochelle, who tries but fails to glean enough information from the girl to get child welfare authorities involved.

The girl says she will get her driver to take her to the swank Four Seasons Hotel, promising to call when she arrives. Rochelle waits until 11 p.m.—one hour after Teen Line closes. The call never comes.

Six other volunteers—all of whom have months of training—take similar calls.

Three seats away from Rochelle, Julie talks to a 14-year-old boy. He feels worthless, he says, always in pain. His girlfriend since age 12 is having sex with someone else. His best friend shuns him. Julie senses the boy may be slashing his wrists as they speak. "Promise me you won't cut yourself? You promise?" Julie demands. The boy says he plans to kill himself before he starts the ninth grade.

Please see SUICIDE, A30



Heidi Chamberlain, 15, leaped from a cliff with her boyfriend last year.

saw boys tagging along. "You lied!" Heidi's mother scolded her.

With each deception, the rules were tightened. "I told Heidi: I'll always love you. But I don't have to like you," her mother says.

By the summer before her death, Heidi was alternating between two sets of friends: clean-cut Mormons and her boyfriend's clique, mostly boys who had more freedom, some of whom occasionally took drugs.

In her diary, Heidi described two

those expectations aren't met, some kids begin seeing themselves as failures, focusing their anger inward.

On the surface, Heidi, a Palos Verdes Peninsula High School student, seemed happy enough. Equestrian and soccer trophies cluttered her bedroom. A half-year before her death, she was baptized as a Mormon; she insisted on going to the seminary at 6 every morning and neither drank nor used drugs, her mother says.

Heidi's mother worked for the PTA. Her father shunned traveling for his employment agency so he could duck out in the afternoons to coach Heidi's soccer team.

But sometimes Heidi's effervescence didn't seem quite real. She would sit sullenly on the couch with her arms and legs crossed, then lock herself in her bedroom. She told her parents she felt smothered. At 15, she was allowed to begin dating—once a week on weekends. Curfew was 10 p.m.

Even though Heidi didn't have a driver's license, she would sneak out and take the family car for midnight cruises with friends. In February last year, Heidi went on what she had sworn was an all-girl, church-sponsored evening hike. Donna secretly followed, confronting her on the trail when she

Material Comforts No Salve for Adolescent Pain

By SONIA NAZARIO
URBAN AFFAIRS WRITER

In a material sense, nothing was missing from Heidi Chamberlain's life. Her home had a fabulous view of the Pacific. She owned a horse named Spunky. A 1996 Jeep Cherokee was parked in the driveway, awaiting the day she would turn 16—a day that never came.

Last March, in the middle of the night, the 15-year-old girl and her boyfriend, Christopher Mills, leaped to their deaths off the cliffs of the Palos Verdes Peninsula. A jogger found their broken bodies on the rocky shore 150 feet below.

"Why would she want to end her beautiful life?" Heidi's mother, Donna, says while displaying photos of a girl with velvety skin and blond hair. "It's not that we're perfect, but we're a good family. Don't think it happens just to the obviously disturbed. It can come out of the blue and smack you."

As Heidi's story illustrates, wealth is no salve for adolescent pain. Indeed, studies show that suicide rates are disproportionately high among teens from affluent, well-educated families, where some parents place excessively heavy demands on their children. When

Suicide Numbers

Percentage of U.S. high school students who have seriously thought about attempting suicide in the past 12 months: 24%

■ Percentage who actually attempt to kill themselves:

U.S.	9%
Calif.	12%
L.A.	16%

■ Percentage in U.S. with whom the attempt requires medical attention: 3%

GENDER

■ More than one in three high school girls in Los Angeles has thought seriously about attempting suicide in the last 12 months.

Female	U.S. 30%
	L.A. 36%

Male	U.S. 18%
	L.A. 16%

Percentage of high schoolers attempting suicide

Female	U.S. 12%
	L.A. 21%

Male	U.S. 6%
	L.A. 10%

Suicide death rate for 10- to 14-year-olds, per 100,000

Female	U.S. 1.0
	L.A. 0.9

Male	U.S. 2.4
	L.A. 0.3

Suicide death rate for 15- to 19-year-olds, per 100,000

Female	U.S. 3.5
	L.A. 5

Male	U.S. 18.3
	L.A. 11

RACE

■ Among ethnic groups in California, African Americans are least likely to consider suicide.

Percentage considering suicide in last 12 months

White	24%
Black	17%
Latino	27%
Asian	26%
American Indian	32%

■ In California, Latinos are the ethnic group most likely to attempt to kill themselves:

Percentage attempting to kill themselves in last 12 months

White	8%
Black	7%
Latino	16%
Asian	12%
Amer. Indian	12%

Methods

■ Nationwide, firearms and explosives are the most common methods used in suicide attempts in both the 10-14 and 15-19 age groups.

Firearms and Explosives	58.8%
10-14	71%
15-19	32.4%
Hanging, Strangulation, Suffocation	18%

Solid or Liquid Substances

5.7%
4%

Gases and Vapors

0.6%
3%

Jumping From a High Place

1.3%
2%

Cutting and Piercing Instruments

0%
1%

Other

1.3%
2%

SUICIDE FACTS

■ Nationwide, boys are much more likely than girls to use guns or explosives in suicide attempts; girls are much more likely to use poisons.

■ The greatest number of suicides occur in the spring.

■ Many make a suicide attempt or kill themselves on a day with special meaning, such as a birthday.

■ There are at least 100 attempts for every suicide among youths, researchers say, much higher than the estimated four attempts per suicide among adults.

Sources: Youth Risk Behavior Surveillance Report, 1995, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; California State Department of Education.

By SONIA NAZARIO
URBAN AFFAIRS WRITER

How do you reduce suicides among kids? Get guns out of their reach, experts say. Guns are in an estimated 41% of American homes, and teens increasingly are using them to try to kill themselves.

Girls attempt suicide more than twice as often as boys. But boys are much more likely to die because they use firearms more often.

Suicide attempts involving guns result in death in eight of 10 cases; attempts involving overdoses in three of 10, says Lloyd Potter, team leader of Youth Violence Prevention at the U.S. Centers for Disease Control and Prevention.

Recent studies show that, by reducing access to guns, teen suicides could be slashed by a fifth. There also is evidence that because people don't like to switch suicide methods, removing a favored technique can lead to dramatic reductions in attempts and deaths.

For example, suicides involving firearms dropped by 25% in Washington, D.C., after the district's 1976 ban on the

A Key to Prevention: Keep Guns Away From Children

■ Better mental health care also is crucial; the majority of teens who try to kill themselves get no treatment, studies show. At home, listening and caring can be the difference between life and death.

sale and possession of handguns, a 1991 study found. Suicides by other methods, however, remained the same. No state has moved to enact a similar ban, which, polls show, a majority of Americans would not support.

Many experts on public health and suicide and legislators in several states are pushing for the sale of "personalized" guns that would prevent any unauthorized person from firing them. Within three years, Colt's Manufacturing Co. expects to market a gun outfitted with an antenna in the grip, beaming a radio signal to a transponder worn by the authorized user, probably in a finger ring.

While guns are a major target in the

fight to prevent suicides among the young, there are other fronts.

One of the most important is improving mental health care. Studies show that the majority of teens who attempt to kill themselves get no treatment and that in recent years, insurance coverage for such mental health programs has been cut.

On a recent day, UCLA psychiatrist Mark DeAntonio fumes after being alerted that an insurer is trying to discharge a boy who tried to kill himself less than 24 hours ago. The boy is still hearing voices encouraging him to kill himself and others. The insurer, having learned that DeAntonio has refused to release the boy, is trying to have him

transferred to a doctor who will sign release forms, DeAntonio says.

In 1977, when Woodland Hills psychologist Neil Rocklin began practicing, his average patient got more than three months of paid therapy. Now, as managed care has become more common, he says, the average is two months. Many insurers cut off clients after one month, he says.

Activists want to limit the number of pills Americans can obtain in one prescription. When Australia did this, suicides dropped. Experts also recommend that an antidote be sold with antidepressants, which are often used in suicide attempts. If people change their mind during attempts—as many apparently do—they can try to reverse the pills' effects.

Of course, many of the things that make the biggest difference between life and death can only happen at home, where parents must learn to communicate better and children must feel safe to express themselves.

"Most of the time kids tell us what they are going to do," Rocklin says. "Most of the time, we hear it, and don't consider it significant."

SUICIDE: Attempts at Intervention

Continued from A29

He says he envisions himself putting a gun to his head and shooting.

He says his father left before he was 1, and his mother hits him. But what bothers him most—like many suicidal youngsters—is that no one listens. He puts the phone against a speaker and plays Julie a song: "I want to clear my mind. I want to end it all," a voice sings. "I'm feeling suicidal. I'm feeling suicidal."

Sometimes, the boy says, he just wants to sleep forever.

Like No Other Hurt

It's hard to imagine anything more shattering than losing a child. And when that child chooses death, the pain cuts even deeper. Parents and loved ones are forever haunted by questions: Why? Did I contribute? Could I have stopped it?

Thousands of people in the U.S. have been touched by this trauma. While most grieve in private, others meet in small, emotional bereavement groups in office buildings, churches and malls. Mothers wail. Fathers often sit quietly, red-faced, as if they are about to explode. They call themselves "suicide survivors."

Because of the stigma of suicide, some survivors tell friends the death was a homicide. Others, such as the mother of a 12-year-old who recently shot himself in the forehead, insist it was an accident. Some forgo funerals to avoid public scrutiny or shame.

"It is the most anguished pain one could ever experience. There is no end to it, no way to tie up the loose ends," says Rosemary White, director of the Institute for Suicide Prevention, which runs Los Angeles-area bereavement groups.

At Torrance's Little Company of Mary Hospital, nine "survivors" sit in a circle of beige Formica chairs. One painfully thin woman says her teenage son slit his



GENARO MOLINA / Los Angeles Times

Jose Jimenez, right, shares a laugh with friend Octavio Cervantes at Cal State Northridge. A high school counselor helped Jimenez turn his life around after numerous suicide tries.

band, Sam. "But we have joyful times again." The audience stares at her in disbelief.

In a corporate building near Orange County's John Wayne Airport, another bereavement group is in session. Boxes of yellow tissues are passed around the table. Of 19 survivors here, many are bawling. They look like they are going through the motions of being alive. The only moment of levity comes when people recount the stupid things acquaintances say: "I lost my dog. I know how you feel," or, "I really envy you. You gave God another angel!"

For Ann, whose 14-year-old son Joe shot himself in the head nearly a decade ago, the anguish lives on. Day after day, she replays her final words to him.

Joe, who had a mild learning disability, came home from school with three Fs. This, after Ann had spent hours each night helping him with homework.

"You aren't going to do this anymore," she yelled. "I can't get you through school myself! I'm knocking myself out!" She left to have lunch with her husband.

In a house rimmed by roses and birds of paradise, Joe dragged out his dad's old .22-caliber handgun, loaded it and fired into his right temple. Like most children who kill themselves, he left no note.

Ann was numb. She would see a red light and not know if it meant stop or go. For seven months, she thought about killing herself every day. "I felt I didn't deserve to live."

Her marriage, like so many others after a child's suicide, began to unravel. "I knew my husband was not responsible for Joe's death. But I did blame him," Ann says. She accused him of being a lousy father. "I wanted to see him in as much pain as I was in."

For six months, Ann, her husband and daughter never ate a meal together so they could avoid seeing Joe's empty chair. It took Ann five years to stop setting a place for him.

Her healing began, she says, in a dream. In it, she told her son that, had he been born to another mother, he'd be alive. Joe hugged her warmly and said reassuringly, "I didn't deserve you." When Ann awoke, she said, she knew "I had to go on living."

These days, Ann values material things less. Her husband is more sensitive, less

critical. In a sad sense, they are more of a family. "All three of us realized, we're all we have," Joe's sister Katherine says.

Still, the pain is close at hand. The mannerisms of some boy will remind Ann of her dead son. When Katherine, now 25, comes home after a night out with friends, her father sighs heavily with relief as the door opens. He knows his daughter is home. Safe.

Happy to Be Alive

Each year, the federal government estimates, at least 276,000 teenagers across the nation seriously attempt suicide and fail. It is a failure for which most of them are grateful. They say their attempt was a cry for help more than a desire to die. They talk of careers, marriage, of children of their own. They are living testimony to healing and hope.

Katie Campos started down a spiral of self-loathing three years ago, thinking she wasn't smart, pretty or cool enough. At age 13 and 14, she tried to kill herself a half-dozen times. She isolated herself from old friends and spent days locked in her bedroom.

"I kept saying: You aren't worth anything. Your life is a complete screw-up. That's how it will always be," says Katie, who would cry and shake for hours in the room.

Now look at her: playing in that same bedroom with three good friends with whom she has reconnected. Once a chamber of misery, the room is alive with chatter. Curled up on her bed, her walls adorned with rainbows and a poster of Brad Pitt, Katie says that with the help of counseling, antidepressants and supportive parents, suicide will never again be an option.

"I'm very glad I didn't succeed in killing myself," she says, peeking out the door at her parents, who are scouting the classifieds for a car for her sweet 16th. "I'm having a really good time."

Jose Jimenez first tried to kill himself in eighth grade. He swiped some scissors from a teacher and hacked at his wrists. Over the next three years, he tried nine more times. Unbeknownst to his family, Jose says, he was sexually abused between ages 5 and 13 by a relative.

Criticized by his family for being gay, haunted by the knowledge that his abuser was on the loose, Jose at 16 lay on his bed and thought about the worth of his life. He then used a leather purse strap to make a noose. Muttering "I can't live anymore," he hanged himself from his

bedroom closet bar.

As the world began turning black, he managed to stand up and slip out of the noose. He ended up at Martin Luther King Jr./Drew Medical Center's psychiatric ward.

During his monthlong hospitalization, Jose says, he was reassured to see he wasn't the only suicidal teen. His roommate had poured gasoline over his head and set himself on fire. Increasingly, Jose became angry at himself for allowing his molester's actions to control his life. "I said never again will I be here. Not because of him."

Jose began attending group counseling sessions at his Palisades Charter High School, where a dozen youths, many of them suicidal, got time off from English class to hold hands and pray for their lives to improve. "We would cry in each others' arms," Jose says. "We would try to encourage each other."

At the heart of his rebirth was high school mental health counselor Caren Caty, who pushed him to confront his demons. "She gave me hope. She said: It'll be a long process. But you have to deal with it now."

Jose joined the Latino Awareness Club, then other school groups. His grades gradually rose from Fs to Bs, even A's. Caty proudly nudged him to apply to college. Says Jose, now a first-year scholarship student at Cal State Northridge: "I began to look forward to life."

So has Analiza, who two years ago, at 14, stormed into a school counselor's office with pills in one hand and scissors in the other, vowing to kill herself. She was promptly admitted to UCLA's psychiatric ward.

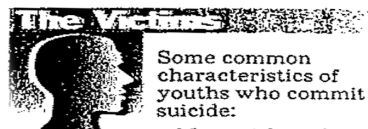
Analiza says she felt unwanted. When her parents weren't moving her from one city to the next, demanding that she make straight A's, they were arguing over whose turn it was to take care of her. "It made me feel like they didn't love me," Analiza says.

As she lay in bed at UCLA, Analiza was amazed to see relatives weeping over her. "When I saw my dad and mom crying, I realized they did care."

Counseling sessions at the hospital taught her how to share her feelings, how to recognize when she was in trouble. Hallucinations of her dead grandmother ceased one day. "I started to see all the things going for me," she says.

Now, when something bothers Analiza, she talks to her boyfriend. Her grades are up to Bs and Cs. Realistically, she says, she knows life will have ups and downs. "I know I won't be a valedictorian. But I can make honors," she says. "My parents say: Try your best. That's it. Period. We don't bring up the past." Her mother hugs and kisses her often, or strokes her silky black hair.

Says Analiza, flashing a pearly smile: "I feel more love in the family now."



Some common characteristics of youths who commit suicide:

- More girls make attempts, but boys are four times more likely to kill themselves; they choose more lethal methods and are less likely to seek help for depression.
- Although attempts are high among some minority groups, whites are twice as likely to kill themselves.
- At least half of the youths who die have experienced bouts of depression.
- About 42% of boys and 12% of girls who kill themselves have abused alcohol or other substances.

- Access to firearms even firearms locked up in the home.
- Poor communication with parents.
- Neglect or sexual, physical or emotional abuse.

Other factors include youths who have:

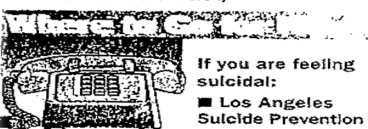
- Had a recent loss, such as an early loss of a parent.
- Few social supports, dysfunctional parents, parents who abuse substances or parents who experience marital discord.
- A sense of hopelessness.
- Experienced early puberty, among girls.
- Learning disabilities.
- Homosexual orientation.
- Protestant religious affiliations, more so than Catholics or Jews.
- Made frequent moves or have had their lives disrupted.
- Perfectionist tendencies, high achievement or impulsive, aggressive or anxious tendencies.
- Genetic predisposition to depression.
- A neurochemical abnormality that results in lower levels of the brain chemical serotonin; a mother who had hypoxia at delivery; a close relative who was a suicide; a family history of mental disorders.

Warning Signs

Reports suggest that as many as four in five suicide victims give people clues. Some of the most common warning signs to look for:

- Change in eating, sleeping habits.
- Heavy use of alcohol or drugs.
- Suicide threats—direct or indirect—such as "I might as well be dead" or "I won't be a problem for you much longer."
- Preoccupation with death.
- Withdrawal from friends, family and regular activities. Isolation.
- Violent actions, rebellious behavior or running away.
- Increased irritability or anger.
- Unusual neglect of personal appearance.
- Extreme anxiety. Crying easily.
- Loss of interest in pleasurable activities.
- Difficulty concentrating; a decline in the quality of schoolwork.
- Giving away prized possessions.
- Becoming suddenly cheerful after a period of depression. A person may have a change of mood over relief that they have made definite plans to die.

Sources: American Academy of Child and Adolescent Psychiatry; California Department of Mental Health, Office of Prevention; David Shaffer, Columbia University



If you are feeling suicidal:

- Los Angeles Suicide Prevention Center Crisis Line, (310) 391-1253, 24 hours
- Teen Line, (310) 855-HOPE or 800-TLC-TEEN, 6 p.m. to 10 p.m.
- Los Angeles County Dept. of Mental Health, Psychiatric Information Service, (213) 226-5581
- Pasadena Mental Health Center, (818) 798-0907, 9 a.m. to 12 a.m.
- Orange County: Hot Line Help Center, (714) 441-1414, 24 hours
- New Hope Crisis Intervention Hotline, (714) NEW-HOPE, 24 hours
- Riverside County: Riverside Help Line, (909) 686-4357, 24 hours

- If you have lost relatives or friends to suicide:
- Institute for Suicide Prevention, Survivor After Suicide Program, (213) 386-2622
- Los Angeles Suicide Prevention Center, Survivors After Suicide Program, (310) 390-6610, Ext. 324
- The Compassionate Friends, Los Angeles chapter, (310) 474-3407; Orange County, (714) 552-2800; Inland Empire, (909) 794-1500; Ventura County, (805) 526-7826
- University of Judaism Suicide Support Group, (310) 476-9777
- Survivors of Suicide/SOS, Crystal Cathedral, Garden Grove, (714) 971-4032

"I began to look forward to life."

Jose Jimenez

wrists while walking down a street in Glendale, then laid his head on the railroad tracks. She tells the group she spent the past weekend in bed, holding her dead son's ponytail, chanting, "How can I live without you?"

"I feel like I killed him because I'm his mother and I should have saved him," she says, covering her face with her hands.

Others discuss the anguish not only of losing a child, but coping with the public suspicion that they must have done something wrong, something horrible.

"The people who know me know . . . how involved we were with our kids, that we didn't poke the kids with cattle prods when no one was looking," says Ann Bosma, who lost her teenage son, Michael. Mother's Day, she says, is the hardest.

Group co-moderator Lois Bloom warns of the "pining and searching" phase of grief. She says she once found herself driving around half crazed, looking for her son, who had been dead for months. Eventually, she says, the pain becomes bearable. "It's not the same," she says, glancing lovingly at her hus-