

Definitions of Suicidal Behavior

Lessons Learned from the WHO/EURO Multicentre Study

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Abstract. Based on the experience gathered during the 15 years of the WHO/EURO Multicentre Study on Suicidal Behavior, this paper provides an overview on main elements that characterize components for definitional needs. It describes the rationale for choosing the initial set of definitions within the study and the subsequent problems and developments. As a result, unifying terminologies are proposed.

Keywords: WHO/EURO Multicentre Study, suicidal behavior, suicide, history, definitions

Introduction

Since 1903, when the first "International Classification of Diseases and Causes of Death" was adopted, suicide has been included in the section dealing with morbidity and mortality from external causes. Reading through the proceedings of the various international conferences to update that classification (roughly every 10 years, until 1994), as discussed by Shneidman (1984), it becomes clear that suicide is a "residual mode," to be used when the other ones could not be confirmed. The other modes are: Natural (N), accidental (A) and homicidal (H), together constituting the NASH system.

From 1903 until 1948, all pertinent categories were classified under "Conditions produced by external causes" by the means used and phrased as "suicide due to" From 1948 on (ICD-6) and until 1965 (ICD-8), the section was named "Accidents, poisoning and violence," and the pertinent category was renamed "suicide and self-inflicted injury." ICD-9, in 1975, named the section "Injury and poisoning" and the category was named "Suicide"; a note explained that it included "suicide attempts; and purposefully self-inflicted injuries." ICD-10 (1992) created a category of "Intentional Self-Harm" explaining that it included "purposefully self-inflicted poisoning or injury; and suicide (attempted)."

In 1964 Stengel proposed that suicide and suicide attempt referred to two distinct populations. However, strictly speaking, a "true" suicide attempt should refer only to

those who failed to die after having tried to kill themselves. A tentative attempt to overcome this semantic and conceptual snag was the introduction of the expression "suicidal behavior." This expression, which clearly stems from the behavioral approach predominant in North American psychology, was a "politically correct" move brought forward by feminist scholars who objected to the supposed bias conveyed by the use of "attempt," mostly seen among women, and implying that women were less competent than men (among which "completed" suicide was more frequent) in "completing" that act (Lester, 1994).

From a logic perspective, the crucial elements to differentiate between suicidal, accidental or homicidal acts (as possible external causes of death, distinct from those from natural causes) are actually two: (1) the locus of origin (self-initiated) and (2) the intention (to cause, or not to cause, death). The outcome, death or injury or nothing, is clearly the result of these; the visible phenomenon is of a more immediate interest to health staff, particularly those working in emergency care settings.

In practice, suicide attempts, when serious enough to need medical attention (and the majority of these acts are not, and remain unknown to medical authorities) are mostly cared for at emergency rooms. In those places staff are ordinarily much more concerned with the nature of the injury or intoxication than with the intention at the origin (or cause) of that injury or intoxication. The medical or surgical need is tended for and once this cleared, the patient is either discharged (in the majority of the cases) or referred to further assessment and follow-up (which, in a minority

Suicidal Behavior In Europe Results From The Whoeuro Multicentre Study On Suicidal Behavior

**Roberto Tatarelli, Maurizio
Pompili, Paolo Girardi**



Suicidal Behavior In Europe Results From The Whoeuro Multicentre Study On Suicidal Behavior:

The International Handbook of Suicide Prevention Rory C. O'Connor, Jane Pirkis, 2016-09-14 The International Handbook of Suicide Prevention 2nd Edition presents a series of readings that consider the individual and societal factors that lead to suicide it addresses ways these factors may be mitigated and presents the most up to date evidence for effective suicide prevention approaches An updated reference that shows why effective suicide prevention can only be achieved by understanding the many reasons why people choose to end their lives Gathers together contributions from more than 100 of the world's leading authorities on suicidal behavior many of them new to this edition Considers suicide from epidemiological psychological clinical sociological and neurobiological perspectives providing a holistic understanding of the subject Describes the most up to date evidence based research and practice from across the globe and explores its implications across countries cultures and the lifespan

Suicidal Behaviour in Europe Armin Schmidtke, 2004 The WHO Euro Multicentre Study on Suicidal Behaviour is a research endeavour looking into the epidemiology causes and prevention of suicidal behaviour Containing chapters from each of the participating centres around Europe this volume summarizes the most significant findings

International Handbook of Suicide Prevention Rory C. O'Connor, Stephen Platt, Jacki Gordon, 2011-06-01 The International Handbook of Suicide Prevention showcases the latest cutting edge research from the world's leading authorities and highlights policy and practice implications for the prevention of suicide Brings together the world's leading authorities on suicidal behaviour renowned for their suicide prevention research policy and practice Addresses the key questions of why people attempt suicide the best interventions treatments and care for those at risk and the key international challenges in trying to prevent suicide Describes up to date theoretically derived and evidence based research and practice from across the globe which will have implications across countries cultures and the lifespan

Suicide David Lester Ph.D., James R. Rogers, 2013-10-29 Intended for the general reader this masterful compilation probes the psychology of suicide revealing the latest research and spotlighting global efforts to reduce the million suicide deaths each year Exceeding previously available studies in both scope and depth the two volume *Suicide A Global Issue* explores and explains both why suicides and suicide attempts occur and what can be done to prevent them The first volume *Understanding* considers factors that may play into the choice to take one's life discussing forces as varied as culture psychology religion and biology The second volume *Prevention* covers steps that can be taken to prevent suicide whether individually or by society as a whole Articles by widely respected experts consider questions such as why people kill themselves why some countries have extremely high suicide rates and whether the treatment of suicidal individuals actually prevents them from taking their lives Each chapter presents incidents research and actions from nations around the globe as well as from the United States

The International Handbook of Suicide and Attempted Suicide Keith Hawton, Kees van Heeringen, 2000-11-21 Recent research in the area of suicidology has provided significant new insights in the epidemiological

psychopathological and biological characteristics of suicidal behaviour The International Handbook of Suicide and Attempted Suicide is the first book to bring together this expertise and translate it into practical guidelines for those responsible for policy issues and for those involved in the treatment and prevention of suicidal behaviour Leading international authorities provide a truly comprehensive and research based reference to understanding treating and preventing suicidal behaviour They explore concepts and theories which best guide work within this field and detail key research which has supported conceptual developments preventive interventions and clinical treatment No self respecting worker in deliberate self harm and suicide prevention either clinical or research can afford to be without access to this comprehensive handbook possession and regular use may well become a marker of serious involvement in the subject This is the most comprehensive up to date informative and well written source of information on suicide and suicidal behaviour an invaluable work of reference which will be essential for clinicians and researchers for many years to come Andrew Sims Emeritus Professor of Psychiatry St James's University Hospital Leeds UK British Journal of Psychiatry

Oxford Textbook of Suicidology and Suicide Prevention Danuta Wasserman, 2021 Part of the authoritative Oxford Textbooks in Psychiatry series the new edition of the Oxford Textbook of Suicidology and Suicide Prevention remains a key text in the field of suicidology fully updated with new chapters devoted to major psychiatric disorders and their relation to suicide

Dialectical Behavior Therapy with Suicidal Adolescents Alec L. Miller, 2017-05-19 Filling a tremendous need this highly practical book adapts the proven techniques of dialectical behavior therapy DBT to treatment of multiproblem adolescents at highest risk for suicidal behavior and self injury The authors are master clinicians who take the reader step by step through understanding and assessing severe emotional dysregulation in teens and implementing individual family and group based interventions Insightful guidance on everything from orientation to termination is enlivened by case illustrations and sample dialogues Appendices feature 30 mindfulness exercises as well as lecture notes and 12 reproducible handouts for Walking the Middle Path a DBT skills training module for adolescents and their families Purchasers get access to a Web page where they can download and print these handouts and several other tools from the book in a convenient 8 1/2 x 11 size See also Rathus and Miller's DBT Skills Manual for Adolescents packed with tools for implementing DBT skills training with adolescents with a wide range of problems

Evidence-Based Practice in Suicidology Maurizio Pompili, Roberto Tatarelli, 2010-12-01 An innovative and long overdue book by the world's leading researchers and practitioners describing what really works in suicide prevention the evidence for particular approaches where the gaps are in our knowledge and how we can fill them Suicide rates

Suicide Across Cultures Meryam Schouler-Ocak, Murad Moosa Khan, 2024-09-04 Over 700 000 people globally take their own lives every year which equates to one death by suicide every 40 seconds Among teenagers and young adults suicide is the second most common cause of death after road traffic accidents Overall almost three times as many men than women die by suicide There are however significant variations in the patterns of suicide across cultures gender age geographic locations and

personal history due to the complex relationship of how these factors converge One thing that remains consistent is that every death is a tragedy for family friends and all colleagues Traditions of suicidal behaviour are deeply rooted in any given culture and so examining the cultural influences can be of paramount importance in the understanding and assessment of a suicidal crisis Suicide Across Cultures offers the opportunity to expand knowledge beyond majority groups and to look further than the dominant paradigm in suicide research treatment and prevention With the majority of global suicides taking place in non Western societies minority groups are an essential area in suicide research Written by experts from around the world this fascinating textbook includes topics and regions that are not usually covered in texts on suicide and self harm It provides a unique and important insight for academics and students in psychiatry as well as anyone from the wider public with an interest in the psychiatry of suicide across cultures

Suicide in Psychiatric Disorders Roberto

Tatarelli,Maurizio Pompili,Paolo Girardi,2007 The main purpose of this book is to provide the first comprehensive analysis of suicide in psychiatric patients 95 per cent of those who commit suicide had a psychiatric disorder and yet suicide is rarely investigated in psychiatric patients The book provides a relevant contribution to the prediction and prevention of suicide This is a first book devoted to the subject with comprehensive chapters including epidemiology risk factors preventive strategies and available treatments

World Report on Violence and Health World Health Organization,2002 This report is part of WHO s response to the 49th World Health Assembly held in 1996 which adopted a resolution declaring violence a major and growing public health problem across the world It is aimed largely at researchers and practitioners including health care workers social workers educators and law enforcement officials

Adolescent Psychiatry Leo Sher,Joav Merrick,2013-10-14

Psychiatric disorders in adolescents are an important social problem which is relevant to almost all healthcare professionals According to the results of The National Comorbidity Survey Adolescent Supplement NCS A the lifetime prevalence of anxiety behavior mood and substance use disorders among adolescents was 31 9% 19 1% 14 3% and 11 4% respectively Approximately 40% of participants in this survey with one class of disorder also met criteria for another class of lifetime disorder Comorbidity is increasingly recognized as a key feature of mental disorders among adolescents Female adolescents are more likely than males to have mood and anxiety disorders but less likely to have behavioral and substance use disorders Regretfully medical professionals are not sufficiently trained about adolescent psychiatric disorders For example primary care providers correctly identify less than a fourth of youth with a depressive or anxiety disorder Also many clinicians underestimate the importance of the problem of adolescent psychiatric illnesses and suicidal behavior Lack of skilled medical providers impedes the delivery of needed services to adolescents with mental health issues This coupled with a lag in the ability of primary health care services to incorporate psychiatric interventions and a failure of public health initiatives to pay attention to adolescent mental health problems has led to continuing gaps in care over decades despite the public pronouncements of needs In this book you will find relevant information for health professionals since we believe that the

mental health of adolescents is essential for sustaining healthy and productive societies

Resources for Suicide

Prevention Diego De Leo, Vita Poštuvan, 2018-05-28 Keep up to date with recent research and practice in suicide This book is based on the TRIPLE i in Suicidology international conferences which are organised annually by the Slovene Centre for Suicide Research in memory of the late Prof Andrej Marušič with the aim of promoting intuition imagination and innovation in the research and prevention of suicide and suicidal behaviour The carefully selected chapters provide food for thought to practitioners researchers students and all those who come into contact with the tragedy of suicide with the hope of stimulating new ideas and interventions in the difficult fight against suicidal behaviours In four parts the internationally renowned team of authors summarise the achievements of suicidology so far both in quantitative and qualitative research present effective interventions in suicide prevention including for youths and older people and knowledge gained in bereavement and postvention studies such as in different cultures and those bereaved by suicide and highlight future directions for suicide research and prevention The volume is thus a useful resource for all those interested in keeping up to date with recent research and practice in suicide

Oxford Textbook of Old Age Psychiatry Tom Denney, Alan Thomas, 2013-09-26 Broad in scope and with global appeal The Oxford Textbook of Old Age Psychiatry second edition is the definitive resource on old age psychiatry It comprehensively provides the latest knowledge on the science and practice of treating later life mental disorders focusing on the health and social issues that arise around ageing dementia co morbidity dependency and the end of life in progressively ageing societies across the world Published in previous incarnations as the much loved Psychiatry in the Elderly this core resource for all old age psychiatrists trainees and other clinical professionals treating older people's mental health has been fully revised updated and significantly expanded Twelve months inclusive access to the online version including the full text which can be browsed by the contents list index or searched links from references to external sources via PubMed ISI and CrossRef and the ability to download all figures and illustrations into PowerPoint ensures that it remains the leading text on old age psychiatry in the field Maintaining the classic combination of comprehensive coverage clear writing style and the provision of authoritative and up to date information from earlier editions this highly respected volume covers the underpinning basic science both the neurobiological and social varieties clinical practice and specific disorders as well as providing information on psychiatric services for older people and medico legal and ethical issues that often present hard challenges for those treating older patients Taking a global approach by highlighting both the common burdens and the differences in management from country to country and with a much expanded cast of contributors providing a truly international perspective The Oxford Textbook of Old Age Psychiatry second edition includes information on all the latest improvements and changes in the field New chapters are included to reflect the development of old age care covering palliative care the ethics of caring and living and dying with dementia Existing chapters have also been revised and updated throughout and additional information is included on brain stimulation

therapies memory clinics and services and capacity which now includes all mental capacity and decision making Providing extensive coverage and written by experts the field the second edition of the Oxford Textbook of Old Age Psychiatry is an essential resource no old age psychiatrist trainee or anyone working in the field of mental health care for older people should be without a copy on their bookshelf *Suicide: A Global Perspective* Maurizio Pompili, 2012-09-19 In the year 2000 approximately one million people died from suicide a global mortality rate of 16 per 100 000 or one death every 40 seconds In the last 45 years suicide rates have increased by 60% worldwide Suicide is now among the three leading causes of death among those aged 15 44 years both sexes these figures do not include suicide attempts up to 20 times more frequent than completed suicide Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998 and 2.4% in countries with market and former socialist economies in 2020 Although traditionally suicide rates have been highest among the male elderly rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries in both developed and developing countries Mental disorders particularly depression and substance abuse are associated with more than 90% of all cases of suicide however suicide results from many complex sociocultural factors and is more likely to occur particularly during periods of socioeconomic family and individual crisis situations e.g. loss of a loved one employment honour The economic costs associated with completed and attempted suicide are estimated to be in the billions of dollars One million lives lost each year are more than those lost from wars and murder annually in the world It is three times the catastrophic loss of life in the tsunami disaster in Asia in 2005 Every day of the year the number of suicides is equivalent to the number of lives lost in the attack on the World Trade Center Twin Towers on 9/11 in 2001 Everyone should be aware of the warning signs for suicide Someone threatening to hurt or kill him/herself or taking of wanting to hurt or kill him/herself someone looking for ways to kill him/herself by seeking access to firearms available pills or other means someone talking or writing about death dying or suicide when these actions are out of the ordinary for the person Also high risk of suicide is generally associated with hopelessness rage uncontrolled anger seeking revenge acting reckless or engaging in risky activities seemingly without thinking feeling trapped like there's no way out increased alcohol or drug use withdrawing from friends family and society anxiety agitation unable to sleep or sleeping all the time dramatic mood changes no reason for living no sense of purpose in life Table 1 Understanding and helping the suicidal individual should be a task for all Suicide Myths How to Help the Suicidal Person Warning Signs of Suicide Myth Suicidal people just want to die Fact Most of the time suicidal people are torn between wanting to die and wanting to live Most suicidal individuals don't want death they just want to stop the great psychological or emotional pain they are experiencing Listen Accept the person's feelings as they are Do not be afraid to talk about suicide directly Ask them if they developed a plan of suicide Expressing suicidal feelings or bringing up the topic of suicide Giving away prized possessions settling affairs making out a will Signs of depression loss of pleasure sad mood alterations in sleeping eating patterns

feelings of hopelessness Myth People who commit suicide do not warn others Fact Eight out of every 10 people who kill themselves give definite clues to their intentions They leave numerous clues and warnings to others although clues may be non verbal or difficult to detect Remove lethal means for suicide from person's home Remind the person that depressed feelings do change with time Point out when death is chosen it is irreversible Change of behavior poor work or school performance Risk taking behaviors Increased use of alcohol or drugs Social isolation Developing a specific plan for suicide Myth People who talk about suicide are only trying to get attention They won't really do it Fact Few commit suicide without first letting someone know how they feel Those who are considering suicide give clues and warnings as a cry for help Over 70% who do threaten to commit suicide either make an attempt or complete the act Express your concern for the person Develop a plan for help with the person Seek outside emergency intervention at a hospital mental health clinic or call a suicide prevention center Myth Don't mention suicide to someone who's showing signs of depression It will plant the idea in their minds and they will act on it Fact Many depressed people have already considered suicide as an option Discussing it openly helps the suicidal person sort through the problems and generally provides a sense of relief and understanding Suicide is preventable Most suicidal individuals desperately want to live they are just unable to see alternatives to their problems Most suicidal individuals give definite warnings of their suicidal intentions but others are either unaware of the significance of these warnings or do not know how to respond to them Talking about suicide does not cause someone to be suicidal on the contrary the individual feels relief and has the opportunity to experience an empathic contact Suicide profoundly affects individuals families workplaces neighbourhoods and societies The economic costs associated with suicide and self-inflicted injuries are estimated to be in the billions of dollars Surviving family members not only suffer the trauma of losing a loved one to suicide and may themselves be at higher risk for suicide and emotional problems Mental pain is the basic ingredient of suicide Edwin Shneidman calls such pain psychache¹ meaning an ache in the psyche Shneidman suggested that the key questions to ask a suicidal person are Where do you hurt and How may I help you If the function of suicide is to put a stop to an unbearable flow of painful consciousness then it follows that the clinician's main task is to mollify that pain Shneidman¹ also pointed out that the main sources of psychological pain such as shame guilt rage loneliness hopelessness and so forth stem from frustrated or thwarted psychological needs These psychological needs include the need for achievement for affiliation for autonomy for counteraction for exhibition for nurturance for order and for understanding Shneidman² who is considered the father of suicidology has proposed the following definition of suicide Currently in the Western world suicide is a conscious act of self-induced annihilation best understood as a multidimensional malaise in a needy individual who defines an issue for which the suicide is perceived as the best solution Shneidman has also suggested that that suicide is best understood not so much as a movement toward death as it is a movement away from something and that something is always the same intolerable emotion unendurable pain or unacceptable anguish Strategies

involving restriction of access to common methods of suicide have proved to be effective in reducing suicide rates however there is a need to adopt multi sectoral approaches involving other levels of intervention and activities such as crisis centers There is compelling evidence indicating that adequate prevention and treatment of depression alcohol and substance abuse can reduce suicide rates School based interventions involving crisis management self esteem enhancement and the development of coping skills and healthy decision making have been demonstrated to reduce the risk of suicide among the youth Worldwide the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it In fact only a few countries have included prevention of suicide among their priorities Reliability of suicide certification and reporting is an issue in great need of improvement It is clear that suicide prevention requires intervention also from outside the health sector and calls for an innovative comprehensive multi sectoral approach including both health and non health sectors e g education labour police justice religion law politics the media

Cognitive Behavioural Prevention of Suicide in Psychosis Nicholas Tarrier, Patricia Gooding, Daniel Pratt, James Kelly, Yvonne Awenat, Janet Maxwell, 2013-03-05 This practical and informative text lays out the product of a number of years of clinical research into suicide behaviour and its prevention While the focus is on non affective psychosis and the schizophrenia spectrum disorders the mechanisms underlying suicide behaviour in this group may well underlie or at least influence suicide behaviour in other disorders The authors describe methods of assessment through individual formulation and a cognitive behavioural intervention through case studies to reduce the risk of suicide This book argues that Suicide behaviour lies on a cognitive behavioural continuum from ideation through intention to action Mechanisms based on biased information processing systems the development of suicide schema and appraisal styles are likely to be fruitful in explaining suicidal thoughts and behaviours A psychological theory of suicide behaviour is needed in order to develop a mechanism of suicide and to understand the components of suicidal thoughts and behaviours Suicide risk can be reduced through the use of the intervention methods described within the text Cognitive Behavioural Prevention of Suicide in Psychosis evaluates practical applications of contemporary research on this topic and will therefore be of interest to practitioners post graduates in training and researchers studying suicide and or psychosis

Suicide Sujit Sarkhel, Lakshmi Vijayakumar, Vinay Kumar, Shubhangi R Parkar, 2023-03-10 **Suicide Assessment and Treatment, Second Edition** Dana Alonzo, Robin E. Gearing, 2017-12-15 The most comprehensive and current evidence based coverage of suicide treatment and assessment for mental health students and practitioners this book prepares readers how to react when clients reveal suicidal thoughts and behaviors The components of suicide assessments empirically supported treatments and ethical and legal issues that may arise are reviewed Vignettes role play exercises quizzes and case studies engage readers to enhance learning Highlights include Provides everything one needs to know about evidence based suicide treatments including crisis intervention cognitive behavioral dialectical behavior and interpersonal therapies and motivational

interviewing Examines the risk of suicide ideation and behaviors across the lifespan children adolescents adults and the elderly and across vulnerable populations homeless prisoners and more Considers suicide within the context of religion and spirituality age race and ethnicity including prevalence trends and risk factors Explores ethical considerations such as informed consent confidentiality liability and euthanasia Reviews suicidal behaviors across demographics and diagnostic groups including depressive bipolar personality substance related and schizophrenia spectrum disorders Individual and Small Group Exercises allow readers to consider their personal reactions to the material and how this might impact their clinical practice and compare their reactions with others Case Examples that depict realistic scenarios that readers may encounter in practice Role Plays that provide a chance to practice difficult scenarios that may arise when working with suicidal clients Reviews key material in each chapter via Goals and Objectives Knowledge Acquisition Tests and Key Points to help students prepare for exams Provides answers to the Knowledge Acquisition Tests in the instructor s resources New to this edition Expanded coverage of suicide and mental illness including updating to the DSM 5 and the addition of new

Sleepiness and Human Impact Assessment Sergio Garbarino,Lino Nobili,Giovanni Costa,2014-04-08 The World Health Organization supports tools and initiatives in Health Impact Assessment to dynamically improve health and well being across different sectors Human Impact Assessment HuIA is a relatively new concept It describes an integrated process that encompasses both Health Impact Assessment and Social Impact Assessment and is used to anticipate the effects of programs projects and decisions on human health and welfare Sleep occupies approximately one third of our lives but its human impact remains largely unrecognized The prevalence of excessive sleepiness is recognized to be increasing in industrialized societies Without doubt sleepiness and fatigue have high costs in terms of both lives lost and socioeconomic impact For example the National Highway Traffic Safety Administration estimates that up to 4% of all fatal crashes are caused by drowsy drivers and that as many as 100 000 deaths per year in the United States may be due to fatigue related medical errors Sleepiness and Human Impact Assessment provides a uniquely comprehensive exploration of many different facets of sleepiness in our 24 hour society from the new HuIA point of view Among the covered issues are the physiology and pathophysiology of sleep its relationship to daytime alertness fatigue and drugs the relevance of sleep related fatigue in various occupational settings and public safety This book will be of assistance to physicians occupational health professionals ergonomists researchers and decision makers as they strive to understand the full significance of sleepiness and to create a culture of accountability in everyday life without sleep related risks **Violence and Abuse in Society** Angela Brownemiller Ph.D.,2012-08-17

Suitable for professionals students and lay readers alike this book provides an immensely informative profoundly moving and remarkably comprehensive look at the range and nature of violence and abuse by and of humans today Angela Browne Miller PhD is editor of this comprehensive and unique set of four volumes containing over 110 chapters from over 130 international experts with backgrounds in behavioral science social science law and medicine as well as researchers practitioners and lay

persons with varied specialties These volumes cover the following areas reflected by their titles Volume One Fundamentals Effects and Extremes Volume Two Setting Age Gender and Other Key Elements Volume Three Psychological Ritual Sexual and Trafficking Issues and Volume Four Faces on Intimate Partner Violence This collection looks at the range of violence and abuse we see today conducting a detailed examination against the backdrop of a history of violence and abuse around the globe The works within focus for the most part on violence and abuse taking place outside of war contexts discussing road rage child abuse elder abuse abuse of women and girls sex slavery violent rituals including female genital cutting abuse within cults domestic violence gun violence and modern problems fueled by technology including cyberbullying and cyberstalking

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Suicidal Behavior In Europe Results From The Whoeuro Multicentre Study On Suicidal Behavior Introduction

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