

Marty Isaac, President of the Board, Connecticut Against Gun Violence. Trumbull CT

My name is Marty Isaac and I am President of the Board of Connecticut Against Gun Violence.

I am here today to speak in favor of the Safe Storage Bill (HB6962, An Act Concerning Firearm Safety). Under this bill, a person would be guilty of criminally negligent storage of a firearm (not just a loaded firearm) if any person obtains the firearm and causes the injury or death of himself or any other person.

The key here is responsibility and accountability. I think that all responsible gun owners will agree with this sentiment.

Over the past 2 years, the state has made remarkable progress reducing gun violence. According to data from the Chief Medical Examiner in CT, Homicides are down 50% over the past 2 years – In 2014, there was a total of 56 firearm homicides in the state, down from over 100 in both 2011 and 2012. This is simply a stunning success story. I attribute this to success to smart gun laws and smart community policing programs such as Project Longevity.

Yet – the suicide rate in CT remains stubbornly unchanged. Each year, approximately 105 people commit suicide using a firearm. The Safe Storage bill has the potential to save some of these lives.

There has been a tremendous amount of research put forward regarding suicide. There are many reasons why a person may choose to commit suicide – however a key takeaway from these studies is this simple point: *You can prevent suicide by reducing, removing or eliminating the methods people use to kill themselves.*

This simple solution surprises most people because there is a pervasive myth about suicide – that you can't really stop a suicidal person from killing themselves. It turns out, that just is not true. According to Ken Norton, the Director of NH's National Alliance on Mental Illness: *The reality is that most suicidal people are ambivalent about dying (and living). This is best demonstrated by the fact that 85% of people who survive a suicide attempt do not go on to die by suicide at a later point in time.*

Additionally, impulsivity plays a significant role in suicide attempts. According to the National Association of City and County Health Officials: *24% of suicide attempts were decided within five minutes and 70% were decided within 60 minutes.*

The recent teenage suicide in Bryn Mawr, Pennsylvania, a day or two ago, makes this all too tangible. The 13 year old student left home with the parent's firearm 30 minutes after receiving an email from the school about an overdue homework assignment. As the parents said, "He is a good kid and has no substance abuse or other issues; this is the first time he has ever done anything like this." This is quite literally every parent's nightmare.

When you combine these 2 facts: Survivors generally do not attempt to commit suicide a second time and impulsivity plays a great role in suicides – you can see why most experts have come to the conclusion that reducing access to lethal methods of suicide are critical components to reducing suicide.

So why are we back to talking about firearms? Why all the focus on this specific method of suicide?

**It's the lethality of firearms.**

According to the American Foundation for Suicide Prevention, overdoses have a suicide success rate of 1.5% - 4%. Firearms have a suicide success rate estimated at 80% - 90%. That's a staggering difference – and by the way, this difference accounts for the vastly different rate of suicide between males and females.

We can do better. We can control who has access to a firearm by passing the Safe Storage bill. The current law that restricts unauthorized access to only a loaded firearm is not sufficient. Nor does limiting persons who meet certain characteristics suffice. *Any person that obtains unauthorized access to a firearm should be our concern.*

I ask that you please support the safe storage bill. Thank you.

**Research: (Attached in following pages)**

<http://www.cagv.org/current-ct-gun-deaths-data/>

<http://www.theconnectprogram.org/sites/default/files/site-content/docs/RestictingAccess.pdf>

<http://nacchovoice.naccho.org/2014/12/15/safe-storage-of-firearms-prevents-suicide/>

<http://www.ct.gov/ocme/cwp/view.asp?a=2165&q=295126>

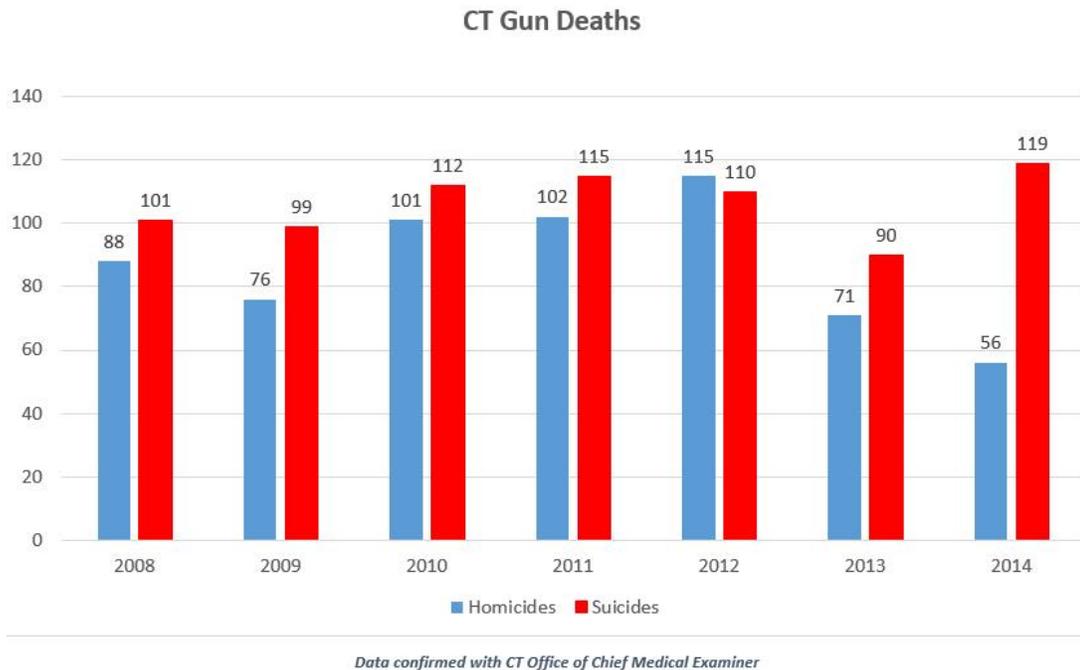
<http://www.ct.gov/dph/lib/dph/hems/injury/databook/suicidedeaths.pdf>

<http://m.nydailynews.com/news/national/body-missing-pennsylvania-teen-found-home-article-1.2142412?cid=bitly>

<http://www.foxnews.com/weather/2015/03/09/body-philly-area-teen-who-vanished-after-getting-homework-note-found/>

# Stunning Decline in CT Gun Homicides

by [SofieS](#) • January 14, 2015 • Comments Off



In the past few years, gun deaths in Connecticut have been in decline. In 2012, there were 115 homicides, unusual because of the 27 Newtown victims. The previous five year average was 94. In 2013, the total declined to 71, and last year, 2014, there were 56. That is a stunning decline of 40% in two years from the previous five year average.

And in our three largest cities the decline has continued for even a longer period and been even more dramatic. Typically, Hartford, New Haven, and Bridgeport have accounted for about 75% of Ct gun homicides. In 2011 there were 75 gun homicides in those three cities combined. In 2012, the number dropped to 56; in 2013, we saw another drop, to 49. And last year, it dropped again to 34. That represents a 54% decline from 2011 to 2014.

We know that predicting crime trends is multi-varied...and can be treacherous.

But at CAGV, we are working as hard as we can to help improve that record, whether through smart gun laws; through participating in smart state wide community policing programs like [Project Longevity](#); or by encouraging agencies contributing to our database of prohibited gun owners to be diligent in maintaining the accuracy and completeness of those records.

We will also be looking to find ways to target reductions in firearm suicides where we have not experienced the same kind of positive trend.

## Restricting Access To Lethal Means By Ken Norton LICSW

If ever there was a mouthful of professional jargon this is it. Yet suicide prevention literature including the National Suicide Prevention Strategy is replete with this terminology. Put in common parlance it means you can prevent suicide by reducing, removing or eliminating the methods people use to kill themselves. It is also known as “means restriction.” Research has repeatedly demonstrated that this is an effective suicide prevention strategy across different countries and cultures. .

Restricting access to lethal means can take many forms. Some are based on a universal public health approach and are spread across the population such as placing barriers on bridges, rooftops or other high places, having mandatory waiting periods for firearm sales and selling toxic over the counter medications in smaller quantities and individually packaged “blister packs” which make it more difficult to take by the handful. After a dramatic increase in suicides using gas from cooking stoves in the United Kingdom during the 1950’ they were able to dramatically reduce suicides by adding a noxious smelling additive to the natural gas. In many agrarian countries/cultures, lethal means restriction involves locking up fertilizer and pesticides.

Other more selected forms are used for individuals that have been identified as at significant risk for suicide. These methods can include limiting the quantity of prescribed medication so the individual does not have a lethal dose on hand (an especially good idea with anti depressants), and temporarily removing firearms from homes until the risk of suicide has passed. It may also include removing razor blades/knives, poisons from a home or even taking away the keys to an automobile.

Lethal means restriction actively confronts many of the pervasive myths about suicide such as that you can’t really stop a suicidal person from killing themselves. The reality is that most suicidal people are ambivalent about dying (and living). This is best demonstrated by the fact that 85% of people who survive a suicide attempt do not go on to die by suicide at a later point in time. Suicidal individuals just want the psychic pain they are in to stop. The first line of suicide prevention is recognizing people at risk before they attempt. Psychological autopsies indicate almost 80% of people who die by suicide verbalized severe hopelessness or expressed a desire to die which went unrecognized. Intervening with people and getting them help typically results in a saved life. Means restriction is an important component of the intervention process

Research indicates that while people may contemplate suicide over time, the actual decision to take their life is often impulsive. This is a strong argument for restricting access to lethal means. With firearms accounting for over 50% of the suicides in both New Hampshire and the United States, questioning an individual at risk (and/or family) about access to firearms and reducing that access is a key means restriction strategy.

With asphyxiation (hanging) being the second leading cause of death, some people argue that you can not possibly remove all the possible ligatures to prevent a hanging, however there is everything to be gained by trying. It is not unusual for people to have very specific ideas/plans for what they will use, where and when they will attempt and how they will complete the suicide. These details can offer the opportunity to prevent hangings as well. Research shows that if you eliminate access to a specific plan/method most people will not substitute a different method particularly in the short run.

Case Example: there are two bridges near Dupont Circle in Washington, DC spanning Rockville Creek. They are several hundred yards apart and take 3-4 minutes to walk from the center of one bridge to the center of the other. One bridge had an average of

approximately 3.25 suicide deaths per year, the other an average of 1.75 deaths per year (for an average total of 5 suicides per year). A DC family who lost a loved one to suicide off the bridge in the early 1990's petitioned for a barrier to be erected. Opponents argued suicidal individuals would just go to the other bridge. A barrier was constructed on the more frequently used bridge and after 5 years there no deaths on that bridge and an average of 2 deaths per year on the other bridge (not a statistically significant increase). Overall there was a net reduction of 3 deaths per year.

Reducing access to lethal means should be done by any social worker dealing with or assessing an individual at risk for suicide. However, it can also be done by anyone with a little basic knowledge of how to do it. If you are concerned or worried that someone is contemplating suicide, asking them directly "are you thinking of killing or hurting yourself" is essential. A follow up question would be "Do you have a plan of how you would kill yourself?" You should also ask what if you weren't able to do X what would you do then? The more details that can be obtained about the plan, the easier it will be to determine how to reduce the individual's access to lethal means. The next step is to work with the individual to remove those means. Involving family or friends in this process can increase the likelihood of a positive outcome as well as engage natural supports who can monitor and support the person.

New Hampshire is at the forefront nationally on putting lethal means restriction into practice. NAMI NH's Frameworks Suicide Prevention Project (now The Connect Project) is a nationally designated Best Practice program which developed specific protocols for key service providers in suicide prevention and intervention. The protocols include a specific is a specific protocol for lethal means restriction. Instruction in lethal means restriction is also imbedded into all Frameworks (Connect) training.

Generating a great deal of local and national interest is the CALM (Counseling on Access to Lethal Means) program. CALM was developed and is co-facilitated by Elaine Frank from the Injury Prevention Center at CHAD and Mark Ciocca from Capital Valley Counseling Associates. CALM teaches health care providers why and how to restrict access to potential lethal means for an individual who is at risk for suicide. Outcomes from the first year of the project are very positive and indicate that 65% of participants had counseled clients about access to lethal means in the six weeks following the workshop. CALM training has been provided to NH's Community Mental Health Centers and is currently being offered to primary care providers and Emergency Departments. For more information, contact Elaine Frank (603) 653-1135 or [elaine.m.frank@dartmouth.edu](mailto:elaine.m.frank@dartmouth.edu).

You can help to save lives by incorporating lethal means restriction into your everyday practice with clients who may be at risk for suicide, or if you work in an agency, by insuring that policies and procedures require a review/discussion of lethal means restriction for people at risk and by making sure that staff are trained and familiar with the concept of means restriction.

This is the fourth in a series of articles for the NH NASW newsletter on suicide prevention. Series articles include: Suicide Prevention: A Public Health Issue, Suicide Prevention Efforts in NH, Survivors of Suicide, Suicide Prevention and Veterans, No Harm Contracts, Suicide and Older Adults, Suicide Risk in Lesbian, Gay and Transgender Youth, Clinicians as Survivors, Suicide and the Economy, and Media, New Media, Safe Messaging and Suicide Prevention. These articles can be viewed in the Newsroom/Articles section of the Connect website at [www.theconnectproject.org](http://www.theconnectproject.org). Ken Norton is the Director of NAMI NH's Connect Suicide Prevention Project and can be reached at (603) 225-5359 or [knorton@naminh.org](mailto:knorton@naminh.org).

# Safe Storage of Firearms Prevents Suicide

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By Tony Gomez, BS, RS, Manager, Violence and Injury Prevention, Public Health Seattle & King County; Clinical Faculty Instructor, University of Washington, School of Public Health

There is an urgent public health need to reduce suicide rates in the United States. There were 40,600 suicides in 2012, making suicide the tenth leading cause of death.<sup>1</sup> Increases in suicide rates among Americans ages 35 to 64 across the country are cause for alarm; suicide in this age group rose 28.4% from 1999 to 2010.<sup>2</sup> The greatest increases in suicide rates occurred in people 50 to 54 years old, which increased by 48.4%, and 55- to 59-year-olds, which increased by 49.1%.<sup>2</sup> Among the most common methods of dying by suicide are firearms, the use of which increased by 14.4% from 1999 to 2010.<sup>1</sup> In the United States, over half of suicide deaths are due to firearms; another 17% are due to poisoning by prescription medicines and other substances.<sup>3</sup>

Safe storage is an area of prevention in which diverse voices can coalesce in a positive way. Reducing access to highly lethal means can prevent firearm and poisoning suicide deaths and help turn the increasing suicide rates in a downward direction. There is strong evidence, both in the United States and abroad, of the effectiveness in reducing suicide by restricting access to lethal means.

Many suicides appear to have an impulsive or decisive component and occur during a short-term crisis. Impulsivity plays a significant role in suicide attempts: 24% of suicide attempts were decided within five minutes and 70% were decided within 60 minutes.<sup>4</sup> Having easy access to highly lethal means, such as firearms, increases risk. The [2012 National Strategy for Suicide Prevention](#), a report from the U.S. Surgeon General and the National Action Alliance for Suicide Prevention, recommends the following actions to reduce access to lethal means, thereby reducing suicide risk:

- Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means;
- Partner with firearm dealers and gun owners to incorporate suicide awareness as a basic tenant of firearm safety and responsible firearm ownership; and
- Develop and implement new safety technologies to reduce access to lethal means.

In line with the 2012 National Strategy, public health professionals must encourage healthcare providers, firearm dealers, gun owners, and the general public to promote safe firearm storage and increase their involvement in suicide prevention. The practices of keeping a firearm locked and unloaded and storing ammunition locked and in a separate location were each associated with a protective effect.<sup>5</sup> It is also possible that safely storing prescription drugs and other pharmaceuticals may have similar benefits for reducing suicide risk in a household, though this has not been tested or studied.

Suicide prevention efforts in King County, WA, and elsewhere in the country (e.g., New Hampshire) are championing safe storage of firearms. In King County, nearly 70% of firearm deaths are suicide. Fourteen percent or approximately 30,000 households with firearms reported storing at least one firearm loaded and unlocked—the highest risk situation. It is estimated that between 5,000 and 6,000 children live in homes with high-risk firearm storage. A King County child fatality review evaluation of 14 years of cases found that the risk of firearm suicide in youth under 18 years old was 9.2 times higher when firearms were stored in this unsafe manner.

***A King County child fatality review evaluation of 14 years of cases found that the risk of firearm suicide in youth under 18 years old was 9.2 times higher when firearms were stored in this unsafe manner.***

The Safe Storage Saves Lives Campaign is one option available to inform firearm owners and others about the benefits of safe storage. The King County website [www.lokitup.org](http://www.lokitup.org), which is heavily used by county residents and non-residents, includes links to firearm safe storage dealers, many of whom offer discounts on selected devices; research on firearms storage and lethal means restriction; frequently asked questions; information for providers; and descriptions of the various devices. Additionally, King County has adopted Harvard University's [Means](#)

Matter training for mental health and other healthcare providers. Since this was started in the fall 2014, over 40 providers have been trained in King County.

In line with NACCHO's policy statement on suicide prevention, local health departments should look at their local suicide data and work with suicide prevention groups, law enforcement, firearm stores, and safe storage device sellers to promote safe storage. NACCHO encourages research at the federal, state, and local levels to test, evaluate, and establish best practices for the safe storage of firearms and other lethal means. NACCHO also encourages the developers of the Behavioral Risk Factor Surveillance Survey to once again ask about firearm storage practices. By having accurate data and engaged community leadership, safe storage of firearms is a strategy that holds strong promise to help reduce the burden of suicide nationwide and should be supported by all interests in the firearm discussion.

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  2. Centers for Disease Control and Prevention. (2013). Suicide among adults aged 35–64 years – United States, 1999–2010. *Morbidity and Mortality Weekly Report*; 62(17):321-325. Retrieved Nov. 24, 2014 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm>
  3. Centers for Disease Control and Prevention (2014). Suicide and Self-Inflicted Injury webpage. Retrieved Nov. 25 from <http://www.cdc.gov/nchs/fastats/suicide.htm>
  4. Miller, M., & Hemenway, D. (2008). Guns and suicide in the United States. *The New England Journal of Medicine*, 359:989-999. Retrieved Nov. 25, 2014 from <http://www.nejm.org/doi/full/10.1056/NEJMp0805923>
  5. Grossman, D. C., Mueller, B. A., Riedy, C., Dowd, M. D., Villaveces, A., Prodzinski, J., et al. (2005). Gun storage practices and risk of youth suicide and unintentional firearm injuries. *Journal of American Medical Association*, 293(6):707-714. Retrieved Nov. 25, 2014 from <http://depts.washington.edu/hiprc/pdf/LockboxJAMA.pdf>

*Special thanks to Jerry Reed, Jack Herrmann, Eric Caine, and Sheri Lawal.*

**Annual Statistics: Suicides**

	Ages 1-9		Ages 10-14		Ages 15-19		Ages 20-24		Ages 25-29		Ages 30-39		Ages 40-49		Ages 50-59		Ages 60-64		Ages 65-69		Ages 70-74		Ages 75-79		Ages 80+		TOTALS	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
1990	0	0	0	2	6	16	5	28	6	30	17	51	15	40	11	22	3	16	4	14	3	9	2	12	4	16	76	256
1991	0	0	1	2	5	19	1	36	11	30	17	57	9	47	10	25	4	20	4	11	1	10	3	13	6	20	72	290
1992	0	0	0	3	2	10	4	26	4	32	10	42	12	51	7	26	4	10	2	19	1	18	4	11	4	8	54	256
1993	0	0	0	0	3	11	4	25	5	25	16	46	14	49	14	40	3	9	4	11	3	14	4	7	2	8	72	245
1994	0	0	0	3	3	15	4	26	5	26	12	55	17	32	9	24	6	16	8	9	2	7	3	8	5	23	74	244
1995	0	0	1	4	0	9	5	24	7	20	10	58	18	46	14	29	1	13	4	16	4	16	2	7	2	12	68	254
1996	0	0	1	5	4	7	4	23	1	27	12	42	13	50	10	31	0	11	6	11	1	9	2	6	2	10	56	232
1997	0	0	0	5	3	8	4	9	5	16	11	50	17	51	12	25	5	11	3	8	4	12	0	10	5	12	69	217
1998	0	0	0	0	2	16	3	16	1	16	14	52	13	43	9	27	1	4	4	7	2	4	2	11	7	15	58	211
1999	0	0	0	0	3	8	1	18	3	16	15	40	12	46	10	38	1	20	1	10	0	10	6	10	3	12	55	228
2000	0	0	0	3	5	13	0	14	2	20	7	46	15	61	14	44	4	12	1	7	2	11	1	9	3	17	54	257
2001	0	0	0	2	1	19	4	12	5	15	9	44	15	56	9	33	3	9	1	15	3	5	0	13	3	12	53	235
2002	0	0	0	1	5	11	3	11	5	13	6	45	24	54	9	39	3	9	2	11	3	11	1	4	3	14	64	223
2003	0	0	1	0	3	4	2	16	4	15	16	27	19	62	14	44	5	13	0	6	0	6	4	9	2	9	70	211
2004	0	0	3	1	2	9	3	23	3	21	12	32	24	67	9	39	3	16	3	6	2	10	1	7	5	15	70	246
2005	0	0	3	0	2	9	3	17	3	14	8	46	13	67	10	44	3	13	1	9	4	5	2	9	4	12	56	245
2006	0	0	0	1	2	13	2	15	5	19	6	45	15	43	17	48	2	16	1	6	1	3	2	7	2	12	55	228
2007	0	0	0	0	1	13	1	12	3	16	5	28	14	54	12	40	4	18	1	12	0	5	4	5	4	10	49	213
2008	0	0	3	3	2	12	0	17	4	13	10	36	17	58	21	50	3	14	2	6	2	7	1	10	5	10	70	236
2009	0	0	1	0	6	10	5	18	6	13	9	47	10	49	24	58	4	7	3	14	2	6	1	9	4	12	75	243
2010	0	0	0	0	2	9	6	23	3	24	10	34	23	71	16	63	7	22	2	9	0	11	2	8	4	9	75	283
2011	0	0	0	1	2	12	4	19	10	17	13	37	21	71	19	68	1	23	4	8	1	11	2	5	6	16	83	288
2012	0	0	0	1	5	13	6	12	4	20	12	44	19	75	22	54	5	22	9	13	4	8	3	11	2	8	91	281

<http://www.ct.gov/dph/lib/dph/hems/injury/databook/suicidedeaths.pdf>

- Suicide was the second leading cause of injury death in Connecticut accounting for 18.1% of all injury-related deaths between 2000 – 2004, with 1,396 suicide deaths, for an average of 279 suicides a year
- Firearms accounted for over one-third (36.2%) of all suicide deaths, followed by suffocation, hanging or strangulation (31.5%), and poisoning by drugs or other substances (22.8%)
- The cities and towns with the highest number of suicide deaths among residents were Hartford (60), New Haven (51), Bridgeport (45), Waterbury (40), Meriden (34), New Britain (34), Bristol (31), Stamford (29), East Hartford (28), Danbury (27), and Fairfield (25)
- Suicide deaths occurred as early as 10 – 14 years of age, and peaked at 45 – 49 years, with higher rates between the ages of 20 and 85+
- Suicide rates (8.1 per 100,000 population) were nearly three times higher than homicide rates (2.9 per 100,000 population), and were consistently higher than homicide rates from 10 – 14 years of age on except between the ages of 20 and 29
- Overall, males completed suicide at a rate of four times higher than females and up to eleven times higher among the 65 – 69 age group reaching a peak rate of 30.2 per 100,000 males 85 years or older. Females experienced their highest suicide death rate between 45 – 49 years
- Over one-fourth (25%) of all suicides occurred between 40 – 49 years of age, while over 60% happened between the ages of 30 – 59 years
- Males were almost 3.5 times more likely to use firearms, while females were nearly four times more likely to use drugs in completing suicide
- Hanging/suffocation was the second leading mechanism of suicide death for both males (32.2%) and females (28.7%)
- Suicide rates were roughly twice as high among Non-Hispanic Whites (8.7 per 100,000 population) as compared to either Hispanics (4.6 per 100,000 population) or Non-Hispanic Blacks (3.9 per 100,000 population)
- New London County experienced the highest suicide rate (10.5 per 100,000 population), closely followed by Litchfield (10.1 per 100,000 population) and Windham (10.0 per 100,000 population) Counties, whereas the Fairfield County had the lowest suicide rate (6.5 per 100,000 population) over 60% lower than the rate in New London County
- Over half (54.8%) of all suicide deaths were registered as having occurred in the decedent's home

<http://m.nydailynews.com/news/national/body-missing-pennsylvania-teen-found-home-article-1.2142412?cid=bitly>

## Pennsylvania teen who disappeared committed suicide: family

DOYLE MURPHY, TOBIAS SALINGER Yesterday, 6:03 AM

A 13-year-old Pennsylvania boy found dead Sunday killed himself with a single gunshot to the head, his family said. Cayman Naib's body was discovered on Sunday just 150 yards from his Newton Square home following a massive search, authorities said. Distraught family and friends broke the [tragic news on a Facebook page](#) created after he disappeared on Wednesday.

"For those who have been following the Naib family's sad and incredibly devastating news, we have just learned from the medical examiner's office that Cayman took his own life," the post said.



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### Celebrating Cayman

Community · 23,717 Likes

· 18 hrs ·

For those who have been following the Naib family's sad and incredibly devastating news, we have just learned from the medical examiner's office that Cayman took his own life. The cause of death was a self-inflicted gunshot wound to his head. The gun was taken from the home. The police have informed us that despite being fitted with a trigger lock, the gun was still able to be fired. He was found near the 3400 block of St. David's Road. His death likely occurred in the early evening of Wednesday, March 4, 2015. We were told that he did not suffer.

No words can adequately express the Naib family's pain and sadness at this news. The family has asked that the community respect their need for privacy at this very difficult time as they mourn the loss of their son and support their daughter.

The family would like to reiterate their profound gratitude and appreciation for all the thousands of friends, family, community, law enforcement, local, county, and federal, search and rescue, fire departments, the school communities – especially Shipley and Episcopal Academy – and even perfect strangers who came out to volunteer, supported them with prayers and good wishes, and have loved them through this heartbreaking ordeal. Their only solace throughout these past few days has been the closure they have received from the community's efforts to find Cayman.

The Naib family is in the process of determining the best way to celebrate Cayman's life and will inform the community once those arrangements have been scheduled. In the interim, the family has transformed the "Find Cayman" Facebook page to "Celebrating Cayman," a place for friends, family, and the community to share their special thoughts, stories, and memories of Cayman.

As you can appreciate, there will be no further comment from the family on this subject.

Like

· Share · 1,454782715

<http://www.foxnews.com/weather/2015/03/09/body-philly-area-teen-who-vanished-after-getting-homework-note-found/>

## Pa. teen who vanished after getting note from school committed suicide, officials say

An autopsy has determined a missing teen found dead outside Philadelphia committed suicide, the Associated Press reported.

The Delaware County medical examiner's office declared Cayman Naib, 13, suffered a self-inflicted gunshot wound before he was later found in a shallow creek near his family's Newtown Square home.

Grief counselors were sent to a Philadelphia-area school Monday after the frantic search for a teen who disappeared after getting an email from school about overdue homework came to a sad end Sunday, when searchers found his body buried in snow in a shallow creek on his family's property.

Cayman Naib, 13, was remembered by classmates at the Bryn Mawr school he attended as a "thoughtful, bright, fun-loving" student at a candlelight vigil, hours after his body was found. Hundreds of searchers had looked for Cayman since he vanished last Wednesday just hours ahead of a snowstorm. Thousands more followed the search on social media via a Facebook page called "Find Cayman."

*"This is every parent's nightmare."*

*- Steve Piltch, head of Shipley School*

"This is every parent's nightmare," Steve Piltch, head of Shipley School, told [Philly.com](http://Philly.com).

Hundreds of students and parents gathered and lit candles at a vigil Sunday at the school. Cayman's parents, Farid Naib and Becky Malcolm-Naib, were devastated by their son's death, Piltch said. The parents wrote on the Facebook page that Cayman left home 30 minutes after getting an email from Shipley on Wednesday about overdue homework.

"He is a good kid and has no substance abuse or other issues," they posted. "This is the first time he has ever done anything like this."

Mark Hopkins, chief of Greater Philadelphia Search and Rescue, which Newtown Square Township police had brought in, led a K-9 team that made the grim discovery. Neither he nor other authorities would comment on reports that a gun may have been found near the body.

"Once the autopsy is done on Monday, we will have more to comment on that issue," Delaware County District Attorney Jack Whelan told the newspaper.

The search for Cayman involved hundreds of volunteers, the Civil Air Patrol, Newtown Square Township police and dog teams. The FBI also was involved, examining Cayman's cellphone and computer for clues.

After his body was discovered on the edge of the family's 13-acre property, the Naibs posted the news on the Facebook page, which Sunday night was changed to "Celebrating Cayman" and had attracted more than 20,000 "likes."

"It is with a heavy heart that we share news that the family has just learned through the search-and-rescue team and local law enforcement that Cayman has been found deceased," the family said. "Please understand that the family is still processing and struggling with this most recent news, but that they would like to thank all of the thousands of people over the last five days-- friends, family, community, law enforcement, local, county, and federal, search and rescue, fire departments, the school communities, especially Shipley and Episcopal Academy, and even perfect strangers -- who have come together to support the family to find Cayman.