

KEEPING THE CROWN

Bison crush
Coyotes, continue dominating
Missouri Valley Football Conference,
SPORTS

The Forum

OF FARGO-MOORHEAD



SUNDAY EDITION

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David Samson / The Forum

Sarah Dixon-Hackey plays with her dog, Truman, in her West Fargo home. Dixon-Hackey, who attempted suicide shortly after finishing college, now helps organize the annual Out of the Darkness suicide prevention walk.

Minn. priest feels revictimized by lawyer's disclosure

Abused as a child, Rev. Richards admits inappropriate touching of 5-year-old as a teen

By April Baumgarten
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FERTILE, Minn. — Like any other Sunday, the Rev. Joseph Richards led Mass on Nov. 10 at St. Joseph's Catholic Church in Fertile, a northwest Minnesota town in Polk County with almost 850 residents.

But this was the first Sunday Richards would address the congregation since it was revealed he was sexually abused as a child by his great-uncle. It was also disclosed that he sought help after having sexual fantasies about children and that he admitted to inappropriately touching a 5-year-old when he was 14.



Richards

"Those who know me and know my story are dumbfounded as to how this can be happening, as I was a minor ... who was being sexually abused myself at the time," Richards wrote in an email interview with The Forum.

Jeff Anderson and Associates, a St. Paul law firm that represents sexual abuse victims in lawsuits against Catholic leaders and dioceses across the U.S., released on Nov. 5 documents and videos that were part of a \$5 million settlement between 15 victims and the Diocese of Crookston. The diocese includes the cities of Moorhead, East Grand Forks and Bemidji.

One of those documents included a 1993 mental health evaluation report on Richards, who told a doctor he was sexually abused by his great-uncle, who was in his 80s at the time. The relative was never criminally charged, and he died in 1982.

Richards also did not face charges in connection with the inappropriate touching incident as a 14-year-old. He has never faced any other allegations of sexual abuse.

Ordained in 1990, Richards told a former bishop in 1993 he once sexually abused another child, according to the diocese. He took a leave of absence for nine months of treatment and returned to his ministry duties.

He has been a priest at St. Joseph's in Fertile since 2012.

Anderson called on Crookston Bishop Michael Hoepfner, who is at the center of a Vatican-ordered probe regarding whether he prevented authorities from investigating sexual misconduct in his diocese, to remove Richards as a priest and as the bishop's judicial vicar — an adviser to Hoepfner.

"I am alarmed and we are disturbed that this priest remains in ministry in the Diocese of Crookston on the choice of this

PRIEST: Page A6

'Such a silent, lonely disease'

Suicide numbers keep rising in ND and Minn., but there's help and hope

BREAKING THE SILENCE

To raise awareness and inspire hope, The Forum is running a five-part series on the issue of suicide in the Fargo-Moorhead region and taking an in-depth look at some of the groups it's acutely affected.

PART 1

Overview

PART 2

Military veterans

PART 3

LGBTQ community

PART 4

Middle-aged white men

PART 5

Native Americans

By Patrick Springer
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FARGO

Steve Dockter was so ill that his mother had to help him sit up in bed the day before he was discharged from the hospital.

He was admitted to a Bismarck hospital because he was so despondent that he was thinking of ending his life.

"He was in physical pain," said his mother, Kora Dockter. He also was haggard — he'd lost more than 20 pounds — and pale. "He looked awful."

But his psychiatrist determined that his mental condition was deteriorating in the hospital, so discharged him with what his mother, now a retired nurse, said was no real follow-up care plan.

Half a year later, on Feb. 21, 2014, she received a call from her husband informing her that their 33-year-old son was dead. Steve Dockter, a



Steve Dockter of Bismarck took his life on Feb. 21, 2014, after an earlier attempt and after being hospitalized. He left a wife and three young daughters. He was 33 years old. Special to The Forum

husband and father of three, had taken his own life.

"He made it about six months," she said. She watched helplessly as her son's condition worsened after he first tried to take his life in October 2012. He had lost hope.

SUICIDE: Page A10

INSIDE TODAY'S FORUM



LIFE: West Fargo family assembles winter wonderland in front yard
PAGE B1

Fargo driver's license office gearing up to shorten wait times

By Patrick Springer
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FARGO — North Dakota transportation officials have come up with a plan to reduce waiting times for drivers queuing to renew their licenses at offices here as well as in Bismarck and Williston.

The three offices, which handle the high-

est volumes of drivers in the state, are receiving increased temporary staffing — to accommodate the issuance of Real ID licenses and identification cards, which require more documentation — as well as remodeled offices.

Waiting times in Fargo, which a few months ago sometimes reached 240

minutes, with 118 waiting in line, already have been significantly reduced, largely because the number of customer service windows has increased from five to seven, said Brad Schaffer, the driver's license director for the North Dakota Department

DMV: Page A8



Today's weather



A few flurries

37°
29°

Details, D6

Classifieds	G
Comics	Z
Crosswords	B4
Home & Abroad ...	C1-2
Obituaries	C10-11
Opinion	C8-9

FARMLAND FOR SALE

SALE PENDING: Richland County Farmland 156.99+- acres of excellent land SE of Mooreton, ND.

SALE PENDING: Traill County ND Land near Portland ND. 135 acres combination Great Hunting Land along the wooded Goose River along with high productive tillable Land.

FOR SALE: Wilkin County MN Farmland 80 acres, West Campbell Township, SE of Fairmount, ND. Excellent quality.

FOR SALE: Traill County Farmland for Sale. 317 +- acres 9 miles NW of Buxton, ND

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SUICIDE

From Page A1

Steve Dockter's death — which his mother adamantly believes was preventable — was part of a rising number of suicides in North Dakota, which saw the nation's largest increase in suicide rates from 1999 to 2016, 58%. That was more than twice the national increase, 25%, according to figures from the Centers for Disease Control and Prevention.

Minnesota logged a 41% jump in its suicide rate during the period, also well above the national increase. Only one state, Nevada, experienced a decrease over that time, a dip of 1%.

The finding that North Dakota led the nation in the increased rate of suicide galvanized action by state officials, but the state has long had suicide rates surpassing the national average. So has Minnesota.

Both states are implementing suicide prevention plans that focus broadly on education and awareness, including outreach to at-risk groups and teaching resiliency skills to public school students.

Also, health providers are increasingly engaged in suicide prevention, with many major health providers in the area embracing the Zero Suicide movement, with screening and follow-up care, based on the belief that anyone in the health-care system should not be lost to suicide.

Despite stepped-up efforts, suicide takes a grim toll in North Dakota and Minnesota. Consider a few indicators:

► Suicide is the eighth leading cause of death in both North Dakota and Minnesota.

► In North Dakota, which has the nation's 10th-highest suicide rate, a person dies by suicide every 57 hours. In Minnesota, which ranks 38th, a person dies by suicide every 11 hours.

► Suicide imposes real but hidden financial costs on society, a figure that topped \$140 million in North Dakota and exceeded \$759 million in Minnesota in 2017, according to the American Foundation for Suicide Prevention.

After several years of grieving her son's death, Dockter has become active in working to improve suicide prevention efforts



Special to The Forum

Kora and Ken Dockter lost their 33-year-old son, Steve, to suicide in 2014. Kora Dockter, a former registered nurse, believes the health care system failed her son, whose suicide came after an earlier attempt and hospitalization in Bismarck. She's become an activist with the North Dakota Suicide Coalition.

and now serves as the volunteer head of the North Dakota Suicide Prevention Coalition.

Much of her advocacy centers on improving the health system, so suicidal patients don't slip through the cracks in the way her son did four years ago, despite his hospitalization.

Health providers recognize they are on the front lines in preventing suicide.

National research suggests that 45% of those who die by suicide visited their primary care provider within a month of their death. But nationally, health systems that have embraced the best practices of Zero Suicide's preventive approach have seen reductions in their suicide patient death rates of up to 80%.

When Dockter's son was discharged, she was stunned when she learned he was leaving without a discharge plan for follow-up care.

"There was absolutely nothing," she said. "I was like, OK, now what? In any other disease process, that does not happen."

Until her son's suicide attempt, Dockter hadn't known he was struggling with depression and self-destructive thoughts. In fact, she now knows, many who contemplate suicide hide their despair from loved ones.

It's critical, according to Dockter and other suicide

prevention advocates, to erase the stigma of seeking help for mental illness and to encourage those who are struggling to speak frankly about their distress and get help.

"It's such a silent, lonely disease," she said. "People don't talk about it."

One huge problem in curbing suicide: The health care system isn't yet very good at identifying those who are at risk of ending their lives.

A psychology journal review of screening methods over the past half-century concluded that, overall, they weren't much better than chance in identifying the suicide prone.

So, although 45% of those who complete suicide visit their primary care provider the month before, they come to the clinic with physical complaints, such as an aching back or knee, said Dr. Jon Ulven, a clinical psychologist at Sanford Health in Fargo.

"They're not even talking about it," he said, referring to their mental illness.

More than two years ago, health providers, first responders and others in Fargo-Moorhead adopted the same suicide screening tool as part of efforts to prevent suicides.

But the providers still lack the means to evaluate

the tool's effectiveness in preventing suicide, Ulven said. Experts and advocates agree that identifying a person at risk of suicide and getting the patient into effective treatment is a key to preventing suicides.

That's a lot easier in theory than in practice, but the scientific underpinnings of identifying and treating suicidal depression are improving, Ulven said.

Promisingly, researchers using machine learning, a form of artificial intelligence, have devised a screening tool that is more than 80% accurate in picking those at risk for suicide, but the application isn't yet ready for clinical use.

"The science is improving in this area," Ulven said. "We're in this spot of waiting a bit and the science is improving. It is a national problem and a science problem."

Also, providers including Sanford, Essentia, Prairie St. John's, Altru and Trinity are working to implement elements of the Zero Suicide approach. Although Sanford still is deciding whether to formally adopt the initiative, it has stepped up screening efforts and for years has brought behavioral health services into its primary care clinics, Ulven said.

"We're actually ahead of the curve nationally in

trying to prevent suicide," he said.

Suicide isn't patiently waiting for science to catch up.

In both North Dakota and Minnesota, the number of suicides has increased steadily for more than a decade, according to state figures. Solving the problem is complex, because the risk factors for suicide are so varied and difficult to overcome.

People at increased risk for suicide include those exposed to violence and childhood trauma. They also include those suffering from serious mental illness, physical illness, alcohol or drug abuse, a painful loss, social isolation and with easy access to lethal means, including guns.

Both Minnesota and North Dakota are taking a public health approach to suicide prevention. Minnesota, in a suicide prevention plan introduced in 2015, set the ambitious goal of reducing suicide by 10% by 2020, 20% by 2025 and working toward zero suicide.

North Dakota, which also has embraced zero suicide as a long-term goal, is less specific in its goals, but like Minnesota is working toward eventually eliminating suicide.

Progress so far has been uneven in Minnesota, where suicide rates among females decreased by

10% in 2017 — but male suicide increased 18% in the seven-county Twin Cities metro area, though remained lower than the Greater Minnesota male suicide rate, state figures show.

Guns, the leading means of suicide nationally as well as in North Dakota and Minnesota, account for 54% of male suicides in Minnesota and slightly more than half of all suicides in North Dakota, according to the states.

In fact, ready access to firearms, along with increased social isolation and lack of behavioral health services, are among the reasons cited for higher suicide rates in rural areas.

"Frankly, it's because of more access to guns," said Sue Abderholden, executive director of the National Alliance on Mental Health Minnesota. "It's often an impulsive act."

Many who survive suicide attempts report that the decision was made rashly, when they were overcome with an intensely painful emotion within five minutes of acting on impulse.

Therefore, experts agree, an important way to prevent suicide is to remove convenient access to lethal means — such as safely storing guns or certain medications, perhaps by entrusting their safekeeping to a relative or trusted friend — to allow a potentially fatal impulse to pass.

Experts say preventing suicide will also require widespread knowledge of the warning signs, such as a concerning change in behavior or a person's social withdrawal, and the willingness to ask that person if they are considering suicide — and, if so, helping them get support and assistance.

One widely accepted theory of why people turn to suicide identifies three key components: They believe they have become a burden to others who would be better off without them; they exhibit an unmet desire to belong; and they harbor an acquired capacity for suicide, manifesting in risk-taking and self-destructive behaviors.

The reasons that drive people to the extreme of ending their lives are complex and varied, studies show, usually involving multiple risk factors. Suicide rates have

SUICIDE: Page A11



David Samson / The Forum

Alison Wolbeck enjoys spending her free time reading outside of her apartment in Moorhead. She's faced a lifelong struggle with depression, first attempting suicide at the age of 12.