

Suicide Assessment Script

Narrator: Experiences of GBV have a great impact on women and girls' emotional well-being, their ability to keep up with day-to-day tasks, and their overall sense of safety in the world. Case workers can begin to understand the survivor's psychosocial state from the very first meeting with the survivor by observing their communication and behavior. In addition to observing survivors on an ongoing basis, caseworkers should conduct a very basic assessment of survivor's functioning, which includes asking the survivor about changes in her thinking and behavior since the abuse occurred.

One of the most serious consequences of GBV is a survivor's risk for suicide. If you become concerned that a survivor is feeling so badly they are thinking about suicide or harming themselves in other ways (cutting, burning, etc.) it is important to begin to assess the potential seriousness of such feelings and thoughts immediately. It can be expected that survivors will have feelings of wanting to die, end their life, or "disappear." In situations where survivors express such feelings, your main task is to determine whether or not this is a feeling only, or a **feeling with an intention to act** (i.e., the intention to actually take one's life). In order to determine this, caseworkers will need to walk through a series of steps to assess risk. These steps include:

- ☒ Step 1: Assess current/past suicidal thoughts
- ☒ Step 2: Assess risk: lethality and safety needs
- ☒ Step 3: Address feelings and provide support
- ☒ Step 4: Formulate a safety contract

Caseworkers often worry that by asking a survivor if she is having suicidal thoughts you may encourage her to think about suicide. There is no evidence to suggest this. If you are concerned that a survivor may be suicidal, it is very important that you follow these steps. **Supervisors should make sure that they have appropriately trained their staff in suicide assessment.**

Narrator: I am going to guide you through examples of what can be said during a case management session where a survivor may be expressing suicidal thoughts. We are going to provide examples of what a case worker may say during each step.

Other voice: Step 1: Assessing current and past suicidal thoughts

Case Worker: "I'm going to ask you some questions that may be hard for you to answer, but I am worried about you, so I want to know that you are going to be ok. Have you thought about hurting or killing yourself recently?"

Narrator: Depending on the response from the survivor, you may need to ask another question which is not as direct to assess suicidal ideation.



Case Worker: Do you ever wish you could go to sleep and just not wake up?

Narrator: If a survivor answers no and there is no evidence to suggest the survivor is intending to harm or kill herself, it is likely the risk of suicide or self-harm is low. In this case, the caseworker will likely discontinue the assessment. Again, this is determined on a case-by-case basis and whether or not there is other evidence the survivor is indeed suicidal. If the survivor answers yes to either of the questions, say to the survivor,

Case Worker: “Please tell me more about these thoughts”

Other Voice: Step 2: Assess Risk: Lethality and Safety Needs

Narrator: Let’s proceed to Step 2: Assessing the risk. While survivors often say “no” when asked if they have a plan to commit suicide, caseworkers should gently probe the survivor for clues to determine if the survivor has a plan. The caseworker also should assess past suicide attempts. Before asking survivors questions, caseworkers should re-assure survivors that it is okay to have feelings of sadness or wanting to die. Survivors will need to feel that the caseworker understands them and their feelings, and they are not being judged for them. This will help the survivor feel safe and comfortable to open up further. Probing questions can include:

Case Worker: *“Tell me about how you would end your life. [PAUSE]. What would you do? When did you think you would do it? Where did you think you would do it? Are pills or other methods at home easy to get?”*

“Have you ever started to do something to end your life but changed your mind? Have you ever started to do something to end your life but someone stopped you or interrupted you? What happened? When was that? Tell me how many times that happened.”

Narrator: If the survivor is unable to explain a plan for how they would take their own life and/or if the survivor has not yet attempted, the risk is less immediate. At this point, the caseworker should support the survivor by exploring with the survivor skills for coping with difficult feelings and thoughts, and if needed, develop a safety plan with her or him. If the survivor is able to explain a plan and/or indicates they have already attempted suicide, the risk is more immediate.

Other Voice: Step 3: Address feelings and provide support

Narrator: Let’s proceed to Step 3 to address feelings and provide support: It is critical that you stay calm if the person expresses suicidal thoughts and a plan. It may be the opposite of your instinct, but do not try to talk the person out of it nor offer advice about what they should do. The feeling they have is serving a purpose for them—it is their last attempt to feel that they are in control of something. Instead, you should validate their feelings

and acknowledge the courage it took for them to share such information with you and communicate your concern for their safety and well-being.

Caseworker: *"I understand that you are feeling this way and I am sorry. I know that it was hard for you to share that. You are very brave for telling me. It is very important to me that you do not hurt yourself. And I would like us to come up with a plan together for how we can help you to not do this. Is this okay with you?"*

Narrator: Formulate a safety plan with the client. Formulate a safety contract. A safety contract is a tool for the survivor and caseworker to use to keep the survivor safe from harm. Caseworkers need to work with the client to ensure that she feels comfortable carrying out whatever plan is negotiated. A survivor's views, opinions and thoughts help to determine the safety contract developed.

Other Voice: Step 4: Formulate a safety contract

Narrator: Let's proceed to the final step, Step 4: Formulate a safety contract.

Developing a safety agreement with the survivor is a way for you to help them identify their own mitigation and prevention strategies. In this step, you will explain the purpose of the agreement. Then you will help the person identify: Warning signs, Strategies to feel better, and a safety person.

Other Voice: Help the survivor identify warning signs.

Case Worker: *"Tell me what happens when you start to think about killing yourself or wanting to hurt yourself? What do you feel? What do you think about? How will you know when you are going to need to use this safety contract?"*

Narrator: When you list warning signs to make sure you have the right understanding, use the patient's own words.

Other Voice: Help the survivor identify strategies to feel better:

Case Worker: *"We want to find other things that you can do to make yourself feel better."
"When you have thoughts about killing yourself before, what prevented you from doing it?"
"Tell me some things you can do to help yourself feel better when you start to think about hurting yourself or wanting to end your life. What has helped you feel better in the past? Is there someone you can talk to or go to?"*

Narrator: Based on what the survivor says, agree with the survivor that she will use these strategies / do these helpful things instead of hurting herself. If the person is not able to identify any strategies, you should confer with a supervisor and discuss the potential for a referral to mental health services, or if not available, to emergency medical care.

Other Voice: Identify a safety person:

Narrator: Explain to the survivor that we want to be assured that she is safe. In addition to the strategies the survivor has to feel better, explain that the survivor's friend or another family member must be notified to act as a "safety person" for the survivor. Identify a safe person who can be with the survivor 24/7 to ensure the survivor does not harm herself.

Case Worker: *"We want to help you stay safe. At times, we use family members or friends to help us keep you safe. Can you think of someone in your family or a friend who could stay by your side? Can we work together to get that person to agree to stay by your side in order to keep you safe?"*

Narrator: This is a model of a suicide assessment. In your setting, disclosures may include a process for mandatory reporting. Although the assessment process can be difficult, it's important. For more information you can refer to the guidance on suicide assessment and mental health.