

Suicide Assessment

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 the survivor's communication and behavior. In addition to observing survivors on an ongoing basis, case workers should conduct a very basic assessment of survivors functioning, which includes asking the survivor about changes in her thinking and behavior since the abuse occurred.

Crisis intervention for survivors with suicidal thoughts:

Based on the intake and assessment interview, any interventions required for a survivor expressing suicidal thoughts must be integrated into the overall psychosocial action plan.

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, case workers 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 agreement
- ☒ Optional Step 5: Consider making a referral

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.**

Key considerations before delivering GBV case management, in regards to suicidal ideation:

- Ensure case workers are adequately trained.
- Know the mental health system, including if there are psychologists or psychiatrists who understand the root causes of GBV or Social Justice Informed therapy, in case a referral is needed.
- Already have in-depth knowledge of the steps in case management, including “How to assess psychosocial status”
 - Tools available: Assessment tools are in the Interagency GBV Case Management Guidelines, including the safety agreement and lethality risk assessment.
- Make sure needed referral pathway options are available. For example, if the survivor can stay overnight at a hospital for observation, the supervisor should make sure that referral pathway is available with a safe and trusted provider. A plan should be made for regular follow-up.

Step 1: Assess Risk

Explain to the survivor:

“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.”

Ask the survivor questions that can help you assess her/his suicidal thoughts. This will be different from one culture/context to another. Some sample questions include:

- *That sounds like a lot for one person to take. Are you feeling so bad that you’re considering suicide to escape?*
- *Do you think about dying? Or wish you were dead?*
- *Are you or have you ever thought about hurting or killing yourself?*
- *Has all that pain you’re going through made you think about hurting yourself?*
- *Do you ever wish you could go to sleep and just not wake up? How often? Since when?*

Based on the survivor’s responses, you may or may not need to continue with the suicide risk assessment.

- 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 case worker 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, *“Please tell me more about these thoughts”*

Proceed to Step 2.

Step 2: Assess risk: Lethality and Safety Needs

While survivors often say “no” when asked if they have a plan to commit suicide, case workers should gently probe the survivor for clues to determine if the survivor has a plan. The case worker also should assess past suicide attempts. Before asking survivors questions, case workers should re-assure survivors that it is okay to have feelings of sadness or wanting to die. Survivors will need to feel that the case worker 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:

- *“Tell me about how you would end your life. [Allow survivor to answer]. What would you do? When did you think you would do it? Where did you think you would do it? Are (guns/pills/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.”*

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 case worker 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 him/her.

If the survivor is able to explain a plan and/or indicates they have already attempted suicide, the risk is more immediate.

Proceed to Step 3.

Step 3: 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.

Case workers should tell the survivor: *“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?”*

Formulate a safety agreement with the survivor. A safety agreement 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 agreement developed. The survivor should make a commitment to come in to the next follow-up session and feel ownership for following the plan.

Proceed to Step 4: DEVELOP A SAFETY AGREEMENT

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
- A safety person

Help the survivor identify warning signs:

"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 agreement?"

List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patient's own words.

Help the survivor identify strategies to feel better:

Explain to the survivor:

- *"We want to find other things that you can do to make yourself feel better."*
- *"When you have thought 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?"*

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.

Identify a Safety Person

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. If the survivor cannot identify a safety person, the case worker should consult with her supervisor about other potential options for support (e.g. staying overnight at the hospital, recreational activities, group counselling, etc.).

“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?”

Optional Step 5: Make a Referral

Depending on the context and availability, the case worker should consult with the survivor to see whether a referral to a psychologist or psychiatrist is appropriate in this case. The case worker should discuss this with their supervisor before any referrals are made, as it may be necessary to break confidentiality.

Organizations will need to have clear policies on how suicide risk cases are handled, which should be based on the staff’s and supervisors’ own capacity to carry out suicide risk assessments. If staff have not been specifically trained on how to do this, then a supervisor should be notified immediately, and a referral to more specialized psychiatric or psychological services should be considered, if available.

Key Notes for Supervisors

Supervisors should train their teams on suicide assessments and consider the steps around how her case worker is going to notify her that she has a case of suicide ideation. The supervisor should remind her case workers that it is not their fault if a survivor decides to terminate her life.

