

Survivors in crisis

SUICIDE PREVENTION AND INTERVENTION TECHNIQUES FOR SEXUAL ASSAULT COUNSELORS

SURVIVORS IN CRISIS

Suicide is a serious public health issue that can have lasting effects on the individuals, families, and communities that you serve. While the causes of suicide are complex and may be determined by multiple factors, research has found that a history of childhood sexual abuse is associated with an increased risk of suicidal ideation and suicide attempt (Bedi et al., 2011). This technical assistance bulletin will help you understand the goal of suicide prevention and increase your skills for intervening with a survivor who presents with suicidal ideation.

Risk factors that make it more likely that a person will consider, attempt or die by suicide must be reduced in order to prevent suicide. Likewise, protective factors that promote resilience must be increased. While there is no single predictive element, several factors can increase a person's risk for attempting or dying by suicide.

Terms to Know

Suicidal ideation: thoughts of harming or killing oneself

Suicide attempt: when a person harms themselves with the intent to end their life, but they do not die as a result of their actions

Suicide: when a person directs violence at themselves with the intent to end their life, and they die as a result of their actions



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Exploring risk factors helps people understand what changes need to occur within an individual or a community to decrease suicide risk.

Some risk factors for suicide include a history of trauma or abuse, mental health or substance use disorders, lack of health care or treatment for these disorders, significant losses, impulsive or aggressive tendencies, major physical illness, previous suicide attempt or family history of suicide, easy access to lethal means, and lack of social support or sense of isolation.

*“Youth suicide remains a substantial concern, representing the third leading cause of death for adolescents in the United States.”
(Turner, Finkelhor, Shattuck, & Hamby, 2012).*

As a sexual assault counselor working with survivors in crisis, you must first be able to recognize the warning signs and feel comfortable addressing those signs directly with the survivor. Talking openly about suicide in the context of care and concern for a survivor will not push them toward suicide if they were not already considering it.

On the contrary, talking openly about suicide sends a message to a survivor with potential suicidal thoughts that you want to listen and help. You may even find that a survivor is relieved to finally be able to talk honestly about their feelings.



It is important to know that risk factors and warning signs are very different. Warning signs indicate an immediate risk of suicide, while risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk (Rudd et al., 2006). Awareness of warning signs helps people take immediate action to intervene with someone at high risk for suicide.

Some warning signs of suicide include:

- Talking about wanting to die or kill themselves
- Talking about feeling hopeless
- No reason to live or being a burden to others
- Use of alcohol or drugs
- Behavior or mood changes such as acting anxious or agitated, behaving recklessly, sleeping too little or too much, withdrawing or isolating themselves

Warning signs may also include things that are not listed above, making it extremely important to recognize other triggers that may be unique to the individual. Consider Anna's story and note her unique warning signs that increased her risk for a suicide.



ANNA'S STORY

A counselor had been working with Anna for a number of months following her sexual assault by a friend. New Year's Eve was around the corner and Anna displayed and expressed high anxiety about this time of year as she had attempted suicide the year before on this day. She had lost many of the social supports she depended on in the previous year. She was unable to commit to keeping herself safe.

Anna was able to verbalize her thoughts and plan for suicide because of her relationship with the counselor. The counselor felt that the warning signs outweighed the protective factors that had helped Anna to cope with these thoughts previously. The counselor immediately spoke with her mother and requested that they go to the local crisis center for an assessment.

As a sexual assault counselor you can help the survivor to increase or tap into their already existing protective factors. In fact, the support you provide may be one of their sources of strength.

Some additional protective factors for suicide include:

- Strong connections to family and community support
- Care for mental, physical and substance use disorders
- Restricted access to highly lethal means of suicide
- Skills in problem solving
- Cultural and religious beliefs that discourage suicide and support self-preservation

How to Respond

Take all suicidal thoughts seriously and respond without judgment.

- **Ask direct questions,**
"Do you have thoughts of killing yourself?"
- **Ask about a plan,**
"Do you have a plan for how you would kill yourself?"

- **Ask about additional plans,**
"Do you have any other plans for how you would kill yourself?"

- **Ask about means and assess lethality,**
"Do you have access to those means?" (If the plan is to use a firearm or medication, do they have easy access to these means)

- **Allow the survivor choices but be firm in your recommendation,**

"Because of the things you shared with me today I am really concerned for your safety. I think you should go to the crisis center for an assessment. Would you prefer to go to the hospital or the community-based location?"



SAFETY PLANNING

Safety planning can be utilized as a brief intervention that provides clients with a specific, prioritized set of coping skills and sources of support to be used if suicidal thoughts return.

This intervention is a best practice alternative to the “no-suicide” contract, a written or verbal agreement between the counselor and client stating that the client will refrain from suicidal behavior.

A safety plan should be developed jointly with the survivor and counselor and in the survivor’s own words, with the knowledge that they are the expert on their own triggers for suicidal thoughts and preferred coping strategies.

Explore the following steps adapted from the Patient Safety Plan Template (Stanley & Brown, 2008):

- What thoughts, images, moods, situations, and behaviors signal that a crisis may be coming?
- What are some things that you can do on your own to resist acting on thoughts/urges to harm yourself?

- Make a list of people (with contact information) and social settings that may help take your mind off things.
- Make a list of family members and friends (with contact information) who are supportive and you can talk to.
- List names, numbers and/or locations of counselors, emergency rooms, and crisis hotlines.
- If you have thought of ways that you might harm yourself, develop a plan to limit your access to these means.

Suicidal thoughts don’t last forever; sometimes having a plan in place that can help a survivor through difficult moments can make a difference and help keep them safe. Encourage them to keep the plan in a place where it is easily available like a cell phone or wallet.

BE PREPARED

You can also take some steps to feel more confident and prepared to work with survivors who express suicidal thoughts. What is your center policy on breaking confidentiality when a client is a threat to harm themselves?

Know your community resources, specifically your local crisis center and their hotline number. Make sure you understand the process of your local crisis center.

Build a relationship with your local crisis center and see if there are additional safety measures they can take to ensure a client’s safety. To find your local crisis center: National Suicide Prevention Lifeline 1-800-273-TALK (8255).

Is there a mobile unit to come to a survivor's home or must they go to the hospital? Is there a community-based location to which they can go? If you are able, visit the local crisis center to get a sense of what a survivor might experience and be mindful of the barriers that might inhibit a survivor from accessing this service (i.e. transportation, anxiety about the hospital, previous experiences).

Be mindful of your own response to working with survivors who present with suicidal thoughts; this is difficult work for any helping professional. Utilize the support of your supervisor and colleagues to care for yourself so that you can continue to support others.

ABOUT THE AUTHOR

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RESOURCES

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

<http://www.suicidepreventionlifeline.org/>

Suicide Prevention Resource Center

<http://www.sprc.org/>

American Foundation for Suicide Prevention

<http://www.afsp.org/>

The Trevor Project

<http://www.thetrevorproject.org/>



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