Strengthening Response to Violence Against Women and GirlsManagement of Crisis: Psychosocial Response to Suicide & Self Harm

Handout Developed by
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A situation is said to be a criss when an individual perceives it as significant and threatening, and one wherein their response to the same, entails an exhaustion of all their usual coping strategies without effect.

1. Self-harm: Any behaviour wherein an individual causes any kind of major or minor injury or harm to themselves, without the intent to die. Common self-harm behaviours include cutting, hitting or burning oneself.	**2. Suicide attempt:** Any fatal, self-directed, and potentially injurious behavior which is undertaken with an intent to end one's life as a result of said behavior. It may or may not result in injury.	**3. Completed Suicide:** Refers to a death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

The Relationship Between Domestic Violence and Suicide:

1. In general, women are more likely than men to attempt suicide
2. Domestic violence has been found to be amongst the leading causes for suicidal behaviour amongst women
3. Cultural and psychosocial factors like family problems and intimate relationship-concerns have been found to play a big role in women's suicidality
5. Self harm in some women is linked with violence
6. Marriage has been found to be less protective against suicide for women in India. This is on account of early marriage, arranged marriage, young motherhood, low social status, domestic violence, and economic dependence etc.

Risk Factors for Suicidality	**Protective Factors for Suicidality**
● History of mental illnesses, self harm/suicide, chronic health conditions & substance abuse ● Feelings of hopelessness, isolation ● Absence or inadequacy of social support, connectedness, barriers to accessing health care ● Experiences of violence, discrimination, marginalisation, and stigmatisation ● Easy access to lethal means ● Stigma towards mental illness and help seeking	● Easy access to quality mental health care & clinical interventions ● Strong social support & connectedness ● Good help seeking behaviour, self esteem & sense of purpose ● Presence of strong socio-cultural and religious beliefs that discourage suicide

Risk Assessment for Suicide:

I. Risk factors:	**II. Current intent and plans:**	**III. Additional Areas of Assessment:**
- Assessment of mental health: History of psychiatric diagnosis & medication(s); substance use; verbal and non-verbal indicators of mental state - History (self/ family) of self-harm or suicide attempts - Social Demographics: age, gender, SES, sexual orientation -Relationships: support systems Unwanted/ unforeseen changes in relationships or social situations - Access to lethal methods	- Desire/wish to die - Feelings of hopelessness - Thoughts/ Plans: Intensity, frequency & control, duration of presence of suicidal thoughts; lethality of plan; -Self Harm: What (behaviour), when, why, where - Triggers & coping mechanisms - Plans for others after death: suicide notes, changes to will, consequences	- Social and interpersonal problems and challenges - Physical symptoms and disorders - Coping strategies (helpful and unhelpful) - Skills, strengths, assets - Current level of psychosocial and occupational functioning - Needs of dependants

Do's	**Don'ts**
● Reflect over your own values and attitudes about suicide ● Offer non-judgemental Support ● Adopt a strengths based response ● Respect the clients' perspectives, opinions, and autonomy ● Validate & normalise ● Keep an exhaustive and verified referral directory	● Act shocked; Using extreme, exclamatory languages and gestures ● Lecture the client; use moralistic/religious judgements ● Neglect/ disrespect the client's emotional needs and subjective experiences ● Make the client feel guilty ● Challenge or dare the client; mock or belittle, ● Call the client "weak" or "selfish" ● Use any sort of self disclosure of one's own history

Intervention:
A suicide intervention simultaneously looks at two aspect, i.e., ensure current physical safety and prevent future attempts (with the help of a risk assessment), and additionally builds resources, enhances social support, coping strategies, and resilience.

Some Intervention Strategies and Techniques Include:

I. Conveying Non Judgementality and Reframing Suicide as a Way of Coping:
It is important to validate and normalise these experiences to ensure that the client feels truly heard.

II. Making the environment safe:
Help the client to get rid of any material they would have procured to attempt self-harm or

suicide. Identify & distance them from any existing or anticipated triggers

Safety Plan will include

- ➔ Warning signs/triggers, coping strategies, support systems
- ➔ Tools that have helped in the past
- ➔ Emergency contact details of mental health providers & alternative services (e.g. helplines)

III. Directly/Franky Address Suicide:
Talk openly about the thoughts/actions related to suicide and self-harm. Normalise it but at the same time, identify and highlight the alternatives, i.e., all the other, helpful, non destructive ways of coping that the client may have been engaging in inadvertently.

IV. Grounding Techniques:
Teach the client some grounding techniques that they can turn to when feeling emotionally overwhelmed outside of the counselling session. For example, boxed breathing, belly breathing, and multisensory grounding by engaging all 5 senses.

V. Create a Safety Plan:
Develop a safety plan that supports and guides the client when they are experiencing thoughts of suicide, to help them avoid a state of intense suicidal crisis.

VI. Cultivate Hope:
Cultivate hope in any small way possible. For instance, the very act of reaching out on part of the client, and talking about these feelings, can be highlighted as an act of courage. Use the inherent resilience and strength the client has as an anchor for cultivating hope.

VII. Develop alternate coping:
Feelings of suicidality or self harm are often methods of coping with extreme distress. Help clients replace these methods with healthier alternatives. For e.g. using grounding techniques or accessing the safety plan when they feel vulnerable.

VIII. Build Resources and Offer Various Alternative Courses of Action:
It is important to uphold the client's autonomy to pick and choose from myriad alternatives, a plan that works best for their subjective experiences and life scenario. The counsellor must thus be well versed with all the available alternatives, laws, policies, organisations, etc, that can aid the client in this time of distress.

IX. Plan For Follow-Up:
Create a unique contract for follow-up for each client depending on their subjective needs and circumstances.

X. Ethical Consideration - Confidentialy Clauses in Suicide Crisis Interention:
It is important to clearly define and negotiate the limits of confidentiality in case of self-harm/suicide with the client from the very beginning. An ethically sound intervention involves seeking informed consent at every step of the way in very elaborate terms.