

H.O.P.E.: Suicide Prevention for Crime Victims

(General & AI/AN Versions)

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Technical Overview

- If you are experiencing any technical issues with the audio for this session, please let us know in the feedback box.
- If you have technical difficulties during the webinar, please contact:

Jameel Evans via email

- Today's session will be recorded and made available within a few weeks on the training site.
- If you have questions, type them in the feedback box.

Your Instructors



Heidi Kar



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Agenda



- Introduction to the Education Development Center
- Overview of the H.O.P.E. Suicide Prevention Curriculum
- Need & Impact of the H.O.P.E. Training Program
- Training Content – Modules 1-4 (includes Developing a Safety Plan)
- Key Resources

H.O.P.E. Saves Lives



H – Look for Hints



O – Ask Openly about suicide



P – Validate Pain



E – Explore reasons to live and plan to stay safe

Education Development Center



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Violence and Trauma Prevention Team

- Incorporating mental health and public health approaches
- "The mental health needs of vulnerable populations must be addressed to achieve comprehensive and sustainable change."

The National
Action
Alliance for
Suicide
Prevention

NATIONAL

ACTION 
ALLIANCE

FOR SUICIDE PREVENTION

Bringing together influential public and private sector leaders (representing automobile, construction, defense, education, entertainment, faith, forestry, health, insurance, justice, law enforcement, mental health, military, news media, sports, railroad, technology, and veteran services) to advance the National Strategy for Suicide Prevention.

Poll Question

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Poll Question (continued)

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Understanding the Need



- In the AI/AN cohort:
 - 9 participants reported having previous suicide prevention training
 - 8 participants reported no previous suicide prevention training

Understanding the Need (Continued)



- In the cohort for general audiences:
 - 40 participants reported having previous suicide prevention training
 - 31 participants reported no previous suicide prevention training

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H.O.P.E. Suicide Prevention for Crime Victims Training program

An Introduction



H.O.P.E.: Suicide Prevention for Crime Victims



H.O.P.E. saves lives

Content, videos, and examples feature diverse types of crime victims with a focus on domestic violence.

General (All
Audiences)
Curriculum

American Indian/Alaska Native-Specific Curriculum

H.O.P.E.: Suicide Prevention for American Indian and Alaska Native Crime Victims



H.O.P.E. saves lives

Content, videos, and examples are tailored to American Indian and Alaska Native crime victims, communities, Nations, and organizations.

H.O.P.E. Suicide Prevention for Crime Victims

Curriculum	Outline
Module 1	Preparing Ourselves
Module 2	Understand Suicide
Module 3	Listen and Recognize
Module 4	Respond and Transition
Module 5	Recharge Ourselves
Module 6	Consider the Complexities
Module 7	Support the Family
Module 8	Consider the System

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Trauma- Informed Principles

- Safety
- Trust and transparency
- Peer support and mutual self-help
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender-responsive services



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Language Matters

Conventional Terminology	Preferred Terminology
Committed suicide	Died of/by suicide
Successful/unsuccessful suicide/attempt	Suicide death/attempt
Manipulative/attention seeking	Describing behavior
Suicide gesture/cry for help	Describing behavior
Dealing with suicidal patients	Working with suicidal patients

Usefulness and Impact

Pre- and Post-Test Evaluation Data



Post-Training Results: General Training Participants

Combined Results (5 Training Groups)	Pre-Test Average (n=73)	Post-Test Average (n=73)	Change
Maintaining collaborative position with victim at risk for suicide	3.5	4.5	+1.0
Know who to go to in my organization for support in supporting a victim at risk for suicide	3.8	4.2	+0.4
Understand when to consult victim at risk for suicide	4.1	4.7	+0.6
Know the warning signs for suicide risk	3.0	4.4	+1.4
Feel confident to delve deeper when see signs	3.5	4.7	+1.2
Consider the intersection of victimization and suicide risk	3.6	4.4	+0.8
Use skilled questions to ask about suicidal thoughts	2.9	4.2	+1.3
Know the resources for suicide risk	3.4	4.4	+1.0
Am confused about procedures for response to suicide risk	2.7	2	-0.7
Feel uncertain when responding to suicide risk	2.6	1.8	-0.8
Understand linkages between suicide, trauma, and substance use	3.6	4.5	+0.9
Know my organization's policies and procedures for suicide risk	3.8	3.4	-0.4

Post-Training Results: American Indian/Alaska Native-Specific Participants

Combined Pre-Test (AI/AN Cohort)	Pre-Test Average (n=18)	Post-Test Average (n=17)	Change
Maintaining collaborative position with victim at risk for suicide	2.6	4.4	+1.8
Know who to go to in my organization for support in supporting a victim at risk for suicide	4	4.4	+0.4
Understand when to consult victim at risk for suicide	4.4	4.5	+0.1
Know the warning signs for suicide risk	3.0	3.9	+0.9
Feel confident to delve deeper when see signs	3.2	4.1	+1.9
Consider the intersection of victimization and suicide risk	3.6	3.9	+0.3
Use skilled questions to ask about suicidal thoughts	2.5	4	+1.5
Know the resources for suicide risk	3.6	4.3	+0.7
Am confused about procedures for response to suicide risk	3.0	1.9	-1.1
Feel uncertain when responding to suicide risk	2.7	1.9	-0.8
Understand linkages between suicide, trauma, and substance use	3.2	4.3	+1.1
Know my organization's policies and procedures	3.3	3.3	0



Having no experience with suicide, it was a very informative training

A lot of valuable information

All areas of this training were helpful

Gained the skills not to be fearful about responding to someone struggling with suicide

The training offered concrete, practical, examples, and step-by-step instructions

Open-Ended Feedback

Open-Ended Feedback from the AI/AN Cohort

Specific to Indian Country

Everything was helpful about the training, especially the discussion on SA and ACEs

It helped me to determine the difference between direct and indirect questions to ask



MODULE 1: Preparing Ourselves

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Case Example



Lena is a 34-year-old single mom who recently left a violent relationship. She works two jobs and barely has enough money to make ends meet. She loves her daughter, Noelle, but feels like she is failing as a mom because she cannot provide for her. On top of this, she lives in fear that her abusive ex-husband will find her. She starts crying and says she can't keep Noelle safe by moving somewhere else.

Case Example, Continued



As you talk to Lena about this fear, she says, “I just can’t do it anymore. I can’t live like this.” When you ask her if she is considering suicide, she says, “Yes,” and that she plans to shoot herself with the gun she bought to protect herself from her ex-husband. You ask what would happen to Noelle if she killed herself. She responds, “I don’t know. I love her, but I can’t take this anymore. I am a terrible mother anyway. She would be better off without me.”

Activity



Pause and Identify: What comes up for you?

- One thought
- One feeling



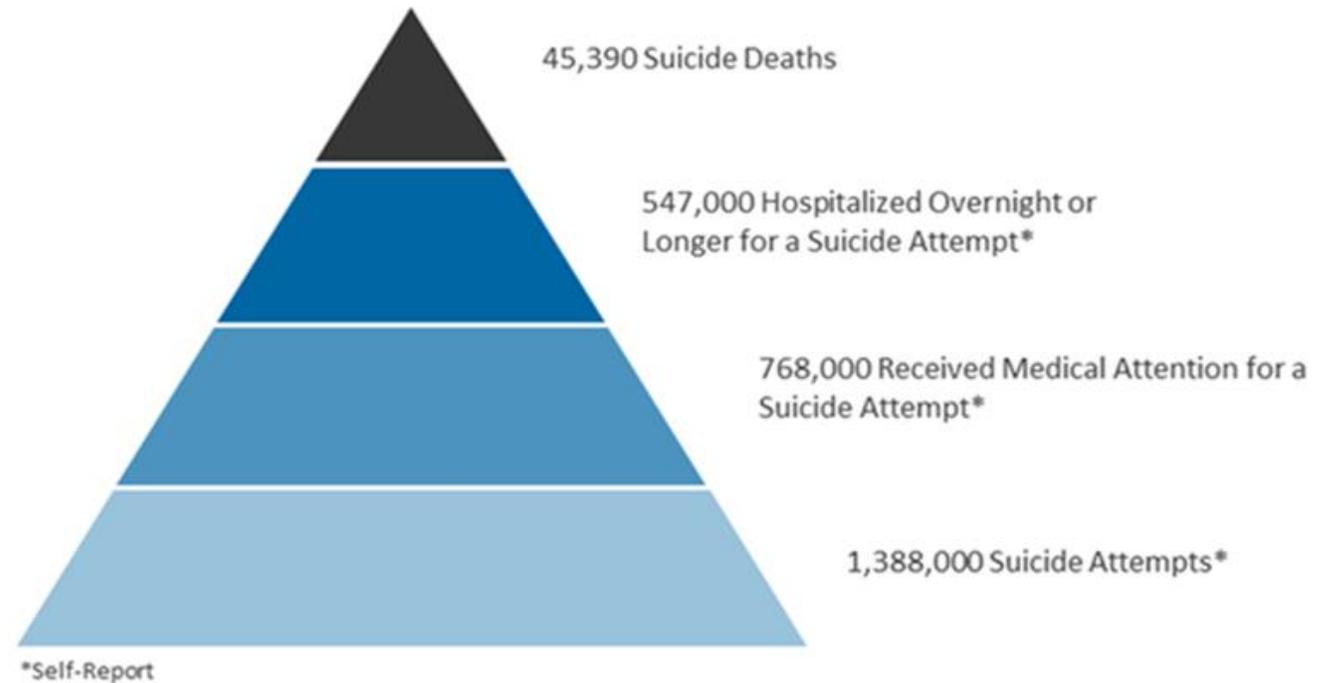
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MODULE 2: Understand Suicide



Statistics: Suicidal Behavior Among Adults

Suicidal Behavior Among Adults (18+), United States 2017



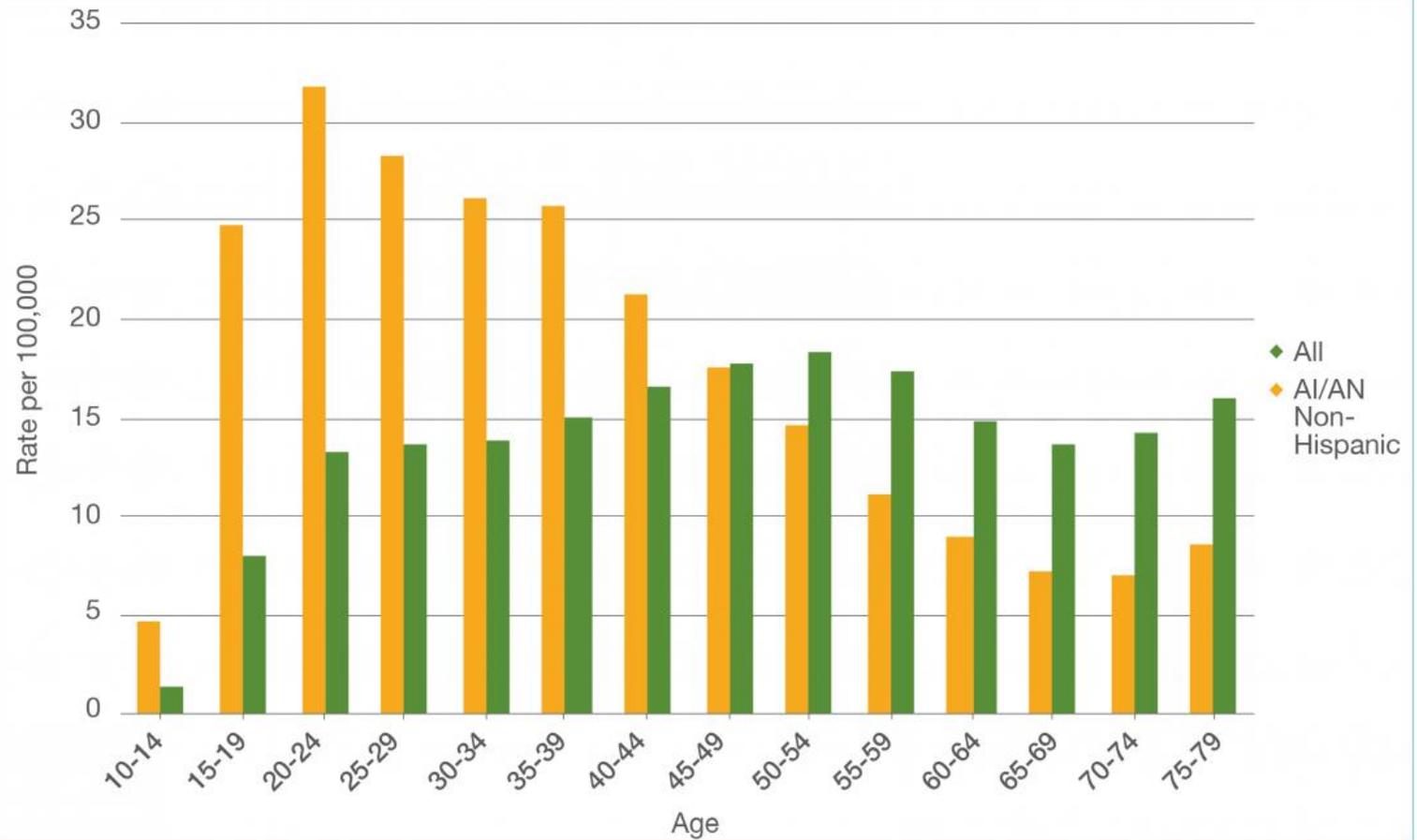
www.sprc.org

Source: CDC WONDER, 2017; National Survey of Drug Use and Health, 2017

Source: SPRC <https://www.sprc.org/scope/attempts>

Suicide Rate by Age for American Indian/Alaska Native

Suicide Rate by Age for American Indian/Alaska Native Compared to United States (Average 2000–2016)



Source: WISQARS Fatal Injury Reports, 1999–2016



Intersection of Victimization & Suicide

- Women exposed to acute or prior domestic violence were more likely to have made suicide attempts
 - **26%** attempted suicide with history of DV vs. 8% without history of DV
- Rape victims were **4.1 times** more likely than non-crime victims to have contemplated suicide
- Rape victims were **13 times** more likely than non-crime victims to have attempted suicide
- Female army enlistees with a reported sexual assault: **3x** more likely to have attempted suicide

Source: National Violence Against Women Prevention Research Center

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E – Explore reasons to live
and plan to stay safe

Warning Signs of Acute Risk



- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live



Warning Signs of Suicide Risk

- Talking about feeling trapped or being in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Source: Suicide Prevention Resource Center



MODULE 3: Listen and Recognize

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Ask Openly About Suicide



- Indirectly
- Directly



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Ask Openly – Defining Terms

- Suicidal ideation
- Suicide attempt
- Interrupted attempt
- Aborted attempt
- Preparatory acts or behavior

Columbia-Suicide Severity Rating Scale: Triage Points for Crime Victim Advocates

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points

Ask questions that are in bold and underlined.	Past month	
	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Lifetime	
If YES, ask: <u>Was this within the past 3 months?</u>	Past 3 Months	



Ask Openly: Additional Direct Questions

- Have you felt so _____ (hopeless, ashamed, much pain) that you have thought about suicide?
- When was the last time you thought about suicide?
- Sometimes when a person feels _____ (intense pain, so stuck), they might think about killing themselves. Have you been thinking about suicide?



Once you ask, now what?
**Focusing only on what
you would say to this
person.**

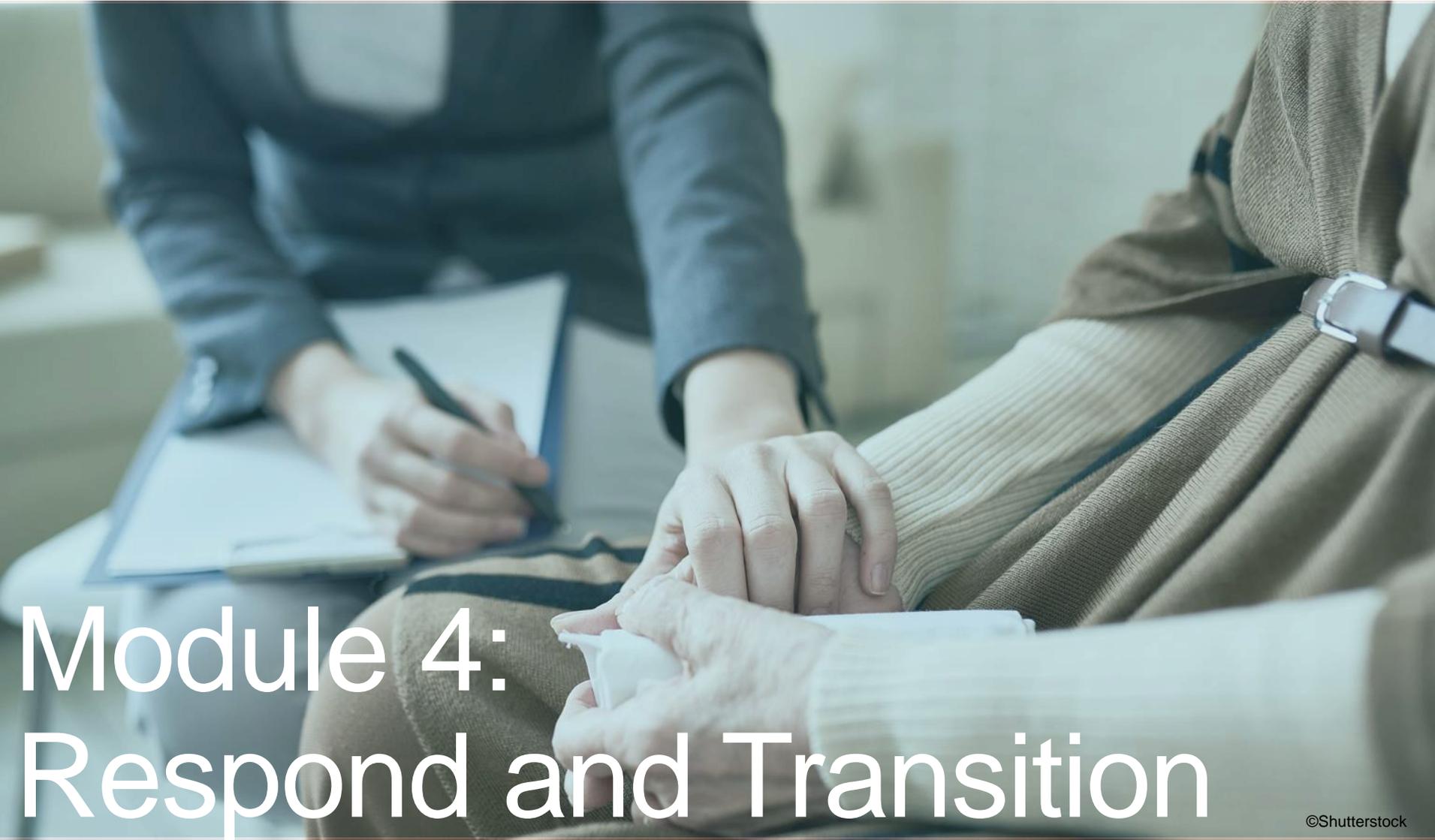
*(We will focus on what you
—assessment/treatment
referral, safety planning,
follow up, etc.—in the next
section.)*

Activity

- The person you are working with responds to a direct question indicating, “Well, sometimes, I do think about ending it all. It’s all just too much, and I don’t see any way out of this. They aren’t going to stop them from stalking or hurting me. If I am not here, people don’t have to worry about me, and that would get back at them.”
- The person you are working with responds to a direct question stating, “No, not really. I mean, I wish I could crawl in a hole. I don’t know that I think of anything more than that.”

Advocates Offer H.O.P.E.





Module 4: Respond and Transition

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Screening Guidance

- **Higher risk:**
 - Suicidal thoughts with desire to act on it or with a plan
 - Any suicidal behavior in the past 3 months
- **Moderate risk:**
 - Suicidal thoughts with no plan, desire to act on it
 - Suicidal behavior more than 3 months ago
 - Multiple risk factors and limited protections against suicide
- **Lower risk:**
 - Wish to die, yet strong protections against suicide
 - Risk factors that are changeable
 - No reported history of suicidal thoughts or behavior

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Step 1: Warning Signs

- “How will you know when the safety plan should be used?”
- “What do you experience when you start to think about suicide or feel extremely depressed?”
- List warning signs and precipitants to a crisis.



Step 2: Internal Coping Strategies

- “What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?”
- “How likely do you think you would be to do this step during a time of crisis?”
- “What might stand in the way of you thinking of these activities or doing them if you think of them?”



Step 3: Social Contacts Who May Distract from the Crisis

- “Who or what social settings help you take your mind off of your problems...at least for a little while?”
- “Who helps you feel better when you socialize with them?”
- Identify safe places they can go to be around people.



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Step 4: Family Members or Friends Who May Offer Help

- “Among your family or friends, who do you think you could contact for help during a crisis?”
- “Who is supportive of you, and who do you feel that you can talk with when you’re under stress?”
- Aim to list at least 3 support people.

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Step 5: Professionals and Agencies To Contact for Help

- “Who are the mental health professionals and crisis supports that we should identify to be on your safety plan?”
- List specific information such as names, numbers, and/or locations.



Step 6: Making the Environment Safe

- “What means do you have access to and may use to attempt to kill yourself?”
- “How can we go about developing a plan to limit your access to these means?”
- Some examples:
 - Medications: Store in a locked box, keep only a small supply in the home
 - Firearms: Use trigger locks, put in a safe, store ammunition separately, place an image of a protective factor on/near it
 - Remove a certain item identified as a potential means to kill themselves

Activity



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Engage in developing a safety plan for suicide risk

Poll Question



Follow Up



- Reach out and continue to show support
- This can be through a text, phone call, email, letter
- Caring contacts have been shown to save lives

H.O.P.E. Saves Lives



H – Look for Hints

- If you identify hints, then



O – Ask Openly about suicide

- If you identify suicide risk, refer for mental health assessment



P – Validate Pain

- With the person at risk



E – Explore reasons to live and Establish a Safety Plan

- Support safety
- Follow up
- Engage them in care



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Resources



Training Resource Page

PROJECTS

H.O.P.E.: Suicide Prevention for Crime Victims

ON THIS PAGE

- 01. Challenge
- 02. Key Activities
- 03. Impact
- 04. Learn More

Challenge

Advocates working across domestic violence agencies, child protection systems, human trafficking agencies, and elder abuse units need specific skills and knowledge related to suicide prevention. Yet far too many advocates are unprepared to address suicide among their clients.

<https://www.edc.org/hopeforadvocates>

Office for Victims of Crime



OFFICE FOR VICTIMS OF CRIME

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JUSTICE FOR VICTIMS • JUSTICE FOR ALL

Topics A-Z

News & Features

Providers/
Community Leaders

Help for Crime Victims

Grants & Funding

Library & Multimedia

Crime Victims' Rights

Public Awareness

About OVC

Help for Crime Victims

If you are a victim of crime, OVC's site has resources to help you—

- Find a local program.
- Contact a Helpline.

Call 911 if you are in immediate danger.

[Read More](#)



NEWS AND FEATURES

[Attend the OVC Tribal Consultation on Potential Future Tribal Set-Aside Funding](#) ►►

[Housing and Urban Development Funding Opportunity: FY 2019 Specialized Housing and Services for Victims of Human Trafficking](#) ►►

[Register for Tribal Victim Services Set-Aside Program Pre-application Webinars](#) ►►

[Funding Opportunity: FY 2019 Field-Generated Solutions for Tribal & Non-Tribal Communities to Improve Services for Victims of Crime](#) ►►

[Funding Opportunity: FY 2019 Direct Services to Support Victims of Human Trafficking](#) ►►

TOOLS AND RESOURCES

▼ Tribal Set-Aside

A 3 percent set-aside in the Crime Victims Fund helps tribes improve crime victim services.

View our [Tribal Set-Aside](#) page to learn about this funding.

► Victims of Crime Act Administrators

► Vision 21: Transforming Victim Services

Resources



CRISIS TEXT LINE |

- National Suicide Prevention Lifeline: 1-800-273-8255
- Crisis Text Line: Text “Hello” to 741-741
- Employee Assistance Programs

Evaluation QR Code

H.O.P.E.: Suicide Prevention for Crime Victim Advocates



Suicide Prevention and Intervention for Victim Advocates: The EDC H.O.P.E. Curriculum

Scan the QR code with your phone to open the survey.

Evaluation Link: https://www.surveymonkey.com/r/WP_EDCHOPE_Sept2020

THANK YOU!

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