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**NOTTINGAM MUSLIM WOMEN’S NETWORK**

**Suicide prevention policy and guidance**

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**Reason for this Policy**

Suicide Prevention

Nottingham Muslim Women’s Network recognises the need to protect the health, safety, and welfare of its staff (employees, volunteers, Members, and service users, and to safeguard against the threat or attempt of suicide we hereby adopt this policy and procedures. All staff are responsible for safeguarding the health and safety of service users and colleagues. All staff are expected to exercise sound professional judgment, err on the side of caution, and demonstrate extreme sensitivity throughout any crisis.

Any staff member, who is originally made aware of any threat or witnesses any attempt towards suicide or self-harm that is written, drawn, spoken or threatened, will immediately notify the person responsible for Safeguarding Any threat in any form must be treated as real and dealt with immediately. No suicidal person should be left alone, nor confidences promised. Thus, in cases of a life-threatening situation a person’s confidentiality will be waivered and emergency services should be called.

**What are the links between DA and suicide?**

* Every day almost 30 women attempt suicide because of experiencing domestic abuse.
* Every week three women take their own lives to escape abuse.
* There is currently no ‘liability for suicide’ law under which an abusive partner can be prosecuted for the suicide of their victim.
* Domestic abuse survivors have higher-than-average rates of suicidal thoughts, with as many as 23 percent of survivors having attempted suicide compared to 3 percent among populations with no prior domestic abuse exposure.
* It is not just physical violence that is linked with an increase in suicide, Verbal and emotional abuse are also connected with higher risk, as well as the duration, frequency, and severity of abuse.
* In Cambridge research programme in A&E found that Women who self-harmed were 75 times more likely to have suffered partner abuse
* Men who self-harmed were over twice as likely to have suffered partner abuse.

**Some reasons include:**

* To distract themselves from emotional pain by causing physical pain
* To punish themselves
* To relieve tension
* To feel “real” by feeling pain or seeing evidence of injury
* To feel numb, zoned out, calm or at peace.
* To experience euphoric feelings (associated with release of endorphins)
* To communicate their pain, anger, or other emotions to others
* To nurture themselves (through the process of healing the wounds)

**Signs that someone might be considering suicide:**

people at risk of attempting suicide will more than likely exhibit one or more of the following signs, either verbally or through their actions and behaviours:

* Expressing feelings of being a burden
* Having no reason to live
* Talking about wanting to die or killing themselves.
* Behaving recklessly
* Withdrawing from loved ones
* Lacking interest in activities
* Sleeping too much or too little
* Searching for ways to kill themselves (looking online, storing up medication)
* They might also display moods out of the ordinary for their personality like depression, anxiety, irritability, anger, or rage.

**Disclosure**

Our immediate response is particularly important:

* Listen carefully and let them tell you what happened in their own time
* Reassure them they are not to blame for what happened (or is happening).
* Let them know they are doing the right thing in telling you
* Try to stay calm and do not let them see how shocked you are
* Keep accurate notes
* Inform survivor of next steps
* Complete a safety plan

**What should you do?**

Risk assessment section

* Risk assess / DASH RIC / Signpost – MARAC, IDVA, Social Services, signpost to any appropriate agencies – Harmless, etc
* Ask the questions - people generally want to work more with people they have established relationships with
* It is all our responsibility so Multi-agency working is recommended and communication between management and other agencies is key.
* Help the survivor connect with support groups and other community resources
* Encouraging and keeping a focus on domestic abuse so that the survivor can break the cycle that is fostering the suicidal thoughts
* Encourage the survivor to reduce any dependency on drugs or alcohol, if these factors are present, substances can increase suicidal urges
* Build a strong social bond with the survivor and help the survivor build solid relationships with others outside of the abusive relationship
* Seek advice from other services
* You may want to talk to other local Women’s Aid organisation, or to the Freephone 24 Hour Domestic Violence Helpline (run in partnership between Women’s Aid and Refuge) on 0808000340 to help you decide what you should do next

**Safety Planning - Information for the Survivor**

Safety planning: This should be in the safety plan for the survivor

* Plan how you might respond to different situations, including crisis situations. (Info for survivors)
* Think about the different options that may be available to you.
* Keep with you any important and emergency telephone numbers (for example, your local Women’s Aid refuge organisation or other support service; the police domestic violence unit; your GP; your social worker, if you have one.
* your children’s school if you have any.
* your solicitor
* Teach your children to call 999 in an emergency, and what they would need to say (for example, their full name, address, and telephone number).
* Are there neighbours you could trust, and where you could go in an emergency? If so, tell them what is going on, and ask them to call the police if they hear sounds of a violent attack.
* Rehearse an escape plan, so in an emergency you and the children can get away safely
* Pack an emergency bag for yourself and your children, and hide it somewhere safe (for example, at a neighbour’s or friend’s house).
* Try to avoid mutual friends or family.

**SUPPORT GUIDELINES AND PLANNING FOR SURVIVOR**

See the suggestions below on What to pack if you are planning to leave your partner or abusive situation.

* Always try to keep a small amount of money on you – including change.
* Know where the nearest phone is, and if you have a mobile phone, try to keep it with you.
* If you suspect that your partner is about to attack you, try to go to a lower risk area of the house – for example where there is a way out and access to a telephone. Avoid the kitchen or garage where there are likely to be knives and other weapons; and avoid rooms where you might be trapped, such as the bathroom, or where you might be shut into a cupboard or other small space.
* *Be prepared to leave the house in an emergency.*

**Summary in a nutshell**

Have an emergency safety plan which includes all the below:

* Making sure you have access to a phone/emergency number
* Money/proof of your Identity
* Think of somewhere you can go to keep safe – friend’s house, trusted family member
* Call one of the local agencies for support
* In an emergency always call 999
* Tell someone you can trust

While there is no single cause of suicide, there are various factors that can increase a person’s risk for considering and attempting suicide. Experiencing domestic violence, both as a child and later in life, is one of those factors.

Other suicide risk factors intricately linked to domestic violence are being female, having low socioeconomic status, lacking education, being unemployed and being married and not working outside the home.

**Safeguarding Leads:**

**ZA & MB**

**RISK TRACKER**

|  |
| --- |
| Level of risk and suggested response  |
|  **Low:**  * **No plans or intent**
* **No prior attempt/s**
* **Few risks factor**
* **Identifiable ‘protective’ factors**

      | * Monitor and review risk frequently –

**If appropriate*** Identify potential supports/contacts and provide contact details
* Consult with a colleague or supervisor for guidance and support
* Refer client to safety plan and keep safe strategies should they start to feel suicidal.
 |
| Moderate: * Suicidal thoughts of limited frequency, intensity, and duration
* No plans or intent
* Some risk factors present
* Some ‘protective’ factors
 | * Request permission to organise a specialist mental health service assessment as soon as possible **only if appropriate**
* Refer client to safety plan and keep safe strategies
* Consult with a colleague or supervisor for guidance and support
 |
| **High**  * **Frequent, intense, enduring suicidal thought**
* **Clear intent, specific/well thought out plans**
* **Prior attempt/s**
* **Many risk factors**
* **Few/no ‘protective’ factors or highly changeable**
 | * **If the client has an immediate intention to act, contact the mental health crisis team immediately and ensure that the client is not left alone**
* **Remove means where possible**

**Call ambulance/police if the client will not accept a specialist assessment, or the crisis team is not available*** **Consult with a colleague or supervisor for guidance and support**
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**Survivors suicide safety Plan**

**Step 1: Warning signs (thoughts, images, mood, situation, behaviours) that a crisis may be developing:**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Step 2:** Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 3: People and social settings that provide distraction:**

1.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 4: People whom I can ask for help:**

 1.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 5: Professionals or agencies I can contact during a crisis**:

1. Clinician

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Crisis Team

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. Any other local urgent Care Services

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Suicide Prevention Phone: The Samaritan’s Harmless will need to add any local ones

Step 6: Making the environment safe:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety Plan**

Do you have a current plan for how you would attempt suicide? Yes or No If Yes:

a. What method would you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Access to means. Yes No)

 b. Where would this occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Have all necessary preparations been made? Yes No)

c. How likely are you to act on this plan?

  Highly likely

  Likely

  Unlikely

  Very unlikely

**What has helped you through difficult times in the past?**

|  |
| --- |
| 1 |
| 2 |
| 3 |
| 4 |

**What can help me now?**

|  |
| --- |
| 1 |
| 2 |
| 3 |
| 4 |