

RCNI Quality Assurance Standard

Standard for Working with Survivors Expressing Suicidal Thoughts and Feelings

While every care is taken to ensure that this standard accurately reflects current legal obligations, please note that it does not and cannot guarantee to any Centre, and/or any Centre staff member or volunteer, immunity from suit and/or legal liability in civil courts, criminal courts or other tribunal.

1. INTRODUCTION

While disclosing sexual violence experiences, while dealing with the aftermath of the sexual violence and during the counselling process survivors may express suicidal thoughts and feelings. These thoughts and feelings can be very common. They are an expression of the depth of pain, despair and hopelessness a survivor is experiencing and for the majority of survivors these feelings do not go on to give rise to suicidal intentions or attempts. However, all suicidal feelings and thoughts need to be taken seriously and given attention.

Suicide is a significant public health problem and is a leading cause of death amongst teenagers and young adults. In Ireland, approximately 600 people take their own lives annually [1]. In addition, it is estimated that there are from 10-20 times as many suicide attempts as suicide deaths. These suicide attempts range in intent and medical severity from mild to very severe and signify a cry for help. At a personal level, all suicide attempts, regardless of the extent of injury, are indications of severe emotional distress, unhappiness and/or mental illness and survivors of sexual violence are at an increased risk [2]. Our Centre works with survivors thinking about killing themselves in face-to-face counselling, support and advocacy in our centre, on the telephone and in other settings such as a SATU, a Garda Station, a doctor's surgery, Court, etc.

The purpose of this standard is to detail considerations for breaking the confidentiality of survivors in contact with our Centre who are expressing suicidal thought and feeling. It applies to all staff members and volunteers providing direct services to survivors.

2. REQUIREMENTS

2.1 Breaking Confidentiality

In working with survivors who are expressing suicidal feelings one of the most difficult questions is deciding if and when there is a need to break confidentiality.

- In looking at this issue we will assess:

- The level of risk to the survivor's life.

The Guidelines for Assessing and Responding to Suicidal Intent Support Document provides useful information.

- The potential for the survivor to be helped or harmed by a breach of confidentiality
- The willingness of the survivor to work with safety contracts/specific plans

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- In general we are reluctant to break confidentiality and disrupt autonomy. It should be a last resort. However, in certain circumstances this may be necessary.
 - Each instance needs to be assessed individually with a supervisor to look at all the issues involved in deciding what is best for the survivor.
 - Each staff member/volunteer needs to inform colleagues, and her/his supervisor of the situation to be able to get support with this issue.
- If, after consulting with a supervisor, a staff member/volunteer decides to break confidentiality:
 - Consideration needs to be given as to how best this can be done and who is the most appropriate person to tell – this may be the survivor’s partner, a family member, a friend, GP, psychiatrist or the Gardaí.
 - It is also important to talk to the survivor about the decision to break confidentiality and to talk with her/him about your reasons for considering this option.
- There may be rare occasions when a staff member/volunteer has to act quickly when she/he feels there is an immediate risk to the survivor’s life. Those actions taken may include:
 - Contacting an appropriate person with or without the survivor’s explicit permission.
 - Contacting emergency services or asking a colleague to contact emergency services while someone stays in contact with the survivor.

3. STAFF AND VOLUNTEER SUPPORT

- Working with survivors actively expressing suicidal thought and feelings can be very demanding and draining. A counsellor, support worker, helpline worker or advocate needs to have support from her/his supervisor and peers.
 - Additional clinical support for counsellors will be made available by the Centre. Debriefing from a line supervisor will also be available.
 - If a staff member or volunteer takes a call from, or accompanies a survivor who is expressing suicidal thoughts and feelings, debriefing will be immediately available from either the line supervisor or another staff member.

Signed _____ Date _____ Review Date _____

1. This is according to the World Health Organisation.

2. This is according to Ellis, Atkeson, & Calhoun (1982) & Davidson, Hughes, George, & Blazer (1996).