



# Victim Assistance Newsletter

## Crisis Intervention/ Suicide by Renae Sanchez-Day, MSW

A crisis is when a person's usual and customary coping skills are no longer adequate to address a perceived stressful situation. A crisis occurs when unusual stress, brought on by unexpected and disruptive events, render an individual physically and emotionally disabled -because their usual coping mechanisms and past behaviors prove ineffective. Crises by definition, are time-limited. However, every crisis is a high risk situation.

The goals of crisis intervention are to lessen the intensity, duration and presence of a crisis that is perceived as overwhelming and that could lead to self-injurious behavior. The goal is to protect the individual from self-harm. The objectives are to assist the person in regaining control and predictability. The goal of crisis management is to re-establish equilibrium and restore the individual to a state of feeling in control in a safe, secure, and stable environment. Under certain circumstances this might require hospitalization.

### Responding to Suicide Risk

There are strategies and techniques for working effectively with suicidal clients, but there is not much practical information on how to manage them. Working with clients in suicidal crisis can include many types of care, including inpatient, short-and long-term outpatient, day treatment and emergency intervention.

There is a belief widely held by suicidologists that most suicidal individuals do not wish to die but simply cannot imagine continuing to live in their current state of psychological turmoil. A number of psychosocial factors are also associated with risk for suicide and suicide attempts. These include recent life events such as losses (esp. employment, careers, finances, housing, marital relationships, physical health and sense of future), and chronic or long-term problems such as relationship difficulties, unemployment and problems with the legal authorities.

Suicidal thoughts and behaviors are commonly found at increased rates among individuals with psychiatric disorders, especially major depressive disorder, schizophrenia, PTSD, anxiety, chemical dependency, and personality disorders. A history of a suicide attempt is the strongest predictor of future suicide attempts, as well as death by suicide. Intentional self-harm (i.e. intentional self-injury without the expressed intent to die) is also associated with long-term risk for repeated attempts as well as death by suicide.

Here are some ways to help someone who is threatening suicide or engaging in suicidal behaviors:

- Be aware-learn the risk factors and warning signs for suicide and where to get help.
- Be direct-talk openly and matter-of-factly about suicide, what you have observed, and what concerns are regarding his/her well being.
- Be willing to listen-allow expression of feelings, accept the feelings, and be patient. feelings are good or bad; don't give a lecture on the value of life.
- Be available-show interest, understanding and support.
- Don't dare him/her to engage in suicidal behaviors.
- Don't act shocked.
- Don't ask "why".
- Don't be sworn to secrecy.
- Offer hopes that alternatives are available-but don't offer reassurances that any one alternative will turn things around in the near future.
- Take action-remove lethal means of self-harm such as pills, ropes, firearms, and alcohol or other drugs.
- Get help from others with more experience and expertise.
- Encourage the person to see a mental health professional and ensure the appointment is made.

### Suicide Information Web Sites:

American Association of Suicidology:

<http://www.suicidology.org>

American Foundation of Suicide Prevention:

<http://www.afsp.org>

Suicide Prevention Resource Center:

<http://www.sprc.org>

US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA): [www.samhsa.org](http://www.samhsa.org)

National Suicide Prevention Hotline

Resource: 1-800-273-8255

### References:

American Psychiatric Association. (2004). Practice guidelines for the Assessment and Treatment of Patients with suicidal Behaviors In: Practice Guidelines for the Treatment Of Psychiatric Disorders Compendium, 2nd edition. VA: Arlington

Rudd et.al, Warning signs for suicide: theory, research and clinical application. Suicide and Life Threatening Behavior, 2006 June36 (3) 255-62.

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## Sexual Assault by Loralai Feyrer

Sexual assault is any sexual behavior committed against a person without that person's consent. It includes rape, oral sex, non-consensual sodomy, unwanted kissing, fondling or attempts to commit those acts.

Sexual assault is not about sex. It is about power. It is a crime meant to humiliate and control someone. Sometimes the abuser has been abused themselves but this does not make it less of a crime and it is never justified.

There are two types of offenders: those that are known and those that are unknown to the victim. Both commit the crime because they want to and can.

The sexual offender that is a stranger is more likely to use some sort of weapon to do physical harm. They are often filled with hate and their goal is to degrade, humiliate and scare the victim. Often they threaten to return and further injure the victim if they report the rape. This is the number one reason why this crime may go unreported. According to the Arizona Sexual Assault Network, about 30 percent of sex offenders fit into this category.

The known sex offender may be a spouse, friend, relative, co-worker or a date. This perpetrator seldom threatens the victim and rarely uses physical violence beyond the sexual assault itself.

The victim of this type of assault is less likely to label the forced sex act as "rape". It is likely they will blame themselves for being too trusting and/or of placing themselves in a vulnerable position. This is more likely to happen if drugs or alcohol are involved. The chief reason for these victims not reporting this assault is that they feel their friends or family will blame them.

### **What should you do if someone you know has been sexually assaulted?**

**Listen** - It is an important part of recovery for a victim to tell what has happened to them. Sometimes it is so difficult to do that it takes years for them to do so. Allow them to talk and remember,

it is not about your anger but the victim's emotions. Hang on to your own judgments and focus on what they are saying.

**Believe** – Often times the perpetrator will tell the victim that no one will believe them. When they finally speak of the incident, it is important that you show them empathy and tell them it wasn't their fault.

**Suggest Medical Attention** – Even though there may be no visible injuries, it is possible for unseen problems to exist such as sexually transmitted disease or internal injuries. Encourage the victim to seek medical assistance and counseling to allow the process of healing to begin.

### **Rape Prevention (Arizona Sexual Assault Network)**

- Be aware of your surroundings. If you feel uncomfortable, leave immediately.
- Don't let drugs or alcohol cloud your judgment.
- Walk with confidence. You appear stronger when you look confident.
- Do not prop open self closing doors.
- Park in well lit places.
- Lock home/car doors, even if leaving for a few minutes.
- Keep watch over keys. Don't label them, lend them or lose them.
- Don't open your door before you see who is there.
- Be key ready before you reach the door.
- Don't jog or bike alone, especially at night. Vary your route.
- Don't invite someone to your home on the first date.
- Don't leave a club alone or with a stranger.
- Keep your car full of gas and in good condition.
- Take self defense classes
- Watch out in isolated places like parking structures and stairwells.
- Don't leave your drink out of your site or allow a stranger to buy you a drink.
- In case of car trouble, stay in your car and lock the doors.
- Use your cell phone or place a note in the window for someone to call the police.

### **Resources**

Arizona Sexual Assault Network (AzSAN)  
480-831-1986 [www.arizonasexualassaultnetwork.org](http://www.arizonasexualassaultnetwork.org)  
Empact 480-364-4949