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Divorce, Custody, and Suicide: Protecting Our Clients

By Nancy Rappaport, M.D.

Together with family law attorney William M. Levine, I recently gave a presentation at the AFCC Symposium on Child Custody Evaluations entitled *Divorce, Custody, and Suicide: Protecting our Clients*. I am a child psychiatrist and Assistant Professor of Psychiatry at Harvard Medical School and I wrote a memoir, *In Her Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide*. This memoir has relevance to custody evaluations, as I, the youngest of six children in 1963, was four years old on the day that my mother was anticipating the court's decision to return custody of her six children to her. Instead, the judge stayed the decision and my mother went home and took a fatal overdose. We know that devastation about a custody decision reflects only the tip of the iceberg, and that there are often many other factors that contribute to suicide. That is why I went back as a child psychiatrist, mother and daughter to sort out what had happened to my mother as best I could. Part of my mission is to reach out to different populations who may have interactions either with parents who are suicidal or children who are suicidal and to provide information that can be life-saving.

Suicide statistics that are relevant in custody situations and an introduction to warning signs about suicide are critical to know as a custody evaluator. Divorced and separated adults, particularly men, are at higher risk of making a suicide attempt than married or single adults. Some of the specific factors for suicidality following marital separation include a past history of mental health problems, a history of suicide attempts, and an internalized shame. Men are at higher risk if they have loss of custody of children and a low level of social support.

During the stressful time of a custody evaluation, if you know your client is going to receive devastating information (for example losing custody of their children) it is important to establish their safety. Asking questions such as "Do you have access to a gun?" is a very important question. The combination of psychic pain, impulsivity, access to lethal means and drug or alcohol use is toxic. Sometimes when parents receive information about a custody decision, they can feel hopeless and have a sense that their relationship with their children is irrevocably damaged. They may look at suicide as a "permanent solution to a temporary problem." If someone is talking about suicide and agitated and not sleeping this is also extremely concerning.

Other aspects that may be evoked during a divorce case are the sense of being a "perceived burden." This can come up with children who may be in a horrific custody battle, they may think that their needs are burdening their parents. Sadly, they may think that there may be less tension and

nothing to fight about if they are dead. Also, in cases where fathers lose custody, they may feel disconnected and have a deep sense of incompetence.

Early recognition and treatment of depression and other psychiatric illness is vital—most suicides are impulsive and occur during a short-term crisis, an acute period that can last from one to twenty four hours that may prompt someone to make a suicide attempt. During the symposium, participants asked for a review of warning signs and lethality factors, but mainly wanted guidance about what to do once you know a client is suicidal, as it is often unclear what steps to take. Often, evaluators are afraid to ask if their client is suicidal because they may feel a responsibility to do something if the client says yes. It is always difficult to know when a patient is in imminent danger, but if they are talking about being suicidal it is prudent to increase the amount of support they have.

Here is a brief summary of factors to assess and ways to help.

Risk Factors:

- Untreated or under-treated mental illness
- Isolation or lack of social support
- Hopelessness
- Impulsivity or aggressiveness
- Unsupported financial/social loss
- Access to lethal means
- Prior suicide attempt

Warning Signs (American Foundation for Suicide Prevention, 2010):

- Observable signs of serious depression:
 - Unrelenting low mood
 - Pessimism
 - Hopelessness
 - Desperation
 - Anxiety, psychic pain and inner tension
 - Withdrawal
 - Sleep problems
- Increased alcohol and/or other drug use
- Recent impulsiveness and taking unnecessary risks
- Threatening suicide or expressing a strong wish to die
- Making a plan:
 - Giving away prized possessions
 - Sudden or impulsive purchase of a firearm
 - Obtaining other means of killing oneself such as poisons or medications
- Unexpected rage or anger

Ways to Help:

- The QPR institute teaches “Question, Persuade, Refer” courses online and in person that offer suicide prevention training to “gatekeepers” – like CPR, QPR is an emergency response to someone in crisis: <http://www.qprinstitute.com/>
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255); more information at <http://www.suicidepreventionlifeline.org/>
- Don’t be afraid to ask, “Are you suicidal? Are you telling me you want to kill yourself? Do you have a plan?” —people worry that by asking you may put the idea into someone’s head, but it communicates that you care
- Figure out who they are willing to talk to, help them reach out to this person
- Explicitly let them know that they are not alone, that you are by their side, and that it would matter to you if anything happened to them

Nancy Rappaport, M.D., is an Assistant Professor of Psychiatry at Harvard Medical School. She is Director of School Based Programs in Child Psychiatry at the Harvard Teaching Affiliate, Cambridge Health Alliance,

with a focus on servicing youths, families and staff in public schools. She is the author of *In Her Wake: A Child Psychiatrist Explores The Mystery of Her Mother's Suicide* (Basic Books, September 2009). For more information visit www.nancyrappaport.com.

To purchase an audio recording of Dr. Rappaport's and Mr. Levine's AFCC presentation from last fall's Ninth Symposium on Child Custody Evaluations in Cambridge, Massachusetts, visit [Digital Conference Providers Inc.](#)

6525 Grand Teton Plaza, Madison, WI 53719
Phone 608.664.3750 Fax 608.664.3751 afcc@afccnet.org www.afccnet.org

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