Collaboration Between Investigation and Crisis Intervention for the Investigative Interview in Suicide Attempts

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Purpose:

The present study aims to understand whether investigation and crisis intervention processes can be coupled together in suicide attempt cases in order to mitigate secondary victimisation and whether a social worker as an interventionist can accomplish this.

Design/Methods/Approach:

This study relies on a literature review with the help of various databases, including PubMed, Springer Database, PsycoINFO and official national and international websites. In this study, the keywords (suicide, crisis intervention, investigation, social work, social worker) were determined for screening according to the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines.

Findings:

We found 38 articles, 8 of which were categorised by the research team in several groups with a level of 92% agreement. We categorised them using the mentioned keywords and four groups emerged as a result: suicide and crisis intervention, crisis intervention and social workers, suicide and investigation, investigation and social work. Overviews of papers for each group are presented.

Practical Implications:

Investigative interviews and crisis intervention processes may be coupled together in cases of suicide attempts. This process holds the potential to increase the rigour and effectiveness of data collection for the case, allow experts to lend their knowledge and skills in support of each other, and provide opportunities for more comprehensive problem-solving in crises. Thus, according to the literature and practice, the output of the current study appears to be implementable.

Originality/Value:

The conceptual framework revealed in this study may be used as a valuable source for future studies on the topic of collaboration occurring between the

investigation on one side and social and psychological crisis intervention services on the other.

Keywords: suicide, crisis intervention, police, investigative interviewing, social worker

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Povezava preiskave in krizne intervencije v preiskovalnem intervjuju pri poskusih samomora

Namen prispevka:

Namen pričujoče študije je razumeti, ali je mogoče v primerih poskusov samomora povezati preiskavo in proces krizne intervencije, da bi ublažili sekundarno viktimizacijo, in ali lahko to doseže socialni delavec kot izvajalec intervencije.

Metode:

Študija temelji na pregledu literature s pomočjo različnih baz podatkov, vključno s PubMed, Springer Database, PsycoINFO ter uradnimi nacionalnimi in mednarodnimi spletnimi stranmi. V skladu s *Smernicami za prednostno poročanje za sistematični pregled in metaanalizo* (PRISMA) smo za pregled določili naslednje ključne besede: samomor, krizna intervencija, preiskava, socialno delo, socialni delavec.

Ugotovitve:

Našli smo 38 člankov, od katerih jih je osem raziskovalna skupina s stopnjo strinjanja 92 % razvrstila v več skupin. Na podlagi omenjenih ključnih besed smo jih razvrstili v štiri skupine: samomor in krizno posredovanje, krizno posredovanje in socialni delavci, samomor in preiskave, preiskave in socialno delo. Predstavljeni so pregledi prispevkov za vsako skupino.

Praktična uporabnost:

Preiskovalni intervjuji in procesi kriznih intervencij so v primerih poskusov samomora lahko povezani. Tak postopek lahko poveča temeljitost in učinkovitost zbiranja podatkov za primer, omogoči strokovnjakom, da se medsebojno dopolnjujejo, ter nudi možnosti za celovitejše reševanje problemov v krizah. Glede na literaturo in prakso se zdi, da so ugotovitve sedanje študije izvedljive.

Izvirnost/pomembnost prispevka:

Predstavljeni konceptualni okvir je lahko uporaben kot dragocen vir za prihodnje študije na temo sodelovanja med preiskovanjem in službami za socialno ter psihološko krizno intervencijo.

Ključne besede: samomor, krizna intervencija, policija, preiskovalni intervju, socialni delavec

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1 INTRODUCTION

Suicidal behaviour is a common public health problem encountered in Turkey as well as around the world. Individuals from various social backgrounds can display suicidal behaviours (Chantler, 2003; Leichtentritt et al., 2016; Mgaya et al., 2008; Mohanty et al., 2007). A number of internal and external factors may trigger suicide attempts, including psychological trauma or diagnosed mental illnesses like depression, bipolar disorder, and borderline personality disorder. Suicide attempts are often bolstered by risk factors, some of which are poverty, interpersonal issues, family problems, having less than a high-school level of education, being a member of a nondominant race, being female, and being a member of the LGBTQIA community (Cacciatore et al., 2011; Devrimci-Özgüven, 2003; Feldman & Freedenthal, 2006; Gönültaş, 2016a; Granello, 2015; Joe & Neidermeier, 2008; Knox & Roberts, 2008). A person experiencing trauma while faced with the mentioned life circumstances or risk factors may decide to attempt suicide due to low levels of self-worth, a low quality of life, and feelings of hopelessness and helplessness (Dean et al., 2000; Devrimci-Ozguven, 2003; Sözer, 1992). Thus, the nuances involved in each suicide attempt require a specialised crisis intervention tailored to the individual for whom the intervention is implemented (Granello, 2015). "Crisis intervention is one of the action-oriented models that are present-focused, with the target(s) for intervention being specific to the hazardous event, situation or problem that precipitated the state of crisis" (Knox & Roberts, 2008, p. 252).

While some individuals are able to address their psychological issues without attempting suicide, others reach the point of suicidal crisis. In specific circumstances like when a tailored crisis intervention is implemented by a social worker, a suicide attempt can provide an opportunity for the individual to expand their coping skills and acknowledge trauma. Crisis intervention aims to emotionally and behaviourally stabilise the person in crisis and prevent the continuation of factors which contributed to it (Dean et al., 2000). This process requires the interventionist to possess specialised knowledge and skill, such as an understanding of the ecological approach, victimology, suicidology and practice with multiple therapeutic interventions (Cacciatore et al., 2011). Timely and effective interventions are particularly necessary in suicide attempt cases due to the nature of the event, including the potential for death (Dean et al., 2000; Knox & Roberts, 2008).

Suicide attempt and completion is a global problem in need of careful and committed attention. According to the Turkish Statistical Institute (TUIK) (2016), the number of suicide attempts in Turkey resulting in death was 3,169 in 2014, reaching 3,211 people (a rise of 1.3%) in 2015. In 2015, 4 per 100,000 people committed suicide. Of those who committed suicide, 72.7% were men and 27.3% were women. In Turkey, police departments, hospitals and social service organisations monitor and record statistical data on suicide attempts. However, suicide attempt data are less clear than actual suicides due to incongruent information from data collection entities (Gönültaş, 2016a). Gönültaş (2016a) revealed that the number of suicide attempts between 2012 and 2016 in Sivas province (a city in central Anatolia) was approximately ten times higher than the

number of actual suicides. In Turkey, suicide attempts are most prevalent among individuals holding particularly disadvantaged positions in society, including housewives, the unemployed, and youth.

The literature on the relationship between the police and mental health services has heavily focused on how the police supports mental health service interventions by for instance providing on-scene emergency assistance and coordinating and partnering with local mental health hospitals (France, 2014; Laing et al., 2009; Olivero & Hensen, 1994; Short et al., 2012). Few studies have examined how mental health services support the police by providing services. Suicide attempt is a crime in Turkey under Article 84 of the Turkish Criminal Law. Every suicide attempt is considered as a case of crime since physical harm is involved in the act. The police responsible for investigating such cases ultimately decides if the individual's statements are consistent with what is found at the scene of the incident and determine whether the individual intentionally attempted to commit suicide, whether they were truthful about their suicidality, and whether another person assisted or encouraged the individual in the attempt. Investigation in these cases must be rapid due to the mortal nature of the case and so as to prevent the disappearance of any evidence. The type of suicidal attempt, doctor reports, information given by relatives of the individual, objects used in the attempt, and the individual's psychological condition he are also investigated in detail (Gönültaş, 2016a). The most fundamental information source in this process is the statements of those who are alleged to have attempted suicide. Collecting information from such individuals is a necessary procedure and must be conducted according to policies within the legal framework, including interview protocols for victims. However, the police often focuses on investigating the scene where the event occurred and interviewing witnesses of the incident as well as the loved ones of the person involved, neglecting the condition of the suffering and injured individual while attempting to understand their credibility (Gönültaş, 2016a).

If the interviewer is unaware of the individual's state of crisis or is lacking in crisis intervention skills, they might unknowingly propagate the experience of re-traumatisation for the individual, promote confusion and misdirect the individual (Evans & Webb, 1993). While people who attempt to commit suicide continue to be affected by their personal crisis long after it has occurred, the first interviewer to have contact with the individual in crisis is ultimately the interviewer the individual will be the most vulnerable and emotionally fragile with (Knox & Roberts, 2008, p. 253). Here, the following questions emerge: Can investigative interviews and crisis-intervention processes be coupled together in suicide attempt cases in order to mitigate re-traumatisation and any further trauma associated with being involved with the justice system? If so, how can this be done? And how do mental health services like social work services help the police? The purpose of this study is to offer a framework for the implementation of this strategy by conducting a literature review.

2 METHOD

"Scope review methods are best suited to identify and articulate key concepts when a topic is being reviewed for the first time" (Kidd et al., 2017). Therefore,

this study utilises a literature review, thoroughly examining both primary and secondary sources. While no available studies reveal the relationship between crime investigation, crisis intervention and social work in suicide attempts in Turkey or in the international literature, the literature on suicide attempts is concerned with the social, psychodynamic, psychiatric and forensic aspects of suicide attempts (e.g. Dean et al., 2000; Leichtentritt et al., 2016). The literature has also largely concentrated on youth, adolescents and women (e.g. Sarwar et al., 2019). In recent years, both in Turkey and internationally, therapeutic approaches and interventions for instances of suicide attempt have been examined, thus building up the research literature on post-suicide attempt approaches, interventions, prevention and rehabilitation issues. One discipline producing such research is social work. In order to conduct a rigorous and reliable literature review, we follow the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines (Moher et al., 2009). The research question for this scoping review is: "According to the literature, can investigation and crisis intervention processes be coupled together in suicide attempts in order to mitigate re-traumatisation?"

A search was completed from the earliest research on the topics examined (Cutler et al., 1989) through to August 2019 in literature originally published in the English and Turkish languages. The researchers considered databases including PubMed, Springer Database, PsycoINFO, and official websites such as national and international police department websites and the National Health Ministry of the Turkish Republic website. While published, peer-reviewed and original papers were chosen, the others (unpublished, editorials, not full-text available etc.) were excluded. Further, official documents containing the crisis intervention models of Turkey and the Substance Abuse and Mental Health Services Administration (SAMSHA) were included in order to understand these processes as they were not found in the literature.

In this study, the keywords were determined to be: suicide, crisis intervention, investigation, social work, and social worker. Keyword combinations were searched using "or" and "and". To capture clearer relationships between the key terms, the available database and government literature were also reviewed using Boolean Operators utilising expressions such as "suicide and crisis intervention", "suicide and investigation", "crisis intervention and social worker", "investigation and social work" (Table 1).

3   PAPER SELECTION

The first and third researchers were appointed the task of screening papers based on the eligibility criteria for this study. They discussed their findings and tried to reach a consensus. At the end of this process, the second researcher also discussed where they were unable to reach an agreement and this continued until they reached a final decision. The screening process continued for 2 months. The inclusion/exclusion criteria were developed according to PRISMA. During screening, papers were included focusing on suicide- and trauma-related crisis intervention, suicide, social work and investigation. A spreadsheet was

constructed after the screening. This table contained the papers included, which were also discussed by the rest of the research team. In the second stage, by reading abstracts, papers which had been unclear and lacked details crucial for answering our research question were excluded. In the third stage, the full text of papers was read to ensure the relevant relationship of the keywords. Finally, papers meeting the overall research criteria were used as the sample. However, the relationship of all keywords remained unclear (Table 1).

Table 1: Review Strategy Table

	Stage 1					Stage 2	Stage 3
Keywords	PubMed	Springer Database	PsycoINFO	Official websites-protocols	**Total**	Studies included in broad relationship to the topic (n) (abstract reviewed)	Studies identified as relevant to the relationship (n) (full text reviewed)
Suicide, Crisis Intervention, Investigation, Social Work	0	5	0	-	5	5	0
Suicide, Crisis Intervention	960	582	27	3	1,572	243	11
Crisis Intervention, Social Worker	213	45	12	-	270	89	7
Suicide, Investigation	38	78	0	-	116	79	14
Investigation, Social Work	0	39	0	-	39	37	6
Total	1211	749	39	3	2002	453	38

4   RESULTS

We found 38 papers, 8 of which were categorised in several groups (Table 2). They were categorised using the mentioned keywords, resulting in four groups: suicide and crisis intervention, crisis intervention and social workers, suicide and investigation, investigation and social work. Overviews of papers for each group are presented in the section below.

Suicide and Crisis Intervention

We found 11 papers and 2 official documents (Crisis Intervention Model of Turkey and Substance Abuse and Mental Health Services Administration Model) describing this issue. These are ordered in Table 2 and denote the need for effective, appropriate, comprehensive and knowledge-based crisis intervention. Many social and psychological influences occur prior to suicidal behaviours developing; thus, a complicated situation arises for the person who is attempting suicide. Since the affective burden in the crisis of a suicide attempt is enormous, it should be alleviated (Granello, 2015; Sözer, 1992). According to relevant literature, crisis intervention is crucial for both decreasing the risk of suicide and helping to stabilise the person's acute crisis as well as for any long-term adaptation of the person's non-suicidal behaviour in crisis after their suicide attempt (Cacciatore et

al., 2011; Flannery, 1999; Granello, 2015; Knox & Roberts, 2008; Watson, 2010). A well-conducted evidence-based crisis intervention aims to strengthen a person's psyche by intervening during the crisis so that the person and their environment becomes supportive and their lifestyle is reconstructed. The psychological balance in the face of interpersonal issues and mental illness diagnoses is protected in crisis intervention and other long-term therapeutic strategies required for treating the problems underlying suicide attempts (Sözer, 1992).

Since the cues about the crisis are associated with the individual's current condition psychologically, socially and environmentally, crisis intervention focuses on the problems of the moment whilst seeking to understand the past story and possible underlying psychopathology. Nevertheless, approaches in crisis intervention may vary depending on the provision of social services, the needs of the individual, and the type of crisis. This process has temporal limitations (Knox & Roberts, 2008). In this sense, the professional who intervenes in a suicide attempt is obliged to support and encourage the individual in expressing their feelings such as sadness, pain and anger and to sympathise with the individual's feelings (Sözer, 1992). In some studies, social workers have come to the forefront of a crisis intervention since, as social service providers, social workers are involved in a broad service network and hold important positions in suicide prevention (Cacciatore et al., 2011; Granello, 2015; Joe & Neidermeier, 2008). According to the Council on Social Work Education Federation, licensed social workers are trained to understand the entire eco-system of any person's life, from the systems and policies they are affected by, to the immediate physical environment they live in, to the family system they are part of, to their true level of social support, to the forces of discrimination they may be subject to, through to their psychology, trauma history and the way their past experiences shape their present. Further, licensed social workers are trained during their graduate education in various practice theories and modalities, including in crisis intervention. In this regard, social workers are qualified for a task as significant and mortally serious as intervening in a suicide attempt.

Crisis interventions in suicide attempts necessitate the effective involvement of all related disciplines and institutions due to the fragile nature of suicidal behaviours requiring special attention (Devrimci-Özgüven, 2003; Sözer, 1992). The first intervention in suicidal crises is conducted in emergency service departments. The psychiatric evaluation and psychiatric first aid following medical care are of considerable value to the individual in crisis since even a single interview occurring at this point in time in the crisis intervention is likely to have a sufficient therapeutic effect (Sayıl, 2000). The psychiatric crisis intervention approach suggests that asking questions to an individual immediately following a suicide attempt about the event should not be avoided. Talking about a person's suicide attempt and sympathising with them is a sign of valuing their life and existence. Further, discussing suicide relaxes individuals who have made an attempt, making the attempt less shameful and providing the individual with the sense that someone else might understand (Arkonaç, 1989). The first intervention and first interview are therefore crucial, as is the manner in which they are conducted.

The organisations that often intervene in suicide attempts include women's shelters, 24-hour emergency hotlines and emergency services (Knox & Roberts, 2008). In Turkey, emergency services and the ALO 183 Support Line are organisations involved in suicide attempt intervention. According to Granello (2015), working with an individual who has attempted suicide is one of the most challenging of all crisis intervention tasks due to the limited amount of time a specialist is provided with to intervene effectively, the presence of an acute and ongoing crisis and the high level of stress experienced by both the individual and the specialist while working such cases. Since there are various interventions to be made during suicidal crises, the most appropriate standard to be taught and utilised by specialists is proposed to be an approach that is as broad-based as possible within the confines of the specific practice and legal protocols and policies of the local and national government in which the intervention occurs (Granello, 2015). Practice protocols guide the intervention specialist to understand the suitability of various intervention tactics in suicide attempts and in others.

Table 2: Selected papers of the study

	Suicide and crisis intervention1[*]	Crisis intervention and social workers	Suicide and investigation	Investigation and social work
	Granello, 2015	Granello, 2015	Hess & Orth, 2016	Granello, 2015
	Sözer, 1992	Cacciatore et al., 2011	Gönültaş, 2016a	Knox & Roberts, 2008
	Cacciatore et al., 2011	Joe & Neidermeier, 2008	Becker & Dutelle, 2013	Joe & Neidermeier, 2008
	Knox & Roberts, 2008	Pittaway et al., 2007	Karakuş et al., 2011	Feldman & Freedenthal, 2006
	Watson, 2010	Yanay & Benjamin, 2005	Olivero & Hansen, 1994	Cacciatore et al., 2011
	Flannery, 1999	Devrimci-Özgüven, 2003	Schollum, 2005	Watson, 2010
	Joe & Neidermeier, 2008	McKay et al., 2004	Cutler et al., 1989	Yanay & Benjamin, 2005
	Devrimci-Özgüven, 2003	Rector, 2017	Bilici et al., 2002	Watson & Fulambarker, 2012
	Sayıl, 2000	Gönültaş, 2016b	Fahsing et al., 2008	Doğangün et al., 2016
	Arkonaç, 1989	Watson, 2010	Hendin et al., 2001	Gönültaş, 2016b
	Roberts, 2005	Feldman & Freedenthal, 2006	Milne & Bull, 1999	Roberts, 2002
		Sarwar et al., 2019	Lamin & Teboh, 2016	Bell, 1995
			Coskun et al., 2012	Cerel et al., 2009
			Fry et al., 2002	Ofshe & Leo, 1997
Total	11	7	14	6

1 [*]*Substance Abuse and Mental Health Services Administration (SAMSHA) and Crisis Intervention Model of Turkey paper was excluded because it is not a scientific paper.*

Intervention Models for Suicide Crisis

One can find several crisis intervention protocols with criteria defined according to the profession in which they lie. However, two interventions vary in terms of how to intervene in suicide attempts yet both are broad-based: the crisis intervention model, including Roberts' (2005) social work perspective, and the Substance Abuse Mental Health Services Administration (SAMSHA) (2009) crisis intervention model (Table 3). Roberts (2005) proposed a seven-stage crisis intervention model for effective crisis intervention in various traumatic situations (Knox & Roberts, 2008, p. 261). Generally, psychosocial assessments are completed and interventions implemented in each stage. This model is informed by social work theory and intervention patterns and can be readily adapted to treat any level of crisis. The model for suicidal crisis presented by SAMSHA (2009) consists of ten standards developed as a practical guide for a person intervening in a suicidal crisis (Granello, 2015, p. 153). Given that there are many aspects of intervention such as psychological interventions, there are broad-based standards in this model that aim to be appropriate for anyone experiencing a suicidal crisis. Unlike Roberts' (2005) model, this model is not exclusive to any profession and standards are associated with treatment of and resistance from the individual in a suicidal crisis.

There is no specific model that establishes standards of crisis intervention in Turkey. However, in 2005 the Mental Health Department of the Ministry of Health in Turkey issued a circular calling for a psychosocial approach to be followed for suicidal attempts and crisis intervention. Although the circular is published under the name of suicidal cases, it covers other states of crisis like loss, domestic violence and sexual abuse. This crisis intervention method is limited to emergency services and provides the basis for psychosocial support for both the individual and the family in crisis. Details of the approach or the intervention strategies were not, however, clearly revealed in the publication and only three basic services were mentioned that could assist in a crisis intervention. Aspects of the approach proposed in the circular included an intervention interview, an interview with the family of the individual in crisis, an assessment, counselling, and a referral to long-term psychiatric services (Table 3). In general, social workers were defined and assigned as available to perform crisis intervention services in the circular, although psychologists are also involved in crisis intervention. Nonetheless, there are some shortcomings in the effective and rapid interventions to be implemented by the crisis intervention teams proposed to be formed in the Turkish crisis intervention model. The most important aspect of intervention models for suicidal crises, based on the review of the literature, is that they include effective interview phases regarding the crisis and its causes.

Roberts (2005) Seven-Stage Crisis Intervention Model	**SAMSHA (2009) Suicide Crisis Intervention Model**	**Turkish Republic Ministry of Health's suicide crisis intervention circular (2005)**
Stage 1: Plan and conduct a crisis assessment	**Standard 1:** Avoid harm	Interviewing for crisis intervention
Stage 2: Establish rapport and rapidly establish a relationship	**Standard 2:** Intervene in person-centred ways	Interviewing with his/her family and assessment
Stage 3: Identify major problems	**Standard 3:** Share responsibility	Consultation, assessment and informing
Stage 4: Address thoughts and emotions	**Standard 4:** Address trauma	
Stage 5: Generate and explore alternatives	**Standard 5:** Establish feelings of personal safety	
Stage 6: Develop and formulate an action plan	**Standard 6:** Use a strengths-based approach	
Stage 7: Establish a follow-up plan and agreement	**Standard 7:** Consider the whole person	
	Standard 8: Treat the person seeking assistance as a credible source	
	Standard 9: Focus on recovery, resilience, and natural supports	
	Standard 10: Move from a reactive to a preventative approach	

Table 3:
The Models of Suicide Crisis Intervention

Crisis Intervention and Social Workers

Seven of the eligible papers found describe social work and crisis intervention. These are displayed in Table 2. The issue of which professionals are best qualified to intervene in a suicide attempt has gained attention over time as the effectiveness of the crisis intervention technique in suicide attempts is increasingly acknowledged in academia and larger society. In pertinent literature on the topic, the duties of those who intervene in the crisis are specific, albeit no discipline or field of practice is clearly mentioned. As stated, social workers have historically provided services in crises and performed crisis interventions (Cacciatore et al., 2011; Granello, 2015; Joe & Neidermeier, 2008). In a study conducted in Turkey, Devrimci-Özgüven (2003) mentioned a crisis therapist who intervened immediately after a medical intervention. A crisis therapist is responsible for assisting the person in crisis in regulating their emotions and ensuring that they are guided to considering alternatives to death. Granello (2015) defined crisis intervention specialists and screeners as professionals who work with children and adults with mental illness and emotional distress who experience psychological crises, identifying appropriate intervention strategies unique to the individual and the particular

crisis. Further, given the historical development of the social work profession, social workers are educated to carry forth in their practices a comprehensive knowledge of working with people in various crises, such as natural disasters, in working with the families of missing children and sudden deaths, in mental health crises including suicidal crisis etc. (Cacciatore et al., 2011; Pittaway et al., 2007; Yanay & Benjamin, 2005).

Crisis intervention is person-oriented, communication-focused, evidence-based and built on principles like cooperation and assistance, qualities central to the social work profession (Cacciatore et al., 2011; McKay et al., 2004). Social workers are also trained beyond the scope of immediate crisis intervention in directly related practices, including crisis prevention and therapeutic techniques like longer-term psychodynamic therapy modalities. They are educated to navigate the various systems governing the assistance a person in crisis needs and to understand the policies and organisational structure of these systems, as well as in victim rights, victimology, the risk and protective factors involved in developing a crisis, the antecedents and potential effects of crises on individuals both with and without treatment and with use of different treatment models (Gönültaş, 2016b; Rector, 2017). With this in mind, there are not enough social workers in the field of crisis intervention currently available to address the number of crises occurring minute to minute in any nation, state or jurisdiction (Joe & Neidermeier, 2008). The interventions of social workers intervening in the crisis have also been criticised for lacking evidence-based approaches in practice, while other academic literature supports that social workers utilise evidence-based practice (Cacciatore et al., 2011; Feldman & Freedenthal, 2006; McKay et al., 2004; Watson, 2010). In Turkey, crisis intervention organisations are unable to meet the demand created by suicidal crises while the number of crisis intervention teams employing social workers is limited (Sarwar et al., 2019).

Suicide and Investigation

We discovered 14 papers that discuss suicide and investigation, as shown in Table 2. In a forensic sense, suicide attempts are initially treated like attempted murder cases because of the violent behaviours involved intended to cause death (Becker & Dutelle, 2013; Gönültaş, 2016a; Hess & Orth, 2016). In the crime investigation of completed suicides, information on the type of death, autopsy reports, information holders, the tool used, behaviours of the person before the suicide attempt (shared social media posts, notes, recent contacts etc.) and whether the person was receiving treatment for any psychiatric or serious disease are collected (Karakuş et al., 2011, p. 32; Laing et al., 2009). In suicide attempts, the most basic information source is the individual exhibiting the suicidal behaviour (Gönültaş, 2016a). Therefore, forensic interviews with the individual are crucial for arriving at a judgement on the case. A careful investigative interview is a purposeful inquiry and part of the crime investigation process that involves eliciting accurate, case-related and full information from the interviewee (Olivero & Hansen, 1994; Schollum, 2005, p. 10). If there is insufficient supporting evidence to reach a general conviction in typical crime investigations, interviews with victims, perpetrators and witnesses (testimonies) may prove very important. Moreover, testimonial evidence constitutes 80 percent of the entire typical crime

investigation (Cutler et al., 1989; Schollum, 2005, p. 15). This means that a number of skills and capabilities are absolutely required in terms of investigative interviews, such as recognising and being able to accurately convey the person's psychological and emotional reactions, being objective, sincere and kind, showing empathy and using appropriate physical expressions. Specific trainings are necessary in order to act with professional competence in such interviews (Schollum, 2005). While information is gathered in crime investigations conducted during suicide attempts in Turkey, the interviews with informers are usually performed while the acute condition or medical intervention is still continuing at the scene and in emergency rooms (Bilici et al., 2002). In addition, there are no teams specifically trained to conduct the interviews, thus any team without any other duty at the time is assigned to this task in Turkey.

Due to the stress factors of investigators seeking conclusive evidence, capturing the perpetrator and public pressure, forensic interview processes must be conducted immediately after cases, including suicide attempts (Fahsing et al., 2008). Obtaining accurate information from an individual who has attempted suicide and is still in crisis is problematic. The individual may provide unreliable information regarding the incident due to their emotional state and procuring information from such individuals may take more time than if the individual were able to focus on the interview without also focusing on their own psychological crisis (Hendin et al., 2001). According to Milne and Bull (1999), unsuccessful and poor interviewing is disadvantageous to the individual in crisis and entails inefficiency and a waste time and resources for investigators on the case. Therefore, those seeking information from people alleged to have attempted suicide and are still emotionally vulnerable directly following the crisis are expected to be knowledgeable in psychology and victimisation in order to obtain data for an effective judicial review. Nonetheless, police trainings are typically concerned with security strategies, combating crime and legal processes, ignoring the important details of issues such as victimology and psychology in Turkey and how all of these elements can be integrated to create more effective crisis intervention practices (Lamin & Teboh, 2016). In addition, there are few professional partnerships between social and psychological entities and legal entities that address actual suicides in Turkey, whilst other countries like Australia have moved forward with collaboration that has been both economically beneficial and advantageous to clients, as observed in their outcomes (Coskun et al., 2012; Fry et al., 2002).

Investigation and Social Work

Table 2 depicts the six articles found that discuss investigation and social work. After reviewing the available literature on the collaboration of police and social workers in suicide attempts, no studies addressing crime investigation and the standards of judicial interviews with those who attempted suicide were found. However, Granello (2015) and Knox and Roberts (2008) state that separate interviews by the police or other service providers during the crisis intervention have a high likelihood of adding to the trauma of an individual who has already attempted suicide. The investigative interview must be conducted sensitively with these persons so as to obtain accurate and reliable information about the case and avoid further traumatising the person in crisis.

In a meta-analysis of 131 studies concerned with suicidal behaviours from a social work perspective by Joe and Neidermeier (2008), the authors discovered the existence of many social workers in mental health services who may be competent in crisis interventions for suicides, except that they need further education in suicidology. According to another study, 92.8% of social workers involved in the study (n = 598) had worked with a suicidal person at least once (Feldman & Freedenthal, 2006). Knox and Roberts (2008) state that if police and doctor's interviews are necessary during the crisis intervention, with necessity being a discretionary decision, these interviews should be completed simultaneously and the social worker should be responsible for performing and managing this process in the most effective manner in favour of the individual. Cacciatore et al. (2011) described social workers operating in fire departments. While the fire brigade intervenes in the case, the social workers make the first intervention for persons exposed to trauma (fire, traffic accidents, lost relatives etc.). Similarly, Watson (2010) described Crisis Intervention Teams (CITs) within police units.

These teams intervene in mental health crises in partnership with social workers. The CIT model has led to improvements in crisis intervention due to its inclusion of a clear set of approaches which have led to the minimisation of injury during crisis intervention for both CIT teams and those experiencing crises. Moreover, social workers also help the Jerusalem Emergency Team (JET) staff in some incidents like missing child cases, providing psychosocial support to families (Yanay & Benjamin, 2005). Watson and Fulambarker (2012) discussed the relationship between police and social workers, especially in intervening in those with mental disorders. Their study shows the police can provide protective services for social workers during the crisis intervention and the social workers can provide help and guidance in obtaining information and in the approach on which police should take in crisis intervention cases. As seen in the studies, social workers may offer an important skillset and be a resource for the police and clients in many different types of crisis interventions.

In emergency intervention agencies like the police and fire departments, social workers have assumed roles as mediators and intervention specialists in mental illness cases (Cacciatore et al., 2011; Watson, 2010). In addition, social workers work as judicial interviewers in Child Monitoring Centres and Juvenile Justice Departments in Turkey (Doğangün et al., 2016). The empowerment of the person in crisis, an important element of crisis intervention, is included in intervention models taught in social work education. Person-oriented work, empathy, communication skills and co-operation are among the fundamental values of social work as well. Social workers are also educated in trauma and stress management, psychosocial assessment and psychodynamic therapy models, the identification of judicial cases, victimology and victim rights (Bell, 1995; Gönültaş, 2016b; Roberts, 2002). The social worker's impression and influence on the person in crisis is quite different to that of the police. The social worker's approach is a more objective, neutral and humane position, while the police and the prosecutor may be perceived as untrustworthy, accusatory and apathetic (Cerel et al., 2009; Ofshe & Leo, 1997). In suicide crises, social workers are confronted with challenges they have been trained to treat and are likely to assist significantly in gaining the

desired results for the client in terms of regaining emotional stability and for the justice system in obtaining the information it needs.

5   DISCUSSION

The present study aims to understand whether: 1) investigation and crisis intervention processes can be coupled together in suicide attempts in order to mitigate secondary victimisation; and 2) this can be done by a social worker as an interventionist. For this purpose, we thoroughly reviewed all literature currently available, ultimately discovering that there is no literature on such interdisciplinary work in suicide attempt cases. The present study, however, does indicate that the processes of interviewing and intervention can be carried out together. While the focus of investigation is to obtain specific data, the focus of crisis intervention is to help the victims and their psychological conditions. According to forensic science, healthy issues are a higher priority than collecting data. In this context, new approaches that prioritise human health and psychology and simultaneously ensure effective evidence-gathering should be developed. In light of the literature, suicide victims are generally influenced by an acute crisis which persists after their suicide attempt. Such people in a suicidal crisis are emotionally fragile and psychologically vulnerable. Intervention in these cases should therefore be specific and victim-focused.

While investigating suicide attempts, investigators try to collect data and information by interviewing knowledgeable individuals about the case. The tenets of investigative interviewing include: 1) the most basic information source is the individual exhibiting the suicidal behaviours in the incident ; 2) if there is not enough supporting evidence to reach a general determination on the case, interviews with victims are very important and may be used; 3) obtaining accurate information from an individual who has attempted suicide and still in crisis is problematic, therefore specific trainings are necessary to act with professional competence; and 4) investigative interviews are able to accurately convey the person's psychological and emotional reactions, with the interviewer being objective, sincere and kind, showing empathy and using appropriate physical expressions. In order to acquire information about the causes of any injury quickly, interviews with informers are usually performed while the acute condition or medical intervention is still continuing at the scene and in emergency rooms.

Crisis intervention in suicide attempts would benefit from specialising in: 1) playing a crucial role in both lowering the risk of suicide and helping to stabilise the person's acute crisis; and 2) strengthening the person's psyche so as to reconstruct their lifestyle. In order to carry out these specialties, collecting data and receiving information from the victim should be performed by interview. Interviewing is also an important tool for effective intervention. The highlights of interviewing guidelines during a crisis intervention are: 1) the first intervention in the suicidal crisis is conducted in emergency service departments; 2) the first intervention may provide a sufficient therapeutic effect; 3) discussing suicide may relax individuals; and 4) understanding the current and past condition of

the individual psychologically, socially and environmentally should be gained. Thus, the intervention and interviewing in such cases require more specific and refined education and technique. To be competent interventionists, licensed social workers are trained during their graduate education in various practice theories and modalities, including in crisis intervention.

Briefly, regarding the fragility of individuals who attempt suicide being investigated by the police, it is essential to restructure the investigative interview subsequent to the attempt. The investigative interview must be sensitively carried out with these persons in order to obtain accurate and reliable information about the case and to avoid any further traumatisation of the person involved. The notion of the performance of the crisis intervention parallel to this process emerges at this point due to the fragility of the person in crisis and the psychosocial knowledge and practice background possessed by social workers, which make their presence and services at this stage in the crisis able to minimise or nullify additional trauma that might arise during forensic interviews.

In this context, we can say that interviewing for crisis intervention contains almost all of the characteristics for investigative interviewing and that social workers as interventionists can carry out interviewing for the mentioned two purposes. For this purpose, we can see protocols for how this could be done. The protocols present evidence-based intervention tactics for interventionists. In crisis intervention processes, an understanding of what the crisis is and what triggered it are vital for its resolution. In the circular issued by the Ministry of Health in Turkey, this information is not disclosed, but mentions the obligation of an interview during a crisis intervention. The stages of the crisis intervention protocols as concerns the cause and definition of the crisis are as follows: The biggest problem that has triggered the crisis or caused suicidal behaviour should be identified and the damage caused by the suicide crisis should be determined, along with the person was driven to the brink of suicidal behaviour (SAMSHA, 2009, stage 4; Roberts, 2005, stage 3). To realise this process, an interview requires various communication principles (empathy, listening, sincerity etc.) including inviting the person to express themself freely. The self-expression of the person enables the emotional disclosure needed for investigators and interventionists to identify the source(s) of the crisis (Roberts, 2005, stage 3). These stages of the intervention protocol are crucial for an effective investigative interview process in crime investigations because as the conditions of the information (such as the cause and method of the (attempted) suicide, how the suicide method was chosen, whether there were people who encouraged the person to commit suicide and who (if anyone) assisted in the (attempted) suicide to be collected in the interview are formed and added to the collected information on the crisis. Thus, an appropriate approach in the crisis intervention which acknowledges the person's psychosocial state can serve in the intervention and interview yet exist in a single process. When the crisis intervention process is prioritised over the crime investigation, a person's well-being may become stable enough for the person to provide the police with more reliable information. Schollum (2005) proposed video recording investigative interviews with people in crisis so as to avoid further traumatisation that might occur through repetitive interviewing. The current study recommends

that in future interventions the first contact with the person in crisis be structured, and that close attention be paid to the psychosocial state of that person in order to prevent any further traumatisation or mistrust toward the individual and the interventionists and investigators they come into contact with directly after their suicide attempt.

Across the world one may find several similar examples of collaboration between social workers and police for critical incidents and missing child cases. In these examples (CIT, JET), social workers provide expertise on non-investigative issues like protection, prevention, stabilisation during the crisis, and psychosocial support. Given this context and the study results, investigative interviews and crisis intervention processes can also be coupled together in suicide attempts, potentially benefitting the individual in the crisis more than if such processes were conducted separately.

6   CONCLUSION

The collaboration between social workers and the police investigation in suicide attempt cases brings a specific innovation as the training of social workers in psychological intervention as well as their ability to navigate short- and long-term aftercare systems is uniquely valuable. Investigative interviews, when integrated into the intervention process in a suicidal crisis, can be conducted in a secondary way, meaning that information taken by the interventionist such as memories, the development of the suicidal behaviour and how major problems contributed to development of the crisis can be of use to the forensic interviewers while building their case. Further, collaboration between interventionists and forensic interviewers can allow the interventionist to incorporate questions forensic interviewers need answered as part of their assessment of the person in crisis. When this method is used, the crisis intervention process is not interrupted by new faces or attitudes and the approach favours the individual's mental safety. Crime investigations of suicide cases can be sensitively conducted to assist in the emotional regulation of the person in crisis. Further, this model may be successful when applied to other crisis intervention cases like domestic violence, sex crimes and in the immediate grief people face with the unexpected loss of their loved ones. Nonetheless, the education and practical experience of the intervention specialist who will assist in crime investigation must be considered. This professional must be able to intervene in the crisis effectively on-site and to minimise trauma in the interview setting. As stated in the available literature, the tasks of the professional who intervenes in the crisis are to identify appropriate crisis intervention strategies, stabilise the crisis, and direct the individual involved to alternatives other than death. Those who conduct investigative interviews are expected to have training and previous experience in interviewing, be skilled in verbal and physical communication, to analyse the psychological and emotional state of the individual in crisis and display objectivity and empathy.

The conceptual framework revealed in this study may be used as a valuable source for future studies on the topic of collaboration between the justice system and social and psychological crisis intervention services. Further, the effectiveness

of practice with social workers involved in crime investigation processes should be empirically studied in suicide attempt cases. The effectiveness and number of social workers as crisis intervention specialists in suicide attempts should also be increased and enhanced, and specialists should be trained in investigative interview techniques. In order to constitute effective and appropriate crisis interventions and avoid interruptions in the crisis intervention process, a cooperative culture between the police and social workers and other interventionists should be established. Future policies that include mandating social workers to be involved in the investigation of attempted suicide in countries where suicide is illegal could benefit greatly those afflicted with suicidality based on the qualifications social workers hold in their ability to competently address crises from both psychological and sociological perspectives. Moreover, the skill level of the investigators who intervene in suicidal crises should be improved to include trauma, mental health, victimology and victim rights education.

REFERENCES

Arkonaç, O. (1989). *Acil psikiyatri*. Nobel Tıp Kitabevi.

Becker, R. F., & Dutelle, A. W. (2013). *Criminal investigation*, (4th Edition). Jones and Bartlett Learning.

Bell, J. L. (1995). Traumatic event debriefing: Service delivery designs and the role of social work. *Social Work*, *40*(1), 36–43.

Bilici, M., Bekaroğlu, M., Hocaoğlu, Ç., Gürpinar, S., Soylu, C., & Uluutku, N. (2002). Incidence of completed and attempted suicide in Trabzon, Turkey. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *23*(1), 3–10.

Cacciatore, J., Carlson, B., Michaelis, E., Klimek, B., & Steffan, S. (2011). Crisis intervention by social workers in fire departments: An innovative role for social workers. *Social Work*, *56*(1), 81–88. https://doi.org/10.1093/sw/56.1.81

Cerel, J., Padgett, J. H., & Reed Jr, G. A. (2009). Support groups for suicide survivors: Results of a survey of group leaders. *Suicide and Life-Threatening Behavior*, *39*(6), 588–598.

Chantler, K. (2003). South Asian women: Exploring systemic service inequalities around attempted suicide and self-harm. *European Journal of Social Work*, *6*(1), 33–48. https://doi.org/10.1080/01369145032000099639

Coleman, D., & Del Quest, A. (2015). Science from evaluation: Testing hypotheses about differential effects of three youth-focused suicide prevention trainings. *Social Work in Public Health, 30*(2), 117–128. https://doi.org/10.1080/19371918.2014.938397

Coskun, M., Zoroglu, S., & Ghaziuddin, N. (2012). Suicide rates among Turkish and American youth: A cross-cultural comparison. *Archives of Suicide Research*, *16*(1), 59–72.

Cutler, B. L., Dexter, H. R., & Penrod, S. D. (1989). Expert testimony and jury decision making: An empirical analysis. *Behavioral Sciences & the Law*, *7*(2), 215–225.

Dean, C. W., Lumb, R. C., & Proctor, K. (2000). *Social work and police partnership: A summons to the village strategies and effective practices* (Criminal Jus-

tice Faculty Publications). The College at Brockport; State University of New York. https://digitalcommons.brockport.edu/cgi/viewcontent.cgi?article=1000&context=crj_facpub

Devrimci-Özgüven, H. (2003). İntihar girişimlerinde krize müdahale [Crisis intervention in suicide attempts]. *Kriz Dergisi, 11*(1), 25–34.

Doğangün, B., Gönültaş, B. M., Uzun-Oğuz, E., Oral, G., & Öztürk, M. (2016). Psychological complaints reported by sexually abused children during criminal investigations: Istanbul example. *Child Abuse & Neglect, 56*, 54–61.

Evans, G., & Webb, M. (1993). High profile – but not that high profile: Interviewing of young persons. In E. Shepherd (Ed.), *Aspects of police interviewing* (pp. 45–50). British Psychological Society.

Fahsing, I. A., Glomseth, R., & Gottschalk, P. (2008). Characteristics of effective SIOs: A content analysis for management in police investigations. *International Journal of Management and Enterprise Development, 5*(6), 708–722.

Feldman, B. N., & Freedenthal, S. (2006). Social work education in suicide intervention and prevention: An unmet need? *Suicide and Life-Threatening Behavior, 36*(4), 467–480. https://doi.org/10.1521/suli.2006.36.4.467

Flannery, R. B. (1999). Treating family survivors of mass casualties: A CISM family crisis intervention approach. *International Journal of Emergency Mental Health, 1*(4), 243–250.

France, K. (2014). *Crisis intervention: A handbook of immediate person-to-person help*. Charles C Thomas.

Fry, A. J., O'Riordan, D. P., & Geanellos, R. (2002). Social control agents or frontline carers for people with mental health problems: Police and mental health services in Sydney, Australia. *Health & Social Care in the Community, 10*(4), 277–286.

Gönültaş, M. B. (2016a). The description of suicide events investigated by homicide investigation unit between 2011-2015: Sivas example. *Journal of Human Sciences, 13*(1), 1700–1714. https://doi.org/10.14687/ijhs. v13i1.3695

Gönültaş, M. B. (2016b). Adli sosyal hizmet: adalet mekanizmasındaki yeri ve önemi [Forensic social work: Its place and importance in the justice system]. In D. Yücel, & M. B. Gönültaş (Eds.), *Adli sosyal hizmet: yaklaşım ve müdahale* (pp. 2–14). Nobel Yayınevi.

Granello, D. H. (2015). Suicide crisis intervention. In K. Yeager, & A. Roberts (Eds.), *Crisis Intervention Handbook* (pp. 151–180). Oxford University Press.

Hendin, H., Maltsberger, J. T., Lipschitz, A., Haas, A. P., & Kyle, J. (2001). Recognizing and responding to a suicide crisis. *Suicide and Life-Threatening Behavior, 31*(2), 115–128.

Hess, K. M., & Orthmann, H. C. (2009). *Criminal investigation* (9th Edition). Delmar Cengage Learning.

Joe, S., & Niedermeier, D. (2008). Preventing suicide: A neglected social work research agenda. *British Journal of Social Work, 38*(3), 507–530. https://doi.org/10.1093/bjsw/bcl353

Karakuş, Ü., Güler, E., Orakoğlu, T., Gönbe, F., Akdemir, Ş. Akyay, N., Yanardağ, Y., Çelik, Y., & Köse, T. (2011). *Cinayet Suçu Soruşturma Teknikleri Eğitici El Kitabı* [Murder Crime Investigation Techniques Educational Handbook]. EGM Publish.

Kidd, S. A., Davidson, L., & McKenzie, K. (2017). Common factors in community mental health intervention: A scoping review. *Community Mental Health Journal*, *53*, 627–637. https://doi.org/10.1007/s10597-017-0117-8

Knox, K. S., & Roberts, A. R. (2008). The crisis intervention model. In N. Coady, & P. Lehman (Eds.), *Theoretical perspectives for direct social work practice* (pp. 249–274). Springer Publishing Company.

Laing, R., Halsey, R., Donohue, D., Newman, C., & Cashin, A. (2009). Application of a model for the development of a mental health service delivery collaboration between police and the health service. *Issues in Mental Health Nursing, 30*(5), 337–341. https://doi.org/ 10.1080/01612840902754644

Lamin, S. A., & Teboh, C. (2016). Police social work and community policing. *Cogent Social Sciences, 2*(1), 1–13.

Leichtentritt, R. D., Leichtentritt, J., & Mahat Shamir, M. (2018). Shadows from the past: The mothering experience of women survivors of maternal suicide. *Journal of Social Work*, *18*(5), 548–577. https://doi.org/10.1177/1468017316656091

McKay, M. M., Hibbert, R., Hoagwood, K., Rodriguez, J., Murray, L., Legerski, J., & Fernandez, D. (2004). Integrating evidence-based engagement interventions into "real world" child mental health settings. *Brief Treatment & Crisis Intervention, 4*(2), 177–186.

Mgaya, E., Kazaura, M. R., Outwater, A., & Kinabo, L. (2008). Suicide in the Dar es Salaam region, Tanzania, 2005. *Journal of Forensic and Legal Medicine, 15*(3), 172–176. https://doi.org/10.1016/j.jflm.2007.06.002

Milne, R., & Bull, R. (1999). *Investigative interviewing: Psychology and practice*. John Wiley and Sons Ltd.

Mohanty, S., Sahu, G., Mohanty, M. K., & Patnaik, M. (2007). Suicide in India–A four-year retrospective study. *Journal of Forensic and Legal Medicine, 14*(4), 185–189. https://doi.org/ 10.1016/j.jcfm.2006.05.007

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLOS med, 6*(7), e1000097. https://doi.org/10.1371/journal.pmed.1000097

NASW. (2008). *NASW standards for social work practice in health care settings*. https://www.socialworkers.org/practice/standards/NASWHealthCareStandards.pdf

Ofshe, R. J., & Leo, R. A. (1997). The social psychology of police interrogation: The theory and classification of true and false confessions. *Studies in Law Politics and Society*, *16*, 189–254.

Olivero, J. M., & Hansen, R. (1994). Linkage agreements between mental health and law enforcement agencies: Managing suicidal persons. *Administration and Policy in Mental Health, 21*(3), 217–225.

Pittaway, E., Bartolomei, L., & Rees, S. (2007). Gendered dimensions of the 2004 tsunami and a potential social work response in post-disaster situations. *International Social Work, 50*(3), 307–319.

Rector, A. (2017). *"Because life is shitty": Reconsidering suicidal distress and imagining humanizing responses* (Doctoral dissertation). York University.

Roberts, A. R. (2002). Assessment, crisis intervention, and trauma treatment: The integrative ACT intervention model. *Brief Treatment and Crisis Intervention*, *2*(1), 1–22.

Roberts, A. R. (2005). *Crisis intervention handbook: Assessment, treatment, and research.* Oxford University Press.

SAMSHA. (2009). *Suicide prevention.* http://www.samsha.gov

Sarwar, N., Abid, S., Sarwar, G., Sarwar, A., Hassan, B., & Abdullah, M. (2019). Assessment of suicidal tendencies among students in Peshawar: A cross sectional study. *Journal of Saidu Medical College, 9*(1), 86–90.

Sayıl, I. (2000). İntihar davranışı [Suicidal behavior]. In I. Sayıl (Ed.), *Kriz ve krize müdahale* (pp. 165–198). Ankara Üniversitesi Psikiyatrik Kriz Uygulama ve Araştırma Merkezi Yayınları No: 6.

Schollum, M. (2005). *Investigative interviewing: Literature*. Office of Commissioner of Police.

Short, T. B. R., MacDonald, C., Luebbers, S., Ogloff, J. R., & Thomas, S. D. (2014). The nature of police involvement in mental health transfers. *Police Practice and Research, 15*(4), 336–348. https://doi.org/10.1080/15614263.2012.736717

Sözer, Y. (1992). Psikiyatride kriz kavramı ve krize müdahale [The concept of crisis in psychiatry and crisis intervention]. *Kriz Dergisi, 1*(1), 8–12.

Turkish Statistical Institute (TUIK). (2016). *Haber Bülteni- İntihar İstatistikleri, 2015.* [Newsletter – Suicide Statistics, 2015]. http://www.tuik.gov.tr

Watson, A. C. (2010). Research in the real world: Studying Chicago police department's crisis intervention team program. *Research on Social Work Practice, 20*(5), 1–8. https://doi.org/ 10.1177/1049731510374201

Watson, A. C., & Fulambarker, A. J. (2012). The crisis intervention team model of police response to mental health crises. *Best Practices in Mental Health, 8*(2), 71–81.

Yanay, U., & Benjamin, S. (2005). The role of social workers in disasters: The Jerusalem experience. *International Social Work, 48*(3), 263–276.

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