Suicide and safety protocol. All participants will be provided a list of local mental health and domestic violence service providers in their survey packet, and will be encouraged to take advantage of these if they have any concerns about their mental health state or personal safety. In addition, in the interviews, women who have will be referred to their current practitioner, or given the name of a psychological practitioner who speaks their language regardless of the outcome of this lethality assessment.

The minimal preparation for recruitment and interview staff is that they are female, bilingual in the language of their participant population, and hold master’s student in a clinical discipline such as medicine, nursing, social work, psychology or counseling. This experiential and educational background is necessary for the interviewer to understand and implement the suicide protocol. Before the beginning of data collection, all project staff will be trained in interview techniques to assess suicidal or homicidal potential as well as crisis management. The training will involve 1) selected readings and guidelines on psychiatric emergencies involving suicidal/homicidal ideation/plans; 2) state and local guidelines that regulate clinical practice related to suicidal and homicidal thoughts; 3) the clinical agencies involved in the clinical management of emergency situations; and 4) practice interviewing sessions.

Because of the mental health focus of this research, there is a slight possibility that a research participant may be either acutely suicidal or homicidal during the process of data collection. All interviewed participants will be asked directly if they have had suicidal or homicidal thoughts in the last month as part of the MINI interview. Acute suicidal ideation includes recent thoughts of suicide, or recurrent thoughts of death or desire to be dead. Acute homicidal ideation is defined as thoughts or plans of harm to others. If the participant endorses recent suicidal or homicidal thoughts, the interview will be stopped, lethality assessment (described below) will be conducted, the interviewer will contact the PI regarding the findings and further action will be determined. The work schedules of all research staff will be mutually known to all team members, including specific dates/times scheduled for telephone data collection with the research participants. The Principal Investigator will be available via cellular phone during all interviews. The research staff will carry a list of emergency contact numbers addresses available at all times.

The lethality assessment will be used to identify those women at high risk. A person at high risk is one who endorses suicide or homicide plans. Specifically, a participant will be considered high risk when they have a specific plan for carrying out her suicidal or homicidal intent. When the assessment deems a woman at high risk, the interviewer will activate an emergency protocol, rather than a referral. This protocol includes contacting a responsible person of the woman’s choice, with the research staff waiting with the participant until they arrive and assume responsibility to ensure the patient receives an immediate evaluation at the nearest clinic or emergency room. In extremely rare cases, if an acutely suicidal or homicidal research participant states intent to act on a suicide plan and refuses to contact a responsible person, the police will be contacted to intervene as per state suicide regulations. This protocol is based on both in psychiatric protocols used by the PI in clinical practice, as well as National Institute of Mental Health guidelines. The limits of confidentiality are addressed in the participant consent form: "to ensure the safety of yourself and others, state law requires that if you are at immediate risk of harm to yourself or to others, we must contact either your family or emergency services staff." Staff will gather contact information from the responsible contact person, and will follow-up within 24 hours of the interview.

In addition, routine assessment of domestic violence will be part of every interview. If the woman endorses active domestic violence, she will be directed to the domestic violence referrals on the referral sheet. We will also review standard safety plan information provided by the American Bar Association. Examples of the safety plan include:

- Learn where to get help; memorize emergency phone numbers
- Think about where you would go if you need to escape; Plan an escape route out of your home; teach it to your children
- Ask your neighbors to call the police if they see the abuser at your house; make a signal for them to call the police, for example, if the phone rings twice, a shade is pulled down or a light is on
- Pack a bag with important things you'd need if you had to leave quickly; give it to a friend or relative you trust
- Include cash, car keys & important information such as: court papers, passport or birth certificates, medical records & medicines, immigration papers
Issues of participant safety will be on the agenda at the monthly staff meeting. Review of the training will also be done two months into the interviewing phase of the study and again after every 20 interviews. These intensive reviews will determine the effectiveness of the training, to address the questions or issues that have arisen, and to alter the protocol as necessary. The physicians and social work staff at the agencies which serve as recruitment sites for this study will critique all protocols prior to the beginning of data collection, and changes will be made as needed based on the critique of the reviewers.

This study focuses on women with significant physical and emotional distress and depression. The risks of involvement in this study are minimal. Most of the women in this study will be under the care of a professional practitioner or other qualified service provider. All participants will be provided referral information of professionals in their area that speak their language if they need it.