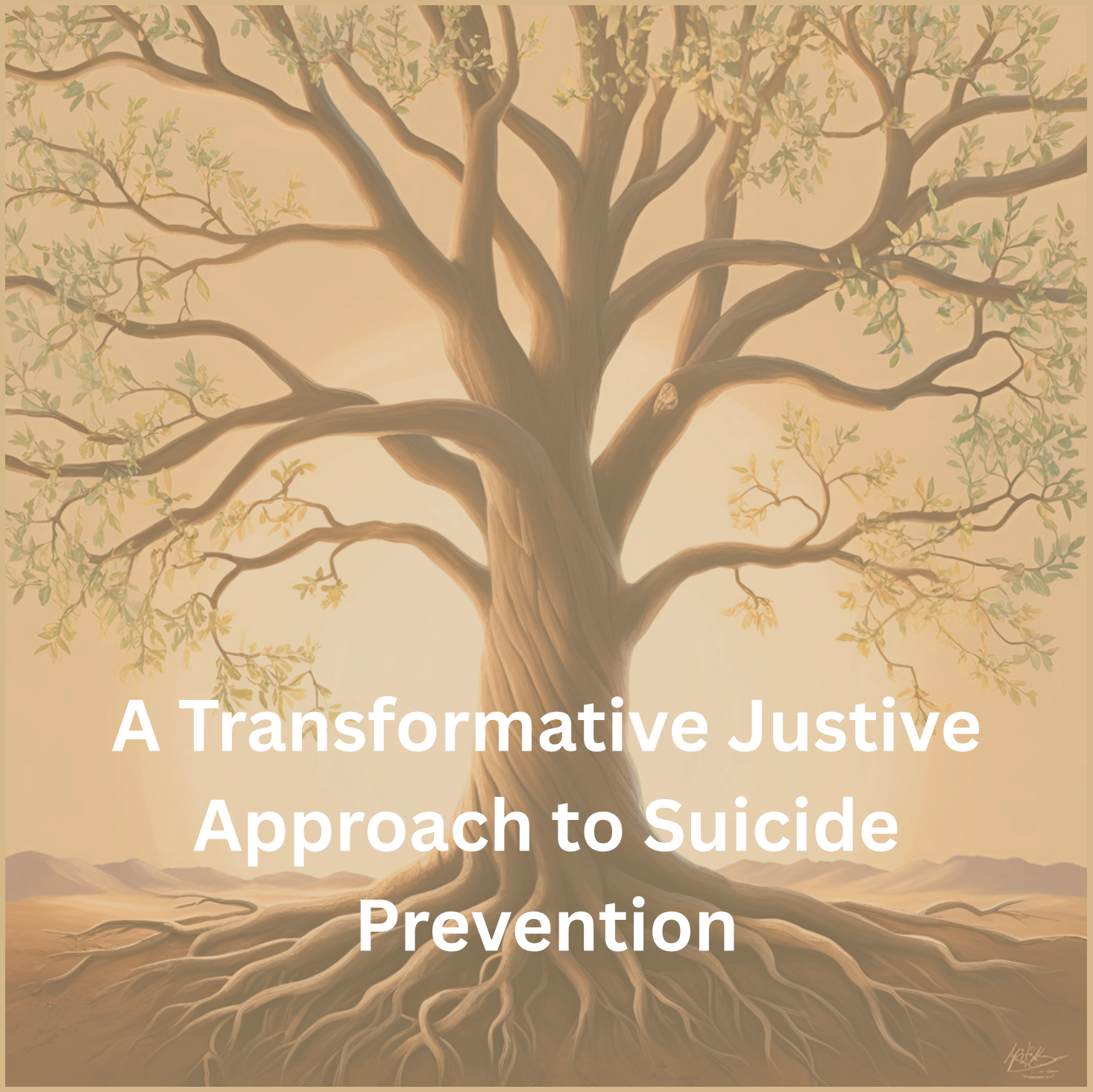
Rooted



A Transformative Justive Approach to Suicide Prevention

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Introduction

This toolkit offers a relational and community-based approach to responding to suicidal ideation. Grounded in transformative justice, it centers connection, dignity, and collective care as essential components of safety.

Rather than defaulting to institutional responses, this toolkit supports clinicians in engaging with individuals in moments of distress through presence, collaboration, and community-based support.

Why this toolkit?

Suicide prevention is often approached through individual risk assessment and crisis-based intervention. While these approaches aim to ensure safety, they can also lead to responses that prioritize control over connection.

Research has shown that individuals may experience increased vulnerability following discharge from hospitalization, highlighting limitations in short-term, institutional responses.

This toolkit responds to these gaps by offering relational practices that can be used in real time, emphasizing connection as a form of prevention.

Literature Review

Suicide prevention has historically been approached through individual risk assessment and crisis-based intervention, with hospitalization often positioned as a primary response to suicidal ideation. While these approaches aim to ensure immediate safety, emerging research has identified significant limitations. Studies indicate that individuals may experience increased vulnerability following discharge from inpatient care, with elevated suicide risk during the post-discharge period (Chung et al., 2017; National Institute for Health and Care Research [NIHR], 2019). Additionally, the ability to accurately predict suicide risk remains limited, placing clinicians in positions of uncertainty while making high-stakes decisions (SafeSide Prevention, n.d.). These findings highlight the constraints of relying on short-term, institutional responses to address complex and ongoing experiences of distress.

At the same time, a growing body of research points toward the effectiveness of alternative approaches. Brief, in-the-moment interventions, including collaborative safety planning and follow-up contact, have been shown to reduce suicide attempts and improve engagement in care (Stanley & Brown, 2012; Zalsman et al., 2016). Continuity of care, ongoing relational support, and consistent connection emerge as critical components in reducing risk (Zero Suicide Institute, n.d.; Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). These approaches emphasize that safety is not solely achieved through containment, but through sustained engagement and relationship.

While these interventions offer important directions, they remain largely situated within clinical frameworks that continue to center individual responsibility and institutional response. As a result, broader relational, cultural, and structural dimensions of suicidal ideation are often underemphasized. Suicide is not only an individual experience but is shaped by disconnection, systemic inequities, and conditions that impact access to care and support (SAMHSA, 2023; National Alliance on Mental Illness [NAMI], 2017). Approaches that focus exclusively on individual pathology risk obscuring these broader contexts.

Relational and justice-based frameworks offer a critical shift in understanding both distress and response. Ubuntu philosophy, as articulated by Davis (2019), emphasizes that identity and well-being are inherently relational, captured in the principle “I am because we are.” Within this framework, harm is understood as a rupture in relationship, and healing is achieved through the restoration of connection rather than isolation. This perspective challenges individualistic approaches to suicide prevention by situating distress within relational and communal contexts.

Similarly, Two-Eared Listening emphasizes the importance of holding multiple ways of knowing, integrating clinical knowledge with lived experience, cultural understanding, and community perspectives (Bartlett et al., 2012). This approach calls for practitioners to listen beyond purely clinical frameworks and to engage with individuals in ways that honor complexity, context, and relational meaning. In the context of suicidal ideation, this shift moves the focus from assessment alone to deeper understanding and connection.

In addition, Valandra and Wapaha Hoksila (2020) introduce the concept of “undoing the first harm,” emphasizing that institutional responses can reproduce harm when they fail to account for historical, relational, and systemic contexts. Interventions that prioritize control, removal, or containment may unintentionally deepen disconnection rather than support healing. This critique is particularly relevant in suicide prevention, where hospitalization and involuntary interventions may disrupt relational networks and reinforce experiences of isolation.

Taken together, these bodies of research and theory suggest that effective suicide prevention requires a shift away from solely crisis-based, institutional responses toward approaches that center relational, community-based care. Transformative justice frameworks offer a pathway for this shift by emphasizing collective responsibility, community support, and responses to distress that do not rely exclusively on systems of control. Within this context, safety is understood as something created through relationship, continuity, and shared care, rather than through removal or containment alone.

Community is key

What is needed in moments of suicidal ideation?

- Space to speak openly without fear of immediate escalation
- Relational presence rather than immediate intervention
- Access to support beyond institutional systems
- Continuity of care beyond a single session
- Community connection and belonging

Individuals experiencing suicidal ideation often need connection before intervention.

COMMUNITY VALUES

- Connection
- Dignity
- Autonomy
- Relational accountability
- Collective care

Safety is created through relationship, not control.



Transformative Justice Principles

Suicide Prevention

- Stay with the person
- Prioritize relationship over control
- Build safety through community
- Reduce harm without punishment
- Center dignity and autonomy

Safety can be created without removing someone from their life.



In the moment

- Slow down
- Regulate yourself first
- Do not rush to intervene

Your presence is the first intervention.



Connect

- Ask directly about their experience
- Listen without interrupting
- Validate without minimizing

Being heard reduces isolation.

UNDERSTAND

- What led to this moment?
- What increases distress?
- What offers even small relief?

Understanding creates pathways for support.

BUILD SAFETY

- Identify coping strategies
- Identify supportive people
- Create small, realistic steps
- Reduce access to harm collaboratively

Safety planning is a conversation, not a document.

COMMUNITY CARE

- Who can support you right now?
- What relationships feel safe?
- How can connection be maintained?

Community is part of prevention.

CENTERING LOVE

Love as Practice

- Love for self → grounding and awareness
- Love for others → presence and compassion
- Love for community → shared care
- Love fused with power → challenging harmful systems

Love is not passive—it is how we practice care and justice.



988 Suicide & Crisis Lifeline

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