Raven's Lair

# The Dominant's Handbook

# BDSM Basics Training Program

An Intimate Guide to BDSM | Gigi Raven Wilbur

# The Dominant's Handbook
# An Intimate Guide to BDSM Play

## BDSM Basics Training Program

## Suicide Intervention

Gigi Raven Wilbur

http://ravenslairleather.com

The Dominant's Handbook – An Intimate Guide to BDSM Play

By Gigi Raven Wilbur

http://ravenslairleather.com

Published by Raven's Lair



Notice

Personal responsibility is a part of the BDSM lifestyle. It is a good idea to follow the concepts of safe, sane, and consensual in your adult play scenes. The information contained in this book contains risk of both physical and emotional injury. Any information or safety guidelines provided in this book are simply guidelines for you to make informed decisions about the scenes you play. By deciding to engage in any adult activity, including those mentioned or detailed in this book, you are taking on physical and emotional responsibility for your own actions, and agree to hold harmless all individuals associated with the creation, publication and sale of this book.

Cover design by Gigi Raven Wilbur
Cover image: WipSociety
Cover Model: Gigi Raven Wilbur

e-book created and distributed in The USA by Raven's Lair

The Dominant's Handbook, An Intimate Guide to BDSM. The BDSM Basics Training Program Series presents Suicide Intervention Training, by Gigi Raven Wilbur


# The Dominant's Handbook
An Intimate Guide to BDSM Play

## BDSM Basics Training Program

# Suicide Intervention

It is important to read and understand the Crisis Intervention Training module before you receive this training in suicide intervention.

Hopefully there will never be a time in your BDSM play scenes where a person is actively thinking about committing suicide. But on a realistic note, BDSM is a progressive lifestyle that does attract some people who have mental health issues of one type or another. While this is relatively rare, it can and does occur.

In a BDSM scene, there is potential for a person who has self-destructive behaviors to become suicidal. If this situation arises, then learning about suicide intervention will provide you with techniques to work with what occurs. While this training is not designed to be a substitute for professional intervention and/or professional counseling, it is designed to give you the tools to intervene if a person becomes actively suicidal in your presence. Assistance is also available for dealing with these issues through crisis hotlines and through counseling centers. I have included resources at the end of this training module.

An important key component of suicide intervention is understanding the concept of ambivalence. Ambivalence is part of every human being's nature. All human beings have a side that wants to live and a side that wants to die. Most of our life, the side that wants to live is actively in the forefront, while the side that wants to die is in the background in a dormant state.

When a person becomes suicidal, the part of them that wants to die moves to the foreground and becomes active. At the same time, the part that wants to live is also active to some degree or another. As you perform suicide intervention, help the suicidal person reach for the part of themselves that wants to live by helping them search for alternatives that will help alleviate their pain.

There is a suicide risk assessment that you can perform if a submissive is experiencing suicidal ideations. While the suicide risk assessment is not 100% accurate, it does provide a framework to help determine what type of intervention is indicated. This

should act as a guide. If your intuition indicates that the suicide risk is greater than what the suicide risk assessment indicates, then follow your intuition as you provide intervention.

Before I cover the suicide risk assessment, it is important to recognize some of the typical myths about suicide.(Paraphrased from Hoff, 1989, p. 179)

## Myths

Myth: Good circumstances, a happy life, good job, etc. prevent suicide.

Fact: Suicide occurs across class, race, age, economic conditions, and sex demographics.

Myth: People who talk about suicide will not commit suicide.

Fact: People who die by suicide almost invariably talk about suicide or give clues and warnings about their intentions through their behavior, even though the clues may not be recognized at the time.

Myth: People who make suicide attempts and do not succeed with other attempts are not at risk for suicide.

Fact: The majority of people who commit suicide and die have a history of suicide attempts.

Myth: Talking about suicide with a person who is upset will put ideas into their head.

Fact: Suicide is a complex psychological process that will not result from a caring person asking questions about suicide intentions. When a person makes statements that give the slightest hint of self destructive behaviors, ask directly, “Are you thinking of committing suicide?” While it may seem like it is not good to ask such a question, in fact often the suicidal person will feel a sense of relief when asked. By asking without making judgments, this opens the door to communication and helps break the feeling of isolation. What happens is that the suicidal person now has someone who they feel they can talk to. There is no substitute for direct communication by a person who cares.

Talking about suicide will not put ideas into a person’s head. All evidence about suicide shows that there are complex psychological processes occurring. If a person is not suicidal, asking if they are contemplating suicide will not lead them to a suicidal path.

## The Suicide Risk Assessment (Paraphrased from Hoff, 1989, pp. 200-201)

Ask if the person has suicidal ideas. If so, are they vague feelings or is there a plan?

- Lethality of the method. Ask the person in crisis: "What are you thinking of doing?" Is their plan highly lethal or a low lethal method?
- Availability of means. Ask the person if they have the means to follow out their plan and if they know how to utilize the means.
- Specificity of plan. A person who has a well thought out plan – including time, place, and circumstances – with an available high lethal method should be considered an immediate high risk for suicide.

Ask these questions with directness. Do not use power ploys when intervening. Find out about the person's intent. Some people really intend to die; others intend to bring about change that will help them avoid death and make life more livable. For example, ask, "Do you want to die, or do you want things to improve in your life?"

We can seldom discover information about a person's suicide plan except through direct questioning. It is important to ask these questions when you encounter a person who is thinking about suicide.

It helps to take into account some other factors when evaluating the level of risk of suicide. While these other factors contribute to the risk analysis, they should be secondary to the risk assessment.

- Is there a history of suicide attempts? (Most who succeed in killing themselves have a history of suicide attempts.)

- In past attempts, was an "accidental" rescue completed by a third party? By accidental rescue, what is meant is that whether consciously or subconsciously, the person in crisis attempted a suicide plan in an environment where rescue was either possible or probable.

- Has the person experienced a major loss in their life and/or has there been a significant life transition? Losses can include death of a friend or family member, job problems/loss of job, divorce, etc. Significant life transitions can include things like graduation, job promotion, finding a new partner, middle age, etc.

- Are there other stress factors in the person's life?

# Suicide Intervention

Utilize the crisis intervention as outlined in the crisis intervention module. In addition, include the following intervention strategies in your crisis intervention plan (remember that you can call a crisis hotline for assistance with the suicide intervention):

Maintain the suicidal person's sense of self-mastery. Involve the suicidal person in the intervention process.

Relieve isolation. If the suicidal person lives alone, ask if there are friends or family members that the suicidal person can stay with for a short term. If the person is highly suicidal and their isolation cannot be alleviated, then voluntary hospitalization may be required. (Paraphrased from Hoff, 1989, pp. 222-223)

Remove lethal weapons and/or means to suicide with active collaboration with the suicidal person in this process. If caring and concern are expressed and you demonstrate respect of the suicidal person's sense of self-mastery and control, then the suicidal person will usually surrender the means to suicide so that it is safe from easy or impulsive access. (Paraphrased from Hoff, 1989, pp. 222-223)

Contract with the suicidal person to avoid a decision about suicide until they have explored all other alternatives. Reinforce this with the concept that seeing suicide as the only option is a temporary state. As the crisis subsides, other options will become more plausible. (Paraphrased from Hoff, 1989, pp. 222-223)

Reestablish social ties and networks. Make every effort to help the suicidal person reestablish social bonds if they are broken. If this fails, have the suicidal person make contact with a support group or network. (Paraphrased from Hoff, 1989, pp. 222-223)

As applicable, relieve extreme anxiety, utilize anger management techniques and provide a safe environment for sleep if there has been sleep loss. (Paraphrased from Hoff, 1989, pp. 222-223)

Ask the suicidal person if they are using drugs (street drugs and/or prescribed drugs) and/or alcohol. Have them address drug/alcohol issues in their plan, even if only for a temporary discontinuation until the crisis passes. If they are on prescribed medications, have them consult with their doctor about the suicidal ideations to determine if alternative medications would be of benefit. Some prescription medications can have side effects that cause or acerbate depression. Let them know that alcohol is an enhancer as a short term effect (which will in the short run enhance the mood they were in when they started drinking) and acts as a depressant as a long term effect. Drinking alcohol will add to their feelings of depression, especially if they are feeling depressed when they start drinking.

Include counseling and/or psychotherapy in the crisis intervention plan.

## Some Final Thoughts

When working with a person who is experiencing a crisis, it is important to stay calm and focused. By utilizing the steps outlined here, you can effectively provide crisis intervention and assist the person in crisis to return to their normal level of functioning.

When you take on the role of a crisis intervention practitioner, you may be the first person who the person in crisis feels safe in discussing problems that they have never

openly discussed. Thus, active listening at this level can provide a powerful healing process for the person in crisis.

It is a good idea to have the phone numbers for resources in your area handy. Resources can include a crisis hotline, a counseling center, and GLBT community centers.

In Houston Texas, the following services are available:

Crisis Intervention of Houston, Inc.
Crisis Hotline: 832 416-1177

> The mission of Crisis Intervention of Houston Inc. is to help people in crisis. It is in operation 24 hours a day, 7 days a week.

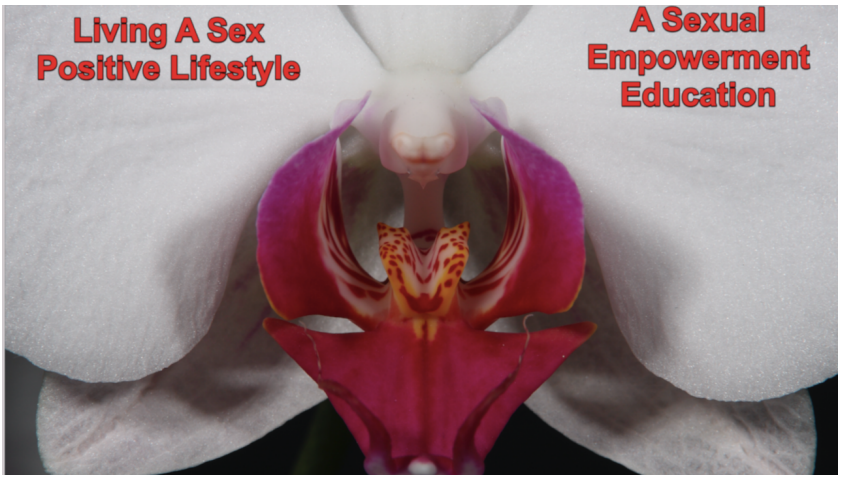
Montrose Counseling Center: 713 529-0037

> Montrose Counseling Center provides culturally affirming, quality, and affordable prevention and out-patient services primarily for and about GLBT and HIV+ individuals and their significant others.

References

Gilliland BE and James RK: *Crisis Intervention Strategies*. Brooks/Cole Publishing Company, 1988

Hoff, LA: *People in Crisis – Understanding and Helping*, 3rd ed. Addison-Wesley Publishing Company, Inc. 1989




# Raven's Lair

At Ravens Lair, our vision is to create a sex positive world through adult sexual education and erotic BDSM performance art. Raven's Lair provides these training materials free of charge as a means to step out of the dark ages when it comes to sexuality.

If you gain benefit from these training materials and are able to transform your sex life, we ask that you consider making a donation. We believe that making an arbitrary decision about setting a monetary price for these materials does not account for the value each individual obtains from these materials.

So, if you obtain value from accurate adult sexual educational materials, now or in the weeks or months ahead, please make a donation to Raven's Lair. Visit our Patreon Page and make a donation based on the value you obtained from this training.

https://www.patreon.com/c/RavensLair69

# About the Author

Ladyboy Gigi has been active in the BDSM community for over 30 years. Gigi started out as a boy toy sex slave and played as a submissive for many years. For the past 12 years Gigi identified as a switch, often playing the role of a Domme.

Gigi has been following an eclectic pagan sacred sex path since pre-adolescence. S/he has studied art, philosophy, ancient religions, ancient civilizations, photography, human sexuality, and sculpture. Gigi has a Bachelor's of Arts degree in Philosophy and a Master's degree in Social Work.

Gigi published The Dominant's Handbook – An Intimate Guide to BDSM. This book provides training information about physical, psychological, and psychosexual aspects of BDSM for individuals who want to learn Dominant Role Play.
Go to: http://www.ravenslairleather.com.

In 1999, Gigi was awarded the AIB Globe Award for outstanding service to the bisexual world community. Gigi, along with Michael Page and Wendy Curry, started Celebrate Bisexuality Day. For more information about CBD, go to: Celebrate Bisexuality Day - Wikipedia, the free encyclopedia. Gigi served on BiNet USA's Board of Directors for two years.

Gigi was born intersex (hermaphrodite). Shortly after birth, doctors performed sexual reassignment surgery. Gigi has been active in the Transgender community, the bisexual community, the BDSM community, and other diverse alternative artistic communities. S/he has studied human sexuality in both undergraduate and graduate studies programs. Gigi is a hermaphrodite and identifies as being pansexual.
Gigi has presented many diverse workshops for bisexual conferences, pagan festivals, BDSM events, and for other alternative communities. S/he has presented information in college courses as an invited speaker.

Gigi was a co-producer of AfterHours, Queer Radio With Attitude, KPFT 90.1 FM, a radio program that provided information about human sexuality and alternative lifestyle choices. Gigi had been on the air for over 25 years and has covered many diverse topics centered on human sexuality, BDSM, and sacred sex. The radio show provided sex-positive information about human sexuality and alternative lifestyle choices.

Ladyboy Gigi produced a podcast on iTunes called Adult Bedtime Stories. Adult Bedtime Stories is a show dedicated to bringing sacredness back to our sexuality and to learn about everything sexual. Allow the beautiful sexy creature within you to emerge. Each week the focus of the show was on different sexual topics designed to enlighten you so you develop more fully as a sexual being. This is the sex education that you didn't receive in high school, but should have.

Now, more than since the human rights movement of the 1960's & 1970's, age appropriate sexual education and the sex positive movement are vitally important. Even young married couples are not provided an adequate sexual education.

At Raven's Lair, we believe that all adults should have access to adult sexual information that is safe, accurate, and explicit.

Good sex is not an activity that we know instinctually, it is an art that needs to be learned and developed.

We present adult materials with a sex positive attitude and value system. if you want to start living a sex positive lifestyle free of shame and guilt, these training materials are for you.

For these reasons, Ladyboy Gigi and Raven's Lair are providing free sex positive educational videos on YouTube and Raven's Lair's Website. The videos include free transcripts & workbooks designed to help people live a sex positive lifestyle.