




COMMONWEALTH  
**OMBUDSMAN**

Guidance for

**C**  **OMPLAINT  
HANDLERS**

on dealing with risks of harm



# Guidance for complaint handlers on dealing with risks of harm

## PURPOSE

This document aims to give complaint handlers confidence in handling complainant behaviour that poses a risk of harm to themselves or others.

By sharing these practical guidelines, we hope that education providers and other agencies can improve their responsiveness and accessibility to all complainants. This guide has 4 sections:

- responding to someone at risk of self-harm or suicide
- responding to someone who indicates they pose a risk of harm to someone else
- tips for supporting employees who've dealt with the risks, and
- some printable quick reference guides.

## BACKGROUND

In any job involving people, you may find yourself dealing with someone who is considering self-harm, suicide or harming someone else. Dealing with this situation can be confronting and difficult, so it is important to have guidance available.

Any indication that a person intends to harm themselves or others must be taken seriously, assessed quickly and responded to appropriately. Generally, staff responding will not be mental health professionals, so it is not appropriate to try and guess whether the risk is genuine. All risks should be taken seriously. Responding can include contacting police or emergency services depending on the level of risk. Other options include encouraging the person to engage with a doctor, mental health professional or support services, or other appropriate support people.

There are many reasons why a person might experience the thought or impulse to self-harm or suicide or display behaviours of concern. Our focus in this guide is addressing the specific behaviour, meaning someone's observable conduct and what they are communicating, not the person's motives for their behaviour. This guide focuses on ensuring you have the tools to respond to the behaviour in a sensitive way.

## PRIVACY AND CONFIDENTIALITY

Education providers and other agencies should always prioritise a person's right to privacy and confidentiality. However, when a person expresses thoughts or impulses to self-harm or harm others, and you reasonably believe there is a safety risk, you may have a duty of care to share information without that person's consent.<sup>1</sup>

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<sup>1</sup> Under the *Privacy Act 1988*, personal information can be disclosed in situations where it is necessary to prevent a serious threat to the life, health or safety of any individual, or to public health or safety.

## Definitions

**Risk** – the likelihood that someone may cause physical harm to themselves through intentional activity (e.g. cutting or suicide).

**Threat** – an indication given by someone that they may cause physical harm to a specific person or group of people.

**Employee** – for the purposes of this document, assume this also includes any worker to whom you have work health and safety obligations but may not be defined as an employee. For example anyone who carries out work for a Person Conducting a Business or Undertaking (PCBU) such as an employee, a contractor, employee of a labour hire company, an apprentice or trainee, a student gaining work experience, an outworker or a volunteer.

## General disclaimer

*To the extent permitted by law, the Commonwealth Ombudsman's Office will in no way be liable to you or anyone else for any harm, loss or damage, however caused (and whether direct, indirect, consequential or economic) which may be directly or indirectly suffered in connection with the use of these Guidelines.*

*While we make every effort to make sure the information in these Guidelines is accurate and informative, the information does not take the place of professional or medical advice.*

*You must make your own assessment of the information contained in these Guidelines and, if you choose to rely on it, it is wholly at your own risk.*

# Self-harm, including suicide

We do not refer to expressions of intention to self-harm or commit suicide as threats, as this may create the perception that expressing these intentions is intended to manipulate or unfairly influence.

Instead, we refer to the possibility that a person will self-harm or commit suicide as a risk. This reflects the distress, helplessness and personal risk of those experiencing thoughts of suicide and self-harm.

## RESPONDING TO RISKS OF SELF-HARM OR SUICIDE

The following procedure is intended as a guide. You may not need to follow the steps in order. You may skip steps depending on the circumstances.<sup>2</sup>

When communicating with a distressed person it can help to:

- provide an opportunity for the person to express themselves
- acknowledge their feelings of anger, frustration, sadness or disappointment
- encourage the individual to think about wellbeing strategies or support they can access.

Workplace supervisors are responsible for supporting employees to assess and manage risks. Employees should raise any concerns about a person's safety with a supervisor.

### 1 Do something now 2 Gain rapport

When communicating with people in crisis or distress:

- respond calmly and be aware of your tone of voice
- acknowledge their emotions
- show them you're listening by paraphrasing, summarising and asking them questions about what they're telling you
- give information in small amounts
- be supportive without claiming to know how they feel.

### 3 Be there for the person

Listen to words or phrases that may indicate a level of suicide risk. Some examples are:



*'I want to kill myself...'*

*'I just don't think there's any point anymore...'*

*'It won't matter after tomorrow...'*

*'Things would be easier if I wasn't around...'*

<sup>2</sup> This procedure draws on Lifeline's toolkit: *Helping someone at risk of suicide*: Toolkit downloads - Lifeline Australia: <https://www.lifeline.org.au/resources/toolkit-downloads/>

## 4 Validate and support 5 Normalise feelings

Suicidal thoughts are common among people who experienced significant trauma. An important reflection to people who are suicidal is to normalise their feelings:



*'Suicidal thoughts are not unusual for someone who's been through what you have experienced.'*

*'Thank you for letting me know you're feeling this way. It's a very normal way to be feeling in these circumstances. It must have taken you a lot of strength to tell me.'*

*'Thank you for sharing this with me. I know it must be difficult to talk about these feelings. I am very concerned about your safety and I want to help you.'*

## 6 Ask direct questions

If you don't ask a person directly if they are suicidal, you can't know their level of risk. You should ask a person to expand on what they mean when they say something which may indicate they are thinking of committing suicide or harming others – even if it sounds ambiguous.

If you feel there is a level of suicide risk, an example of a response could be:



*'You are telling me that you just don't think there's any point anymore... I am very concerned about you. Are you thinking of killing yourself?'*

## 7 Get info 8 Establish immediacy 9 Assess risk

In the next steps, you need to gather information and decide what the level of risk is. Some questions are provided to help you gather this information in the **Assessment Conversation Template: Risk of Self-harm and Suicide** attached.

As with everything in this guide, this process doesn't always have to be followed in order.

It is important to find out whether the person intends to act on their thoughts and to assess immediacy and risk.

The following questions may be helpful:



*'You mentioned you are thinking of suicide. Are you thinking of acting on those thoughts?'*

*'Have you thought about how and when you plan to kill yourself?'*

*'Have you ever harmed yourself on purpose?'*

*'Do you have access to any weapons?'*

*'What are you planning to do?'*

## 10 Check safety 11 Check supports

Identifying the person's support resources can be useful at any stage during the interaction. Talking about support can help ground the person and move them away from suicidal thinking. Identification of support to contact is also useful information if the person is assessed as high risk.

Talk about what support they can access to stay safe and get help. How can you help the person draw on connections with family, friends, personal coping strategies?

It is also helpful to try and get contact details for the person's GP, counsellor, psychologist or psychiatrist in case it is appropriate to request assistance or intervention. If speaking on the phone suggested questions could be:



*'Are you with anyone at the moment?'*

*'Is there someone you can call to seek support?'*

## 12 Duty of care 13 Consult and decide action

If the person states they are going to harm themselves or harm someone else and the risk may be imminent, you need to tell them:

- you will discuss the conversation with your supervisor
- you may need to contact other services such as police and mental health services, and
- you may need to contact the person's emergency contact, their GP, counsellor, psychologist or psychiatrist (if you have the details available).

For example:



*'I am concerned for you and I need to make sure you have support. I may contact someone to check on your safety.'*

If the person is on the phone and they hang up during the call, speak to a supervisor about how to proceed.

Where appropriate, you should consider getting help from colleagues and supervisors to manage people who pose a risk of harm to themselves or someone else. This could include signalling to another person to alert them to the nature of the call or interaction and that assistance is required.

## 14 Take action 15 Refer

In consultation with a supervisor, you may need to notify another agency (for example: police, ambulance, child protection, mental health service, or the National Security Hotline).

You may also provide the contact details for 24-hour telephone support services:

- Lifeline 24 hr Counselling Service: **13 11 14**
- Beyond Blue: **1300 224 636**
- Suicide Call Back Service: **1300 659 467**

If you don't think the risk is imminent and you won't be notifying another agency, still provide the contact details above.

## 16 Defuse and debrief 17 Self-care

Working with people in crisis can be distressing. As everyone processes these interactions differently, there are a variety of different options available. Some examples are:

- undertaking your own personal self-care strategies
- informal/formal debriefing with supervisors or colleagues.

Make sure you are aware of the direct impacts of managing crisis situations and the potential for experiencing vicarious trauma. You should encourage any person impacted to seek appropriate help and support, and seek support yourself.

### IN SUMMARY

**If a person says something that indicates they may be thinking of harming themselves**, ask them a direct question about what they intend to do. If you think there may be an imminent risk of self-harm or suicide, try to gather as much information as possible to inform appropriate referral or intervention.

**If a person writes something in an email or a letter that indicates they may be thinking of harming themselves**, you should attempt to contact the person by telephone, where possible. If this is not possible, discuss this with your supervisor. You may need to arrange emergency intervention depending on the information in the email or letter.

**If you are in a face-to-face situation with someone who raises the risk of self-harm**, follow the same procedures to assess the risk as on the phone, and escalate as required. Unless there is a risk to your own safety, try not to leave the person on their own.

**Remember** it is important to provide training to any staff or person who may be required to respond to risks of harm and keep records of any incidents.

# Threats of harm to staff and others

In this section of the guidelines, we refer to expressions of an intention to cause harm to others as **threats**. This is appropriate as the intention is to control an outcome by making others feel threatened.

## PROCEDURE FOR RESPONDING TO THREATS OF HARM

The following procedure is intended as a guide for responding to threats to yourself, your colleagues or a third party. This can include hostility, aggression and assaults. You do not need to follow the steps in order. You may skip steps depending on the circumstances.

Where employees are at risk due to dangerous or aggressive behaviour during or as a direct result of their work, the organisation must take immediate action to protect their health and safety. This is in accordance with duty of care and workplace health and safety obligations.<sup>3</sup>

Employees should report any threat of harm to a supervisor, whether it is made face-to-face, on the phone or in writing. The supervisor should decide what the response is, and this may include contacting the police and requesting their attendance.

If an employee is confronted with someone displaying threatening behaviour, they should try to de-escalate the behaviour. If at any time the employee feels their safety is at risk, they should remove themselves from the situation immediately and seek assistance. Remember not to speculate on the motives for someone's behaviour. Address the behaviour, not the person.

If duress alarms are available, staff should follow procedures to use them. Consider developing simple phrases or codes which alert others in the team of an emerging situation where assistance may be needed.

### 1 Do something now 2 Recognising danger signals and assessing risk

The following signals may indicate that a person could become aggressive or violent:

- **Appearance:** seems intoxicated or is carrying something that could be used as a weapon.
- **Physical activity:** restless or agitated, pacing, hostile facial expressions, has entered non-public area of the office.
- **Speech:** loud, swearing or abusive, slurred.

The signals above may alert you to potential danger, but other explanations need to be considered. For example, slurred speech may be caused by a speech impairment and agitation and pacing by anxiety. Do not automatically conclude that a person intends harm by displaying these behaviours.

<sup>3</sup> [Model-Guidelines-For-Managing-and-Responding-to-Threats-Aggressive-Behaviour-and-Violence.pdf \(nsw.gov.au\)](#) P 26, *Work Health and Safety Act 2011*(Cth), and corresponding legislation in each State/Territory.



The strategies below will help you manage any risk associated with responding to a person displaying those signals, while still treating them with respect and concern for their problem:

- If you are in a public space speaking to a distressed person, ensure you are not alone. If available, ensure you are being monitored on security screens.
- If meeting with a person who is displaying aggressive or intimidating behaviour, do not keep them waiting before attending to them.
- Ask a colleague to attend the meeting with you.
- If possible, use a room where you can attend to the person in a calming, low stimulus environment and position yourself near an exit or safety alarm.
- Use calm words, tone and body language. Learn and use de-escalation and distraction strategies outlined below.
- Ensure someone else is aware of the situation. If possible, restrict access to the area by other persons until the situation calms down.
- If you feel you are in danger, remove yourself as quickly as possible. Walk through the nearest door to a secure area and let others know of the risk.
- If safe to do so, encourage the person away from the premises or disconnect the person from the phone call. If possible, leave a route for the person to follow where they will not feel like they are trapped or cornered, as this may increase their agitation.

### 3 Defuse the situation 4 Using de-escalation strategies

The aim of using de-escalation techniques is to calm the person and manage the physical environment. You should aim to:

- stay calm and adopt a neutral, open posture
- speak slowly and clearly, even if the person is shouting
- acknowledge the grievance and communicate a willingness to see what can be done.

For example:



*'I can hear you are very angry about ...; or 'I am concerned about you and would like to help you'*

- clarify any statements that suggest a risk of harm to the person or someone else by repeating what the person has said. For example:



*'You have just said you will ....'*

- ask open ended questions to keep the dialogue going. A question about the facts can change a person's focus:



*'Can you tell me about ...'*

If possible, it can also be useful to identify someone the person normally relies on for support.

## 5 Respond to ensure safety of all parties

## 6 Raising your concerns with the person and with others

If the person continues to exhibit unacceptable behaviour take the following actions:

- if you feel you are in danger, activate a safety alarm (if available), or leave the room and request assistance
- inform the person what the consequences of their unacceptable behaviour will be. For example:



*'If you continue to speak/act like that, I will stop this conversation.'*

- inform the person of the actions you will take in response to their continued behaviour/words:



*'You have just said that you will...'* (repeat the person's language). *'Our policy here is that all threats must be taken seriously and responded to. I will now inform a supervisor that you have said you will...'* (use the words the person has used). *'If you continue to make those comments, I will request that you leave the premises.'*

## 7 Discuss with your supervisor

## 8 Reviewing your responses to the situation

With your supervisor, identify strategies for future interactions with the person, for example a follow up call and referrals to other services.

You may also provide 24-hour telephone support services:

- Lifeline 24 hr Counselling Service: **13 11 14**
- Beyond Blue: **1300 224 636**

## 9 Defuse and debrief

## 10 Self-care

It is important to provide training to employees who may be exposed to threats of harm and to keep records of any incidents.<sup>4</sup>

<sup>4</sup> Examples of procedures and all following templates are from Office of the Commonwealth Ombudsman Policy and Procedures for Responding to Risks of Harm and Threats to Others.

# Employee Support

After all action to manage the risk is completed, supervisors should offer and provide support. Defusing and debriefing are 2 support strategies for staff who deal with difficult situations.

## DEFUSING

- initial response post-crisis (within 12 hours)
- check the wellbeing of the person/employee involved, offering initial support
- arrange debriefing and follow-up sessions.

Defusing is designed to assist people to manage any distress in the short-term and address immediate basic needs. It is very important to do this as soon as possible, on the day of the incident, before leaving work. Defusing is done informally and usually by peers (small group support). The aim is to stabilise the responses of employees involved in the incident and provide an opportunity to express any immediate concerns.

Guided discussion and the opportunity to ask questions can help ground everyone involved in managing the incident. For example:



*'What is one 'self-care' activity you can do for yourself after you finish work today?'*

Defusing activities include:

- briefly reviewing the event
- discussing questions and concerns
- identifying current needs
- offering advice, information and handouts on referrals and support agencies.

## DEBRIEFING

Debriefing helps people deal with reactions to a distressing incident, reflect on its impact, and discuss whether additional support or action is required. It can help people begin processing the event and bring closure.

Employees should have the opportunity to debrief as soon as possible, but no longer than 72 hours after the initial incident.

Encourage your employees to debrief with a senior staff member or colleague, or to use facilitated debriefing support such as counselling services. It can be done informally or formally, depending on the needs of those involved.

The following steps may act as a facilitation guide, but remember to tailor the discussion to employee needs and the circumstances surrounding the incident:

- acknowledge the role played by all involved
- invite the person to discuss both the positive and negative elements of the experience
- ask open-ended questions that help the person explore the facts, thoughts and sensory experience related to the event
- allow expression of thoughts, emotions and experiences associated with the event without judgement
- identify the incident's impact on the person to determine whether follow-up support is required
- advise what additional support is available such as counselling services facilitated by the organisation.

## ATTACHMENT A – Quick Risk Assessment Tool

# RESPONDING TO RISKS OF SELF-HARM OR SUICIDE



## ATTACHMENT B – Assessment Conversation Template

# RISK OF SELF-HARM OR SUICIDE

The person has told you they have a current plan of self-harm. Repeat back what they tell you:



*'You have told me ..... thank you for sharing this with me. I know it must be difficult to talk about these feelings. I am very concerned about your safety and I want to help you.'*

Supervisor Name: \_\_\_\_\_ Supervisor Number: \_\_\_\_\_

| Step                  | Question  | Response   |
|-----------------------|---|--|
| 1. Name               | What is your full name?<br><i>(if not known)</i>  |  |
| 2. Contact details    | If we lose phone connection, what number should I use to phone you back?  |  |
|                       | Where are you now?<br><i>(If person is unsure of whereabouts, ask: "What can you see/nearest building/street?")</i>   |  |
| 3. Get Information    | What are you planning to do?<br><i>(If the person indicates they are planning suicide using weapons, identify what type of weapon and if they have access to it.)</i> |  |
|                       | When?   |  |
| 4. Assess Risk        | Is there anyone with you?<br>Name/relationship/their contact details.   |  |
|                       | Have you been taking any drugs/ alcohol?<br>What/Quantity?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know |
|                       | Are you on any medication?<br>Have you taken it today?<br>How much have you taken?<br>Name/Quantity/Method?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know |
|                       | Have you ever been diagnosed with any mental health issues?   |  |
|                       | Have you ever felt suicidal before?   |  |
|                       | When you felt like this in the past, how did you make yourself feel more positive?  |  |
| 5. Immediate Response | Do you have a counsellor/ psychologist/GP/support person I can call for you?  |  |

*Continued next page*

## Risk of self-harm or suicide: assessment conversation template (cont.)

NOTES:

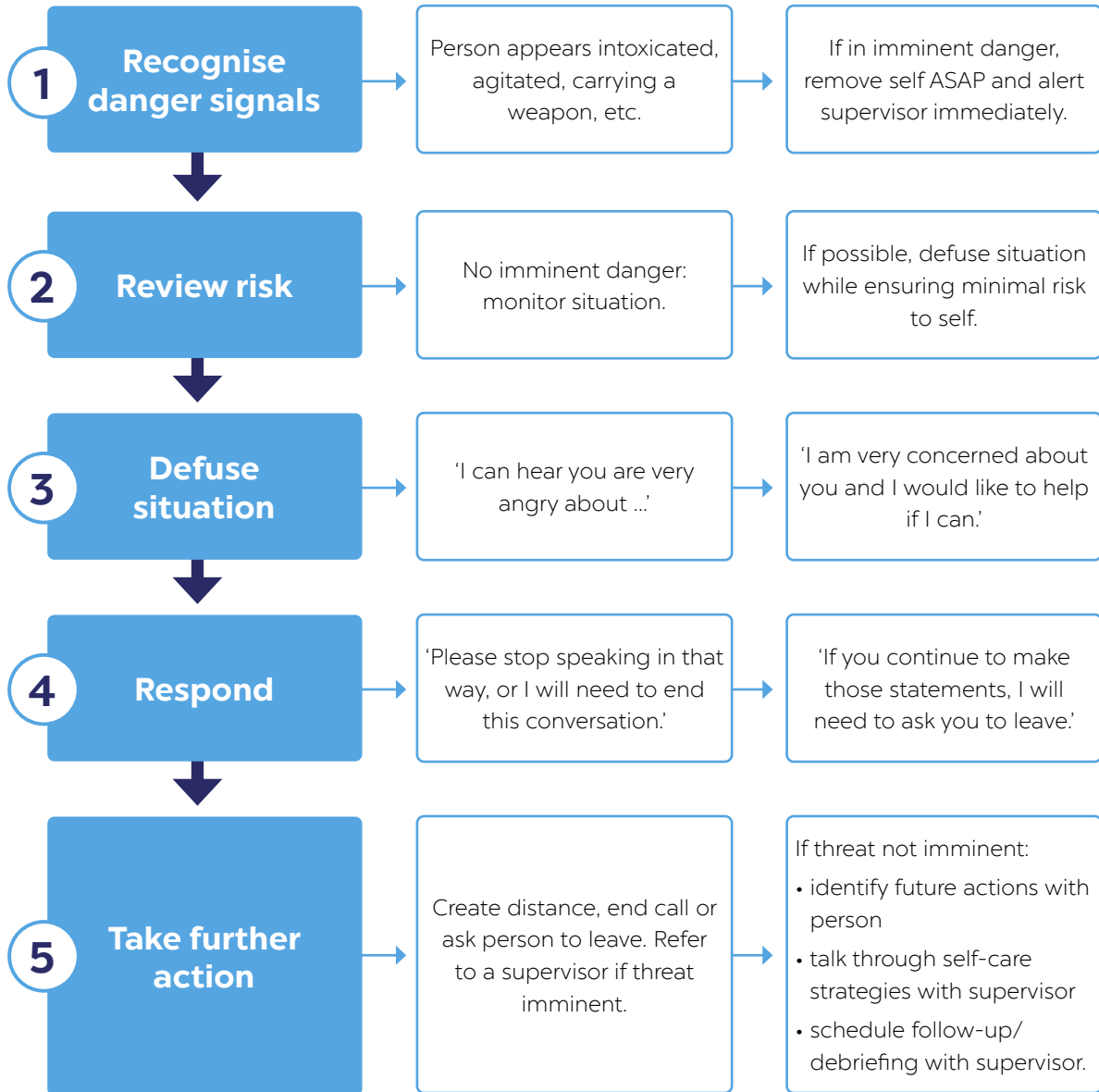
### Referral services

- Emergency Services **000**
- Lifeline 24 hr Counselling Service **13 11 14**
- Beyond Blue **1300 224 636**

**NOTE:** Where there is a suicide in progress or the person indicates an imminent plan to harm themselves, try to maintain communication with the person and seek assistance to contact emergency services, requesting an ambulance and/or police.

ATTACHMENT C – Quick Assessment Tool:

# RESPONDING TO THREAT OF HARM TO OTHERS (INCLUDING FACE-TO-FACE)



## ATTACHMENT D – Assessment Conversation Template

# THREAT OF HARM TO OTHERS

The person has told you they have a current plan to harm another person(s). Repeat back what they tell you:



*'You have told me ..... I am concerned about what you just said, and I need to remind you that we have a duty of care to report any threat of harm to others. Can you tell me more about what you are planning to do?'*

Supervisor Name: \_\_\_\_\_ Supervisor Number: \_\_\_\_\_

| Step                               | Question   | Response  |
|------------------------------------|--|---|
| 1. Name                            | What is your full name?<br><i>(if not known)</i>   |   |
| 2. Contact details                 | If we lose phone connection, what number should I use to phone you back? Where exactly are you now?  |   |
| 3. Validate feelings               | <i>'Anger is a very normal emotion, and you have every right to be angry. Can we find a way to use this anger in a more useful way which will help you and keep you safe at the same time?'</i>                        |   |
| 4. Get information and assess risk | Try to use the wording below to establish the level of risk.   | Try to capture the person's words as exactly as possible. This will be important if referred to police. |
|                                    | What are you planning to do?   |   |
|                                    | When are you planning to do this?  |   |
|                                    | Who are you thinking about doing this to?  |   |
|                                    | Where are you thinking about doing this?   |   |
|                                    | Why are you thinking about doing this?   |   |
| 5. Immediate response              | Do you have any weapons?<br>Is there anyone with you?  |   |
|                                    | Is there something we can do to stop you from doing this?/change your mind about doing this?<br><br>Is there anyone I can call who might be able to help you work through this anger without putting yourself at risk? |   |
| NOTES:                             |  |   |



# Crisis Intervention

Emergency Services

**000**

National Security Hotline

**1800 123 400**

Mental Health Crisis and Assessment Treatment Teams (CATT) vary for each State/Territory. There is more information and contact details available at:

[healthdirect.gov.au/crisis-management](https://healthdirect.gov.au/crisis-management)

If you work with complainants in a particular State or Territory, you may wish to add the name and contact number for the appropriate CATT here:

## 24 Hour Helplines

Lifeline: **13 11 14**

Beyondblue: **1300 22 4636**

Suicide Call Back Service: **1300 659 467**

1800-Respect (sexual assault, family and domestic violence):

**1800 737 732**



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